I read with interest the guest editorial on access to abortion.[1] As a rural physician for 10 years, I have seen that getting access to abortion is particularly difficult in rural areas. Teens, single women and nonwhite women already face difficulties with access, and those who live in a rural setting face additional barriers such as isolation, cultural differences, lack of transportation and low socioeconomic status.

Rural women often require 3 visits to a referral centre for termination of a pregnancy: one visit for dating ultrasonography, a second visit for specialist consultation and a third for the surgical procedure itself. Issues related to transportation, financial burden and accompanying support people are compounded with each additional visit. Many of these women lose continuity of care and never follow up with the person who completed the termination or with any other physician for that matter.

Rural GPs with the appropriate skill set could provide appropriate counselling and continuity of care for patients facing decisions related to an unintended pregnancy. In addition, many rural GPs already have access to operating room time and have (or could readily develop) the skills needed to perform pregnancy terminations, if supported by health authorities and hospital staff. This could facilitate or improve access to care for rural patients, thus narrowing the gap in access to pregnancy termination services. Interested physicians should consider adding this service to their local scope of practice, and health authorities should do their utmost to encourage and support local hospitals and physicians in this area.

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REFERENCE

1. Rodgers S, Downie J. Abortion: ensuring access [editorial]. *CMAJ* 2006;175(1):9.

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I am deeply disturbed by the negative responses (posted as e-letters) to the guest editorial by Sanda Rogers and Jocelyn Downie.[1] Most of the authors articulate an uncompromising ideological position in favour of the right to life of a fetus, while ignoring the basic human rights of women who, presumably, are their patients. Most of these writers show a complete disregard for the consequences of the criminalization of abortion for women's physical and mental health and, indeed, their very right to life.[2,3] The lack of historical context evidenced by the writers is also striking. In particular, they ignore the importance of sexual and reproductive autonomy for women. Denying abortion services to a woman who does not want to carry a pregnancy to term is to make her the instrument of someone else's will.

Why should we allow a doctor's personal, ideological or religious bias against abortion to negatively affect his or her female patients? Why, in a rural