

Dear Senators,

As a rural Obstetrician and Gynaecologist practising in Mildura, I am involved in the care of women from a very large area that encompasses parts of Victoria, New South Wales and South Australia.

As in all of Australia, some of these women will request termination of a pregnancy for many different reasons which will include psychosocial conditions, foetal abnormality, pregnancy as a result of sexual assault and or incest together with those who have a foetal death or missed abortion.

In some states abortion is legalised and in others there is still a problem with abortion law being under the criminal code.

I do not wish to discuss the ethics and morality surrounding the topic but simply the availability of RU486 for the use of terminating pregnancy for whatever reason.

Women in rural Australia wanting a termination have certain problems that their city counterparts don't; these include a lack of choice as to where they can have it done, the possibility of lack of privacy as the women are more likely to know hospital personnel, and the issues of travel and time taken either away from home or work (some women need to travel 300km to Mildura).

Apart from giving the women an option to have either medical or surgical termination, the use of RU486 would enable most women to have the option of having the miscarriage at home and hence save all the travel time. A woman having a termination here in Mildura would have to be seen, counselled and informed of the procedure, given a cooling off period, seen again for the paperwork regarding informed consent and hospital admission, return for the preadmission clinic visit then return again the day of the procedure and again for follow up.

Women in rural Australia are also more likely to have a better relationship with their doctor owing to the size of the towns and the many ways that doctor and patient mix e.g. school councils, community club and sporting clubs etc..

RU 486 has been proven to be safe in terminating early pregnancies with a complication rate that is very low. While there is a potential problem of heavy bleeding after the termination, there is a risk of heavy bleeding with a spontaneous miscarriage which occurs in about 30% of pregnancies. The doctors using RU486 would be the same doctors who look after women having spontaneous miscarriages and so there wouldn't be any greater risk.

Both the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, (RANZCOG) and the British Royal College of Obstetricians and Gynaecologists (RCOG) have developed position papers for the use of RU486, the latter being evidence based as they have access to the drug and I believe that you would have received a submission from the RANZCOG and several Fellows of the college outlining those papers.

RU486 has the potential to cause a problem with bleeding but many drugs that are widely available are more likely to cause harm than RU486. Cytotoxic drugs, anti-coagulants, and many others have the potential to be lethal and they are freely available to most patients.

The recent editorial article in the New England Journal of Medicine, vol 353 no.22 page 2317, commenting on an article regarding to 5 fatalities related to RU486, put

things in perspective and I commend that article to Senators. In that article it is stated that with the use of RU486 "the risk of death from infection is less than 1 per 100,000. In the United States, the risk of death from any cause associated with attempting to carry a pregnancy to term is 8 to 10 times that." It goes on to point out that the risk of death from induced abortion is approximately 1 per 100,000 but that includes all terminations. The gestational age specific rate is about 0.1 per 100,000 at 8 weeks increasing to 8.9 per 100,000 at 21 or more weeks.

The mortality and morbidity from "backyard abortions" was much higher than the 5 in 300,000 terminations using the drug.

I would suggest that if RU486 is made available, there should be restrictions placed on the doctors prescribing and they should be; 1) the ability to diagnose and confirm an uncomplicated intrauterine pregnancy, which would mean ultra sound facilities available

2) credentialed, by the hospital(s), to look after women having miscarriages

3) 24 hour availability of appropriate medical services.

Practitioners could be given a registration no. to signify that they are appropriate people and ongoing provision of that registration could be linked to continuing professional development.

At the present time I have a warrant to prescribe Clomiphene citrate (a fertility drug) and also prostaglandins(used to induce labour and terminate late pregnancies) which have been issued by the Victorian Dept. of Human Services and there is no reason why the same couldn't apply to RU486.

While most of the terminations performed in the first trimester, there are significant number that are carried out later in the pregnancy because of foetal abnormalities and foetal deaths in utero and there is evidence that suggests that the use of RU486 in these cases is beneficial.

RU486 can also be used as a form of emergency contraception, which would go some way to reducing the number of terminations that need to be carried out.

I also believe that consideration should be given as to the reason why RU486 needs ministerial approval. It is a commonly held belief that it was a condition that obtained the single vote in the Senate that enabled the partial sale of Telstra, and that would have had nothing to do with the safety issues regarding RU486.

As a gynaecologist, I do not like doing terminations for whatever reason, but I believe it is the woman's right to decide, after appropriate counselling, what she wishes to do in her circumstance. If the Parliament wishes to stop terminations from happening then it should legislate to stop them. If it is not prepared to do that, it should not limit the options that women may have when they make the terrible decision to have the pregnancy terminated.

I ask the committee to make RU486 available, on a restricted basis, for the benefit of all Australian women.

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