

Catholic Women's League
Weston Creek Branch
ACT 2611

Submission to
The Senate Community Affairs Committee-
Inquiry into Therapeutic Goods Amendment
(Repeal of Ministerial responsibility for approval of RU486} Bill 2005

Submitted by
Mrs. Mary Uhlmann –15/1/06
President
Catholic Women's League
Weston Creek Branch
ACT 2611

On behalf of our members I wish to express our concern that this Bill if successful will remove the need for Ministerial approval by the Minister for Health and Ageing with regard to the importation of RU486. We believe that the requirement for this approval should remain that the classification of a restricted drug is necessary as the purpose of this drug is abortion. It is also considered by many to be a dangerous drug.

Although it is claimed that the majority of Australians support the right of a woman to choose they do not believe that the abortion of what is a healthy embryo is something to be encouraged.

We hope therefore that the advice given by the committee will support the retention of the need for Ministerial approval.

The present state of affairs does not preclude the importation of this drug for use in the treatment of some cancers or medical conditions like endometriosis.

We have followed the debate on RU486 very carefully over the last few months and have researched the status of this drug in other countries the most notable being in the US. There are two court cases pending in that country following the deaths of two young women after taking this drug. We also note that although it was used in China from 1992 approval was withdrawn in 2001.

An article published in the New York Times on 23 November 2005 (attached) states the FDA has launched an inquiry into the safety of RU486 after four women died from the same bacterial infection-clostridium sordellii, a rare and deadly bacterium. As a result the FDA upgraded its strong black box warning.

RU486 is not a medication as its purpose is not medicinal or therapeutic but to abort a developing embryo a destructive procedure with the possibility of causing great distress to the mother during the process and following the completion of the

abortion. It 's not the simple procedure that it is claimed to be by those who have put forward this amendment. It can in fact take days and require the patient to see a doctor several times during this period due to possible complications.

There is no knowing when or where the abortion will take place. Surgical intervention may be needed if the drugs involved fail to abort the foetus. Any woman who has experienced a miscarriage at home alone understands the possibility of haemorrhage. Also the difficulty of being able to seek help. Is this what we want for Australian women?

Abortion is a very poor choice for the mother and a death sentence for the unborn child. There is ample evidence to prove the long-term emotional harm that is caused to women who choose this path? A recent research finding in New Zealand supports this claim, which has been known for years but has been dismissed. Melinda Tankard Reist deals with this in her book "Giving Sorrow Words"

Many feminists and pro-choice women do not support abortion - Germaine Greer and Naomi Wolf are two who are very aware of the emotional pain it causes. Germaine would not support RU486.

An important consideration with RU486 is the health and well being of the mother. At the same time we cannot ignore her unborn child.

The UN Declaration of the Rights of the Child (1959) states that it has a right to protection before and after birth. Have we forgotten that Australia supported this concept?

Despite the evidence, which exists about the dangers of this drug, it is dismissed as uninformed, myth or misconception, a stance that is irresponsible by those seeking to remove the need for Ministerial approval.

Surely all the information available must be carefully listened to before a decision is made. If the abortion is incomplete and the mother decides to continue the pregnancy what are the dangers of deformities in the child?

Dr. Renata Klein of Deakin University who passionately campaigned against this drug in 1996 has not changed her opinion despite the passing of the years, which may allow some to say it has been improved.

Dr. Klein describes herself as a feminist health activist and pro-choice, wrote to federal MP's imploring them not to lift the ban. " I feel like a lone voice crying in the wilderness," she says. "The mind boggles that such an unsafe, lengthy, and totally unpredictable procedure,bleeding, pain, vomiting. diarrhoea, uncertainty as to whether the embryo-foetus has been fully removed-can be seen as easy, natural and left in women's hands."(The Bulletin -Bitter Pill 13 December 2005)

Surely women need to make their choices earlier to avoid unplanned pregnancy. It is pleasing to note the federal government is addressing this issue by encouraging pregnancy counselling and is moving to provide it as an item on the Medicare list, with the hope of reducing the number of abortions. At this time they are estimated at 90,000 a year. The "national tragedy" referred to by Mr. Abbott. Do we wish to add to these numbers by making RU486 readily available?

The argument that it is a concern for the needs of rural women, that has prompted the move to amend the legislation, is questionable. Many of the members of our organization are rural women and they are concerned by the diminishing availability of medical services. The Federal Government has acknowledged the problem especially with regard to maternity wards and obstetric needs.

It has been stated by members of the health department that medical assistance must be readily available to ensure the safety of women, after using this drug. There may be a need for surgical intervention.

It is therefore possible some could be placed in danger due to the reduced availability of medical services in rural areas. No one can state with certainty that it is a good option for rural women or in fact for any woman no matter where she is located. What about counselling services? How readily available are they in rural areas?

We are concerned for those women who find themselves facing an unplanned pregnancy and are aware of the many difficulties they face. Much is being done by Church agencies and others to assist them. Likewise we do not wish to criminalize women nor is it the case that they will resort to so called backyard abortions. This is another emotive ploy, as there appears to be no difficulties standing in the way of women procuring a medical procedure even in States where it is not considered legal.

We do not apologise for the fact that we are very concerned about the increasing effort to find more ways to provide abortions. It really isn't something Australians should be proud of. We should ask, "what are we allowing to be done to the long-term physical and emotional health of women who choose this path, sometimes more than once?"

Also what affect is it having on the values of our society?

Mr. Abbott has stated that no pharmaceutical company has sought to import this drug. I wonder why? Do they have reservations about it? Could it be that recent experiences With Vioxx and previous experiences with the Dalkon Shield and the litigation involved is a contributing factor?

We therefore ask that the committee after looking very carefully at the documentary evidence as to the dangers of this drug and in the interest of the safety of all women and the unborn, that they recommend the need for Ministerial approval be retained. It's not just about choice.

(Mrs.) Mary Uhlmann