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# Doctors for Life

## NSW Branch of the World Federation of Doctors who Respect Human Life.

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The Senate Community Affairs Committee

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Dear members of the Senate Community Affairs Committee and parliamentarians,

Our organization is **strongly supportive of the ban on the "abortion pill" RU 486 (mifepristone)**. If this drug is allowed approval through the TGA **serious health risks and higher death rates will occur for both women and babies**. We urge the government to maintain the ban on RU486. There is strong medical evidence indicating that RU 486 has adverse medical outcomes for women including the deaths of at least eight women and 23% of users experiencing serious adverse effects. **In fact the death rate for women from RU486 is 10x greater than that of surgical abortions.**<sup>5</sup> The adverse psychological effects of abortion have been documented in at least 24 studies and even the promoters of RU486 acknowledge using RU486 is an appalling psychological ordeal.

### **1)RU486 increases the risk of birth defects**

RU486 is like a human pesticide causing severe malformation to the babies that survive past nine weeks including fused limbs, brain malformations, kidney problems and genital malformations. The French government approved the marketing of RU 486 and held a 40% share in Roussel Uclaf the company that discovered this drug. Dr Jean-Michel Alexandre, president of the French government's Medical Sales Commission said that the "main drawback to the new drug is that it increases the risk of birth defects in babies who survive it".<sup>1</sup>

RU-486 is the name commonly used for an artificial steroid that blocks progesterone, a hormone needed to continue a pregnancy.<sup>2,3</sup>

**Important Notice:** The manufacturer of Cytotec (misoprostol) has warned doctors that it recommends this drug not be used for abortion. Many doctors however ignore this advice and still give Misoprostol with RU486 to ensure that the abortion occurs in 92% of cases.

**2) Serious psychological damage** can be done to women through RU486.

Although some argue an abortion at home may give a woman privacy it also burdens a woman with loneliness, isolation and the trauma of delivering tiny dead baby of 6-12 weeks development alone and at home. Even the president of Roussel-Uclaf acknowledges that the RU486 procedure is traumatic. He described the RU486 procedure as "an appalling psychological ordeal because the woman .. has to "live" with her abortion for at least a week using this technique" <sup>1</sup>

The former chairman of Roussel-Uclaf (the French company which developed RU-486), Edouard Sakiz told the French newspaper *Le Monde*:

*"As abortifacient procedures go, RU-486 is not at all easy to use. ... True, no anaesthetic is required. But a woman who wants to end her pregnancy has to 'live' with her abortion for at least a week using this technique. It's an appalling psychological ordeal." "You have to be very confident to choose this method. It may be physically more natural, but psychologically it hits you much harder. You preside over the killing of a baby, completely unblinkingly. For women who are confused or vulnerable, and of course, so many are in this position, it is really terrible."*

**3) Adverse Events and Side Effects of RU486** At least Eight deaths have occurred in recent years related to RU-486 abortions: 4 in California, 1 in Canada, 2 in the United Kingdom and 1 in Sweden. In addition, a Tennessee woman died from a ruptured ectopic pregnancy after undergoing an RU-486 abortion. <sup>4</sup> The death rate for women who have an RU-486 abortion is 1 per 100,000 compared with 0.1 per 100,000 according to Professor Greene from Harvard school of Medicine who discussed serious concerns about the dangers of RU486 in the New England Journal of Medicine in Dec 2005. **In other words the death rate for women from RU486 is 10x greater than that of surgical abortions.** <sup>5</sup>

On November 15, 2004, the FDA reported having received 676 "adverse event" reports concerning RU-486 abortions, including 17 ectopic pregnancies, 72 cases where blood transfusions were needed, and 7 serious infections. These women were healthy before the use of mifepristone and became very sick or died shortly after its use. <sup>6</sup> The most common fatal adverse event is sepsis which may present without fever and progress rapidly to death<sup>6</sup>

**A California teenager, Holly Patterson, died from septic shock in September of 2003 after taking RU-486.** She went to the hospital several days after receiving the pills and according to the San Francisco Chronical she was told "her pain and

bleeding were normal, and she was sent home with painkillers.<sup>11</sup> Three days later, she returned to the hospital where she died of septic shock from Clostridium Sordelli. This is the rare lethal infection associated with RU486 and Misoprostol that USA Prof Miech has shown strong scientific evidence indicates these drugs both lower the immune system and increase bleeding which leading to rapid sepsis and bleeding with detection and treatment being a huge difficulty for doctors and patients.<sup>7</sup>

**4) Problems with leaving the Therapeutic Goods Administration to decide about RU486** . The private members bill leaves the power and responsibility for allowing RU486 in the hands of the Therapeutic Goods Administration through their National Drugs and Poisons Schedule Committee (NDPSC).

*On the 4 Corners ABC April 11, 2005 ABC it was reported : "Australia's drug regulator ( TGA) says it is underfunded and powerless to review a class of pain reliever that may have killed hundreds of Australians. Medical director of Australia's Therapeutic Goods Administration, John McEwen, says his hands are tied as his office does not receive public funding and is dependent on the results of drug company trials and scientific studies.*

*Dr McEwen says his office is currently powerless to review a drug once it has been given market approval. "It's in dispute that we would have [the] power to force those studies once a drug is on the market," he told the ABC.*

Dr McEwen is still the chairman of the NDPSC committee despite reports in *Australian Doctor* (mid 2004 )that the government was considering disbanding the current committee in 2005 and setting up a committee with a larger representation of clinicians.

The committee in early 2004 had NO clinicians and even in 2005 only seems to have only one medical practitioner involved in clinical work out of the total committee of 18. Most committee members are bureaucrats, vets or toxicologists without clinical experience. How would this committee approving RU486 adequately monitor safety or enforce medical supervision?

#### **5) Cost a Factor**

Some news reports say that an RU-486 abortion may cost about US \$75 - \$100 more than a surgical abortion, but other providers say that they have to charge double the price of a surgical abortion because of the extra visits, counseling and monitoring involved.

### CONCLUSION

Many of our members are GPs, obstetricians and other doctors experienced in women's health problems. We think it was inappropriate for the executive of the AMA and RANZCOG to put forward public statements supporting RU486 without surveying or gaining approval from their grass roots membership. Dr Haekerawal acknowledged in his oral submission to this senate committee that many of the AMA members are opposed to abortion. In our organization many of our members are threatening to leave the AMA or have already left in recent years because of the AMA executive's stance on abortion.

There is **strong medical evidence** indication that **RU 486 has adverse medical outcomes for women including the deaths of eight women and 23% of users experiencing serious adverse effects.** The adverse psychological effects of abortion have been documented in at least 24 studies and even the **promoters of RU486 acknowledge using RU486 is an appalling psychological ordeal.** RU486 is used for abortions up to nine weeks **RU 486 is lethal to unborn babies and** is like a human pesticide causing severe malformation to the babies that survive.

Our government and community should be offering more counselling and support for women with unplanned pregnancies. **NOT** promoting RU486 abortion as the solution.

Yours Sincerely



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## REFERENCES

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- <sup>2</sup> I. Spltz *et al.*, "Early pregnancy termination with mifepristone and misoprostol in the United States," New England Journal of Medicine 1998, 338:1241-47.
- <sup>3</sup> *Ibid.*; L. Birgerson and V. Odilind, "Early pregnancy termination with anti-progestins: a comparative clinical study of RU-486 given in two dose regimens and Epostane," Fertil. Steril. 48:565-70 (1987).
- <sup>4</sup> Russell, Sabin. "Taker of abortion pill died due to infection," *San Francisco Chronicle* 1 Nov. 2003, sec. A:19.
- <sup>5</sup> Professor Michael Greene from Harvard school of Medicine RU486 in the New England Journal of Medicine, 1<sup>st</sup> Dec 2005 . "Fatal Infectopns associated with Mifepristone-Induced Abortion. Death rate for women from RU486 used < 7 weeks is 10x greater than that of surgical abortions < 7 weeks
- <sup>6</sup> "Analysis of Severe Adverse events Related to the use of Mifepristone as an Abortifacient" by USA obstetricians Dr Margaret Gary and Dr Donna Harrison, The Annals of Pharmacotherapy Feb 2006 vol 40
- <sup>7</sup> Prof Ralph Miech "Pathophysiology of Mifepristone- Induced septic Shock due to Clostridium Sordellii" The Annals of Pharmacotherapy, September 2005 vol 39.