



Executive Summary

RU486/Mifepristone: A factual guide to the issues in the Australian Debate

- The conscience vote slated for 9 February 2006 is not about abortion or the safety of RU486. It is about *who should decide* if the drug is safe for Australian women and patients to use: a single politician for whatever reasons he likes, or the Therapeutic Goods Administration on the basis of the evidence.
- It is illogical to claim that RU486 is too risky for the regulator to assess its safety. If the facts are really on their side, ban-supporters should an evidence-based evaluation by the TGA.
- Australian women are capable of giving or withholding their informed consent to proposed medical procedures. If women judge medical abortion too risky or difficult compared to surgical abortion, they won't choose it.
- There is a substantial body of literature establishing the safety and efficacy of RU486. The World Health Organisation, The Royal Australian and New Zealand College of Obstetricians and the AMA all endorse its supervised use.
- RU486 is not just an "abortion pill". Its anti-progesterone action can treat seriously ill Australians suffering from cancer and brain tumours.
- Evidence shows that RU486 does not increase the abortion rate, but dramatically lifts the number of abortions taking place earlier in pregnancy. One reason women choose medical abortion is because it allows them to terminate earlier than would be possible with surgery.
- Medical termination is done up to 7-9 weeks pregnancy from a women's last menstrual period. Embryos at this stage are extremely small. For example at 5 weeks pregnancy, the embryo is 2-3.5mm long: about half the size of a grain of rice.
- Women's experience of medical abortion is similar to their experience of a spontaneous miscarriage. Women's sanitary requirements when miscarrying at home, whether spontaneously or as a result of medical abortion, are no different to those they face during a heavy monthly bleed.
- While tragic, the deaths of 4 American women do not significantly alter the very low mortality risk associated with medical *and* surgical abortion (around 1:100,000). This is lower than the death rate associated with Viagra and carrying a pregnancy to term. The difference between the risks women face of dying if they choose medical over surgical abortion are negligible.
- "Research" from independent institutions comes without quality guarantees. Policy-makers and journalists who rely on researchers/opinion-givers who do not fully or honestly disclose their credentials, their research methods and their sources of funding are at significant risk of exposure.