

A powerful new pill

By [Debra Bendis](#)

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What would happen if we were to discover that an existing pill, one already used for legitimate medical reasons and so important that it wouldn't be banned, was also effective in inducing abortions? It's happened. Misoprostol was developed to prevent stomach ulcers; it's also used to save women's lives by stopping postpartum hemorrhages. Now news of a third use is sweeping across the world.

Misoprostol

induces medical (or pharmaceutical) abortions. It is most effective (95 percent) when used with a second pill, mifepristone or RU-486, but when the latter drug is banned or unavailable, misoprostol alone is still 80 to 85 percent effective. The news [comes from](#) Nicholas Kristof, and the [comments](#) on his column of course draw out those at the extreme ends of the abortion discussion.

I agree, however, with commenter William J. Keith of Philadelphia when he says that because "abortions in developing countries, especially illegal abortions, come with a horrific maternal (and, therefore, fetal) death rate... The advent of medical abortion in developing countries is a good thing." I celebrate the possibility of saving many, many girls' and women's lives in under-developed countries, and of giving them the opportunity to live longer and better lives.

But

misoprostol is no panacea. It's a drug, a powerful chemical, and it's being "tried out" on thousands of women in the developing world. Like all chemicals, it can do harm when misused. The thought of women, many of them only girls, using these powerful pills alone—isolated and with no medical or emotional support—is frightening.

Whatever we think of this new discovery, it's available and it's cheap, so it will be distributed. Suddenly the need to provide young women and young men with medical care, family planning help, guidance and support re: pregnancy and family has just spiraled sharply upward.