Women Judging Women

Whose Reasons Are “Good Enough”?  
Whose Choice Is OK?

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I love being an abortion provider. I performed my first abortions and delivered my first babies as a medical student, and I knew then that my career would focus on women’s health. Now, at the age of sixty-four, I no longer deliver babies, but I still see women every day who struggle with the issues of whether to have children, when to have children, how many children to have and with whom, and what to do with an unplanned pregnancy. Naturally, some of these women are easier to empathize with than others.

One of the most challenging cases is the woman who is anti-choice, even though she is coming for an abortion herself. One such client referring to the others in the waiting room said, “Those women shouldn’t be allowed to have abortions. They are just using it for birth control.” I thought this attitude was uncommon until 2004 when I conducted a study along with my colleagues about anxiety levels and attitudes toward abortion. Then in 2005, we gave questionnaires to women having abortions and discovered that over half of the
respondents (54 of 102) thought there were some reasons why women should not be allowed to have abortions. We then interviewed twenty-six anti-choice women having abortions. The most common reasons these women gave for why other women should not be allowed to have an abortion was “wants no more children,” “not married,” and “cannot afford.” The two most common themes were that one needed “enough” reasons to have an abortion and that women should take better precautions to prevent conception.

In the forty years I have been doing abortions, the climate surrounding the procedure has changed. In the 1970s, I was only dimly aware of the activism for and against access to legal abortions. I really thought that everything was fine, because my patients and other women in Vancouver could get safe abortions in the hospital within a couple of weeks. The three-member hospital abortion committee approved all properly completed forms. A woman needed to see a doctor, who would refer her to an abortion provider, who then submitted forms to the hospital committee and scheduled the procedure. That sounds cumbersome, but we made it into an efficient system. I never felt harassed or in danger. During the 1980s, I certainly became aware of the harassment of other providers, but I never felt it affected my own life and work. That all changed on 8 November 1994, when my colleague, Gary Romalis, was shot. That day I had a police escort to work. Over the next years, I wore a bullet-proof vest to work, faced protestors, and received death threats: “Dr. Wiebe is a murderer,” “You are next,” “God will get you for what you are doing.” I received “presents” such as bullets of increasing sizes. One of my colleagues quit after a death threat, leaving more work for me. Since 9/11, there has been less violence against abortion providers, and my vest stays in a drawer.

If I start wondering why we are still having trouble maintaining access for women seeking abortion in Canada and why abortion providers still face harassment, I only have to think of my anti-choice patients. If women who choose abortion for themselves continue to judge other women for making the same choice and to believe that others should not be allowed to have an abortion unless their reasons are good enough, we will probably never have free access for all women in Canada. I feel so lucky to have been able to help so many women make the best choice for themselves about having babies or having abortions. I also feel lucky that I could choose to have my three children, not eleven, like my grandmother.