

ATTN: Community Affairs Legislation Committee -
community.affairs.sen@aph.gov.au

Re: Therapeutic Goods Amendment (Repeal of Ministerial responsibility
for approval of RU486) Bill 2005

Dear Senators,

I have been following with interest and concern the growing debate over access to mifepristone (RU486) in Australia, most notably in relation to the Therapeutic Goods Amendment Bill 2005.

As a doctor and anaesthetist who regularly anaesthetises women for the surgical termination of a pregnancy, I see every week glimpses of the difficult and challenging circumstances of the women who wrestle with such a decision. As a Christian doctor I firmly believe that it is my duty to provide the safest possible anaesthetic and surgical environment for these women, in respect of their decision.

Even though anaesthesia and surgery in Australia have advanced to a level in which we offer quite arguably the safest such care in the world, they are procedures that still carry a long list of complications and significant risk. It is a gross injustice that there exists a safe and effective alternative to surgical termination that Australian women are restricted from accessing.

It cannot be argued that mifepristone is less safe than a surgical termination, as the small numbers of severe complications that have been reported are all also associated with surgical termination, and likely then occur with greater frequency. This is a straw-man argument and should be highlighted as such.

It deeply concerns me that the opposition amongst Members of the Senate and the House is motivated not by the supposed concerns of safety, but rather a desire to restrict the access of Australian women to reproductive services. There seems to be an unspoken concern that allowing access to mifepristone would make abortion 'too easy'. It is almost as if women who are making this difficult decision are being punished by restricting their choice to the most distressing, unpleasant and least-safe option.

As a Christian, the provision of safe and effective reproductive choices is for me an issue of social justice, a core feature of the Gospel. While it is dangerous to generalise the situations of women undergoing terminations, a large proportion of the women whom I care for are already socially marginalised and dealing with the many

issues that those who live on the margins of our society are subjected too. The demonising of abortion only serves to further isolate these members of our community, those who most urgently need our support.

I wholly agree with efforts to reduce the prevalence of terminations in Australia, it is a noble goal. However, we would do better to focus our energy and resources on providing more community and family support, better sex and reproductive education and wider access to contraceptive technology, rather than the divisive and judgmental politics of the pro-life movement. Our goal should be for a cohesive and supportive community, not one of moralistic finger-pointing.

Regardless, there will always exist a need for the termination of a pregnancy, and the decision as to the most safe and effective methods of this should always rest with the experts of the Therapeutic Goods Administration.

Thank you very much for taking the time to read and consider this submission. I hope that the committee will be able to set aside the moralising politics so often involved in this issue, and instead focus on the health, safety and social justice of Australian women.

Thank you,

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