

Abortion pill RU486 to be available to Australian women over the phone

For \$250, women in some states will be able to arrange an abortion over the phone, booking ultrasounds and blood tests and ordering the pill to be delivered

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The “abortion pill” RU486 will be prescribed to Australian women over the phone as part of a service touted as making abortion more accessible and more affordable.

From Monday women will be able to arrange a medical abortion over the phone by calling 1800 180 880. Ultrasounds and blood tests will be organised and RU486 delivered to their door.

The service has been organised by the Tabbot Foundation, which has been working with lawyers, doctors and psychologists to ensure it is legal and patient care is paramount, according to Reproductive Choice Australia co-president Jenny Ejlak.

RU486 was legalised in Australia in 2006, but there has been no great uptake in doctors applying for the licence to distribute it.

“It’s providing a similar kind of service if you went to a GP or a clinic who were providing medical termination,” Ejlak said. “You don’t need to physically travel, so for women in parts of the country where there are no clinics and no GPs licenced to prescribe this medication we’re hopeful [it] will open up access.”

The service will cost \$250. The Tabbot Foundation said an abortion at a private clinic generally cost between \$300 and \$600.

The foundation has put together a database of ultrasound services it will work with if a doctor refers a patient to them over the phone. Ejlak said it was important to have these service providers on board, as women had been known to be refused an ultrasound if the practitioner knew they were seeking a termination.

She said “telemedicine” - prescribing medication over the phone - was already used quite frequently in Australia.

“My understanding is as long as doctors are able to communicate effectively with a patient that they are a suitable candidate, then it is fine,” Ejlak said.

“It’s very significant [for women], it’s a very different approach to what’s been available in the past, it will provide access in a lot of areas where there currently is no access.

“Medical termination is not suitable for everybody, there is a careful screening process. There will obviously be women for whom this is not suitable and they will need to go elsewhere.”

The service will not be available in South Australia, the Northern Territory or the Australian Capital Territory because it would be illegal. In Queensland and NSW abortion is still a crime but may be carried out at the discretion of a doctor.

Ejlak said the organisations had already braced for objections.

“I think people who oppose abortion generally are going to be opposed to anything that improves access, we certainly anticipate protest,” she said.

Counselling will be available to women before and after the abortion through the service and a letter will be included in the kit posted to them that details the medication they are taking and can be presented to a doctor if any complications arise.

A 24-hour hotline will be provided and a nurse will call the patient a day after.

The chief executive of the Women’s Legal Service in Tasmania, Susan Fahey, who helped write the Reproductive Health Act, said that done properly the service could be very good for women.

“It could be problematic in some states and territories where this delivery system might not be contemplated in existing legislation,” she said.

Fahey also had concerns about women being pressured into terminating their pregnancy but said family violence problems or pressure on the women could be detected at the ultrasound.

“If you start administering these kind of medications over the phone, which I completely support people accessing, but if you take the expertise and supervision of a medical practitioner away from what can be a fairly significant procedure, I’d be concerned there’d be women who it could have adverse affects for,” she said.

“Everyone should have access and access is a real big problem, but without checks and balances that access could be problematic.”

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