

22/12/05

To:

The Committee Secretary
Senate Community Affairs Committee
Parliament House, Canberra ACT 2600
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From:

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Re: The Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU 486) Bill 2005

Dear Committee Secretary,

Focus on the Family Australia submits that the Therapeutic Goods Amendment Bill 2005 should be rejected:

It took nearly seven years of trials and testing before the FDA in the U.S.A. was willing to approve this drug. It would seem to us, however, that "safe and effective" are relative terms. Side effects include prolonged cramping and potentially heavy bleeding and may include nausea, headaches and diarrhea. What's more, the RU-486 regimen is unsuccessful in at least one out of 20 cases; when the drug doesn't work, a woman will still need a surgical abortion.

What remains to be seen if this Bill is successful is exactly how many doctors will actually offer mifepristone. Judging from the U.S. experience the more physicians learn about the drug and its restrictions, it seems, the less willing some are to prescribe it.

Studies have shown that abortions did not increase significantly in European countries when RU-486 became available. The implication being that for some reason doctors did not want to prescribe RU 486. The reluctance of doctors to embrace the drug could see the same result here.

Unlike other drugs administered by the Therapeutic Goods Administration, RU 486 / mifepristone is designed to cause the death and miscarriage of tiny humans during the first seven or so weeks of pregnancy. It is quite simply - an

abortifacient. How can we be sure that RU 486 is not touted as a quick fix for unwanted pregnancies? In Queensland, NSW and Victoria, performing an abortion is still a criminal offence.

Research published by the Southern Cross Bioethics Institute (2005) shows that 85% of Australians believe abortion is unacceptable where the foetus is healthy and there is no abnormal risk to the mother. Focus on the Family Australia strongly supports this view.

While the medical evidence alone is often enough to convince people that RU 486 is bad news, there's another reason why women may not be too fond of the abortion pill. Abortion, even when performed surgically by a qualified doctor, has been shown to be associated with significant risks to the mother's future mental and physical health.

Guy Condon, executive director of the Care Net chain of pregnancy care centers in the U.S, warns that the psychological impact will be more distressing for the woman who uses RU 486.

"A woman who has an RU 486 abortion will have to face the devastating realization that 'this abortion was not done to me, but I myself was the active agent in causing the destruction of this emerging human life.'"

David Reardon, director of the Elliot Institute and an expert on post-abortion grief, says that when a woman is the agent of the abortion, she loses one of the crutches that would otherwise help her fend off post-abortal misery: "She can't blame the abortionist."

Reardon says the response to RU 486 may be quite different than the response to a standard suction abortion. "When a woman goes to an abortion clinic, the process is over and done with literally in a matter of minutes. RU 486 drags out her participation in the act. She can't just put it behind her, but has to think about it for several days."

Edouard Sakiz, then-chairman of the company that manufactures RU 486 in France, told the French newspaper Le Monde in 1989, "RU 486 is not at all easy to use. In fact it is much more complex to use than the technique of vacuum extraction....[A] woman who wants to end her pregnancy has to 'live' with her abortion for at least a week using this technique. It's an appalling psychological ordeal."

Sakiz made that statement over 15 years ago, which leads us to wonder how RU 486 has affected European women. In those places where the pills have been available for a decade or more, has this specter of emotional trauma materialized?

Evidence is scarce, one way or the other. After all, the short-term effects of abortion are deceptive: They can be clouded by anxiety before the experience,

and relief after it's over, making abortion seem like a psychological boon. But this is much the same roller-coaster reaction many people have to a dentist's appointment, and not indicative of long-term tranquility.

RU 486 won't create peace in the abortion wars; making abortion earlier doesn't make it better, because violence is wrong at any point of the continuum, not just when somebody is cuddly-looking. This is the conviction that energizes the pro-life movement, for almost 30 years past and as many as necessary ahead.

There's no doubt that RU 486 will severely challenge the pro-life movement. At the same time, this new "pop-a-pill" (or several pills) method of abortion could run aground on the disappointment of women who find the experience ugly and unpleasant, one friend telling another of how miserable it is to have an abortion this way.

For decades pro-lifers have been working to get Australians to see the aborted child as exactly that—a child. RU 486 has the potential to bring that tragic display right into the home.

Under current law, established by both sides of parliament in 1996, there is no ban in place on the importation of RU 486 when used for purposes other than abortion yet for some reason this forms but part of the submission from those advocating for the Bill. These purposes have already been outlined to the committee.

In the 1996 debate on RU 486, Greens Senator Chamarette told parliament: "We deserve to have parliamentary scrutiny of decisions. We deserve to have a voice on issues and not simply leave them to boards of experts." [Senate Hansard, 21/5/96, p 821]

We support this view and believe the current law requiring ministerial responsibility for RU 486 should remain because it is in the best interests of Australian families, particularly women and their babies.

Yours Sincerely,



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