Submission

to

The Senate Community Affairs Committee inquiry into the

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

From

Southern Cross Bioethics Institute

Dr Gregory K. Pike, Selena Ewing, Zac Alstin

16 - 01 - 2006

Access to the drug RU486 is currently being sought in Australia to allow women another form of abortion. It will also effectively expand the repertoire of abortion practitioners. If legislation is passed to remove ministerial approval requirements for access to the drug and defer control to the Therapeutic Goods Administration (TGA), this will represent an expansion of the abortion industry by increasing the available range of procedures. It is more than likely that this will be perceived as empowerment to the business of abortion. As in any industry, the ability to offer new and alternative services assists the providers of those services to further establish themselves.

Yet the abortion industry is unlike any other in Australia, as evidenced in part by its particular form of legal status. Furthermore abortion is unlike other medical procedures in that the majority of abortions 'treat' healthy women and foetuses. The unique status of abortion in the mind of the community is also evident in research conducted by Southern Cross Bioethics Institute (SCBI) to which we will refer later.

Many supporters of the bill have begun their arguments with statements to the effect that since surgical abortion is already permitted in Australia it is illogical to prohibit medical abortion. Even some opponents of abortion have conceded that the availability of RU486 is not an issue through which to address the broader debate of the legitimacy of abortion in general.

However, to pass this new legislation would send a strong message to the public of implicit federal endorsement of the current state of abortion in Australia. The purpose of the Bill is clearly not to allow potential improvements to the *safety* of current abortion practice, since medical abortion is neither safer nor simpler. It would send the message that our federal representatives do in fact perceive the RU486 issue as connected with the broader legitimacy of abortion in Australia – and have decided in favour of endorsing and expanding the current status of abortion. If Australia's elected representatives make their decision about RU486 on the basis that surgical abortion is already available in Australia, it will amount to a federal affirmation of the existing abortion regime with all of its consequences. Such a decision would also amount to making an ethical judgment implicitly asserting that the current state of affairs is representative of the public will.

In late 2004 SCBI commissioned a four-part study into Australian attitudes to abortion. 1 2 This survey is the first of its kind to look beyond the polarized viewpoints that have historically stymied the abortion debate in this country. Instead, the SCBI survey looked for common ground within the community, to find out how Australians really feel about abortion beyond the issue of legal access. Going beyond previous surveys that have focused only on legal access, the survey found that Australians are deeply morally conflicted about abortion.

¹ Give Women Choice: Australia Speaks on Abortion. J. I. Fleming and S. Ewing. SCBI. April 2005 Note: a complementary copy of stage one of the study was sent to each member of State and Federal parliament in April 2005.

Three of the four stages are now complete. Stages two and three support the findings of stage one.

While 62%-69% of Australians support abortion on demand as a general principle, 64%-73% think the abortion rate is too high (depending on whether the figure of 90 000 abortions or the ratio of 1 in 4 pregnancies aborted is used), and 87% think that it would be a good thing if it could be reduced without restricting access to legal abortion.

Furthermore, although the 62%-69% support for abortion on demand is consistent with various polls over the last decade, these previous polls have not attempted to measure the strength of this support. SCBI's study found that of those who support abortion on demand only 37% do so strongly, while of those who oppose it only 19% do so strongly. Nearly half the population (45%) are moderate on the matter: 25% somewhat agree, 15% somewhat disagree, 4% are neutral and 1% is undecided. Alternatively, it can be claimed that 63% of Australians either oppose or are not strongly supportive of abortion on demand.³

It is one thing for legislators to accept the *legal* status quo on abortion, but it is another thing altogether to ignore the fact that Australians are deeply conflicted about the status quo, with fewer than one in four people believing that abortion is morally justified outside of certain 'hard cases' involving disability or a danger to the mother's health, and only 15% believing that abortion is morally acceptable when the foetus is healthy and there is no abnormal risk to the mother. To legislate for the removal of the current special status of RU486 as a drug requiring ministerial approval sends the message that our federal representatives are intent on consolidating and strengthening abortion practices despite the views of the community.

Rather than basing a decision on the fact that surgical abortion is currently available, any decision should reflect the reality that abortion itself is of great moral concern to the Australian public.

Late last year the media reported that cabinet had approved a plan to provide Medicare funding for pregnancy counselling, and establish an independent national pregnancy counselling hotline. It was widely reported that this measure was aimed explicitly at reducing the number of abortions in Australia. SCBI's research shows that the Australian public is nearly unanimous in its support for the provision of counselling to pregnant women and for ways of reducing the overall abortion rate, hence this plan is guaranteed to find strong public support. Even among those who are strongly in favour of abortion, 90% support finding ways to reduce the number of abortions without restricting legal access, while in the general population 99% support the provision of counselling about risks and alternatives prior to choosing abortion. Therefore, the *in principle* opposition to such plans can come only from the most extreme of abortion supporters some of whom have been very vocal against the provision of counselling. Contrary to the views of the vast majority of Australians, this would leave women to face abortion without being appraised of the information necessary to make an informed choice.

_

³ Results of the SCBI study cited in this submission may be found in condensed form in the two appendices. Appendix A is an opinion piece from the study's two authors: Dr John Fleming and Selena Ewing; first published in the SCBI journal 'Bioethics Research Notes', June 2005. Appendix B is the executive summary from the study.

The widespread public perception of abortion as being morally problematic was no doubt reinforced by the recent media attention focusing on the large-scale New Zealand study which found that abortion increases the likelihood of young women developing mental health problems. This was the most highly publicized research of its kind in recent times, and implicitly supports the need for independent counselling for pregnant women. It also provides impetus for reducing the abortion rate and strengthening alternatives, rather than providing more ways of having an abortion.

With this increased awareness of the public opposition to abortion, the first signs of government action to lower the abortion rate, and new research into the harmful effects on women who have abortions, it is incongruous that the parliament should give endorsement to the principle and practice of abortion by removing the special status of RU486 – an abortion drug which is neither safer nor simpler than current available means.

16-01-06

Southern Cross Bioethics Institute 1E/336 Marion Road North Plympton SA 5037

⁴ Fergusson, O.M. et al. *Abortion in young women and subsequent mental health*. Journal of Child Psychology and Psychiatry. Jan. 2006. 47 (1). 16-24.