

Parliament Votes to Bring RU486 to Australia

BY Randall K. O'Bannon, Ph.D.

Last month the Australian Parliament voted to take steps that would allow RU486, the abortion pill, to be sold there.

Since 1996, abortifacients like RU486 had been listed as “restricted goods” in Australia, which the government’s Minister of Health had authority to block. In the fall of last year, however, several pro-abortion lawmakers launched a campaign to have the restriction on abortifacients removed and have the decision on the drug’s safety, quality, and efficacy placed in the hands of the Therapeutic Goods Administration (TGA), Australia’s counterpart to the U.S. Food and Drug Administration. Votes in the Australian Senate on February 9 and the House on February 16 accomplished that purpose.

Although it may still take several months for RU486 to wend its way through the TGA’s application, evaluation, and approval processes, both supporters and opponents of the abortion pill expect the TGA to eventually approve the drug.

At issue in the debate was whether RU486 was simply another therapeutic drug, like aspirin or an antibiotic, designed to treat some illness or ailment—the kind of drugs routinely considered by the TGA—or whether RU486’s function as a killing agent taken by totally healthy women put the drug in a different category altogether.

Australian Prime Minister John Howard, speaking before the debate, urged House members to uphold the authority of Health Minister Tony Abbot. Howard said that “to suggest that this drug RU486 is just another drug is patently absurd and I believe to treat it as any other drug is unsustainable” (Australian Broadcasting Company (ABC) Radio, 2/16/06).

Abbott himself said there was a “bizarre double standard” in place when “someone who kills a pregnant woman’s baby is guilty of murder but a woman who aborts an unborn baby is simply exercising ‘choice’” (ABC Radio, 2/16/06).

In November 2005, as pro-abortion politicians began pushing the pill in the press and in Parliament, Abbott released a report by the Health Ministry’s Chief Medical Officer John Horvath and Andrew Child, a former president of the Royal Australian College of Obstetricians and Gynaecologists, indicating that the drug would likely prove dangerous, particularly for Australia’s rural populations. According to the report,

[RU486] carries a significantly higher risk of later adverse events, such as incomplete termination and prolonged bleeding, and thus a higher proportion of women who undergo medical abortion require subsequent and at times, urgent intervention ... its use outside the existing framework in which surgical termination is currently managed in Australia would increase the risk of adverse outcomes ... [it is] unsafe in circumstances in which appropriate supervision and follow-up may not be available. ... It is therefore unsuitable for women in rural and remote areas who may have limited access to obstetric facilities.

However, Abbott’s doctors later seemed to backtrack in the press. Horvath told reporters that he was commenting only about the drug’s use in remote areas, not its wider suitability. Child said he only meant to say that use of the drug would require a high level of supervision. Matters were not helped when the Australian Medical Association, Australia’s AMA, reversed its opposition and endorsed the drug’s safety (ABC Radio, 11/17/05).

Clear evidence of the danger of chemical abortions using RU486 from the United States, where at least five women have died and at least 850 other women experienced complications ranging from moderate to severe, was generally ignored by pro-abortion Australian lawmakers, or dismissed as aberrations in light of purported hundreds of thousands or even “millions” of uses worldwide. (See sidebar and related story, page 17.)

Even while toasting their legislative victory with champagne, female legislators who had led the charge to bring RU486 to Australia were admitting that women could die after taking the abortion pill. Senator Lyn Allison told *The Australian* that while she expected Australia to learn from other countries’ experiences with the drug and to put in place a protocol requiring medical supervision, “I can’t say that it’s going to be 100 per cent certain to be safe” (2/17/06).

According to Australian government statistics, there were 84,000 abortions reported for 2003 among a population of just over 20 million. Nearly 20 out of every 1,000 women of reproductive age had abortions in 2003 (Australian Institute of Health and Welfare press release, 12/12/05), giving Australia an abortion rate comparable to that of the United States.

– SIDEBAR –

Abortionist: RU486 Regimen “Unsafe”

Planned Parenthood has long maintained that RU486 has proven to be “a safe, effective, acceptable option” for abortion. Yet in a letter to *Ob.Gyn News*, one of the former medical directors for PPFA’s New York affiliate has called the two-drug regimen “unsafe” (2/15/05).

“We are ignoring the danger signs, exposing women to unnecessary risks,” wrote Dr. E. Hakim-Elahi, now working with a hospital system in Elmhurst, New York. Hakim-Elahi says that the option should still be available, but limited to patients whose abortions can’t be completed by surgery alone.

Hakim-Elahi confirmed what pro-lifers have for years insisted is the case. With RU486, “the patient is given two different potent medications with various side effects,” he explained. “The patient will bleed for the next 4 weeks or more, and may transmit HIV (if positive) to others; become anemic; require blood transfusions or surgical abortion; or get sepsis and die.”

Hakim-Elahi wrote that it makes no sense for the abortion industry to turn around and expose women to such risks after claiming that *Roe v. Wade* was needed to deliver women from just those same sorts of risks before abortion was legal.

At the time he sent his letter in early 2005, “We know of the three mifepristone-related deaths that were reported, but some septic post-medical abortion patients who died did not share their history of medical abortion with their families; therefore, their deaths would not have been listed as abortion related.” Ten women are now known to have died after taking RU486, including five in U.S.

In his letter, he quoted statistics from a study of 43,410 RU486 abortions at Planned Parenthood in 2003. Hakim-Elahi noted that 141 women required surgical follow-up, 49 were treated in an emergency room for heavy bleeding, 20 had required blood transfusions, and 7 were admitted to hospitals for infection.

“If I were to receive such a report from a surgical abortion clinic,” Hakim-Elahi wrote, “I would recommend to health authorities that the clinic be immediately shut down.”