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The Committee Secretary
Senate Community Affairs Committee
Parliament House Canberra A.C.T. 2600

I would like to submit the following points regarding RU486 as a female, rural, G.P. obstetrician. I have serviced a small country hospital for twenty years.

1. It is widely accepted that the complications, i.e. adverse outcomes, of RU486 demonstrated around the world require a high level of surgical and medical backup to remedy. Dr Haikerwal of the A.M.A., which represents a relatively small proportion of rural and remote doctors, has implied to the senate committee that " access to a remote hospital with a doctor able to perform curettage" would remove a barrier to prescription of RU486. However to open operating theatres for an emergency curettage requires immediate access to an anaesthetist, and immediate access to theatre nursing staff as well as the ready availability of a G.P. with surgical/gynaecological training. To summon such staff together in hours and especially after hours can take considerable time in a rural setting, In the case of the known serious and life-threatening haemorrhages attendant upon RU486 this delay may itself have dire consequences. Even with the provisions of a required "Authority" to prescribe based on geographical location, this cannot foretell when one of the crucial members of a theatre team will be sick, out of mobile phone range, or away and replaced by a locum without the gynaecological operative skills that may be required. The distance of the patient's domicile may not appear to be a problem in the prescribing of RU486 until the ambulance the patient requires to transport her to hospital is busy elsewhere, transferring or retrieving other patients from more remote areas.

2. The A.M.A. in speaking to the senate committee has stated that the "safety profile [of RU486] is not dissimilar to that of surgical procedures".The rate of fatal infection from RU486 usage is however found to be increased by over 450 percent from that of surgical abortion, based on findings reported in the New England Journal of Medicine Dec.2005;353:2352-60. That we do not yet understand the process of this link does not negate the link.

3 Many rural hospitals do not have laboratory services, or have a limited level of service for limited hours of the day. Since the symptoms of toxic shock syndrome associated with clostridium sordellii are, in the early stages, not dissimilar to the side effects of the drug, laboratory assistance in diagnosis should be available for such presentations to casualty. Given the increased risk of these infections with RU486, this service would be essential

While some risks may be acceptable factors in the treatment of disease, RU486 is a drug given to a person who is free of disease, and as such higher safety expectations are rightly placed upon it to not render the recipient ill, infirm, infertile or in danger of death. The 5 to 8 per cent of women requiring surgery after medical abortion do so in an emergency rather than an elective situation. Dr. Haikerwal and Dr. Pesce, representing the A.M.A, should have explained the different issues surrounding emergent versus elective surgery.

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