



## Medical abortion

Concerns about taking a pill at home

Review by **Philippa Taylor**  
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**M**edical abortions now account for 62% of abortions in England and Wales, a significant increase from the 30% carried out in 2006.<sup>1</sup> In Scotland 83% of abortions are now medical.<sup>2</sup> President of the RCOG, Professor Lesley Regan, is leading calls for women to be able to take medical abortion pills 'in the comfort of their own homes', rather than abortion clinics or hospitals under medical supervision. Scotland now allows this<sup>3</sup> and pressure is building in Wales and Westminster to follow.

Medical abortions are usually used up to nine weeks gestation, but can also be after 13 weeks gestation. A woman is given an oral dose of mifepristone at a clinic/hospital then up to 48 hours later misoprostol is administered, orally or vaginally. This causes uterine cramping to expel the fetus. A follow-up visit is advised to ensure that the abortion is complete and there are no complications. It is misoprostol that can now be taken at home in Scotland.

It is claimed that taking the abortion pill at home is 'safe and sensible', it will fit better around work and childcare commitments and

*'it is unacceptable for any woman to be made to risk miscarriage on her way home from a clinic.'*

However medical abortions are far from 'safe' and easy and changing practice will be detrimental to women's physical and emotional health.

Removing medical supervision and support for a medical procedure is of concern for all women but particularly so for teenage girls or other vulnerable women. Taking such strong drugs is not to be taken lightly; in trials, *almost all women* using misoprostol for medical abortions experienced abdominal pain (considered severe by half) and a significant number experienced nausea, vomiting and diarrhoea. Medical abortions lead to more complications than surgical. A study of 42,600 first trimester abortions in Finland (where there is good registry data, unlike the UK) found that six weeks' postabortion complications after medical abortion were four times higher than surgical: 20% compared to 5.6%.<sup>4</sup> For abortions after 13 weeks gestation, the proportion of incomplete medical abortions needing subsequent surgical intervention varies widely between studies, from 2.5% in one study up to 53% in a UK multicentre

study.<sup>5</sup> The RCOG also reports that women are more likely to need medical help for bleeding after medical abortion than after surgical, to report heavier bleeding than they expected, and for longer.

As yet there is little empirical research on the psychological fall out from abortions completed at home. Anecdotal evidence suggests it can be worse than after surgical abortions, perhaps because women see the baby, which they then have to flush away themselves, and the reminder of the abortion is always in the home, not in an anonymous clinic that they can leave behind.

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## Debate over alternative medicine re-surfaces

NHS funding for homeopathy withdrawn

Review by **John Martin**  
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**W**hy do people turn their backs on mainstream medicine and put their trust in unproven remedies not attested by science? The question came to the fore recently when the NHS announced that a major centre of homeopathy in London will no longer be allowed to spend NHS money on homeopathic remedies. Under NHS rules GPs are no longer allowed routinely to prescribe homeopathic remedies. Simon Stevens, chief executive of NHS England, has described homeopathy as 'at best a placebo and a misuse of scarce NHS funds'.<sup>1</sup>

Even so, alternative remedies with no basis in science have influential advocates. The MP David Tredinnick, a passionate advocate of homeopathy, recently asked a parliamentary question of the Health Secretary. Now that Britain is leaving the UK, he wanted to know, would it be possible for the NHS to build closer ties with traditional Chinese medicine.<sup>2</sup>

CMF has published a useful introduction to issues relating to alternative medicine.<sup>3</sup>

Britt Marie Hermes has achieved notoriety in the USA and gained a lot of media attention here in the UK. Some years ago she made a sudden transition from naturopath practitioner to sceptic. Her blog, *Naturopathic Diaries*,<sup>4</sup> has gained a huge following in the sceptic community.

She devotes much of the space to unmasking remedies which she judges to be scams. In the process, however, she has angered some proponents of alternative medicine. She is currently being sued for defamation by a naturopath and so far has crowdfunded nearly \$40,000 from fellow sceptics to fight her case. Hermes observes that many ordinary people are credulous. 'It is surprisingly easy to sell snake oil,' she says. 'I have done it.'

So back to the question: why do people persist in pursuing alternative cures when the medical profession dismisses them? It often

happens when disillusion sets in about conventional medicine, particularly when all possibilities for conventional treatments seem to be exhausted. Or it happens where people have come to believe alternate narratives about health and well-being and the mantra that 'nature is better'.

Hermes says the potential shortcomings of conventional medicine are seldom acknowledged as a motivation for people to seek out alternatives. And sceptics, not least in the scientific community, often focus only on debunking quack remedies rather than trying to understand why people seek alternatives in the first place.

### references

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