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RU486 - messy, unpredictable, unsafe

By Renate Klein Posted Friday, 23 December 2005

I am not a Catholic. I am not a man. I am not a right-to-lifer. But I oppose the abortion drug RU486. I am a long-time feminist and health activist who is committed to women's access to safe and legal abortion, and I am getting exasperated with the pro-choice movement's simplistic message about RU486. It is not safe and it will not expand women's choices.

A well-tried and simple abortion method exists: suction abortion. It is done in a doctor's surgery, and is over in minutes. If complications occur, emergency treatment is at hand. Compared with this, RU486 is messy and unpredictable. RU486 tablets and prostaglandin, taken two days later, can draw out the abortion process to two weeks or more, with bleeding, nausea, vomiting and painful contractions. One in ten women will then need a dilation and curettage to complete the abortion.

Ironically, as Australian pro-RU486 lobbying is reaching fever pitch, discussions in medical circles about the deaths of five women in the US and Canada after an RU486-prostaglandin abortion are increasing (there were two additional deaths in Britain and another in Sweden). No one is sure why these deaths occurred.

The Canadian woman's death in 2001 was explained by pointing to the antiglucocorticoid effect of RU486. This weakens a woman's immune system, making it impossible for her to fight bacteria, and leads to septic shock and rapid death. Canada stopped the trial and RU486 (Mifeprix) is not licensed.

Conversely, in California, the four deaths were first attributed to contaminated prostaglandin tablets (in contravention of the approved US Food and Drug Administration protocol, a woman is given the prostaglandin tablets to insert into her vagina, instead of returning to a doctor's surgery and taking them orally). But this hypothesis has been disregarded; the tablets were tested and were not contaminated.

So the experts are back to the drawing board. All they can offer is a warning to women that an RU486-prostaglandin abortion may cause an infection. (One wonders if they will tell them that healthy women have died.) But the symptoms of infection are exactly the same as those that follow an RU486-prostaglandin abortion: nausea, vaginal bleeding, cramping and back pain. How is a woman to know whether she is simply going through the drawn-out stages of the abortion or her body is developing a life-threatening infection?

Three lawsuits are in progress.

And another worrying fact has come to light: the cause of death of one of the Californian women the coroner stipulated cardiac arrest. Only when her family ordered a private autopsy was sepsis found to be the cause of death. How many other deaths remain unattributed to RU486-prostaglandin abortion?

And how many adverse effects go unreported? In the US, reporting is not mandatory, and the FDA estimates only 10 per cent of adverse effects of any drug are reported. As of October last year, official figures for RU486-prostaglandin abortion were 676 adverse effects, 17 ectopic pregnancies and 72 women requiring blood transfusions. If that is only 10 per cent, then the real figures are substantial.

As Australians are increasingly turning to organic food to limit the poisons we put into our bodies, how can anyone suggest that it is a good choice for women to do exactly the opposite with an RU486-prostaglandin abortion? I suggest we stick with conventional suction abortion and demand providers to do more for women who live in remote areas. Surely those using their conscience should vote against exposing Australian women to abortion drugs that can kill.

Dr Renate Klein, a biologist and social scientist, is a long-term health researcher and has written extensively on reproductive technologies and feminist theory. She is a former associate professor in Women's Studies at Deakin University in Melbourne, a founder of FINRRAGE (Feminist International Network of Resistance to Reproductive and Genetic Engineering) and an Advisory Board Member of *Hands Off Our Ovaries*.