Reproductive Health Care in Canada: The Evolution of Abortion Access Since R. v. Morgentaler (1988)

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Background and Objectives: Since the Supreme Court of Canada's decision in R. v. Morgentaler (1988), abortion has been decriminalized but remains largely unregulated at the federal level. This review examines how abortion care has evolved in Canada since decriminalization and evaluates whether current provincial and territorial approaches align with the principles of accessibility, universality, and portability outlined in the Canada Health Act.

Methods: A narrative review was conducted using legal, policy, and health systems literature published between 1988 and 2024. Sources included Supreme Court decisions, federal and provincial legislation, government reports, and peer-reviewed publications identified through PubMed, Scopus, and Google Scholar. Grey literature and policy documents were included to capture recent developments in abortion regulation and service delivery. Findings were synthesized to assess national trends and regional variations in abortion access.

Results: Despite decriminalization, abortion access remains uneven across Canada. Significant interprovincial variation exists in service availability, funding mechanisms, safe-access legislation, and procedural abortion capacity. Rural and northern populations continue to experience geographic barriers, while marginalized groups face additional challenges related to cost, transportation, stigma, and culturally appropriate care. The introduction of mifepristone–misoprostol (Mifegymiso) in 2015 and its widespread public coverage beginning in 2017 substantially improved access to medical abortions, particularly through telemedicine. However, limitations in gestational eligibility and the continued concentration of procedural abortion services in urban centres contribute to persistent inequities. Provincial adoption of safe-access ("bubble zone") legislation has improved protections for patients and providers, although coverage remains inconsistent across jurisdictions.

Discussion: Canada's absence of a national abortion framework has resulted in a fragmented system of reproductive health care delivery. While policy advancements, including medication abortion and safe-access legislation, have improved access in many regions, substantial disparities remain. The variability observed between provinces and territories challenges the consistent application of Canada Health Act principles and creates inequitable access to essential reproductive health services.

Conclusions: More than three decades after Morgentaler, abortion care in Canada continues to be shaped by provincial policies rather than a coordinated national approach. Persistent geographic, financial, and systemic barriers disproportionately affect vulnerable populations and undermine equitable access to care. A national framework establishing minimum standards for abortion service delivery, while respecting provincial jurisdiction, may help reduce disparities and strengthen reproductive health equity across Canada.

Keywords: abortion access; reproductive health; health policy

Evaluation of An Anxiety Reducing Tool During Thyroid Biopsies: A Randomized Controlled Trial

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Background and Objectives: Intraprocedural patient anxiety remains an important area of concern among interventional radiologists, especially since many interventional radiology (IR) procedures are performed under conscious sedation rather than general anaesthesia. While medical interventions exist, they are not without risk of adverse effects. Several non-pharmacological approaches to managing anxiety have been investigated, including music therapy, hypnosis, and portable glasses that play calming imagery. The use of stress balls in a variety of awake procedures has demonstrated mixed results in the literature, but currently there is no existing evidence supporting its use in IR. Therefore, this study seeks to determine if its use during ultrasound-guided thyroid biopsies is effective in managing patient anxiety.

Methods: We designed a prospective, open-label randomized controlled trial, recruiting adult patients at the Victoria General Hospital undergoing outpatient thyroid biopsies. Patients are randomized to either the stress ball intervention group or no stress ball control group, with our primary outcome being reduction of anxiety from a baseline pre-procedure survey based on a previously validated visual analog scale (VAS). Upon completion of data collection, a multiple linear regression model will assess the effect of stress balls on intraprocedural anxiety.

Discussion: While this study is still in the data collection phase, this experience leaves much to reflect on from a learning perspective regarding the medical research process. On one hand, designing a novel study with what may seem to be a relatively straightforward intervention has proven to be a greater logistical challenge than initially anticipated – for example, the need to inevitably take up more time to consent patients and apply the intervention, filling out surveys, and coordinating with medical staff all while protecting patient confidentiality and privacy. This necessitated numerous changes to our protocol to ensure maximal efficiency and ease for participating radiologists. As the study progresses, we may foresee additional challenges including coordinating data analysis with statisticians and ultimately writing a manuscript for peer review and publication in the near future. Overall, this project has provided a first-hand taste of both the challenges and triumphs in biomedical research.

Keywords: anxiety; stress ball; interventional radiology