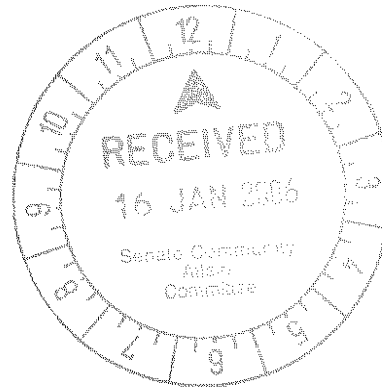


PUBLIC HEALTH ASSOCIATION
of Australia Inc
ABN 41 062 894 473

Committee Secretary
Community Affairs Committee
Department of the Senate
Parliament House
CANBERRA ACT 2600



Dear Sir/madam

SUPPLEMENTARY SUBMISSION FROM THE PUBLIC HEALTH ASSOCIATION OF AUSTRALIA TO THE INQUIRY INTO THERAPEUTIC GOODS AMENDMENT (REPEAL OF MINISTERIAL RESPONSIBILITY FOR APPROVAL OF RU 486) BILL, 2005

This submission is a supplementary submission to augment the initial submission provided to the Community Affairs Committee by the Public Health Association of Australia (PHAA) on 3 November 2005. It addresses three additional points that the PHAA believes need to be brought to the Committee's attention. These are:

- the need for the assessment and approval of all drugs in Australia to be subject to good governance, including consistent procedures;
- the need, within a democratic and secular society, for medical decisions to be isolated from the potential for individual's in political power to subvert them to political and religious beliefs; and
- the need within our Australian community for women, their medical issues and their decision-making to be treated with the same respect as is accorded to men and their decision making on health issues.

The comments made below are predicated on the fact that while under different conditions in each State and Territory, abortion is a legal medical procedure in all States and Territories in Australia. As such, the amendment proposed in the above Bill, does not seek to change the legal status of abortion in Australia, but rather seeks to have an alternative procedure for abortion assessed for its efficacy and safety without being referred to the Minister for Health for approval to do so. This amendment would bring the assessment of medical abortion under the same assessment process as is used for all other medications in Australia.

As noted in our previous submission, the PHAA believes that the Therapeutic Goods Administration (TGA), not politicians, religious leaders or political activists should decide if RU 486 poses an unacceptable level of risk to Australian women who are undergoing an abortion. We believe that Australia is well-served by the assessment

processes that have been legislated for the regulation of assessment of medications by the TGA.

The TGA has a solid record of professionally competent assessment and professional integrity. The capacity of TGA to undertake assessments of medications has not been raised as part of this Inquiry, nor was it raised when the original amendment to the TGA Act requiring Ministerial approval for the assessment of abortifacient medications was passed by the Australian Government. The isolation of RU 486 as a medication requiring unique and particular treatment is an anomaly.

Australia is a secular country in which the separation of church and State is valued. It is also a multi-cultural country in which the religious beliefs of all people are equally respected, and where the act of abortion, under specified conditions, is legal.

The determination of whether or not abortifacient medications should be assessed for safety and efficacy, and then the determination of their availability, should always be made under the same conditions applicable to all other medications. As religious and political views on this class of medication are highly polarising, the assessment of their safety and efficacy needs to be determined by an independent body (ie the TGA). It could therefore be argued that the use of the original amendment to single out medically induced abortifacient medications has breached the principles of good governance.

No one is forced to have an abortion or to use abortifacient medications. Therefore, those who have religious objections can simply choose not to undergo abortions or to use abortifacients. The decision as to whether or not an individual uses such drugs is then a matter for the individual woman and her doctor, based on the specific circumstances of each case. To treat such decisions as anything less than a medical decision to be made between doctors and their woman clients is to undermine the principles of medical decision making. Further, such an approach undermines the rights of women to determine their own health issues.

The PHAA urges you to consider the importance of good governance, the need to maintain the divide between church and State and the rights of women within a healthy democracy in determining your vote on whether or not the impediments to the assessment of abortifacients by the TGA alone should be approved. We strongly urge you to place the determination of the safety and efficacy of all medications in the hands of the TGA and to ensure that such determinations are not made by Ministers.

Either I or one of the Convenors of the PHAA's Women's Health Special Interest Group would be happy to meet with your staff to discuss this issue should that prove useful. I can be contacted on (02) 62852373 or at plaut@phaa.net.au.

Yours faithfully,

Pieta Laut
Pieta Laut
Executive Director
13.1.06