

The Senate Community Affairs Committee Inquiry into RU486

**- Evangelicals for Life, prepared by
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RU486: A Magic Cocktail?

- Peter Barnes

RU486 takes its name from the French pharmaceutical company Roussel-Uclaf, which was licensed to sell it, after some pressure from the French government, in 1988. Since then, it has been legalised and released in a number of countries including Britain, Sweden, China, and the United States. Quite misleadingly, it is often colloquially referred to as 'the morning after pill'.

To release onto the market - alongside the Corn Flakes and the Coca Cola - a drug that is specifically designed to end human life is surely a most serious act. It is not exactly simply a case of taking a pill 'the morning after'. Normally, there are two stages to the process, and these two stages are separated by about a week. At first, the anti-progesterone, RU486, is administered to the mother to induce the death of the unborn child. Because RU486 by itself has a high failure rate, a second drug - a prostaglandin - is administered a few days later to expel the foetus from the woman. The actual expulsion will usually take a few more days.

There are a number of reasons for maintaining the ban on the marketing of RU486.

1. The death of a human being

Whatever else RU486 does, it takes away the life of the unborn child. That is no light matter. Linda Bird Francke has written of 'the ambivalence of abortion'. She tells of the trauma and regret associated with many abortions, including her own. She admits: 'there was no doubt that life was right there, in my womb'.¹ Leslie Cannold has written in a similar vein, and reports that the 45 women she interviewed, whether supportive of the right to abortion or opposed to it, 'were clear that the fetus is alive, and abortion kills it'.² She has withdrawn support from what she now calls 'the amoral rights-based approach to abortion'.³ However, she continues to uphold the right to abortion on the bizarre ground that the mother has the right to 'kill from care'.⁴

Francis Schaeffer and C. Everett Koop have rightly maintained that 'eventually every nation in every age must be judged by this test: How did it treat people?'⁵ This is the first issue that must be faced, but there are others.

2. Physical dangers for the woman

RU486 is not without physical dangers for the woman. In 1991 a French mother of eleven, Nadine Walkowiak, died of cardiovascular shock. Dr Renate Klein at Deakin University mentions five deaths in Canada and the USA, as well as two deaths in Britain and one in Sweden. She records: 'No one is sure why these deaths occurred'.⁶ Prostaglandins can cause birth defects, and their side-effects can be severe and unpredictable.

Occasionally, infants survive their own abortions - which might be

¹ Linda Bird Francke, *The Ambivalence of Abortion*, Victoria: Penguin, 1979, p.254.

² Leslie Cannold, *The Abortion Myth*, St Leonards: Allen and Unwin, 1998, p.xii.

³ Leslie Cannold, *The Abortion Myth*, p.117.

⁴ Leslie Cannold, *The Abortion Myth*, p.128.

⁵ F. Schaeffer and C. Everett Koop, *Whatever Happened to the Human Race?* New Jersey: Revell, 1979, p.15.

⁶ *The Australian*, 9 December 2005.

regarded as the ultimate complication. Eight abortion survivors attended the 11th World Conference of Human Life International in May 1992.⁷ It is not unlikely that there will be children who survive the toxic chemical invasion of RU486. This could have adverse effects on the physical health of the woman. It also seems that RU486 leads to an increase in the number of potentially fatal ectopic pregnancies.

3. Other physical consequences for the woman

Non-fatal heart attacks have resulted from the use of RU486. In addition, serious bleeding is present in about 10% of cases.⁸ It is by no means uncommon for a surgical procedure to be required to finish off the aborted child or to stop the bleeding. Because of the intense pain, over 25% of the women to whom RU486 is administered also require narcotics. Furthermore, a woman is born with her life's supply of eggs; over her lifetime she creates no new ones. RU486 may damage her life's supply of eggs.

Dr Renate Klein at Deakin University is pro-abortion but anti-RU486 as she believes that it is dangerous, messy and unpredictable. Germaine Greer is also opposed to its use.

4. Other consequences for the woman

In 1989 the American Psychological Association reported that abortion 'appears to be a relatively benign procedure both medically and psychologically.' This soothing line has come under increasing attack in recent years. Through sheer weight of evidence, Postabortion Syndrome (PAS) has been acknowledged in some circles as an emerging public health concern. Anne Speckhard and Vincent Rue report the traumatic words of one PAS woman: 'It was so real when I woke up hearing my baby crying that I would get out of bed and start searching through the house. I looked everywhere for my baby. My housemates thought I had lost my mind'.⁹ David Reardon has also found in his survey of 252 postabortion women that many suffer from flashbacks (61%), anniversary reactions (54%), temptations to suicide (33%), feelings of having less control over their lives (78%), difficulties in maintaining and developing relationships (52%), a turning to drugs (49%), and stress (62%).¹⁰

In 1995 the novelist Peter Carey made public his regrets over his involvement in abortions earlier in his life.¹¹ In the same year Naomi Wolf tried to defend abortion but conceded that it entailed the taking of human life, and so spoke of the need to recognise sin and the consequent need for atonement and redemption.¹²

In Australia, Melinda Reist had 250 women write to her to tell of their experiences of abortion, and she used 18 of these in some detail in her

⁷ Margaret O'Donovan and Jeremy Stuparich, (1994), *The Abortion Debate: Pro-Life Essays*, ACT: Right to Life Association, 1994, p.86n.69.

⁸ John Wilks, *A Consumer's Guide to the Pill and Other Drugs*, Virginia: All Inc, 1997, p.163.

⁹ Anne Speckhard and Vincent Rue, 'Postabortion Syndrome: An Emerging Public Health Concern' in *Journal of Social Issues*, vol 48, no 3, 1992, p.111.

¹⁰ see D. Reardon, *Aborted Women Silent No More*, Illinois: Crossway, 1987.

¹¹ *The Weekend Australian*, 14-15 October 1995.

¹² *The Weekend Australian*, 7-8 October 1995.

moving book, *Giving Sorrow Words* (the title is taken from *Macbeth*, IV,3).¹³ One respondent was 13 when she had her abortion, one had undergone 12 abortions, while another wrote of an abortion 45 years ago. Yet for all their differences in age, social status, intelligence, and religious conviction, there is a common thread running through every story - each one tells of grief, heartbreak, guilt and pain. One woman wrote: 'Sometimes I open my arms and embrace the air'. Another woman declared: 'I have terminated myself.'

PAS is hardly likely to be diminished with the use of RU486. With RU486 the woman has to live with the abortion for at least a week - something which even the president of Roussel-Uclaf, Edouard Sakiz, described in 1990 as 'an appalling psychological ordeal'.¹⁴ Alone, the woman will have to deal with the expulsion of the dead body. A miscarriage can lead to a woman experiencing grief and depression; an abortion can lead to grief, depression, and guilt; a RU486 abortion is a cocktail for prolonged grief, depression, and feelings of guilt.

5. The effect on human relationships.

The legalisation of RU486 is meant to be another step on the road to the liberation of women. In fact, it will promote the opposite. A great many relationships - perhaps 80% - do not survive the abortion of a child.¹⁵ Expelling a living child from the womb can only have a distorting and destructive impact on human relationships and well-being.

¹³ Melinda Tankard Reist, *Giving Sorrow Words*, Sydney: Duffy and Snellgrove, 2000.

¹⁴ cited in John Wilks, *A Consumer's Guide to the Pill and Other Drugs*, Virginia: All Inc, 1997, p.163.

¹⁵ See Philip Ney, *Deeply Damaged*, Canada Pioneer Publishing Company, 1997. 2.24.