

Anti-Progestational Agents (RU-486)

RU-486 and other anti-progestational agents were developed as abortifacients. Additionally, they may have other potential applications which remain to be demonstrated.

While abortion is currently legal, it remains an issue of intense moral and ethical debate. We believe it violates the biblical principle of the sanctity of human life. RU-486, when used as an abortifacient, is thus morally unacceptable. The result of both surgical abortion and RU-486 is the destruction of a defenseless life. The apparent ease and simplicity of pharmacological abortion further trivializes the value of life.

Some suggest that potential applications of RU-486 exist which justify further clinical investigation. Because its investigation for other uses will further threaten the unborn, we oppose such introduction of RU-486 and all similar abortifacients into the U.S. We do not oppose its development for non-abortifacient uses in jurisdictions where the rights of the unborn are protected.

If additional data suggest that there is a significant therapeutic benefit for these agents in life-threatening disease, we would support their compassionate use as restricted investigational agents. If they are demonstrated to have a unique therapeutic benefit for treatment of life-threatening disease, we would reconsider our position on their introduction into the U.S. We would, however, insist that there be strict control of distribution.

We believe that introduction of RU-486 into the U.S. at this time is not justified because our society has not yet exercised its moral capacity to protect the unborn.

*Approved by the CMDA House of Delegates
Passed unanimously
May 3, 1991. Chicago, Illinois.*

Explanation:

The 1989 and 1990 publication in U.S. medical journals of results from large European studies of mifepristone as an early abortifacient fanned the cooling flames of the polarized public abortion debate. Political and legal efforts to prevent its introduction by those who opposed abortion were met with cries of 'foul' from abortion advocates. The ensuing 'discussion' further polarized the players and eliminated any opportunity for rational discussion.

Abortion advocates wanted it to be made available without U.S. studies normally required by the FDA. They promoted potential non-abortion uses as sufficient reason to overturn attempts at blocking its introduction. And in regard to its abortifacient use, they maintained that it would allow earlier abortions making it an ethically preferred method since; they felt the personhood of the early fetus was less contentious than it was in later pregnancy.

Anti-abortion groups feared that readily available early abortions would cause individuals faced with an unwanted pregnancy to have even less apprehension about a "termination of pregnancy". The CMDS Ethics Commission in 1991, based on its earlier statement on abortion, took a strong stand in opposition to the introduction of anti-progestational agents at that time, but left the door open for further reflection should new data shift the balance of the discussion.