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RU-486 increases abortion availability

DALLAS (AP) — Abortions will become more accessible statewide when the French pill RU-486 becomes available next year as expected, say Texas doctors, abortion clinic officials and abortion opponents.

But those on both sides of the abortion debate disagree on how much access will grow, and whether the drug's availability will increase the total number of abortions.

The pregnancy-ending pill, also known by the chemical name mifepristone, is followed two days later by another pill that causes strong uterine contractions to expel the fetus. The process can be painful and cause bleeding. It must be monitored closely, requiring three separate doctor exams for safety.

Abortion providers and opponents alike expect some doctors who are unwilling to do surgical abortions to do medical abortions by prescribing the drug. Such doctors, they say, will be less fearful of protests by abortion opponents and won't have to buy expensive equipment such as vacuum aspirators.

"With the medical abortion, then more physicians in rural areas will be able to provide the service confidentially to their patients," said Peggy Romberg, executive director of the Austin-based Texas Family Planning Association, a group focusing on access to abortion and contraception.

RU-486 cleared its last major hurdle Sept. 18 when the Food and Drug Administration said it was safe and effective when used under a doctor's close supervision. The FDA withheld final approval until it receives more information about how the drug would be manufactured and labeled.

The drug should be in doctors' offices by mid- to late 1997, according to the nonprofit Population Council, which holds the U.S. rights to market the drug.

Abortions currently are provided in 16 of the state's 254 counties, Romberg said. According to the Texas Department of Health, 87,501 abortions were done statewide in 1995.

Some of the new abortion providers are expected to be obstetrician-gynecologists who don't perform surgical abortions.

A 1995 survey sponsored by the Henry J. Kaiser Family Foundation found that 33 percent of obstetrician-gynecologists who don't perform surgical abortions said they would be likely to prescribe RU-486. The survey by the Menlo Park, Calif.-based foundation included 307 doctors nationwide.

Texas has 2,604 obstetrician-gynecologists, according to the Texas Board of Medical Examiners. Neither the state nor abortion services groups keep count of how many do abortions.

Dr. Terry Kuhlmann, president of the Austin-based Texas Association of Obstetricians and Gynecologists, pre-

dicted that fewer doctors than people expected would provide abortions once the drug becomes available.

"I think there's a fair number of physicians that just don't like to do abortions," he said.

"I'm sure access will go up a little bit, but it may not be quite as much as what people think."

But Kathryn Allen, director for community services Planned Parenthood of Dallas and Northeast Texas, said doctors have told her differently.

"We have had many physicians who don't provide surgical abortions say they would provide medical abortions," she said.

Allen noted that the drug allows abortions earlier in the gestation period — from 10 days after conception through about seven weeks — compared with surgical methods, which cannot be performed until the embryo is about 7 weeks old.

"I think (doctors) feel more comfortable terminating a pregnancy earlier. It also makes it much more private," she said.

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Kathryn Allen
Planned Parenthood

The confidentiality does indeed mean more doctors are likely to provide abortions using RU-486, said Bill Price of the anti-abortion group Texans United for Life.

"In some places, I think it probably will be a lot easier for certain physicians to provide this without being noticed," Price said. "But I don't think that's going to be the case in smaller communities."

"Any physician that gets involved in this is going to find themselves in a tremendous amount of controversy. To think otherwise is to ignore the history of this issue."

Facilities that already have been targets of abortion protests said they certainly will offer RU-486.

Planned Parenthood of Houston and Southeast Texas Inc., the state's largest affiliate of the national organization, will begin offering RU-486 at its central clinic in Houston as soon as possible.

It also will look at dispensing the drug at its 10 clinics in towns like Lufkin, Rosenberg and Stafford, said spokeswoman Rebecca White.

Nonetheless, White said she believed the drug will be used by people who would have chosen to have abortions anyway.

"I think the pie doesn't get any bigger. It may be sliced up differently," White said. "I don't see an increase in the total number of abortions."

Abortion providers also said the staffing requirements for using RU-486 — which have not been determined by the FDA — will play a role in their decision to use the drugs.

If only doctors may monitor patients, "we're looking at following the woman over a day's time while she terminates," Allen said. "It might be cost-prohibitive."

Testing Mad Cow disease

► Scientists have invented a test to detect the disease, which could slow its spread.

BOSTON (AP) — Scientists have developed the first simple test for mad cow disease and its human equivalent, providing a possible new way of slowing the spread of this insidious killer.

Until now, the only way to diagnose these incurable, mind-robbing illnesses with certainty was to look at a sample of brain tissue, something doctors are understandably reluctant to do before the death of the victim.

The inexpensive new test should allow veterinarians to diagnose the illness in live cattle, sparing the needless slaughter of animals that look sick but are actually healthy.

And it should enable doctors to distinguish patients with the exceedingly rare human variety of the illness — Creutzfeldt-Jakob disease — from those with much more common Alzheimer's, which has some of the same symptoms.

"The single most difficult diagnosis is assuring yourself whether the patient has Alzheimer's disease or Creutzfeldt-Jakob disease," said one of the developers of the test, Dr. Clarence J. Gibbs Jr. of the National Institutes of Health.

"If the patient has Creutzfeldt-Jakob disease, you have to advise the family that the patient will die within a year. If it's Alzheimer's, you tell them it will be a long, drawn-out affair."

The new test doesn't offer any way to treat the disease.

Practically any medical lab could offer the test now, using currently available equipment.

The test was created by researchers from NIH and the California Institute of Technology. A report on the discovery was published in Thursday's issue of the New England Journal of Medicine.

The human and cattle varieties of the disease emerged from obscurity earlier this year in Britain. An outbreak of bovine spongiform encephalopa-

thy — dubbed mad disease — led to a ban on ruminant imports and the slaughter of nearly 200,000 cows.

Even more ominous were suspicions that the disease could catch on to humans. Some experts thought that bad beef might be responsible for a cluster of Creutzfeldt-Jakob disease in 12-year-old young British women.

Unlike Alzheimer's disease and similar illnesses, Creutzfeldt-Jakob can be spread through transplanted corneas and brain tissue. Dr. Michael G. Rington of Cal Tech, another developer, is checking some of the donors with the new test to see if it could reduce the risk of this sort of spread.

The test requires a spinal tap, a generally but unpleasant procedure. The samples of spinal fluid are checked for a telltale protein. Even simpler versions, including ones that could be done on a patient in a doctor's office, are in the works.

Creutzfeldt-Jakob disease strikes about one in 1 million people annually in the United States. Alzheimer's afflicts 30 percent of Americans by age 85.

Creutzfeldt-Jakob disease may lie dormant for years. But once symptoms appear, it quickly destroys the brain. Victims become demented and lose their coordination, sight and ability to speak.

In their study, the researchers tested spinal fluid from 71 people with Creutzfeldt-Jakob disease and 94 with other forms of dementia. It was about 99 percent accurate in telling them apart.

In an editorial in journal, Dr. John Collins of the Imperial College School of Medicine in London called the test a welcome step forward.

The developers' knowledge drew back. The test reveals the disease only about the symptoms start to appear but apparently not during the long dormant stage.

And it can produce erroneously positive results in people who have suffered strokes or who have encephalitis caused by herpes simplex virus.

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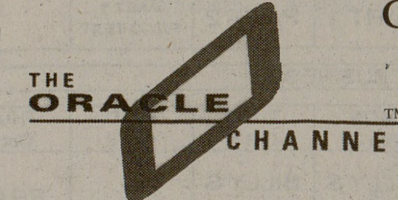

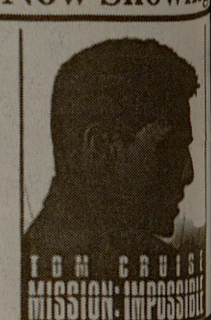


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