Survivors of Abortion Ltd

ABN 97 061 147 000

Offering help and hope in the Name of Jesus to those suffering the aftermath of abortion or in an unplanned pregnancy.

12th January 2006

SUBMISSION TO

Inquiry into Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU486) Bill 2005

I have been listening to post-abortive women for almost 20 years. Individuals and situations differ, but over this period of time, some facts have become apparent and they lead me to make the following observations:

1. **Women terminate pregnancies for a variety of reasons and in numerous situations, but no woman plans in advance of pregnancy to terminate when it occurs. Very rarely will a decision to terminate be made while the woman is calm and thinking clearly: she is often very emotional and if she is being hurried in any way (either by a person or persons or by her particular situation) she will want to get the matter over with as soon as possible. "I felt like I was on a roller coaster and I wanted to get off." I have often heard said, or another good description is, "like being in a cage with a lion, I just wanted out."**

   (a) Because of this attitude, this state of mind, even when there are complications from surgical abortions, too many do not immediately seek medical help. This has led to subsequent permanent damage and infertility for some who have contacted me over the years. This means that the heavy bleeding, cramps and so on, which I understand may be the consequences of the use of RU486, may not be seen by the medical practitioner who administers the drug, or not be seen soon enough, because some women will not return to the practitioner.

   (b) For the same reason I believe there is a strong possibility that some women will not return to the doctor for the follow-up medication needed to complete the termination, two days after the administration of the initial dose. I note that overseas experience backs up this concern. (If they don't return for the second dose they are not likely to return for the third visit to the practitioner which I note on the US FDA site, is vital.)

   (c) I understand that there is some thought to giving a woman the second dose medication to administer at home herself, possibly in recognition of the likelihood of her not returning to the practitioner. Knowing how many women have had 'second thoughts' when it is too late, in the midst of a surgical abortion, I am very concerned that should this happen with the use of RU486, and she failed to administer the drug to herself, she would be left with an incomplete abortion and the strong probability of sepsis.

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2. Secondly, most women cannot terminate pregnancies without there being some degree of denial in play. This could mean blocking out their previously held convictions, or their initial feelings about being pregnant,(which may have been, on first confirming pregnancy, positive). Part of this blocking out includes an often subconscious refusal to believe what is written on the information sheets that abortion providers give them, prior to a medical abortion, concerning possible risks. Instead, if what is written is noted at all, often it is noted selectively, so that positives are recalled and negatives are not. Younger women especially have said they didn't want to know, they just wanted to get it over and done with.

(a) Having read the patient information sheet on Mifepristone on U.S. Federal Food and Drug Administration's website, I am even more concerned because if women in distress about an unplanned pregnancy do not now take in the sheets of information they are given by abortion providers, what makes us think they will the information on RU486, about who should not take the drug, about Risks, and about what to do if there are complications?

3. Over a 20 year period I have been listening to the heartache of women as they described the details leading up to their decision to terminate; the heartache as they told how their decision had affected their lives, their relationships, the lives of other family members; the desperate wish of many that they could go back and change everything. This from women who have had surgical abortions. Some have had permanent reproductive problems as I mentioned earlier. Too many have suffered long-term depression. But every one of the many, many women to whom I have listened, has described the emotional, psychological, and spiritual cost of having terminated a pregnancy. And almost without exception, each has said, if there had been any other option or if circumstances had been different, or if the timing was better - they would have continued with their pregnancy. As I said in the opening of this submission: no woman is planning a termination when she begins a relationship.

I submit to the Committee that Government should be looking at ways to help women continue with pregnancy, to help women not to have a termination, rather than making it easier for her to have one. I totally reject the argument that RU486 ought to be made available for women in rural areas because they cannot easily access surgical abortion. The women who have already suffered would say otherwise… and many over the years have been from rural areas.

The responsibility for deciding use or not of RU486 should remain with the Minister.

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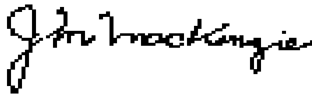
Finally, the use of a drug to terminate a human life places it in a totally different category than, say, a drug which treats asthma. The Therapeutic Goods Administration states on its website, that "A 'therapeutic good' is broadly defined as a good which is represented in any way to be, or is likely to be taken to be, for therapeutic use (unless specifically excluded or included under Section 7 of the Therapeutic Goods Act 1989)." And what, exactly, is therapeutic use? The same website says that it means "use in or connection with:

> **preventing, diagnosing, curing or alleviating a disease, ailment, defect or injury**
> **influencing, inhibiting or modifying a physiological process;**
> **testing the susceptibility of persons to a disease or ailment;**
> **influencing, controlling or preventing conception**
> **testing for pregnancy; or**
> **replacement or modification of parts of the anatomy."**

As RU486 as an abortifacient is not a drug used for any of the above purposes (conception already having occurred, note,) it is not appropriate that the Therapeutic Goods Administration be given the responsibility for determining use of it and it should therefore remain under Ministerial responsibility.

For each and all of the above reasons, I urge the members of the Committee of the Inquiry to reject the Therapeutic Goods Amendment (Repeal of Ministerial Responsibility for approval of RU486) Bill 2005.

Sincerely



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