

Swallowing the pill

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Many people expect mifepristone, or RU 486, the abortion-inducing drug just approved by the Federal Drug Administration (it will be marketed as Mifeprex), to usher in a new era in abortion history. By making abortion more accessible (mifepristone can be prescribed by almost any family practitioner) and more private (the drug can possibly be taken at home), the abortion pill will—so it's thought—drastically alter and defuse the abortion debate. Those seeking abortions will no longer need to locate specialized clinics, and those opposed to abortion will no longer have obvious targets for their protests. Abortion will become an ever more normal part of American life. This is the scenario that many have dreamed of and many others have dreaded.

It's much too soon to know, but the early signs are that no such revolutionary change is in the offing. It remains unclear, for example, how many doctors will choose to provide this form of abortion, which, though somewhat safer than surgery, carries its own set of medical challenges and legal constraints. Furthermore, mifepristone is usable only in the early weeks of pregnancy—not beyond seven weeks, according to FDA rules. About a third of abortions now fall within that time period. Finally, the mifepristone regimen is not a casual matter of popping a pill, as some may have imagined. The process involves three separate visits to the doctor, and the induced miscarriage entails up to two weeks of bleeding and cramping, with side effects of nausea, vomiting and diarrhea.

While some fear that the option of medical abortion will increase the total number of abortions, once people understand the nature of the process it is unlikely to be undertaken any more casually than surgical abortion. Evidence from European countries where the abortion pill has been available shows no such increase. The primary factor affecting abortion rates, in any case, is the availability of reliable contraception. That's why European countries which have very open laws on abortion tend to have lower abortion rates than the U.S.—they make contraceptives widely available.

Christians can hardly be enthused about any form of abortion, but mifepristone offers at least this potential benefit: since the pill can be used only in the first seven weeks of pregnancy, there's a chance its availability may encourage women seeking abortions to take action early in pregnancy. However one calculates the moral catastrophe of abortion, the catastrophe grows more profound as the developing child approaches viability. If mifepristone nudges people toward earlier abortions, it will provide at least a marginal improvement in abortion practices. And perhaps it can spur further efforts to restrict elective abortions to the early weeks of the first trimester—a plausible medical and political goal even in our pluralistic society.