

## Canada's shameful history of blocking women's access to Mifegymiso, the abortion treatment pill

[By Dr. Andre Picard, columnist, \*Globe and Mail\*, July 15, 2019](#)

For far too long, abortion has been under-available and overregulated in Canada.

That was supposed to change with the arrival of the abortion pill, an alternative to surgical termination of pregnancy. But access problems remain infuriatingly commonplace, as revealed in a recent *Globe and Mail* [series](#). Reporter Carly Weeks collected data from every province (despite much reluctance to provide it) and found that very few family physicians are actually prescribing Mifegymiso. That means women still have to travel to abortion clinics in big cities to get a prescription.

There are also concerning provincial variations: In Quebec, only about 1 per cent of abortions are medical and 99 per cent surgical, while the rate is 50-50 in neighbouring New Brunswick.

In most countries where there is reasonable access to Mifegymiso, about two-thirds of abortions are now induced by prescription drugs rather than surgery.

Canada's history with the abortion pill is a shameful one. Mifepristone, which works by blocking production of the hormone progesterone, was first approved in France in 1988. It is taken in conjunction with another drug, misoprostol, which induces contractions. An abortion [results](#).

The two drugs, mifepristone and misoprostol, are now packaged together under the brand name Mifegymiso. But they were not marketed in Canada until 2017. Canadian women waited almost three decades for access to a safe, affordable alternative to surgical abortion. They're still waiting needlessly.

When the drug was approved, Health Canada imposed a number of onerous restrictions. Women had to undergo an ultrasound to determine the age of the fetus. (Mifegymiso is only approved for use up to 63 days after conception.) Health Canada also decreed that the drug had to be prescribed and dispensed by a physician who underwent training, and that the first pill had to be taken in the presence of the physician.

No other drug requires that many hurdles. After a public outcry, the sexist rules were dropped. But, to this day, many physicians refuse to prescribe Mifegymiso because there is a perception that it's too complex to administer: They think the rules still exist, or the regulator has left the impression that this drug is somehow more dangerous than others. It's not.

Being pregnant carries far more health risks than taking the abortion pill, yet most physicians don't think twice about caring for pregnant or postpartum women.

There are also many drugs that are routinely prescribed that carry far more risks than the abortion pill. By refusing to prescribe Mifegymiso, a lot of physicians are shirking their responsibilities toward patients.

When a woman makes the decision to terminate a pregnancy, she needs non-judgmental support and care, not to be confronted by ridiculous barriers such as having to travel hours to a clinic because their doctor feels uncomfortable about their choice.

In Canada, we have a long, inglorious history of denying women true reproductive choice. The reason we have private abortion clinics in Canada – despite our professed dislike of all things private in health care – is because physicians, hospitals, regulators and policy-makers have all failed miserably in making access to abortion as simple as any other surgical procedure.

For years – decades even – Canada prosecuted/persecuted Dr. Henry Morgentaler and others who provided access to abortion, a necessary medical service. To this day, we don't routinely teach medical students how to perform abortions or how to [prescribe](#) the abortion pill. We even allow doctors who are training to be obstetricians and gynecologists to opt-out of learning abortion skills.

Exceptions like this are not made for any other medical intervention, except perhaps medically-assisted death. Moralism should not trump medical care.

Back to the abortion pill. The data show that physicians are failing women. If they can't or won't provide reasonable access to Mifegymiso, and regulators refuse to step in, then we must allow others to do so – nurse-practitioners, midwives and pharmacists should have the right to prescribe the abortion pill.

This is also a striking example of where telemedicine could be helpful, so women in remote areas can get a consult and prescription online. For that matter, does Mifegymiso even need to be a prescription drug? Many of the arguments that apply to oral contraceptives [apply](#) to the abortion pill. For the most part, self-managed abortion can be practised safely.

Women can decide for themselves if they wish to reproduce. Access to abortion, medical or otherwise, has to be real, not just theoretical.