



20 October 2005

The Hon Tony Abbott
Minister for Health and Ageing
House of Representatives
Parliament House
Canberra ACT 2600

Dear Minister

The Royal Women's Hospital and Family Planning Victoria urge you to lift the legislative restrictions on mifepristone, formerly known as RU-486.

Currently, Australian abortion service providers almost exclusively perform termination of early pregnancy via a surgical procedure because alternatives to mifepristone are less effective.

Research has now clearly shown that mifepristone, taken in conjunction with synthetic prostaglandins, can be safely used to induce medical abortion.

Many women undergoing a termination of pregnancy want to access safe medical abortion in preference to surgical abortion. We believe access to medical abortion via mifepristone is an alternative that should be available to Australian women, as it is to women in the United States, United Kingdom, New Zealand and many other countries worldwide.

Termination of pregnancy is an important women's health issue, estimated to affect around one third of women in their lifetime. Given this prevalence, access to safe abortion services is a necessary component of the Australian health system.

We believe that the provision of safe effective medical abortion services would assist in overcoming some current inequities of access, particularly for women in rural areas and others who are unable to access surgical abortion services, potentially allowing them to have an abortion, if they reach this decision, earlier than might otherwise have been possible.

There is now much more medical information and evidence about mifepristone and medical abortion than there was when the relevant legislation was introduced about a decade ago. We strongly believe this evidence supports the withdrawal of the legislative restrictions, so that mifepristone can be made available to Australian women on the basis of the available evidence, in the same manner as any other new drug.

As with other drugs, all aspects of the use of mifepristone, including the gestations at which it may be used, should be determined by the clinical evidence and not by specific legislative provisions.

Yours sincerely

Dale Fisher
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The Royal Women's Hospital, Melbourne

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