



Canadian Physicians
for Life

Canadian Physicians for Life's members on

RU-486

RU-486: Misguided Medicine

By Dr. Laura Lewis, CPL Board Member

RU-486 is a two drug combination approved by Health Canada for the induction of abortion within the first seven weeks of pregnancy. It is scheduled for release in 2016, and will be sold under the name of Mifegymiso. The first drug, mifepristone, blocks the effects of progesterone, a hormone essential to maintaining the lining of the uterus, which is necessary to nourish the developing fetus. After the administration of mifepristone, the lack of progesterone causes the death of the developing new life. The second medication, misoprostol, is typically administered 48 hours later, causing the mother to experience uterine contractions to expel the dead fetus.

RU-486 has been touted as a safe abortion option for women living in areas where abortion is not accessible. Apart from the obvious threat to the life of the baby, this drug also has serious potential health hazards for the mother. For those who advocate for "safe" abortions, RU-486 has its own back-alley history.

In 2007, an American pro-choice advocate, Norine Dworkin-McDaniel, wrote about her experience with RU-486 in *Marie Claire* magazine.

Facing an unplanned pregnancy, Dworkin-McDaniel was elated that RU-486 was available in America. Dworkin-McDaniel read the literature for the drug, which described

cramping and bleeding "similar to or greater than a normal, heavy period." She told herself she would take a few pills, experience some cramps and then it would all be over.

That was not her experience. She lived through, "searing, gripping, squeezing pain that ripped through [her] belly 30 minutes later." She bled for 14 days. She developed cystic boils that covered her neck and back. She developed severe fatigue and depression. It took nine months for her to recover from the abortion.

Her gynecologist later told her that these types of side effects weren't uncommon. In the end, Dworkin-McDaniel shared her disappointment that RU-486 isn't "the panacea millions of women... thought it would be." And reports suggest that her experience isn't unique.

The US FDA adverse events summary for this drug, from its release date in 2000 until 2011, indicates there were 2,207 reported adverse events, including 14 women who died and 612 who required hospitalization. In 2001, a Canadian woman died from a massive bacterial infection while participating in a trial using this medication.

For any region adopting the use of this medication, 24-hour emergency services will have to be available to provide care should complications arise.



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Pregnancy is not a disease and an unplanned pregnancy is not a medical emergency.

Women in Canada do not need more abortion access or more access to pregnancy-toxic chemicals like RU-486. What women in Canada do need, and have difficulty accessing, is practical help and encouragement to continue with their pregnancy when they are not being well supported by the people around them.

We can do better as a nation. We can do better as a medical profession.

Sources:

I Was Betrayed by a Pill, Norine Dworkin-McDaniel, *Marie Claire*,
<http://www.marieclaire.com/sex-love/advice/a552/abortion-pill>

Wiebe E. et al. "**Comparison of abortions induced by Methotrexate or mifepristone followed by misoprostol**". The American College of Obstetricians and Gynecologists. Vol. 99, No. 5, part 1, May 2002; 813-819

Mifepristone U.S. Postmarketing Adverse Events Summary through 04/30/2011, FDA,
<http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM263353.pdf>

World Health Organization "**Safe Abortion: Technical and policy guidance for health systems**" 2012 p. 47,
http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

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