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The Chair,
Senate Community Affairs Legislation Committee
Parliament House
Canberra ACT

Dear Senator Humphries.

Re: Enquiry into the Therapeutic Goods Amendment
(Repeal of Ministerial responsibility for approval of RU486) Bill 2005

I am writing to express my opposition to the Bill put forward by Senators Nash, Troeth and Moore.

I have read the bill and also read most of the Hansard record of the first day of the proceedings of the Senate committee of Enquiry. I want to make a few points as I don't want to waste your time with data you have already read.

1 Safety Issues

While this is not the most important issue I raise it first. Numbers and statistics are difficult tools to use on occasions. Dr Hackerai is in the hearing reported finding a three period where there were 90 deaths associated with births and none reported from abortions and Dr Tippett (I hope I have the spelling correct) from the New Zealand Colloge of Obstetricians and Gynaecologists report no significant statistical change is safety in NZ and other countries. However the committee is aware of the four deaths in the USA from the use of such a substance and the withdrawal of the product in Italy because of concern. You must also be aware of the Cochrane review in 2002 (Issue 4. Article No: CD003037) which found increased morbidity and the NEJM report (Dec 1, 2005, Vol 353 No 22) on Fatal Toxic shock associated with Clostridium Soredellii after medical abortion.

Whatever statistics you choose to look at, the facts are that RU486 is a cytokrine and that class of drugs kills living cells. The risk of life threatening infection is one which patients using drugs such as this weighs up, but these patients usually have a life threatening illness anyway. It may have other uses (eg cancer) where the risk is acceptable.

It is interesting to note that the original producers of this profitable drug, Rousell-Ucaf, have sold the US rights to Danko Laboratories. This is the only product this company markets to the best of my knowledge and the company operates from off shore China, safe from easy prosecution.

It seems to me that no matter what precautions may be endorsed, it is inevitable that some woman is going to die or become seriously ill, either in the outback of the Northern Territory or in suburban Melbourne if this drug becomes available for this use.

2 Ethical Issues

Considering all the discussion and debate over centuries it is remarkable that a bill is being proposed that ignores this factor. The TGA deals with quality, safety and efficacy and has no say in whether such a drug as this should be used. The TGA would have to revise one huge safety criterion, safety in pregnancy, for which all other drugs are graded. The reason this drug should not be so easily given to TGA to administer is that it sets a precedent on a drug whose purpose is to destroy life, (a very small living baby according to the first day's Hansard). It reflects what we want as a society. Someone has said that the only thing medical about abortions is that doctors do them. This is an issue on how we view human life and its termination, and our elected legislators are the ones who need to make sure the public is aware of what is proposed and what our society really wants. The Christmas holiday season is hardly the time for a country to do this.

Witnesses said that our society already tacitly agrees with abortion and there should be no reason for not giving a woman the choice of her preferred method. That conjures up a scenario of abortion of convenience, not one of medical or psychological necessity, as our current legislation states. We are dealing with a drug that causes death to the foetus and may cause injury to the mother.

I fail to see any compelling reason to make another means of abortion available and many reason why it should be withheld.

Yours Sincerely

Dr Doug Utley