

## RU 486 – The Abortion Pill

Caroline de Costa

Boolarong Press, Salisbury (2007)

Paperback, 172 pages, including index

ISBN 9 7819 2105 4334

RU 486 (or mifepristone) has attracted much attention in the international political, medical and social arenas with its potential for use in termination of pregnancy. Although there is increasing availability across Europe, UK, USA and parts of Asia, political barriers have limited its use in Australia, not only for the safe termination of early pregnancy but for other clinical uses. Taken in combination with a second drug (misoprostol) under medical supervision, RU 486 has been used successfully and safely by hundreds of thousands of women to induce a 'medical abortion'. Where available as an alternative to the surgical alternative, it is the method chosen by many women in the UK, New Zealand and many other countries.

Reading 'RU 486 – The Abortion Pill' reminded me of watching a documentary film. It carefully tells a story, and although there are no interviews as such it certainly 'names names' of many of the individuals and organisations involved on all sides of debates on abortion access, legislation and the associated political manoeuvrings in Australia. The book starts with the particular circumstances of the woman who underwent the first medical abortion provided by the author in Cairns in July 2006 and ends with the current almost anti-climactic situation. Women in Australia are still not generally able to access RU 486 for a medical abortion.

Despite the fact that one in three Australian women will, for a range of reasons, have an abortion at some stage in their lives; it remains a strangely taboo subject, even among clinicians. This book details accurate, referenced information on medical abortion and RU 486 – its research, development and current uses, as well as side effects, risks and complications. This only takes about half of the text; to understand why this safe and effective medication is still largely unavailable in this country, this story needs the subsequent chapters. These chapters explore the complex variation of legislative frameworks as well as the surgical abortion services in the different Australian states, the experience of RU 486 use in other countries, other medications used in medical abortion and the

lack of any clarity about the current legal status of medical abortion in any Australian state.

Two of the most riveting chapters then detail, first, the extraordinary political deal which allowed the passing (with bipartisan support) of 'The Harradine amendment' of 1996, and then a chapter detailing the 2005 campaign and parliamentary debate which resulted in the overturning of this amendment in a bill brought to the Australian parliament by a cross party group of women politicians. Reading these chapters was like reading a great novel – I knew the ending but found the story telling so compelling that I couldn't put it down. Although it is a topic well known in day-to-day clinical practice for many of us, there were plenty of extra details I learned. The complex role of some of the pharmaceutical companies in the research and development and subsequent patenting and marketing of the 'political football' of RU 486 and other medications used in medical abortion is interesting indeed.

There is a very detailed glossary at the end to assist newcomers to this topic but the writing is clear, well referenced and the information provided in such a straightforward way that this is possibly almost superfluous. This book will surely become an important reference for clinicians and lay people alike, not least because it is written by an experienced obstetrician gynaecologist. Obstetricians and gynaecologists, after all, are the specialist doctors most familiar with the gravest consequences which can result when women lack access to safe and legal methods of abortion. And this book makes it clear that while safe surgical abortion is generally available in Australia, access to medical abortion needs to be an option for Australian women for a range of reasons, including for those in our rural areas. Perhaps there will be an epilogue published when mifepristone becomes generally available and this option becomes a reality.

Dr Caroline Harvey  
Medical Director  
Family Planning Queensland