



## **Submission relating to the Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU486) Bill 2005**

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The Guild of Saint Luke, which is the official group which represents Catholic doctors in Queensland, firmly opposes any move to legalize the use of the abortion pill, RU486 (Mifepristone). Not only does its use always result in the death of an innocent human being, complications including maternal death make it totally unacceptable.

Since its beginning, the Church has consistently condemned direct abortion as an unbroken teaching. The decadent Roman Empire into which Christianity was born practiced abortion and infanticide on a wide scale. Writings such as the Didache written before 80AD demonstrate the opposition of the Church to abortion. (1) As Christianity flourished and was embraced by the empire, first infanticide and then abortion became increasingly uncommon. Since then, the Catholic Church has stated that life begins at conception, when a new person is formed with different genetic makeup from both the mother and the father. This genetic constitution is maintained throughout the life of the individual. All recent Popes have condemned direct abortion. (2),(3),(4),(5),(6)&(7). In 1995, John Paul II declared that "direct abortion, that is, abortion willed as an end or as a means, always constitutes a grave moral disorder, since it is the deliberate killing of an innocent human being".(8) He also taught that abortion is wrong because we must not do evil to achieve a greater good, following St Paul's injunction in Romans 3:8 that we must not do evil that good might come of it.(9) It is possible that an indirect abortion may be justified before a baby could be mature enough to survive on its own if the need is grave and the death of the child is not willed as a means to the desired end.(10) In the case of RU486, being a progesterone inhibitor, the only time its use could possibly be justified in a pregnant women would be when used to suppress a progesterone sensitive cancer to save her life and as a very unfortunate side effect the baby would succumb. In no case should it be used to directly kill a baby.

The suggestion that that this drug would be safe, particularly wherever there may be lack of ultrasonographical investigation and rapid follow up, we believe to be wrong. There is a significant difference between spontaneous and medically induced miscarriages and the way they are managed. In the case of spontaneous miscarriage, a medical practitioner knows that something is wrong and treats the patient appropriately. A doctor is aware that an ectopic pregnancy is a possible differential diagnosis. In the case of an RU486 induced miscarriage, the patient expects vaginal bleeding and pain and hence complications such as intrauterine infection and ectopic pregnancy are more difficult to detect, as has been the case in RU486 mortalities in America and Europe. There have been at least five maternal deaths out of 500,000 abortions induced by RU486 in America since the introduction of RU486. All seem to be due to Clostridium Sordelli or ruptured ectopic pregnancy C. Sordelli causes uterine infection which leads to blood infection and toxic shock. (11) There have been at least five deaths in Europe and one in Canada.(12) The women who die are in the prime of their lives and are usually otherwise healthy. Undetected infection could also lead to higher rates of sterility. Other complications include failure of RU486 to complete the abortion (13), excessive haemorrhage sometimes requiring transfusions,(14) cardiopulmonary problems (15) and pelvic infections.

The horrific experience that doctors would inflict on young women by giving them this pill to take would be most traumatic to the patients we are supposed to be caring for. They would take the pill then wait several days for the process to be completed with concomitant pain, bleeding and passage of a dead embryo. Surely this would be psychologically damaging and a totally undesirable experience.

If RU486 is introduced into Australia, it could result in abortions being far more easily obtained than with the current situation. All that may be required is a few visits to the local doctor. We see this as a very bad move.

When a woman is diagnosed with an unplanned pregnancy, there is an initial phase of shock and denial. It is common to want to end the pregnancy and seek a termination as a sudden reflex action. When the shock and denial subsides, she may change her mind. With RU486, it would be easy to end the baby's life in this early stage and then be powerless to reverse the decision and watch as the full process is completed over a number of days. This would indeed be a sorrowful situation.

Australian society is experiencing a falling birthrate and an ageing society. In this environment, we should be encouraging women to continue pregnancies. Financial assistance should be given and counseling provided. Alternatives such as adoption should be promoted.

It is sometimes said that abortion, whether surgical or medical, is safer than maternity and childbirth. However, one large study of in excess of 170,000 induced abortions showed that compared to mothers who deliver their child, women choosing abortion are in excess of 60% more likely to die in the years after the abortion from all causes. Both death from circulatory diseases and death from suicide were increased more than 2 & ½ fold. There was a greater than 80 % increase in accidental death, and a more than 40% increase in death from natural causes generally. (16)

A recent long term study from the Christchurch School of Medicine and Health Sciences suggests a strong link between abortion and mental illness. Researchers found that at age 25, 42 per cent of women in the study group who had had an abortion also experienced major depression at some stage during the past four years. This was nearly double the rate of those who had never been pregnant and 35 per cent higher than those who had chosen to continue a pregnancy. "Those having an abortion had elevated rates of subsequent mental health problems, including depression, anxiety, suicidal behaviours and substance use disorders," said the researchers, whose study has been

published in the *Journal of Child Psychology and Psychiatry*.(17). This backs up the day to day experience of our members , many who counsel women with psychological wounds days, months or even years after abortions. It also supports the work of writers such as Melinda Tankard Reist who has gathered the testimonies of many women affected by abortion.(18) , and Anne Lastman, post abortion counselor and writer of the magazine ‘Broken Branches’.

In summary, besides being morally unacceptable, resulting in the death of an innocent human being, we believe this drug not to be safe, that it is potentially physically and psychologically damaging to women and is simply bad medicine. We cannot in conscience ever assent to such a bill.

1. Didache,II, 2.
2. Pius XI encyclical Casti Connubi
3. Pius XII, allocution to the Association of Large Families, Acta Apostolica Sedis (1951) XLIII, p855
4. John XXIII,encyclical Mater et Magistra, III,194
5. Pius XII Discourse to the Saint Luke Union of Italian Doctors of November 12, 1944, "As long as a man is not guilty, his life is untouchable, and therefore any act directly tending to destroy it is illicit, whether such destruction is intended as an end in itself or only as a means to an end, whether it is a question of life in the embryonic stage or in a stage of full development or already in its final stages" (Discourses and Radio-messages, VI, 183ff.).
6. Second Vatican Council , Pastoral Constitution on the Church in the Modern World, IV, 51;
7. Paul VI (Congregation for the Doctrine of the Faith ) Declaration on Procured Abortion, III,12(Dec 5, 1974).
8. John Paul II, Evangelium Vitae,62
9. John Paul, Veritatis Splendor,76-83
10. Richard Doerflinger, Our Sunday Visitor’s Encyclopedia of Catholic Doctrine, p4
11. Gardiner Harris, New York Times, 23 Nov 2005.
12. RU 486: Seperating the facts from the misinformation.
13. Murray S. Wooltorton. Septic shock after medical abortions with mifepristone. CMAJ 2005;175(5):485
14. Henderson J, Hwang AC, Harper CC. Safety of mifepristone abortions in clinical use. *Contraception*. 2005;72:175-178
15. <http://www.ru486facts.org/index.cfm?page=sideeffects#cardio>
16. Reardon DC et al “Deaths associated with pregnancy outcome: a record linkage study of low income women.” South Med J 2002 Aug, 95(8): 834-41)
- 17 David M Fergusson, L. John Horwood &Elizabeth M Ridder, ‘Abortion in Young Women and Subsequent Mental Health’ .Journal of Child Psychology and Psychiatry. 2006 Vol 47, number 1, Jan.
- 18.Melinda Tankard Reist, Giving Sorrow Words. Duffy and Snellgrove, Sydney. 2000