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Let women and their doctors decide

OPINION

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INDUCED abortion is a heavily regulated, legal procedure in Australia – a procedure that will not change with licensing of mifepristone (RU-486).

What will change is that Australian women and their doctors will have more options from which to select the safest and most efficacious treatment appropriate for an individual woman's needs.

Legislation currently under consideration seeks to repeal the requirement of approval from the federal health minister before importation of and access to mifepristone, and thus end an anomalous situation born of political compromise.

The process for consideration of mifepristone would be brought into line with the process for every other drug in Australia by allowing the Therapeutic Goods Administration (TGA) to assess the quality, safety, and efficacy of the drug.

The TGA is the appropriate body to assess mifepristone and to license its use. It is clearly a matter of medical evidence whether or not mifepristone is a safe drug.

The TGA is the Australian body authorised to exercise its specialised expertise and skills to assess the evidence, and is best qualified to decide whether and with what support services this drug should be made available.

The approval process is legally mandated and transparent. The TGA is accountable as a government authority with legislated responsibilities and reporting requirements, and as the Australian body that is a party to WHO international agreements concerning approval of drugs.

Thus Australian women seeking access to a range of safe and legal means of abortion and their physicians should have confidence in the TGA approval process.

As with other therapeutic agents, doctors will have to make decisions about whether to prescribe mifepristone in accordance with best medical practice and the law.

The minister has suggested that returning responsibility to the TGA will lead to "backyard miscarriages".

However, in none of the testimony from the TGA, the AMA, or physicians supporting access to mifepristone, is there any evidence that mifepristone would be administered without careful medical supervision and appropriate medical support.

Ministerial responsibility for approving mifepristone is inappropriate. First, the minister does not have the expertise to assess the safety and efficacy of therapeutic agents.

Second, there are no other medical procedures or treatments for which such an approval process is required. This inconsistency affects access to a drug that can be used for a legal medical procedure, as well as to treat diseases such as cancers.

Women seeking access to mifepristone to treat other conditions should be able to access safe, effective drugs without having to establish that their need is genuine and acceptable to the minister.

It is morally unacceptable and potentially discriminatory to women to require ministerial approval for mifepristone.

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