SENATE COMMUNITY AFFAIRS LEGISLATION COMMITTEE

Inquiry into
Therapeutic Goods Amendment
(Repeal of Ministerial Responsibility for Approval of RU486) Bill 2005

SUBMISSION
by the Family Council of Queensland, Inc.

January 16, 2006

The Family Council of Queensland, Inc. is a non-profit, non-denominational non-party political association of churches and pro-family organisations, including the Catholic Church, the Salvation Army, the Australian Family Association, Drug-ARM, the Festival of Light and Endeavour Forum – thus representing the views of tens of thousands of Queensland families.

We urge the Committee to recommend to the Parliament that the Bill be rejected and that the current regulatory arrangements for abortifacient drugs remain in place.

It is true to say that abortifacient drugs such as RU486 are unique in that no other drugs are designed to end a human life.

For this reason, the Government of the day (through the Health Minister) should continue to have the responsibility of deciding the policy question of whether and how RU486 should be used in Australia if it were approved by the TGA.

All the TGA can consider in its evaluation of a drug are safety and efficacy. Ethical and social policy considerations should be the province of the Government or Parliament, not unaccountable bureaucrats.

In the Committee's public hearing on December 15 last year, Dr David van Gend, of the World Federation of Doctors Who Respect Human Life, warned that RU486, if approved, would enhance the "current culture of social abortion on demand for non-medical reasons".

In response, one of the Senate Committee's members, Senator Fiona Nash, said: "What you are talking about is a debate we have already had, which is why we are now in a particular situation with lawful terminations."

Senator Nash's view that the debate is over is incorrect. As far as the Australian public is concerned, the debate on abortion should continue. According to research released last year by Southern Cross Bioethics Centre, 71% of Australians want greater public discussion on the issue.

While it is true that Federal Parliament has previously debated Medicare funding of legal abortion (in 1979), none of the Parliaments of the three most populous states (NSW, Victoria and Queensland) has changed their laws on abortion, which still state that abortion is unlawful except for the preservation of the mother's life.

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Instead, what has allowed abortion on demand to proliferate in Australia has been judge-made law – the Menhennit ruling in Victoria in 1969, the Levine ruling in NSW in 1970 and the Maguire ruling in Queensland in 1986.

The fact that we have more than 90,000 abortions a year (with one in four pregnancies ending in a termination) is not a situation that the vast majority of Australians feel comfortable with. The Southern Cross research tells us that only 15% of Australians believe abortion is moral when both mother and baby are healthy and a massive 87% want the number of abortions reduced.

We are aware of new research (which will be released shortly) which shows that 51% of Australians are opposed to abortion for non-medical, that is financial or social reasons.

Yet 99% of abortions in Australia today are done for those very reasons (according to a recent article in the Medical Journal of Australia)**.**

This is the social policy challenge which the Committee must take into account in deciding whether to recommend to the Parliament that the current ministerial oversight on abortifacients be maintained.

It is important to note that it is not just those who are conservative or pro-life who are opposed to RU486.

Dr Renate Klein, Associate Professor in Women's Studies at Deakin University, an internationally renowned feminist, who also happens to be a biologist, says RU486 abortion is "a modern version of backyard abortion: unsafe, painful and deeply scary". Dr Klein is pro-choice and therefore supports the availability of surgical abortion.

In her book *RU-486: Misconceptions, Myths and Morals*, which she co-wrote in 1991 with Janice Raymond (Professor of Women's Studies and Medical Ethics at the University of Massachussets, Amherst) and Lynette Dumble (Senior Research Fellow in the University of Melbourne's Department of Surgery), Dr Klein said RU-486 was "a non-private, extensively medicalised and complicated abortion procedure."

The authors state that "many doctors resent or resist performing abortions… and there is also a level of 'provider' burn-out in the delivery of conventional abortion services.

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"Given this situation it is not surprising that doctors may prefer chemical abortions over conventional methods because RU-486/prostaglandin actually *humanises the abortion experience more for the doctor than for the woman.*"

This, we would suggest, is one reason (apart from ideological grounds) why medical associations such as the AMA have supported the availability of chemical abortion.

But the danger for the medical profession, which its leadership may not have realised, is that giving the green light to chemical abortions will entrench the abortion mentality and practice broadly across the profession at the general practitioner level.

As the Catholic Doctors Association of Victoria has stated: "The introduction of RU486 will extend the reach of abortion and its culture and ethos further into the mainstream of medical practice, involving more and more doctors, healthcare workers and medical students. Bringing abortion into the domain of primary care will further erode the practice and values of authentic healthcare which is founded on respect and care for all human beings and the principle of 'first do no harm'. Changing the culture of medicine and healthcare is the very effect that the proponents of the abortion industry wish to pursue. Its success will profoundly change medical practice and medical practitioners alike."

Dr Caroline Westoff, an obstetrician and gynaecologist, told the *New York Times* on 11 July, 1999 that "one of my real, and I think realistic, hopes for this method [RU486] is that **it will help get abortion back into the medical mainstream** and out of this ghettoised place it's been in."

As the Catholic Bishops of Australia stated last year: "The introduction of chemical abortion will do nothing to reduce the incidence of abortion in Australia: indeed it may very well increase the numbers. Access to yet another method of abortion will further erode respect for the value of human life. Research suggests that more women will be damaged physically, psychologically and spiritually. **Multiplying the methods of abortion will only multiply the grief.**"

Even the makers of the drug would seem to agree.

Catherine Euvrard, formerly a spokeswoman for Roussel-Uclaf (the French company which developed RU-486), who now holds the same position for the new French manufacturer of RU-486, Exelgyn, said: "When [women] take a pill, they have the feeling they are truly responsible for the abortion… [There] can be more psychological pain."

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Edouard Sakiz, former chairman of Rousell-Uclaf, 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 the abortion for at least a week using this technique. **It’s an appalling psychological ordeal.**”

As for the claims that RU486 is safe, we would suggest the jury is well and truly still out on that question.

Altogether, so far there have been 10 deaths of women overseas that we know of as a result of RU486 – 1 in France, 1 in Canada, 1 in Sweden, 2 in Britain and 5 in the US.

Besides the 5 deaths in the US, there have were more than 660 “adverse event” reports recorded by the FDA in the course of RU486 abortions in the four years to October 2004.

This may only be the tip of the iceberg, as physicians are not required to report adverse events to the FDA; only drug makers are.

An editorial in the prestigious New England Journal of Medicine on December 1, 2005 noted that the death rate in the US for surgical abortion in the first 8 weeks of pregnancy was around 0.1 in 100,000, whereas the **death rate for RU486** was close to 1 in 100,000 or **10 times higher** (emphasis added).

For the information of the Committee, below are the details of the 10 RU486 deaths of which we are aware.

The first published case occurred in France in April 1991, but was widely dismissed because it was reported the woman had all three contra-indications to the use of the drug. She had been a heavy smoker, had heart problems and high blood pressure.

However, in September 2001, a Canadian woman died from septic shock eight days after taking the abortion pills. This was a result of a Clostridium infection in the uterus, possibly due to retained parts of the baby. A second woman, 21 years old, sustained a serious heart attack but survived. As a result, the Canadian trials of RU486 were temporarily halted.

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On September 12, 2001, a 38-year-old woman in Tennessee died five days after taking RU486. She had a tubal pregnancy which, according to a warning from the US Food and Drug Administration, RU486 will not abort. The abortion facility apparently failed to make the proper diagnosis, even though they did an ultrasound. She returned home and developed pain and bleeding. She placed multiple calls to the abortion facility as her condition worsened, but was advised that her symptoms were normal and routine. She was finally hospitalised and received legitimate medical care, but died from massive peritonitis from the ruptured tube. A major malpractice lawsuit was subsequently filed.

On June 3, 2003, a 16-year-old Swedish girl, Rebecca Tell Berg, died from an RU486 abortion. She was seven weeks pregnant. One week after being examined by a gynaecologist, she returned to the hospital and was given three RU486 abortion pills, a full dose. Two days later she returned and was given two Cytotec pills (a prostaglandin which is usually given as part of the abortion regime to increase the effectiveness of mifepristone). After a few hours, she was in severe pain, bleeding heavily and was given pain medication. After being kept in the hospital for eight hours, she passed a "big blob" and was sent home. Days later, still bleeding and in pain, her boyfriend encouraged her to go to the hospital. However, hospital officials told her she could bleed for as long as two weeks, so she stayed home. Eight days after the abortion she was found dead in the shower. A coroner's report confirmed that Rebecca bled to death. It noted, however, that the doctors had given an appropriate dosage, followed proper procedure and "followed all the rules."

On September 17, 2003, the fifth victim, Holly Patterson, 18, of California, died after taking RU486. The Planned Parenthood clinic did not educate her on how to administer the medication, did not have her signature on a consent form and failed to report her death as an unusual occurrence. After taking the medication, she returned to a local hospital twice. The first time she was given painkillers and sent home. The second time she went to the hospital but died shortly afterwards. The Alameda County, California Coroner's official autopsy report stated that she died because retained foetal body parts caused a massive infection.

Another death in 2003 was that of a 21-year-old student, Hoa Thuy Tran, in California. According to the suit which was filed last October in Orange County Superior Court, Tran took the drug on December 23, 2003 at a Planned Parenthood clinic. She collapsed and died six days later.

In January 2004, the British Government announced that two women had died after taking RU486 for abortions. No details of the deaths or the victims were released. The deaths were described as “suspected fatal reactions associated with the use of RU486.”

On January 14, 2004, Chanelle Bryant, 22, of Pasadena, California, died six days after taking RU486.

And on May 24, 2005, Oriane Shevin, 34, of Los Angeles, died five days after taking RU-486.

As a result of these unexplained deaths in California, the FDA has called a high-level scientific meeting for early this year to reassess whether the drug should stay on the market.

We trust that the Committee will recommend to Parliament that this legislation be defeated, so we do not get a spate of Australian girls and women meeting a similar untimely end.

This human pesticide should be kept out of Australia, except in limited situations when its use is required for legitimate medical reasons.

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Alan Baker
President
Family Council of Queensland
PO Box 2020
Mansfield DC Qld 4122

Phone 3221 1122 office