Feminist Group Dissents on RU-486 Use for Abortion

Until recently, you'd be hard pressed to find anyone outside the anti-abortion crowd who wasn't a big fan of RU-486. The chemical abortifacient has been almost universally praised by patients, physicians, and scientists alike. Chief among the cheerleaders have been feminist pro-choice groups who see this "abortion pill" as taking the wind out of the sails of antiabortion groups. That is, until lately.

The Institute on Women and Technology, a feminist, pro-choice group based in Cambridge, Massachusetts, broke ranks with sister groups when, in mid-September, it issued a report, "RU-486: Misconceptions, Myths, and Morals." Says the report, abortion with RU-486 is neither as convenient nor as safe as advertised. The culprit apparently isn't the drug itself, however, but the prostaglandins with which RU-486 is currently used.

Spokeswoman for the group is report co-author Janice Raymond, a medical ethicist at the University of Massachusetts at Amherst. According to Raymond, she and her colleagues, Lynette Dumble, a physician in the Department of Surgery at the University of Melbourne in Australia, and Renate Klein, a biologist and Lecturer in Women's Studies at Deakin University in Victoria, Australia, came to their revisionist conclusions by examining the published data on RU-486, which has been used for about 80,000 abortions worldwide, 80% of them in France. They concluded that RU-486 is not nearly as easy to use as people have been led to believe."A lot of people think you take [RU-486] at home, that it's one pill, and out comes the pregnancy. Voilà!" says Raymond.

In fact, the report notes, the procedure requires at least three visits to a clinic, whereas the conventional suction method used for most early-term abortions requires only two. During the first visit, a woman takes the RU-486, which is administered as a pill. But because the drug by itself fails to induce an abortion at least 20% of the time, the woman must go back to the clinic 36 to 48 hours later, at which time she is given a prostaglandin injection to induce uterine contractions and expulsion of the fetal tissue. And that's where some of the trouble may be occurring.

According to Raymond and her coauthors Dumble and Klein, inducing abortion with the RU-486-prostaglandin combination seems to be associated with unnecessarily high levels of pain and bleeding, side effects that have been linked to prostaglandin use in the past. In the early 1970s, prostaglandins were used alone to induce abortions, and, says Dumble, it was "such a brutal form of abortion" that it was outlawed in West Germany and Switzerland.

The Cambridge group contends, for example, that blood loss from the RU-486-prostaglandin combination is about twice as great as that from conventional abortions, and is serious enough to require transfusions in 1% of cases with RU-486, but only in 0.1% of cases with the conventional method. Arielle Mouttet, international marketing director for RU-486 manufacturer Roussel-Uclaf, disputes those figures, citing as yet unpublished studies that show that the blood loss is no greater with RU-486 than with conventional abortions. That contention notwithstanding, however, French endocrinologist Etienne-Emile Baulieu, the developer of RU-486, is sufficiently concerned about the side effects of the prostaglandins to be looking for a safer, easier to take form of the drug (also see story on p. 198). But whether or not the Cambridge feminists are right to worry about the side effects associated with RU-486-induced abortions, the arguments surrounding the drug have, from the beginning, been as much about politics as they are about pills. Now, for the first time, a split has occurred in the pro-choice forces

with each side of the feminist lobby questioning the other's motives. Most feminists have been "uncritical," the Cambridge group's report claims, in promoting the drug in their eagerness to support any abortion technology. Says report coauthor Raymond: "I think the right-wing agenda has set too much the agenda of pro-choice people who have themselves minimized the health risks."

That's because the risks are, in fact, minimal, fires back Eleanor Smeal, former head of the National Organization for Women and currently president of the Feminist Majority Foundation, based in Arlington, Virginia. Indeed, Smeal's foundation has returned serve with a series of reports of its own that, it says, "overwhelmingly reveal that RU-486 is a safe, effective method of abortion." Smeal told *Science:* "If we thought [RU-486] was a rip-off or horrible, we'd be the first to say it. I have no understanding of why they say what they say on the use of RU-486."

Smeal speculates, however, that one reason for Raymond's attack on RU-486 is that she and her coauthors have long taken a hard line against the use of any chemicals in the body. What's more, Smeal contends that Raymond, a former nun, has links to organizations that have been critical of abortion in general.



Politically incorrect? *Two of the report's coauthors, Janice Raymond* (foreground) *and Lynette Dumble.*

in the United States, of course, the dispute over RU-486 is moot. Although 90% of the women in France who have had abortions by both the RU-486 and conventional methods say they prefer RU-486, Roussel-Uclaf has no plans to market the drug in this country. The company's reason is out of date though: "We don't want to be caught in this civil war between pro-life and pro-choice groups," says corporate spokeswoman Mouttet. Now the wars are even between the pro-choicers. **MICHELLE HOFFMAN**

ters that she has been an outspoken advocate of the right to abortion for many years, pointing out that 20 years ago, when she was still a nun, she founded Catholics for a Free Choice. She adds: "I think that criticisms of us try to put us back into the rightwing camp. We suspected that would be the tactic of drug companies. We never suspected that would be the tactic of feminist groups."

Raymond coun-

The irony of all this bickering among groups claiming to be pro-choice is that,