

Jenny Madden

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

12th January 2006

Re: Submission on Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU486) Bill 2005.

Dear Senators Humphries, Moore, Adams, Barnett, Fielding and Polley,

I am writing to you, concerned about the proposed private member's bill – Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU 486) Bill 2005, which I believe is designed to withdraw the responsibility for approval of RU486 from the Minister for Health and vest it in the Therapeutic Goods Administration.

I am a rural pharmacist, who works in larger rural centres such as Wagga Wagga and Albury. I also work in smaller communities, and my most recent placement was at Condobolin, a town of about 3,500 thousand people, with one pharmacy and a small hospital. Although there are currently 4 doctors in Condobolin, there are no facilities for women to have their babies there. So they must go at least an hour away to Parkes or Forbes, where there is not always an obstetrics specialist available, or to Orange, Dubbo or Wagga Wagga, which are a minimum of 2 hours away.

These larger, more distant centres could deal with a medical emergency at any time; however a patient may live as far as one and a half hours away from Condobolin. So the best case scenario would be a minimum of two hours for townsfolk, or three and a half hours, for some Australians, to reach emergency care.

How do we place the supply of RU486 in this context? There have been several instances overseas of the need for specialist emergency treatment after the use of RU486. Such situations will also happen in Australia, despite the best efforts of members of the health care profession, and some mothers may die.

The intention to make RU486 readily available is an abrogation of the duty of care of the health profession to their patients, and I am amazed that there are elements of the medical profession, who think this will be a safe and effective means of abortion, for the women of Condoobolin and other communities, which lack obstetric services.

As a pharmacist, I opposed the rescheduling of Postinor, more commonly known as the morning after pill. I felt unable to address the easy availability through pharmacy, considering the particular risk of undiagnosed STD's. In practice, this drug has become a form of contraception, often supplied more than once a month. The health care profession has failed in its duty of care to the users of Postinor.

In the same way that the medical arm of the health care profession has distanced itself from the supply of Postinor, doctors will now become distanced from some abortions, if they are procured through the use of RU486. The quality of care of their service will be diminished and patients will be the losers. As a pharmacist, committed to the care of my patients, I will refuse to supply RU486, if it is ever made available in Australia

RU486 is not a therapeutic good. It does not have or exhibit 'healing powers', nor does it relate "to the treatment of disease or disorders by remedial agents or methods." (Definition from - *The American Heritage® Dictionary of the English Language, Fourth Edition.*)

The TGA, which regulates therapeutic goods, should not regulate in regard to RU486. This decision should be made by the Government of the day, through its minister.

The bill should be rejected.

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