

The Honourable Senator Kay Patterson  
Minister for Family and Community Services  
Minister for Assisting the Prime Minister for Women's Issues

Dear Senator,

As doctors who provide health care on a daily basis to residents in the remote north west of Australia we are writing to seek your help in addressing the current restricted access to termination services. In particular we wish to highlight how the current limited access to timely termination services in rural and remote Australia can be safely addressed by supporting access to RU486. In addition we are concerned that the current debate regarding access to this drug has been an illustration of narrowly informed 'expert' advice and astonishingly limited knowledge of how health care is delivered in regional Australia.

Living and working in remote Australia can, at times, be difficult for doctors and patients alike. The current debate unfortunately is a source of further disappointment and disadvantage as it has become apparent that opinions emanating from Canberra and Sydney have studiously ignored the needs of those Australians who live outside major urban centers.

We believe that failure to approve supply of RU486 in regional Australia will:

- Further limit access to safe and supported termination services to women in regional Australia
- Devalue the skills and aspirations of local health providers in regional Australia (and as a result further impede the recruitment and retention of doctors who are desperately needed)
- Further highlight the health disparity already existing between urban and remote Australians
- Support a perception shared by some doctors and residents in regional Australia that the Commonwealth Government fails to listen to remote Australia

As doctors practising in a remote part of Australia, we regularly witness the disadvantage of rural and remote women in accessing early and safe termination of pregnancy compared with their urban peers.

Currently, women requesting a termination of pregnancy in the Kimberley are often required to wait several weeks for the procedure to be performed locally or when unable to be accommodated on our limited surgical lists, required to travel up to 3000 km to Perth. If performed locally, the procedure is subsidised by the public hospital system but if in Perth, although a women may be given her airfare by the Patient Assisted Travel Scheme, she is liable for the costs of the procedure herself as well as any accommodation, living expenses or local transport required. Obviously, the decision to terminate an early pregnancy is a difficult and emotional one for most women. Despite this many women are having to endure this procedure alone, far from home and supports and liable for extra financial expenses. Furthermore, surgical termination of pregnancy is ideally performed between 7 and 10 weeks of gestation but given the waiting time for local theatre list space, women may be diagnosed in a timely way but be beyond the ideal dates by the time the procedure is available thus

placing women at either increased surgical risk or as noted above, having to take a more expensive and distant option.

RU486 would address these difficulties. Certainly, it would still need to be administered in regional centres but would be available most days and not dependent upon limited operating list spaces and scarce specialist availability. It can also be expected to almost entirely eliminate the need for women to travel to distant centres like Perth to achieve early pregnancy termination. Consequently, RU 486 will reduce significant costs to the government such as transport costs for patients and theatre and staff time and equipment currently required for surgical termination.

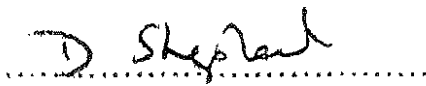
One argument that has received some currency is that using RU 486 will be unsafe in regional Australia due to the difficulty in managing the risk of bleeding. Such an argument fails to appreciate that RU 486 will only be administered at sites in regional Australia where there is immediate access to appropriate medical and surgical support. This support is available at three sites in the Kimberley for bleeding in spontaneous miscarriages (which occur in up to a quarter of pregnancies), which are managed expertly and safely in this setting already.

As practising rural and remote doctors concerned about the disadvantage faced by local women in this respect, we urge you to support the use of RU486 in early termination of pregnancy particularly in rural and remote settings. With appropriate patient selection, policies and procedures RU486 can be safely used in regional Australia. Continuing to limit its use in regional Australia can thus, unfortunately, only be seen as a mechanism to limit the legal access to safe termination services for women in regional Australia - women whose access to timely and appropriate care is already less than their counterparts in urban settings.

Yours faithfully,

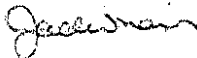


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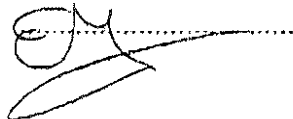
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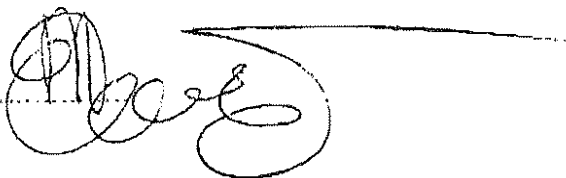
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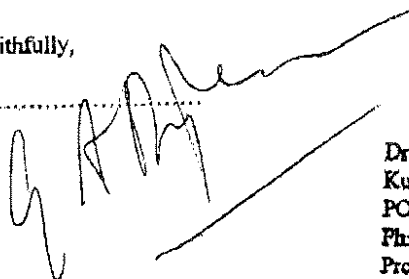
Yours faithfully,



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