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The Secretary
Senate Community Affairs Committee
Parliament House,
Canberra ACT 2600

Submission by Pro-Life Victoria

to Review of The Therapeutic Goods Amendment (Repeal of Ministerial Responsibility For Approval of RU486) Bill 2005

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Executive Summary

1. The current situation surrounding abortion requires attention. This has long been neglected. Women deserve better. Australia is suffering from this neglect.
2. RU486 measures up best from the viewpoint of those men who want to believe there is a quick fix for pregnant women. RU486 will further “liberate” some men and encourage them to feel no responsibility regarding human relationships. Unfortunately, many women will not become fully informed on the down sides of RU486 until they suffer the consequences.
3. The wide ranging current negative impacts of abortion must first be considered if it is to be determined whether introducing abortion pill RU486 is a step in the right direction or a step in the wrong direction.. This is clearly not a task that can be left to the Therapeutic Goods Administration. The abortion pill is not even a therapeutic good – it is designed to kill human embryos. It is a culture changing agent.
4. The introduction of RU486 based on a narrow assessment of health and safety by medical professionals would again be an abrogation of the responsibility that the Federal Parliament and Federal Government owe to women and to our nation.

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The Current Abortion “Environment” - Suppression, Neglect, Abrogation of Responsibility

1. For about thirty years, the story of abortion in Australia has been one of suppression, neglect and abrogation of responsibility. The abortion choice is often offered in a manner that effectively excludes other choices. Suppressed post abortion grief has only begun to be uncovered but overwhelmingly the most common reaction from medical personnel is best described as denial. “Abortion as the only choice to be advocated” has had a role in undermining commitment and responsibility in human relationships. The social impacts are widespread.
2. "It is conservatively estimated that one in four Australian pregnancies end in abortion - and 73 per cent of Australians believe that rate is too high." (survey by Southern Cross Bioethics Institute, May 2005).
3. Although abortion has become common, taking the life of one unborn child for every three births and taking between two and three million lives since the 1970s, it remains a topic about which concerns are suppressed. Side effects are played down as is the link between abortion and breast cancer particularly for women who have not already borne at least one child.
4. Mental health problems of women have been found to be significantly more common for women who have had an abortion (UK Journal of Child Psychiatry and Psychology, 3 January 2006). The Christchurch School of Medicine and Health Sciences study followed the progress of 1,265 children from their birth in the 1970s. Professor David Fergusson expressed great concern that so few abortion studies are being published: "It verges on scandalous that a surgical procedure performed on over one in 10 women has been so poorly researched and evaluated, given the debates about the psychological consequences of abortion."
5. Professor Fergusson’s study revealed that: “At age 25, 42 per cent of those who had had an abortion had also experienced major depression at some stage during the previous four years - nearly double the rate of those who had never been pregnant and

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35 per cent higher than those who had chosen to continue a pregnancy. The risk of anxiety disorders was raised by a similar degree.” (Sydney Morning Herald, 3 January 2006)

6. Our own experience of these post- abortion problems comes from our discussions with the counsellors who have assisted women suffering from post abortion grief. We are advised that over a quarter of the requests for assistance from Pregnancy Counselling Australia concern abortions that women have already had. The post abortion grief of many thousands of women is suppressed. There has been no attempt by governments to regulate practices surrounding abortion referral and abortion procedures. Pregnancy support services and independent counselling have generally not been offered by governments.
7. Pregnancy support services and post abortion grief counsellors report that medical personnel and abortion clinics do not read the signs as to whether a woman is expressing a cry for help or wanting to know what support would be available if she allows her pregnancy to continue.
8. There is a real need for the Federal Government to evaluate outcomes of the current practice of abortion and to minimise the significant negative impacts on women, human relationships and families.
9. The Federal Government funds abortions through MediCare. There are few areas of expenditure for which the need for evaluation of outcomes has been so neglected.
10. The Government should ensure that a thorough inquiry into the practice of abortion in Australia is conducted.
11. The Government should take initiatives to address the bias towards abortion encountered by so many women. Women should be provided with counselling from a counsellor independent of the abortionist before an abortion proceeds. Full information regarding side-effects and research findings on long term impacts must be provided. The Government should support existing programs of assistance to pregnant women provided by non-Government organisations. Post abortion grief counselling should also be readily available to women in need of it.

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RU 486 - Not A Positive Contribution To Australia's Poor Performance Regarding Abortion Practices

12. It is into the environment briefly outlined above that RU 486 would be released. The neglect of women and a further abrogation of responsibility could be expected. The abortion pill RU486 will have a major impact on our culture. It will be promoted in the interests of drug companies and would offer a quick and easy option for many medical practitioners. There seems to be an extremely high risk that less care will be taken as the procedure will falsely and deceptively appear to be easier. The deception and inadequate care already experienced by women will become a much more serious problem. RU486 is a step in the wrong direction.
13. RU486 measures up best from the viewpoint of those men who want to believe there is a quick fix for pregnant women. RU486 will further “liberate” some men and encourage them to feel no responsibility regarding human relationships. Unfortunately, many women will not become fully informed on the down sides of RU486 until they suffer the consequences.
14. To many women ,RU486 will appears easier as it is in the form of a pill. The reality is that a prostaglandin is also required and it will need to be administered under strict medical supervision at specialised medical centres and will require three or four visits to a medical practitioner when it works as intended. It is less likely to work as intended if it is taken when a woman is over seven weeks from her last menstrual period (only three weeks after a missed period).
15. General practitioners do not typically have immediate access to counsellors. The problems for women of a lack of information about side effects, inadequate counselling and the resulting post abortion grief must certainly be exacerbated with the use of RU486. The number of abortions must also surely increase. There will be less chance of women being made aware of support available or the alternative of adoption as the use of abortion pill RU486 is so much in the interests of and is convenient for the medical profession and the drug companies.

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16. The investigation comes soon after the New England Journal of Medicine published an article suggesting that RU-486 abortions may be ten times more likely to cause the death of the mother than surgical abortions performed at the same point in pregnancy.
17. The use of RU486 followed by a prostaglandin has been widely reported as being responsible for the deaths of nine women but it would be optimistic to assume that other deaths have resulted as the cause of death could often be identified only as a condition aggravated or caused by the use of RU486 and a prostaglandin. We are aware that the Committee will have details of the deaths of nine women and further information on side effects.
18. In the United States, after this Australian Senate review was announced, a U.S. House subcommittee chaired by Rep. Mark Souder (R.-Ind.) has begun a major investigation into the safety of RU486.
19. A letter dated 21 December 2005 to Federal Drug Authority (FDA) Acting Commissioner Andrew C. von Eschenbach contains a detailed list of questions regarding the FDA's own investigations into RU-486's safety record. The letter seeks physician, autopsy, and other records so that the subcommittee can conduct its own review, and asks about the off-label regimens often used with mifepristone (off-label uses are legal but not approved by the FDA). Souder also wants to know why it took so long for the drug's maker, Danco Laboratories, to add the risk of bacterial infection to the drug's warning label. All four American women who died from taking RU-486 had dangerous bacterial infections. Souder chairs the Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the U.S. House's Committee on Government Reform.
20. The abortion issue is a major public concern and that therefore it should be a responsibility of an elected member of the Government. RU486 is not a therapeutic good but is designed to kill human embryos. It involves more than just the health and safety issues of other drugs that are approved by the Therapeutic Goods Administration.

RU486: Current Legislation

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21. Despite widespread and mischievous inaccurate publicity, there is no ban on the introduction of RU486 into Australia.
22. In 1996, the Parliament passed an amendment to ensure proper Ministerial accountability. In the words of Senator Belinda Neal who spoke for the ALP at the time, this was expressed: “We wish to ensure that, in circumstances where this drug is to be imported or supplied in Australia, the Minister be required to approve the drug and that notification of this approval be given in this chamber” (Hansard, 9/5/96).
23. Senator Neal correctly noted that RU486 does not just raise purely health issues: “We acknowledge that this issue raises large concerns within the community. It raises issues beyond purely health issues. These issues need to be addressed by the executive of this government and addressed with absolute and direct accountability.”
24. RU486 is like no other drug. It is designed to kill human beings. Needless to say this raises ethical concerns which are not present in the approval of therapeutic goods.

Conclusion

25. There is no less need for accountability by the executive of the Government regarding the introduction of RU486 as a drug which stands apart from all the therapeutic goods subject to assessment and approval by the Therapeutic Goods Administration.
26. The introduction of RU486 based on a narrow assessment of health and safety by medical professionals would again be an abrogation of the responsibility that the Federal Parliament and Federal Government owe to women and to our nation.
27. The current situation surrounding abortion requires attention. This has long been neglected. Women deserve better. Australia is suffering from this neglect. The Government should ensure that a thorough inquiry into the practice of abortion in Australia is conducted. Consideration of RU486 and more appropriate initiatives that should be taken are not matters for which the Government or Parliament can abrogate responsibility or avoid accountability by passing the decision making role to the Therapeutic Goods Administration.

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