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RU-486 is no Magic Pill

Some people are speculating that the new French drug, RU-486, will be the magic pill of the future, providing easy, morning-after, do-it-yourself abortions which a pregnant woman can administer to herself in privacy, like taking an aspirin. That's not the way it is.

In an interview with the French newspaper **Le Monde**, Edward Sakiz, chairman of the manufacturer Roussel-Uclaf, dispelled such hopes. His words are worth quoting because his is the authoritative spokesman for the drug:

"As abortifacient procedures go, RU-486 is not at all easy to use. In fact, it is much more complex to use than the technique of vacuum extraction. True, no anesthetic 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."

What a devastating admission! Few women seeking an abortion are prepared to endure an "appalling psychological ordeal" or "to live with her abortion for at least a week."

Praised as a wonder drug that could virtually replace surgical abortion, in fact there is a very small "window" for effective use of RU-486. Here's how it works.

The woman makes a first visit to an abortion clinic, has a pregnancy test and a physical examination, and signs a consent form for the abortion. French law requires her to wait a week while she ponders her decision. Since the drug cannot be used on a woman more than seven weeks pregnant, that means that she can be no more than six weeks pregnant when she initially comes to the clinic.

After the week's wait, the pregnant woman returns to the abortion facility, swallows a 600-milligram dose of RU-486 pills, and goes home. About 80 to 85 percent of the women who take RU-486 will abort within 36 to 48 hours.

Scientists are not exactly certain how RU-486 kills the fetus, but they believe that the drug blocks the action of progesterone, causing the lining of the womb to disintegrate, thereby cutting the lifeline to the unborn baby. Deprived of nourishment, the baby "starves."

Forty-eight hours after taking RU-486, the woman returns a third time to the clinic for an exam. If she has not aborted, she is given a dose of prostaglandin through either an injection or a vaginal suppository to induce contractions to expel the dead baby.

Early reports claimed that the use of this second drug increased the “success” rate to about 95 percent. However, later reports say the “success” rate can be more than 90 percent.

A week later, the woman returns to the clinic a fourth time for a checkup. If she is still bleeding, she may have to have a D&C (scraping of the womb) in order to stop the bleeding.

Even after taking both RU-486 and prostaglandin, at least 5 percent of pregnant women do not abort. In those cases, the clinic strongly recommends a surgical abortion, but of course that is not mandatory.

If the woman changes her mind about the abortion and refuses to finish the job surgically, the pill can produce a deformed baby (like those harmed by thalidomide). That is because RU-486 deprives the developing child of vital nutrition during the period where major organs and body parts are being formed.

Nearly all women who take RU-486 have extensive bleeding, at least twice as much as a normal menstrual period or a surgical abortion, for an average of 10 days (sometimes as long as 40 days). Other unpleasant side effects include extreme nausea, vomiting or cramping. About 10 period need very strong pain killers.

Last April, Roussel-Uclaf sent a letter to abortion clinics admitting that 9.5 percent of the women who took RU-486 had experienced undesired side effects. Because of this, proponents say that talk about a black market for unsupervised use of the drug is not realistic.

Dr. Meredeth Turshen, associate professor of community health at Rutgers University, told the American Public Health Association this fall that complications are more widespread than reported. A supporter of RU-486, she also expressed disappointment in the lack of “privacy” in using RU-486. “It’s very hard to hide that one is having a RU abortion,” she said; “it’s a long process,” so the woman has “got to be together” in handling her abortion.

The long-term effects of RU-486 on the woman and on her future children are unknown. The first generation of RU-486 users will be guinea pigs for the long-term effects.

Two recent news stories have raised the hope that RU-486 can be used to treat some diseases, such as breast cancer. However, each of the two studies alleged only a temporary benefit to only four women and these were not based on published medical reports which can be verified.

There is no scientific evidence that RU-486 has any utility except to kill unborn babies after their hearts have started to beat.