



RESPECT LIFE

Overcoming despair with hope

RU 486: Is it *really* easier and safer?



At some stage in their lives, just over half of all women experience an unplanned pregnancy.¹ For many women, their initial shock fades and the reality of motherhood becomes a source of unexpected joy. Sadly for others, continuing with the pregnancy becomes difficult.

Anna Romano found herself in this situation. Anna thought that she had found the man of her dreams, but upon discovering she was pregnant found that he was married and already had a family of his own. He refused to support her and insisted that she have an abortion. Anna says she felt humiliated and betrayed. In desperation she wrote a letter to the Pope asking for guidance. (See Anna's story).

Many women in similar situations feel panicked, and find it hard to think clearly about their future; their boyfriends may abandon them or insist that they have an abortion. Abortion is often presented to them as a way out, a solution, a 'choice' and a 'right'. Rather than being offered *genuine alternatives* to abortion, the only 'choice' many women are given is between different methods of abortion, between **surgical abortion** and the **abortion drug RU 486**.

WHAT IS RU 486 AND HOW DOES IT WORK?

RU 486 (mifepristone) induces abortion by preventing the continued development of the unborn child. It is an artificial steroid that blocks progesterone, a hormone needed to continue a pregnancy. A second drug, misoprostol, a powerful prostaglandin (PG) that causes uterine contractions, is given around 24–48 hours later to expel the embryo.

This combination of RU 486 and prostaglandin (RU 486/PG) is referred to as a *medical abortion* (or *chemical abortion*). Sometimes this method fails and women still require a surgical abortion.

Currently in Australia RU 486 is used to end pregnancies up to 49 days gestation.

RU 486 was recently listed on the Pharmaceutical Benefits Scheme (PBS). This means that the price will drop making it more widely accessible. Supporters claim that this will expand women's 'reproductive choices', giving them greater access to chemical abortion as an alternative to surgical abortion. Advocates claim RU 486 is a 'miracle drug' and the 'moral right of women'.

But is RU 486 a panacea for women as abortion advocates claim, or is it putting women's lives at risk? Is the potential cost to women's health too high for this so-called solution?

HOW SAFE IS RU 486 COMPARED TO SURGICAL ABORTION?

RU 486/PG abortion is promoted as 'safe, effective, quick and more natural'. Women often have the impression that they can take a few pills and their pregnancy will just disappear. They are told they may experience some bleeding similar to a heavy period, and they can get on with their lives. But is it really that simple?

RU 486 has been approved for use in Australia without requiring an ultrasound to confirm gestational age and without adequate monitoring to ensure that the abortion is complete and bleeding is not excessive.

A large **South Australian study** looked at abortions performed in 2009 and 2010, comparing chemical abortion to surgical abortion. Adelaide-based doctors Ea Mulligan and Hayley Messenger found



RESPECT LIFE PROGRAM

ABORTION DRUG RU 486: A superficial response to women in need

ANNA'S STORY



PHOTO BY NICK PISA/WWW.CATHOLICHERALD.CO.UK

5 September, 2013 (Romereports):

Anna is a 35-year-old woman who lives in Rome. She found out she was pregnant, but the child's father told her that he was married, and that he wouldn't take care of the baby. He advised her to get an abortion.

Desperate, she wrote to Pope Francis to ask him for advice.

But the biggest surprise came when Anna got a call from Pope Francis himself.

She asserts that it was a short and emotional phone call. The Pope asked her not to let people rob her of hope. He assured her that when her baby is born, if she couldn't find a priest to baptise him, he would do it himself.

In return, Anna guaranteed him that if it's a baby boy, she'll name him Francis, in the Pope's honour.

www.romereports.com/palio/pope-calls-single-mother-brave-offers-to-baptize-her-child-english-10933.html

Also see Catholic Herald UK Story:

www.catholicherald.co.uk/news/2013/09/06/single-mother-says-her-heart-is-filled-with-joy-after-call-from-pope-francis

WOMEN'S EXPERIENCE OF RU 486/PG

Leslie's story

Leslie was 21 years old when she took the 'abortion pill': 'I was confused and really wanted someone to help me make the best decision; nobody ever told me that I could carry my baby if I wanted, they just kept giving me options about abortion procedures.'¹⁵ She had previously taken the 'Morning After' pill and found it 'painful yet bearable', so she believed the clinic when they advised her that RU 486 'would be like a really heavy period'.

I experienced the worst pain I've ever felt in my life ... I thought I was dying because [the cramps] were so intense. I ... told my family members that I was extremely sick, feeling too ashamed to tell what was really happening ... I was alone and afraid ...

When I finally had enough energy to shower ... I bled so much that it clogged the drain ... It was even more horrifying than it sounds. This was all done in my own home ... the home where I had to live after this experience.

The emotional pain this caused made it almost unbearable to be at home after that ... I immediately felt a loss. I didn't want to hear people mention the word baby, I didn't want to see babies, the sight of a baby caused me to nearly break down. I lived in a denial period after that, trying to pretend that nothing had happened and that I was okay ...

[RU 486] is a horrible drug ... I hate that they say it's safe, I hate that they say it's simple, I hate that they don't tell you what you will really experience, I hate that they don't care about your heart and the emotional effects it has on you. I hate that the truth is not being told ... that RU 486 ... is not only destroying the lives of babies, but the lives of women. I am sick and tired of women being manipulated and lied to. The effects of having to go through an abortion at home are huge. The safest place one should have is home, and to experience the worst thing of your life at home is a nightmare ... It is not an easy out, it is the worst pain in the world.

that there was a higher incidence of serious complications for chemical abortion compared to surgical abortion. Women who had a chemical abortion were also more likely to present to a hospital emergency department and to require hospital admission than women who had undergone surgical abortion.³

Despite these findings, Dr Mulligan claims that 'the complication rate for both forms of abortion was low'.⁴ In SA, 'almost all abortions are performed in public hospitals and both mifepristone and misoprostol are administered in them'.⁵ Complication rates in other Australian states where women are sent home to take the drugs may be higher.

In Australia, the Therapeutic Goods Administration (TGA), Australia's regulatory authority for medical drugs and devices, has been informed of '132 cases of continuing pregnancy requiring surgical abortion, 23 cases of haemorrhage requiring blood transfusion and 599 cases of incomplete abortion requiring surgery' following chemical abortion. 'About one in 30 women will need a second termination procedure'.⁶

Dr Renate Klein, biologist, social scientist, women's health researcher and former Associate Professor in Women's Studies at Deakin University, Melbourne, points out that over the years promoters of chemical abortion have assured us that RU 486/PG abortion is safe. Despite mentioning the many complications women face, the pattern is always the same: they list the many adverse reactions but still declare the method 'safe and effective'. As she observes, readers might not come to the same conclusion.⁷

Up to 2011 at least 21 women around the world had died after taking RU 486, including a death in Australia in 2010 at a Marie Stopes Clinic.⁸ The Clinic blamed the woman for not seeking medical attention.⁹ The TGA is not keeping a record of RU 486 related deaths.¹⁰ (See Holly's story).

More effective?

Both methods involve risks. The bleeding and pain is more significant with a chemical termination.¹¹ The combination of RU 486/PG will terminate a pregnancy in around 90 per cent of cases.¹² In the 10 per cent of cases where it fails, women will require a surgical abortion to end the pregnancy or, in some cases, to stop uncontrolled bleeding. In comparison, surgical abortion has a 'success rate' of around 98–99 per cent.¹³

Quicker?

While surgical abortion is over within about 30 minutes, a chemical abortion takes days, sometimes even weeks. And if the chemical abortion fails a surgical abortion will be required to remove the foetal remains, or to stop the bleeding.

More natural?

Abortion advocates promote chemical abortion as more 'natural' than surgical abortion.

However, as Edouard Sakiz, former chairman of Roussel Uclaf (the French company which developed RU 486), 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'.¹⁴

More private?

RU 486 is promoted to younger women as more private. Women can take the pills at home, avoid going to an abortion clinic, and steer clear of surgery and anaesthetic. Taken at home, often alone, without family or friends knowing, young women are vulnerable, especially if they experience a life threatening haemorrhage or infection. Medical staff may have difficulty treating them if they are unaware that they are dealing with complications from a chemical abortion.

How is RU 486 different from the 'Morning After' Pill?





MORE ACCESSIBLE?

Promoters of RU 486 claim that it will provide women living in remote and rural areas with greater access to abortion.

However, given French researcher Regine Sitruk-Ware's warning that women living in rural areas in both western and developing countries should not use RU 486/PG unless they have access to follow-up care, it is bewildering that promoters continue to make such claims.¹⁶ In fact, they should be warning women in rural and remote areas—who may be many hours' drive from hospital emergency departments—that chemical abortion is more dangerous than surgical abortion, and advising against it.

In addition, Sitruk-Ware warns that women with malnutrition should not use this method of abortion, which would make it unsuitable for many women in developing countries who suffer from chronic anaemia.¹⁷

IS RU 486 USE SAFE IN THE LONG-TERM?

There have been no long-term studies conducted on the safety of RU 486. Early studies excluded women who were under 18 or over 45, or who suffered from asthma or epilepsy, or kidney, pulmonary, gastro-intestinal and liver disorders. The effect of RU 486/PG abortion on the health of women with these conditions is therefore unknown.¹⁸

Women's health activists, radical feminists and others have been warning about the dangers of RU 486 for decades. As early as 1988 they were saying that, 'The promoters of RU 486 abortion do not acknowledge these potential dangers to women's health and lives, nor even the more widely recognised relationship between prostaglandins and cardiovascular risk. Despite these numerous unanswered questions, thousands of women have already been given a drug, whose molecular mechanism and biochemical properties are not extensively researched, let alone understood. Once more, as with the contraceptive pill, DES, fertility drugs and hormone replacement therapy, healthy women are used as living test-sites for an "exciting new drug."¹⁹

RU 486/PG is for use in early pregnancy (up to 49 days after conception) to induce a chemical abortion. The 'Morning After' Pill (MAP) is used within the first few days (up to five) after sexual intercourse to prevent pregnancy.

Although the MAP is marketed as 'emergency contraception', it can also work as a potential abortifacient. The supplier of the MAP reports that it can work in three different ways: It can (1) prevent ovulation; (2) slow down the transport of the egg and sperm in an attempt to prevent fertilization; and (3) discourage implantation of an embryo in the lining of the uterus.²

If a woman has ovulated or is ovulating then the MAP can act as an abortifacient.

The MAP contains very high doses of progestogen, up to 50 times more than the oral contraceptive pill. It is available over the counter, whereas a prescription is needed for RU 486/PG.

Holly Patterson visited Planned Parenthood in California in September 2003, when she was about seven weeks pregnant. She was reportedly given RU 486/PG to take to end her unplanned pregnancy. A week later she died from a massive bacterial infection following a failed RU 486 abortion.

Two days after she died, Holly's sobbing father Monty told reporters that 'there is no quick fix for pregnancy, no magic pill'. He later wrote,

"Everything that could go wrong went wrong ... At 18 years old, Holly had her whole life ahead of her. The decision to terminate an early pregnancy by medical abortion was a fatal choice ... Holly must have been convinced that she would not be at risk of health complications or death.

Medical abortion is promoted as safe and effective ... [it] cost Holly her life."

Since Holly's death, Monty has worked to educate women and their families about the risks of abortion drugs.

See Monty's website: **Abortion Pill Risks—Just the Facts**
www.abortionpillrisks.org

See video: **Abortion Pill—Health Risks and Facts**
www.youtube.com/watch?v=WtLe2PR5j54

HOLLY'S STORY



PHOTO © MICHAEL MACOR/SAN FRANCISCO CHRONICLE/CORBIS

IS RU 486 A PANACEA?

No. RU 486/PG gives women another *method of abortion*.

This is different from offering *solutions, options or support* so women don't feel abortion is their only 'choice'. Sadly, many women are not even offered alternatives to abortion, and, in a panic and feeling abandoned, they feel compelled to 'choose' abortion. They should be offered non-directive counselling to help them consider all their options, and to make them aware of the support available should they continue their pregnancy. Women are more likely to choose in accord with their deeply held values and in favour of motherhood if they are supported and unpressured.

New methods of abortion will not solve Australia's abortion problem. We have one of the highest rates of abortion in the world. At least one in three Australian women will have an abortion at some stage in their lifetime.²⁰ Abortion by any method remains a tragic choice. Whichever way it is done, abortion is a reflection that as a society we are not addressing the real needs of women.

One in five women report being coerced into sex²¹, sometimes under the influence of drugs and alcohol. In a worsening climate of violence against women, how will RU 486 help tackle this difficult issue? How will it lead to a culture of greater respect for women? How will it stop women being used and feeling depersonalised? How will it overcome domestic violence when women refuse to submit to abortion? How will this encourage Australian men to treat all women and their children with the dignity and respect they deserve? Is giving women abortion pills the best and most compassionate thing we can do for them?

WHY IS RU 486 BEING PROMOTED?

Promoters of RU 486 aim to make abortion more acceptable to the general public and more widely available to women in rural and remote areas. They are trying to 'normalise' abortion. Caroline Westoff, an obstetrician and gynaecologist, told the *New York Times* that 'one of my real, and I think realistic, hopes for this method is that it will help get abortion back into the medical mainstream and out of this ghettoised place it's been in.'²²

Abortion advocates are having trouble replacing ageing abortion providers as many younger doctors are unwilling to be involved in surgical abortion. Advocates aim to increase the number of doctors willing to prescribe abortion pills by convincing them that they can be somehow less directly involved in the death of the unborn child, and that there is less chance of being identified. It is cheaper and easier for the industry, and drug companies, to dispense pills rather than to staff medical centres or provide theatres.

In addition, after 40 years of legalised abortion, many women have experienced the pain, indignity and heartache of surgical abortion, with at least 10–30 per cent suffering severe and prolonged psychological distress as a result.²³ Therefore the industry has developed a new way of 'selling abortion' to women, claiming it is a cheaper, easier, more private method.

New methods of abortion are not the answer. Every abortion destroys a human life and hurts women.

Cheaper methods of abortion such as RU 486 only serve to cheapen the value of unborn human life and of motherhood. Abortion remains a forced choice when no other real choices are offered. RU 486 is not a solution to the circumstances that lead women to undergo terminations. It does nothing to challenge social structures to find new ways of allowing women to continue their pregnancies without having to choose between careers or education and family, or the welfare of other family members. Such solutions take time,

imagination, resources and effort. It is much easier to give women an abortion pill than to look for real solutions—easier for everyone except the woman. It is a superficial response to women in need.

A NEW CULTURE OF LIFE AND LOVE?

Sometimes it seems like we are in a modern David and Goliath struggle against powerful forces promoting new forms of abortion around the world. It is tempting to feel completely overwhelmed.

However, 'Following Pope John Paul and Pope Benedict, Pope Francis is challenging us to embrace the New Evangelisation with new ardour, with new boldness and with great love for all those whom God places in our path.'²⁴ Cardinal Sean O'Malley, reflecting on World Youth Day with Pope Francis in Rio de Janeiro, said that the new Pope's spirit of compassion and love is touching people's

hearts all over the world. He said that Pope Francis is calling on all of us to be missionaries in our own communities.

Pope Francis ... speaks of love and mercy to give people the context for the Church's teaching on abortion. We oppose abortion, not because we are mean or old fashioned, but because we love people. And that is what we must show the world ...

The Holy Father talked about the globalisation of indifference—indifference to the suffering of others, to the fate of the unborn, the elderly, the handicapped, the mentally ill and the immigrants ... We must overcome this indifference in our own lives and help people to see that the Church's teaching is about loving and caring for everyone.

The Cardinal explained that a key theme the Pope keeps returning to is mercy, but that we need truth and mercy in the right balance.

Pope Francis said: 'Without mercy we have little chance nowadays of entering the world of wounded persons in need of understanding, forgiveness and love.' But he says,

Mercy without truth would be consolation without honesty and is empty chatter. On the other hand, however, the truth without mercy would be cold, off-putting and ready to wound. The truth isn't a wet rag that you throw in someone's face, but a warm cape that you wrap around a person, to protect and strengthen them.

The Holy Father is showing us very clearly that our struggle is not just a political battle or a legal problem, but that we must evangelise and humanise the culture, then the world will be safe for the unborn, the elderly and [people with a disability]. The Gospel of Life is a Gospel of Mercy. If we are going to get a hearing in today's world, it will be because people recognise that authenticity of our lives and our dedication to building a civilisation of love.

RU 486: Misconceptions, Myths and Morals. Renate Klein, Janice G. Raymond and Lynette Dumble

Written from a radical feminist perspective, the first edition of this book on RU 486 was awarded a Human Rights Award for non-fiction. It traces the history, science, politics and use on women of the French abortion pill, RU 486. Although the authors support women's access to abortion, they warn that chemical abortion is ill-conceived and unethical in this newly updated edition.



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Prayer for Life

Heavenly Father,

We pray that we might respond with love and compassion to all those facing a difficult pregnancy, so that together we might help to overcome despair with practical help, hope and joy.

Amen

ACCESS THIS BROCHURE AND OTHER RESOURCES



Endnotes

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