



**THERAPEUTIC GOODS AMENDMENT (REPEAL OF MINISTERIAL
RESPONSIBILITY FOR APPROVAL OF RU486) BILL 2005**
Second Reading
15 February 2006

[Ms GRIERSON](#) (Newcastle) (7.46 p.m.)—I rise to speak in support of the [Therapeutic Goods Amendment \(Repeal of Ministerial responsibility for approval of RU486\) Bill 2005](#) and to oppose outright the two amendments. I also acknowledge the good work that has been played in this debate in the House by the member for Moore and the member for Murray. Likewise, I thank Senators Moore, Allison, Troeth and Nash for the opportunity to debate this private member's bill—and also, hopefully, to put an end to this divisive and emotive activity that inevitably attaches to any debate with an element that touches on the termination of life. It is always regrettable to me, having lived a fairly long life, that the same passion and earnest debate never seems to occur here when we are discussing the nurturing of life, certainly the lives of our children and young people.

Given the highly charged debate that has surrounded this private member's bill since it was introduced in the Senate, it is important to clarify at the outset what this bill does and does not do. It is not a bill to import or approve the importation of the drug RU486. That decision can only be made by the TGA. It is not a bill to remove parliamentary scrutiny of any decision by the TGA about RU486. That scrutiny does not currently exist. It is not a bill to change the laws on abortion. Those laws are state matters. It is a bill to remove the power of the Minister for Health and Ageing to veto—alone, by him or herself and without consultation—any application to the TGA to evaluate RU486. The bill before the House, therefore, seeks to repeal ministerial approval for RU486 and to leave approval with the Therapeutic Goods Administration.

In my view, the TGA is the most appropriate body to assess RU486. We do trust the professionalism and expertise of the TGA to assess the safety and effectiveness of literally tens of thousands of other medicines, including highly addictive and potentially deadly drugs with serious side effects. This bill corrects an anomalous situation whereby all other drugs except RU486 are overseen by the TGA. I have to question why we have this anomaly. I think it has to be understood. There is a paternalism that exists in this parliament, and sometimes I do think that it is about controlling women, through methods of legislation in an area where perhaps men feel left out. The anomaly of course dates back to 1996, when this government took power. If you can imagine the negotiations with then Senator Harradine you will know

that the gestation of this debate was in discussions about power and control. That is always unhealthy; it exists too much here and it absolutely has too much influence on the decisions we make.

Were this bill to be adopted, all submissions for the importation of RU486 would have to be approved not only by the TGA but also by the relevant ethics committees that would work on this issue. So there would be two layers of checking: the TGA and the relevant ethics committees. And if an application were made for registration of the drug for sale in Australia it would have to be considered by the Australian Drug Evaluation Committee, which is an expert advisory body appointed by the minister. This is a robust system of checks and balances that keeps politics out of the equation and ideology separate from sound decision making. That is what this bill would achieve.

Women who may then choose to use this drug would do so in consultation with their medical advisers. That is always best. I feel for men. They often feel they are outside this decision—and they are, because they can never understand or go through it. I also look at young people and I wonder how many young teenage boys would make a decision to become a sole parent, to give up their career, to give up their social life, to give up their education or their training. I can tell you: not many. Within 12 months of a child's birth I think it is something like 70 per cent who are in the care of a mother alone. That is sad, but just remember that that is not an easy path to take.

Women will make that decision, which is rightfully a medical one, in conjunction with their doctors. They will not be turning up at the office of their member of parliament or their senator to talk to them about it—and nor should they ever contemplate or feel that they have any responsibility except to their personal life choices. Their reproductive health choices are theirs; they must be theirs. Life is not easy. Most people are just trying to have good relationships and a good life without doing any harm to anyone. Women deserve to make their reproductive health choices themselves without the interference of parliament.

I also cannot support either amendment put forward by government members. The Laming amendment is very similar to one that was moved in the Senate—and was lost, fortunately. Although it does have a different definition of restricted goods, and while there is no continuing role for the Minister for Health and Ageing under this amendment, a decision made by the TGA to register or list RU486—that is, any determination that RU486 is safe and effective—would become a disallowable instrument subject to potentially endless debate in the parliament. That would be emotional, divisive and unnecessary.

In the member for Bowman's speech on this bill, he argued that there will not be lots of disallowance motions on RU486 before the parliament in the future 'because there is only one RU486'. No. He got that wrong. In fact there

are at least four manufacturers out there, and there could be more because the drug at present is off patent and each manufacturer would require separate TGA approval to market their product. So there would be a lot more debates. They would also require TGA approval for different uses or any variation of the uses. Let us put this to bed once and for all. If the Laming amendment does not inhibit manufacturers from applying to the TGA, as is currently the case, then it does mean the parliament would face those many debates in the future—before we even get to the fact that his amendment expands the list of restricted goods to include a whole unknown range of new drugs. We do not need it.

The Kelly amendment is aimed squarely at killing off this bill once and for all and replacing it with her very own bill. Approval or refusal would then become a disallowing instrument and could be debated and voted on in parliament like any other piece of legislation. We would end up again with potentially endless debates on RU486. It is not a solution. I have made public comment to this effect: for goodness sake, members of the coalition, stop trying to please each other or to please the powers that be—whether they be the health minister or the Prime Minister—and start thinking and catching up with what the Australian public want. Who better than the TGA to assess the safety of RU486? Certainly the current minister has no medical training or expertise to make this decision. It does not seem to me that controlling fertility is something that he is an expert in, either. You would have to think that, for women for over 30 years trying to control fertility, it is a serious business and it is certainly not easy.

In 1996, when the issue of access to RU486 was first debated in this parliament, senators and members expressed concerns because the long-term effects of using RU486 were unknown. That was 10 years ago and, while that argument may have had some basis a decade ago, this is no longer the case. Since then, more than 2½ million women have used RU486. The drug has been licensed for human use since 1988 and is now available in the US, Canada, the UK, many countries in Western Europe, Russia, China, Israel, Turkey and New Zealand. More importantly, the issues of safety and risks associated with this drug are very clearly issues for the TGA and medical experts and should have nothing to do with politicians. In European countries where it has been available for decades there has been no evidence of any increase in the number of abortions performed overall, but there has been an increase in the number of early abortions. As is well known, the safety of an abortion is directly related to how early in the pregnancy it is performed, so this drug may in fact offer a safer health option for some women. The use of RU486 to induce abortions is supported by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the AMA, the Family Planning Association, the Public Health Association of Australia, the Doctors Reform Society and many women's groups throughout Australia.

The Minister for Health and Ageing and the Prime Minister have both at different times expressed the view that access is too important an issue to be

left in the hands of so-called bureaucrats who are not elected by, and thus said not to be accountable to, the Australian people. Let us look at the level of accountability in the current system. Under the current arrangements, the minister is simply required to notify the parliament of a decision to approve an application for evaluation by the TGA—a process that has never occurred, so it is difficult to know what, if any, level of parliamentary scrutiny would be achieved. The minister has not been required to table decisions not to approve such applications, so the parliament is not necessarily informed or given an opportunity for any oversight of such a decision. The current regime is hardly conducive to open and transparent processes with high levels of accountability. They are not there anyway. Indeed, when comparing the current arrangements—where all power rests with the Minister for Health and Ageing—with those proposed in this bill, it is the TGA that offers a more open and transparent decision-making process. It is much more accountable to the parliament.

This bill is not leaving an important decision in the hands of faceless bureaucrats—what rubbish—as some have suggested. It puts the decision in the hands of medical experts in an institution known as the TGA that was specifically designed just to do this work. The TGA will decide whether this drug should be available. It will be women and their health practitioners who together will decide if it is suitable for them and whether they wish to use it. Given recent scandals where this government and its ministers have consistently refused to be accountable—like the AWB scandal and the complete misuse of the oil for food program, the children overboard affair, the regional rorts and the ironclad guarantees, to name just a few—I know in whose hands I would rather see decisions about RU486 placed. When it comes to accountability, the TGA is a far better option than the minister for health.

Issues relating to women's fertility are not best left in the hands of politicians. These are matters for women and health professionals, not the Australian parliament. Even a cursory glance at this minister's track record will attest to the dangers of subjecting issues about women's fertility to the rough and tumble of politics. It is perhaps not well known that while this Minister for Health and Ageing was happy to grant an additional \$300,000 in funding to three anti-abortion pregnancy counselling services last year—that is, services that not only advise women against abortion but flatly refuse to refer them to abortion services if asked to—this government provides no funding to pro-choice pregnancy counselling services. Yet we have heard people say over and over again that there should be more education and support for women. According to Reproductive Choice Australia, a pro-choice advocacy group, there are only two dedicated pro-choice pregnancy counselling services in Australia and neither receives any Commonwealth funding. Yes, the government funds family planning services by a dwindling amount, but there is insufficient money for abortion counselling.

How does this minister justify his decision to fund anti-abortion organisations only, when 65 per cent of Australian men and women, according to the February 2006 Morgan poll, approve of the termination of unwanted pregnancies? Likewise, when IVF technology came under attack as this government tried to restrict Medicare subsidies, the minister's office released unattributed and incorrect data to support the proposed restrictions. We see similar tactics being used this time around with RU486, with the minister consistently using the figure of 100,000 abortions per year, which he knows to be wrong, and his ongoing talk of a so-called epidemic of abortions simply inflames emotions and brings no credit to him. We do expect more from our Minister for Health and Ageing, who should be acting in the interests of the health of everyone, not just a few. I support this bill in its original form and oppose the Laming and Kelly amendments.