

ABORTION PILL NO SIMPLE MATTER

By **Gina Kolata, New York Times News Service**

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Dr. Mitchell Creinin runs an abortion clinic in Pittsburgh and has become something of an expert on the abortion-inducing pill, mifepristone, that was approved Thursday for sale in the United States.

Creinin has provided the pill to women in research studies, and he has traveled the country giving seminars to doctors considering offering the drug to their patients.

But, he said, while hundreds of doctors--family practitioners and obstetricians--have attended his seminars thinking they could begin providing mifepristone to patients seeking abortions, their eagerness to prescribe the pill often diminished as they heard him talk.

He told them about office visits a woman must make, counseling a doctor must provide, backup medical services needed, and state laws that must be followed.

"When you go through everything, they just say, 'Oh no. This is a lot more complicated than I thought. I have to think about it,'" Creinin said.

"Most doctors who answer surveys saying they are interested in offering this change their minds when you tell them what's involved."

One survey of gynecologists and family practice doctors, conducted by the Henry J. Kaiser Family Foundation, found that about one-third said they would be at least somewhat likely to prescribe mifepristone.

But, said Tina Hoff, a spokeswoman for the foundation, the doctors often have no idea what it might mean to offer the drug, and when they find out, many back off.

People have looked at the decision of the Food and Drug Administration to allow the pill as a pinnacle, Hoff said, "but in many ways it isn't the final answer."

Some hoped that doctors simply would provide mifepristone pills in the same way as they might write a prescription for birth control pills. But the reality, in the immediate future at least could be quite different.

Janet Benshoof, president of the Center for Reproductive Law and Policy, an advocacy organization that represents abortion providers, said, "In general if you're opening medical abortions to a wider range of doctors, they have no idea that this is a dungeon of criminal law and once you do an abortion, the laws may apply even if it's just give women a pill."

Many state laws regulate doctors who provide abortions, and they often go into detail--the size of the hallways in medical offices, the registration of abortion providers, the disposal of the fetus.

In some states, the laws speak of "abortions" without saying how they are performed. In others, the states specifically include pill-induced abortions along with surgical ones.

Such laws, abortion providers and legal experts said, raise questions about the future of mifepristone.

"The only people who really know about the panoply of abortion laws are the clinics," Benshoof said.

Gloria Feldt, the president of the Planned Parenthood Federation of America, said her group is looking at all the state laws and is trying to educate doctors.

"I think that by and large they will understand that there will be some issues," Feldt said. "But will they catch all of the nuances at this point? Probably not."

In Pennsylvania, where Creinin practices, abortion providers must register with the state and report all abortions, without providing patients' names. They also must counsel women on alternatives 24 hours before providing an abortion. The state also requires that abortion providers have a written agreement with a hospital where they can transfer patients.

But state laws vary. Bonnie Scott Jones, a lawyer at the Center for Reproductive Law and Policy, said in 31 states, parents must be notified before a minor has an abortion.

The laws in 13 states require that women be counseled about abortion and then wait for a period of time before having one.

Other states, like North Carolina, South Carolina and Alabama, require that doctors examine fetal remains. In North Dakota, the remains must be buried, incinerated or cremated.

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