The Women's Clinic
and Family General Practice on Richmond Hill
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20 January 2006

To Whom it May Concern;

Re: Submission on RU486

We are a multidisciplinary clinic with an attached Day Surgical Unit and accredited General Practice. We offer a range of services including family planning, counselling, termination of pregnancy (TOP), antenatal care for wanted pregnancies and GP and nursing services. We use misoprostol as adjunct to surgical termination of pregnancy and are well placed to use mifipristone (RU486) in conjunction with misoprostol to provide a medical alternative to surgical TOP. We have been operating in this capacity for 15 years and have considerable experience in dealing with the trauma of unplanned pregnancies.

In our experience women are very careful in the consideration of their choices with regard to a pregnancy, and the availability of RU486/Misoprostol will not change how they view these choices. We envisage that the same degree of counselling and discussion would be involved in providing a woman with an RU486/Misoprostol termination as a surgical termination, and the same legal requirements will presumably apply.

We are of the view the RU486/Misoprostol provides a safe alternative to surgical TOP particularly in early gestations when a woman has just missed a period. Some abortion providers may not provide a surgical TOP at such an early stage whereas many women would be keen to act on their decision as soon as possible. Many women would prefer an early termination when it is an embryo and less developed.

We feel that RU486 will provide another option for women requiring a TOP and for some women will be a psychologically more acceptable and less intrusive mode of treatment. It may also provide more ready access to a termination of pregnancy in rural areas where a surgical TOP may not be available but a dilatation and curette for an incomplete abortion would be accessible.

We believe that this method has been widely used throughout the world since its inception in France in the 1980's, and has proven to be both a safe and less expensive alternative to surgical termination. Trials have already been

performed in Australia and it is not appropriate that Australian women be denied access to such a safe and established method.

If the drug was to be introduced there are issues to be addressed around the training and experience of the practitioners prescribing and monitoring it. For instance it is imperative, when performing a surgical TOP, that the possibility of an ectopic pregnancy be considered and excluded in the course of management. Ectopic pregnancy is a life-threatening emergency and is a significant cause of maternal deaths if undiagnosed and not treated. Experience in the diagnosis and management of ectopic pregnancy is thus essential and protocols for the use of RU486 must have interruption of the pregnancy and exclusion of an ectopic pregnancy as an assured end point.

We believe that it is an artefact of history that has led to this drug being treated unlike any other. The debate has been allowed to focus on the moral or ethical considerations of termination of pregnancy, a practice already occurring in Australia, rather than on the merits of this particular treatment. We feel that the registration of RU486 should no longer be subject to the Health Minister's discretion, but returned to the mainstream and treated like any other medication used in the delivery of health care in this community. There is no medical or scientific evidence to support a case to the contrary.

Yours Sincerely,

Dr. Mark Jones

Dr. Kathryn Dunne

Dr. Jeannie Knapp

Dr. Lisa Amir