



The Australian Family Association (NSW)

ABN 53 441 526 057

Address: 16 Sarah St
Mascot NSW 2020

Telephone: (02) 8338 0900
Fax: (02) 9693 5288
Email: afancc@zipworld.com.au

Postal Address: PO Box 824
Mascot NSW 1460

12 January 2006

Committee Secretary
Community Affairs Legislation Committee
Department of the Senate
Parliament House
Canberra
ACT 2600

SUBMISSION

Re: Therapeutic Goods Amendment

(Repeal of Ministerial responsibility for approval of RU486) Bill 2005

Preliminary Comment: Before commencing the discussion regarding this Bill, the AFA (NSW) wishes to lodge an objection regarding the haste and timing of this enquiry.

It would appear that the very people who will be most affected by the findings of this enquiry and therefore those whose opinions should be sought (namely women) are the very ones most unlikely to have the time to make a thoughtful submission at this time. Due to the opening and closing dates coinciding with Christmas and school holidays, with the consequent disruption to routine, the women who most represent mainstream thought will be largely unrepresented amongst the submissions made.

This is a regrettable situation and does not reflect the spirit of genuine enquiry.

Role of the Therapeutic Goods Administration (TGA): The TGA's role is to regulate the availability in Australia of *therapeutic* goods. Its purpose is to ensure the safety and quality of therapeutic goods. It must take into account public health and safety.

There is no argument with the role of the TGA when so defined.

It is important however that the term "therapeutic" be properly understood and not loosely applied.

Therapeutic goods are those given to remediate or prevent an *illness*. They are curative, and promote well-being.

While the TGA is the competent body to deal with the raw data regarding the quality and safety of the goods it administers, as an unelected body it is not within its ambit, nor should it be charged with the task of being the arbiter on goods which have a social or moral dimension.

Role of the Minister for Health and Ageing: As an elected representative of the people of Australia, the Minister for Health and Ageing is the most suitable person to be the final arbiter on therapeutic goods which have a social and moral dimension.

RU 486 should NOT be classed as a “Therapeutic Good”: RU 486 is a chemical abortifacient. It consists of two drugs – Mifepristone which is given to the woman to kill the foetus, and Misoprostol given two days later to expel the foetus.

Pregnancy (even an unwanted pregnancy) is not an illness. In the vast majority of cases (over 96%) abortion is procured for social reasons, not on medical grounds. It would be totally misleading to propose abortion as a cure for anything.

There are no honest grounds therefore for classifying a drug such as RU 486, which is administered to procure an abortion, as a “therapeutic good” – *it is not therapeutic!*

In 23% of cases a woman using RU 486 will require a surgical procedure to stop excessive bleeding and to totally evacuate the womb.

There are many serious side effects and a long list of medical contra-indications which are well documented. The AFA (NSW) fears that many women who seek a chemical abortion using RU 486 may have an underlying, but undetected medical condition which, if known, would preclude them from being prescribed RU 486.

Rural Women: One of the arguments for introducing RU 486 to Australia is that it will provide rural and isolated women with access to abortion where surgical abortion facilities are not available. Yet in France when RU 486 is administered, it is mandatory to have electrocardiogram and resuscitative cardiopulmonary equipment and intensive care facilities on hand.

Most genuinely rural and isolated women do not have ready access to emergency facilities and the time delay in getting the appropriate help could be very serious and even fatal. The supposed “benefits” for rural women should therefore be dismissed.

Distress at seeing the Aborted Foetus: Many women who have had a miscarriage will report the distress caused by this event and especially when they view identifiable parts of the foetus. The impact that this has on any woman should never be summarily dismissed, more particularly when the woman has chosen to abort.

Contrary to what may be assumed, women whose miscarriage is not the result of a deliberate action will, even when the woman desperately wants the baby, find it far easier to recover from seeing identifiable parts of the foetus during the miscarriage than women who may view the identifiable parts of the foetus during the process of a freely chosen chemical abortion .

It must be borne in mind that an RU 486 abortion takes several days and up to two weeks to complete (if not complete by then, a surgical procedure to evacuate what remains must be performed).

However, as opposed to a surgical abortion, the woman is fully conscious during the entire process, and she alone must deal with the graphic sight of, and disposal of, the dead foetus. Only a woman with a very callous outlook would be unmoved by such an experience.

American Food and Drug Administration (FDA): In the USA, five women have died as a direct result of RU 486. This has prompted the FDA to convene a scientific meeting early in 2006 to review the use of RU 486 in the USA. The FDA has already mandated a warning regarding the serious side effects of the drug.

The AFA (NSW) therefore proposes that the Community Affairs Legislation Committee act with due prudence by waiting for the FDA to complete its review, and take the FDA findings into consideration before finalising its own report.

Population Paucity: There are around 90,000 abortions performed in Australia every year or put another way, we are aborting every fourth or fifth baby – a primary school full of children every day. And yet we are hearing warnings about our shrinking and ageing population.

There would appear to be a major *blind spot* in the vision of those who cannot see that abortion is a major contributor to this situation.

The very fact that RU 486 would add to this already dire demographic outlook makes it imperative that the Minister for Health and Ageing should remain the one to assess the current ban on RU 486.

This is definitely beyond the scope of the TGA.

Behaviour change V's escalating abortion: Over 70% of Australians believe that the abortion rate is too high. It would seem obvious therefore that Australians as a whole are *not* screaming for more choices in abortion methods.

What also appears to be over-looked is that unwanted pregnancies are not illnesses that need treating, but rather are the result of a range of attitudes and the consequent behaviours.

Because of the inherent dangers, both physical and psychological, of any abortion, more effort should go into modifying the behaviours that lead to unwanted pregnancies.

Women are currently bearing a disproportionate burden as a result of thoughtless and uncommitted sexual activity.

The only authentic approach to this is to encourage the delay of sexual activity until marriage. Any other approach is equivalent to promoting faulty cigarette filters when what should be promoted is a policy of no smoking if lung disease is to be reduced.

Abstinence before marriage and fidelity within marriage should be rigorously fostered by our national leaders if we are to achieve what most Australians want – a reduction in the abortion rate.

More TRUE choice not pro-choice: A recent study revealed that 72% of Australians feel positive towards women who choose alternatives to abortion whereas only 28% feel positive towards women who choose abortion.

This figure must surely highlight the fact that the Pro-choice group is pushing an agenda completely out of step with mainstream thinking in Australia.

Women seeking abortion often do so because they lack the necessary support (physical, emotional, financial etc) to deal with the raising of a child. Rather than being a true solution to this situation, abortion only compounds an already difficult and complex problem.

Studies show that the deep-seated trauma caused by abortion may take years to manifest. Women who have aborted have a much higher incidence of a range of physical and psychological disorders, and are more prone to experience relationship difficulties, so the true happiness that we all seek often eludes them.

RU 486 will do nothing to reduce the harm done to Australian women.

What is needed for women, caught in the predicament of having an unwanted pregnancy, is to be supported throughout the pregnancy to full term and beyond, including the alternative of counseling in relation to possible adoption.

Conclusion: The arguments provided by those with an ideological drive to provide more choices of abortion, unfortunately, may well blind those charged with the duty of acting in the best interests of Australian women and society from assessing the evidence in an objective and impartial manner.

We therefore urge the committee to err on the side of caution.

The only appropriate finding is to retain the Minister for Health and Aging as the final arbiter in a decision regarding the future of RU 486.

Mary-Louise Fowler
President AFA (NSW)