Sawbones: The Abortion Pill

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[intro music plays]

Justin: Hello everybody, and welcome to *Sawbones*, a marital tour of misguided medicine. I'm your co-host, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Aaaand I think probably a few people probably could've guessed this. Any time healthcare is making a lot of headlines, I can assume there's a *Sawbones* episode to follow. Especially when you come to me shaking your head and holding up your phone, I can tell that probably there's going to be an episode.

Sydnee: Well, I think is an important thing to talk about. And there are a lot, by the way, when you say like something that's happening in the news that's related to healthcare, and especially restrictions of healthcare, there's a lot going on, unfortunately.

Justin: Mm.

Sydnee: It's not just one issue. Specifically because this is kind of impending news, like it's happening now and things are gonna change— As of when we're recording this, things will change tomorrow, so actually the day our show comes out.

Justin: Yeah.

Sydnee: There will probably be updates to this, so this is unfolding news. But you may have read something about the mifepristone, which is commonly called "the abortion pill."

Justin: Mm.

Sydnee: RU-486. I feel like there's those of us of a certain age—

Justin: RU-486 is more familiar to me.

Sydnee: It—

Justin: For some reason.

Sydnee: Right?

Justin: I'm assuming it's having been bombarded with that in high school or something.

Sydnee: Well it—as we go through the years of when this pill was approved and everything, it makes sense. But that is— It's funny that a collection of letters would be—

Justin: Is like more familiar.

Sydnee: Numbers. Letters and numbers would be more familiar, but RU-486, mifepristone, or the abortion pill, as many of us, when we first heard about it, called it, was recently— So it's it still available, but it is— its future in this country, the United States of America, as being able to be legally prescribed by physicians is right now in question. So that is the ma—is in question. I don't want anyone to—

It's very important with this kind of thing that you not be too alarmist, I think, because then some people think that something is gone when it isn't'. And that doesn't mean it might not be in the future, but I don't wanna—you know what I'm saying?

Justin: Of course.

Sydnee: I wanna be clear.

Justin: Yeah.

Sydnee: So if you've heard anything about it, you may be wondering, first of all, a lot of people might not be familiar with what this pill is, what

it does, how frequently this is how abortions are performed. I think a lot of people are not familiar with that. And why in the world, if it's been around for a long time—

Justin: Are we just now deciding?

Sydnee: That the FDA approval was wrong. 'Cause that's basically what we're getting at, is should this drug, that was approved by the FDA a long time ago, should it have been, and can we now take action to stop it? And if you start to think about the ramifications of that, and we'll get into that, that's like a giant… legal question.

Justin: Right.

Sydnee: So let's start off by saying that mifepristone was approved for use in the US in the year 2000.

Justin: True.

Sydnee: This may be why you and I think about it as like RU-486, the abortion pill. So this would've been the year before I graduated high school.

Justin: My first year of college, yeah.

Sydnee: So like right when, y'know, you're thinking— you're really paying attention, you're thinking about a lot of like political things and activism.

Justin: Yeah.

Sydnee: And this was right in there for me. Like—

Justin: And listen, my first year of college, I had to think about birth control a lot, if you know what I mean. I was an immediate sort of splash with the population there. And I mean, I can understand why I would remember this, 'cause birth control was really high on my mind at that point.

Sydnee: I like to imagine that when you say that, what you mean is like you were very quick to like counsel people on various methods of

contraception, and like offer rides to the Family Planning clinic at the health department as needed.

Justin: Whoa.

Sydnee: And like—

Justin: Listen.

Sydnee: [laughs]

Justin: Syd, I would love to say that's true.

Sydnee: Just a—

Justin: But when you're living with your parents—

Sydnee: [laughs]

Justin: It doesn't give you a lot of free time [chuckles] to do that kind of helpful work, so.

Sydnee: Yeah, to help friends who can give birth in [chuckles]

Justin: Yeah.

Sydnee: In getting contraceptive services. So it has a very long track-record of being safe and effective, and it is always used in conjunction with another medication. Usually misoprostol, is what's frequently used in the US, and I'll get into the ins and outs of that first.

So prior to mifepristone, pretty much if you needed an abortion, it was a procedure.

Justin: Mm-hmm.

Sydnee: Okay? It wasn't a medicine.

Justin: Okay.

Sydnee: You went into an office and you had a procedure performed. Hopefully legally, prior to the '70s in this country unfortunately illegally and then very dangerously, with high rates of complications and mortality. And we've covered that, we've done a whole episode about that.

Now there are ways of performing abortions without mifepristone, with just pills, and we'll get into that right, and that exists today. Those were not commonly used, prior to mifepristone being developed, because the drug that we now use, that we can use singly, has other uses.

Justin: Huh.

Sydnee: So all these drugs are old and… The way that we do a medical abortion nowadays, typically in countries where mifepristone is legal, it's not— Not all place can you access this, but you give someone a 200mg dose of mifepristone first, for starters. In some states you have to actually go in and see the doctor, see your provider, to get that.

Justin: Mm.

Sydnee: There are some places where you actually need to take it there.

Justin: Wow.

Sydnee: Now this all changed post-COVID with telehealth and medicine binary and all that stuff.

Justin: Sure, right.

Sydnee: But there were some restrictions placed on it. Like it wasn't something— Like, I am a physician, I couldn't just like send a prescription for this to the pharmacy for you.

Justin: Okay.

Sydnee: This was not something—there are some meds that are restricted. Like commonly suboxone, the commonly used in the treatment of substance abuse disorder, same thing, okay?

Justin: Okay.

Sydnee: So what this drug does is it blocks progesterone, and you need the hormone progesterone for the early development of a pregnancy. So I you don't have it, then basically you have a period.

Justin: Okay.

Sydnee: You have the lining of your uterus, the endometrium, comes off and sheds and you bleed.

Justin: Got it.

Sydnee: And many other cells that are in there are going to… be evacuated as well.

Justin: Everybody out.

Sydnee: Everybody out. That's how periods happen anyway, like progesterone levels drop, a period happens.

Justin: Okay.

Sydnee: So the lining starts to shed, along with anything else that's in there. So... the way that it would work, as mifepristone being a legal drug, is you take it, you can keep on with your normal activities at first, and then in about 36 to 48 hours, your provider will tell you exactly when, they will have prescribed you the follow up pill, which is your two different drugs.

The second one is a prostaglandin, usually misoprostol. You take four 200mg tablets of this. And you can do this at home, you don't have to do this in a doctor's office or anything. You can take these at home. And what this will do at this point is cause what we call like "cervical ripening." So it softens the opening of your uterus, the cervix.

Justin: Mm.

Sydnee: And it causes some uterine contractions, and you can actually use it to induce labor as well.

Justin: Oh, okay.

Sydnee: This is a very old drug. Misoprostol was originally developed for the treatment of stomach ulcers back in the '70s, 'cause it does that too, by blocking acid secretions. [chuckles] So misoprostol's an old drug, used for other things. We know what it does, it's a prostaglandin, incredibly safe.

So you take mifepristone, then you take misoprostol, and— And we only do this, by the way, I should say, up until specifically day 71 since the first day of your last period. That's how we mark days and week, when we're like calculating how pregnant someone is, how far along they are.

Justin: Okay.

Sydnee: We do from the first day of their last period. So this is around like 10 weeks, okay? But because we knew that exact date, and you do need to see a provider at first, okay? Or at least talk about those dates, figure that out. You need to talk to someone who knows the meds, make sure it's appropriate for you. To make sure that you are at a stage of pregnancy where this will be effective and safe, and you understand all the things we always do with a medicine.

Justin: Sure.

Sydnee: Risks, benefits.

Justin: Yeah.

Sydnee: Alternative side effects. I actually, in my charting, I always put "RBASE." R-B-A-S-E. That's my shorthand for saying "I have discussed with the patient risks, benefits, alternatives, side effects."

Justin: Oh.

Sydnee: That's with every medicine.

Justin: That's what it stand for. Got it.

Sydnee: RBASE. That's a— There you go. For anyone— For all you medical students out there, let me give you this piece of advice. [chuckles]

Justin: RBASE.

Sydnee: Write that. [chuckles] It is effective—

Justin: Even if you don't do it. Right? Just write it. Right? Or you should do it—

Sydnee: Wh— No! No! You should do it, and then put that instead of having to type out—

Justin: The way you framed it was sort of like "This'll really keep 'em off your back. Just write RBASE."

Sydnee: No, no, no! [chuckles]

Justin: "That'll make 'em think you really took your time."

Sydnee: No no no! I mean like—

Justin: "Then you just move on to the next cash cow."

Sydnee: If you're like me, you wanna spend more time talking to your patients and being with your patients than you do writing about it. So after you do all of the—after you discuss all of those things, instead of then writing out the words, "I discussed risks, benefits, alternatives, and side effects with patient, and they understood," I say, "I discussed RBASE with patient."

Justin: Well, but then everybody's gonna call you and say "Tell me about this slang you invented. RBASE. We've never heard of—"

Sydnee: I didn't. I did not. I saw it— another doctor— It's just handed down through the centuries of medicine. I don't know.

Justin: Okay. [chuckles] Through the centuries.

Sydnee: Pliny the Elder invented it.

Justin: Okay.

Sydnee: That's not true. That's not—I don't know that that's true. So it's effective the vast majority of time. Studies say that around two to five percent in different areas, with different medication regiments, may need some sort of follow up care after one of these medically induced abortions.

If you look at like rates of effectiveness, they're up in the high '90s. And it depends exactly on where and who and, you know, different factors. So it's an incredibly safe and effective regimen. Mifepristone was first developed in France in the '80s.

Justin: Oh wow.

Sydnee: That's how old this drug is. It was approved for use in France in 1988, so they figured out that this was something that would work. We already knew that prostaglandins like misoprostol could induce labor, which would also induce an abortion, but we found this other drug, mifepristone, in France, that would, like I said, it would block the progesterone, so the combo seemed like a safer way to go about it. So that's why it was first developed.

Justin: Okay.

Sydnee: The French company that—

Justin: Can you help me get—sorry. Can you real—help me understand real quick why we couldn't just do the second one?

Sydnee: There was some concern early on with dosing regimens. Like we didn't know exactly the perfect dose. And remember, it was not—Misoprostol was not developed for abortions, it was developed for [chuckles] stomach ulcers.

Justin: Right.

Sydnee: What we figured out is that pregnant people shouldn't take it, because it could induce an abortion.

Justin: Okay.

Sydnee: So it's a side effect.

Justin: Okay.

Sydnee: However, as with many drugs, sometimes you figure out that it has a side effect that you actually want. But you don't know the exact dosing regimen, you don't know how early— So we hadn't figured all that out about misoprostol yet.

Justin: Okay.

Sydnee: Mifepristone seemed a better way to stop the growth of a pregnancy, stop the process. Let's stop it. Misoprostol just starts labor. Why don't we stop the process, and then start the labor?

Justin: Right.

Sydnee: And then we can ensure that everything goes along completely.

Justin: Yeah.

Sydnee: And that there's nothing left over.

Justin: Right.

Sydnee: That's really important. Whether you're talking about a spontaneous abortion, which colloquially is known as a miscarriage, or when you're talking about an induced abortion, it's important that everything comes out.

Justin: Okay.

Sydnee: For the safety of the pregnant person.

Justin: Got it.

Sydnee: So anyway, it was approved in France in 1988, and then the company suspended distribution like almost immediately. It lasted like— they were like— All these anti-abortion groups came out and were like, "No no no. This is terrible, we don't want this. This makes it too easy." And so they suspended distribution almost immediately after they released it.

Justin: Huh.

Sydnee: Because of the backlash.

Justin: Uh-huh.

Sydnee: And that lasted two days. This suspension.

Justin: Mm-hmm.

Sydnee: Before the French Health Minister came out and said, "No. We're putting it uh back on the market, 'cause actually our country, France, owns part of your company. And I am going to ensure that people have access to this drug." He said, "From the moment Governmental approval for the drug was granted, mifepristone became the moral property of women—" We'll update it for the times and say "pregnant people," "—not just the property of the drug company."

Justin: Inspiring.

Sydnee: Yes. It was then, in following years, it was approved in China, it was approved in UK, it was approved in Sweden. Throughout the '90s it was approved in like a dozen more countries, still not the US yet. And there was a big push, throughout the '90s. Pro-choice groups were constantly, you know, advocating to the US Government, saying, "Hey, we need this. We need this. Look, all these other countries are approving this. It's safe, it's effective. Why are we doing surgeries all the time when we could do this?" You know, as a safer more effective regimen.

The FDA banned the importation of mifepristone as soon as it was approved in France, so 1989 it's banned here. Right? So there were pressures already taking action to prevent that from happening. The manufacturer banned it in the US, and a lot of this was just… "We don't want that mess," right? [chuckles]

Justin: "We are a simple, stomach ulcer pill company."

Sydnee: No no no.

Justin: "We all—"

Sydnee: This is mifepristone, this isn't the stomach ulcer pill.

Justin: Yeah.

Sydnee: But still, not they were just like "We don't want this noise. Listen, it was hard enough here in France. We know how you people over there in the US get. Just… we don't want any of that." And then what ended up happening is that a woman named Leona Benton was stopped by US Customs bringing mifepristone into the country from the UK.

Justin: Ooh.

Sydnee: So at that point, even though eventually she lost, because she was bringing a banned drug into the US. So whether or not, morally, she was on the right side, it doesn't really matter in the eyes of the law, right? But it brought a lot of attention. And then so when Clinton became President in '93, he said "Hey everybody's talking about this. I want the Department of Health and Human Services to look back into mifepristone, and let's decide if it's a good drug for the US or not." So kind of like started over the conversation in this country.

Justin: Okay.

Sydnee: In an effort to move towards lifting the ban. And the company that originally made mifepristone, who didn't want any of this US noise, in 1995 gave a United States group, called the Population Council, the rights to it in the US. Just said that "It's your problem now. You decide what to do with it. We're done with it."

Justin: How weird.

Sydnee: Right. It's— Well—

Justin: I don't think I've ever heard of that before.

Sydnee: I mean I think that it— I think that it shows just how— what a lightning rod this issue is.

Justin: Yeah.

Sydnee: And how— I mean, I think when I say "protests." You gotta remember that people who protest abortion rights, sometimes we're talking about your normal, what we in this country would think of as like peaceful, First Amendment right.

Justin: Yeah right, like demonstrators.

Sydnee: Yeah. Yeah, demonstrators.

Justin: Yeah.

Sydnee: They stand with signs and chant. You— Somebody's got a megaphone. Somebody comes up with clever rhymes. The usual— The usual protest. I'm not just talking about that though. There are people, and we all know this, who protest abortion rights by committing acts of violence. And so these drug distribution— these drug companies were, I mean, they were receiving threats.

Justin: Of course. Yeah.

Sydnee: Their lives were at risk.

Justin: Of course.

Sydnee: And that often is the case, whether you are the manufacturer of an abortion pill, or you are someone who works at an abortion providing clinic. Your life may be in danger because of the evidence-based medical care you provide. And so I think it's important to just say like it's not always just optics. Sometimes it is.

Justin: Mm-hmm.

Sydnee: With dru— I'm not gonna sit here and give drug companies a pass.

Justin: Right.

Sydnee: I think you know that. But it's not just optics. [chuckles]

Justin: [chuckles]

Sydnee: It’s your very life that can be at stake.

Justin: It pains Sydnee greatly during COVID to be cheering for drug companies and defending them against—

Sydnee: I— We’re gonna—

Justin: [chuckles] —anti-vax people.

Sydnee: Here’s a little spoiler. We’re gonna end up on the side of drug companies again toward the end of this episode. I know.

Justin: No! Sydnee!

Sydnee: I know!

Justin: It’s so confusing.

Sydnee: Politics makes strange bedfellows. [sighs]

Justin: Should you have been taking their free lunches and pins this entire time?

Sydnee: No.

Justin: Instead of refusing them?

Sydnee: No. No, I— [chuckles]

Justin: If you’re gonna be such good pals.

Sydnee: We are not good pals. I still refuse your pizza. So anyway, the Roussel-Uclaf, who is the company who had it, gave it over the Population Council in ’95 and said, “You deal with the US, it’s your thing.”

Justin: Wait.

Sydnee: So at that point, the FDA said “Okay. We’re gonna take it up again. We think that—” Their advisory branch actually recommended like, “Hey, this can be approved here. It’s done. They’ve done all the work. This is safe and effective. We can prove that here.”

But it wasn't that quick. It took a long time, many many regulatory like trials, because it was such a hot button issue, because the spotlight was on it, because of all the protests. And because when I say protests, there were influential people within the government who were using their money and power to try and stop this drug from coming to the market in the United States.

Justin: Naturally.

Sydnee: So it took until the year 2000 when finally, it was on September 28th in the year 2000, mifepristone was approved for medically induced abortion in the United States of America.

Justin: Long time ago.

Sydnee: It was 12 years after it was synthesized, and yes, a long time ago.

Justin: A long time ago.

Sydnee: 23 years, almost, here.

Justin: It could drink.

Sydnee: So that should have been it. We've been using it since then. We have a long track record of it being safe and effective, so we did— You do all the trials, and then you release it into the population and you see is anything going wrong with it, and you find out.

Justin: Well, I gotta say, Syd.

Sydnee: It's working well.

Justin: Pretty short episode, but still very interesting. That's gonna do it for us on *Sawbones* this week. Thanks to the Taxpayers—

Sydnee: Well—

Justin: —for the use of our theme song—

Sydnee: Justin, unfortunately we have some updates [chuckles], as many of you know, to this story. But before I get to all that… let's go to the Billing Department.

Justin: Let's go.

[ad break]

Justin: [singing] "Ever after. Duh duh dun dun."

Sydnee: Oh, I see. 'Cause it's the second— Yeah.

Justin: Yeah.

Sydnee: This is like *Into the Woods*. Just stop it at the end of the first act.

Justin: Yeah.

Sydnee: Trust me.

Justin: [laughs]

Sydnee: It's all happy. [chuckles] So, as I alluded to, that isn't the end of the story. So first of all, just because it was approved in the year 2000, it wasn't easy to get. There were certain restrictions placed on this medicine that again, as I mentioned, aren't on most, right?

Justin: Mm-hmm.

Sydnee: Like if you come to me as a doctor and I say "Hey, I think you need this blood pressure medicine," I will send it to your pharmacy.

Justin: Mm-hmm.

Sydnee: And we'll both move—I'll talk to you about it, or I'll do the thing of RBASEs, and then we'll both move on with our lives. You'll go get it from your pharmacy, you'll take your pill, I'll see yah, I'll check your blood pressure, whatever.

Well, with mifepristone, you had to actually go in person and pick up the medicine.

Justin: Okay.

Sydnee: In some states, you actually had to take it there.

Justin: Oh, wow.

Sydnee: Sometimes you could get it, take it home.

Justin: While they were watching.

Sydnee: Yeah. Now this was until COVID. In July of 2020, there was a temporary injunction that placed specifically to allow mifepristone to be mailed. Because a lot of other medicine shifted in that direction during the pandemic, right?

Justin: Mm-hmm.

Sydnee: And so as that was happening, and as you can imagine, people were saying "Well, shouldn't we do the same for mife— Why are we requiring people, during the— during a pandemic, to go in person to an office to get a pill?."

Justin: That they could get— Yeah.

Sydnee: That we could just mail to them. Right? Like why would we do that?

Justin: Yeah.

Sydnee: And so this was allowed, as a lot of meds were. I mean this w— this was common during COVID. A lot of things were shifted to telemedicine, and with a good basis for how we can manage that and how we could continue to safely, you know, monitor these medications.

But everything changed last summer. Because mifepristone is, you know, a medication that induces abortion.

Justin: Right.

Sydnee: Of course, the Dobbs ruling last summer, which overturned Roe v Wade, has an impact on mifepristone as well.

Justin: Right.

Sydnee: So anywhere— when you— I think a lot of times when you think about a state that may have banned abortion, you think about like, "Well now you can't go into the clinic and get that procedure that I think I know about that's an abortion." 'Cause I think a lot of people, unless you've had one. Although a lot of people have had them, which is also something that I will talk about, now they're very common. But a lot of people who haven't had one and aren't in the medical field, you don't really know what that entails.

Justin: Mm-hmm.

Sydnee: Well, sometimes, it's just some pills. And those were banned as well, to be used for that specific— And there'd be no other reason to prescribe mifepristone, that's the only thing it's for.

Justin: Mm-hmm.

Sydnee: Misoprostol still has other indications, but you can't use it— In states where abortion was banned, you can't use these pills for that either, right? Like West Virginia, for instance. The state that we live in.

Justin: Mm-hmm.

Sydnee: But this doesn't change the fact that mifepristone is still an effective and safe drug that has been used since 1988 in France, it has been used since the year 2000 in the US.

Justin: Yes.

Sydnee: And has a long and strong track record of, you know, being a safe medication. So deciding that like all of a sudden the FDA approval that it got was wrong is really an unprecedented decision. To take a medication that is two decades old in this country. We'll just focus on the US, 'cause we do our own thing, right? Like we don't— We didn't just follow France's approval, we had to— we had to check them, see for

ourselves. Doing this is real— I mean this isn't something that is done. Because if you think about the process of FDA approval.

Justin: Right.

Sydnee: This isn't like one person. It's not just like they get three dudes in a room and say "What do you think?."

Justin: "Mm, seems good to me."

Sydnee: "Yay or nay?"

Justin: Yeah.

Sydnee: Right. And so the idea that one judge would be able…

Justin: To counteract that, yeah.

Sydnee: To counteract the years and dozens of scientists and doctors and government process—

Justin: That seems— That seems off, doesn't it?

Sydnee: Yeah.

Justin: That seems like maybe judges shouldn't be able to do that.

Sydnee: Well maybe they've never done that before, and so all of a sudden we're in new legal territory. Is this— why? Is this something they should do? Could— Can do? Will do more of? So I think in under— in order to understand why would a judge take this sort of unprecedented, dramatic, activist action, which is what it is.

Justin: Yes.

Sydnee: You know, you hear all the term—

Justin: A lot of these activist judges, yeah. Yeah this is really an activist judge.

Sydnee: Yes. So anti-choice activists have been trying for a very long time to do this exact thing. To call into question the FDA approval of mifepristone. And there are a lot of different ways, if this is what you're gonna invest your life into doing.

Justin: Mm.

Sydnee: Is fighting abortion care, there are a lot of different ways to go about it, and this is one pathway that groups have tried for a while. So there have been petitions from groups like the American Association of Pro-Life Obstetricians, and Gynecologists that have tried to say, "No, the FDA was wrong. We know, we're doctors. The FDA was wrong," and have tried to do this in the past.

There are other groups that have sort of started aligning themselves with obstetricians that sounds like that's just—

Justin: Sounds real.

Sydnee: "Oh, that must be an obstetrics group." It's not, it's a specific advocacy group for specifically this issue. There's the Christian Medical and Dental Associations, the Coptic Medical Association of North America, and the Catholic Medical Association that have all joined together in similar efforts, okay?

Justin: Mm.

Sydnee: And as you can tell, a lot of these groups are religiously motivated.

Justin: Of course.

Sydnee: That is the base of this. Yes, they are doctors, but they are coming from a shared religious perspective. Because of all this kind of noise, there was a Congressional Review of this in 2006. The House held hearings on it to say like should the FDA approve it, and in 2008 there was this big report issued that said "Yeah. It's safe."

Justin: No problem.

Sydnee: "It's fine. This was fine." But what has happened in recent— because of the last presidential administration, is that a lot of districts have been stacked with far-right, conservative activist judges. And that's something I think that none of us really pay attention to, right?

Justin: Yeah.

Sydnee: Do you know when presidential administrations appoint new judges? Do you pay attention to that?

Justin: Now honey, if you're looking to establish a baseline.

Sydnee: [laughs]

Justin: Of American intelligence, I'm not sure that I'm the best person to be using here. I shot my phone with a taser.

Sydnee: [laughs]

Justin: I, you know, I'm not a smart man. My dad once knocked himself out dumping bleach into kitty litter. I don't come from good genes in that regard. I just think if you're trying to establish like an everyman?

Sydnee: Mm-hmm.

Justin: I'm like su— Like I'm sub that. [wheezes] I guess.

Sydnee: Well then let me go ahead and throw shade on myself. [chuckles]

Justin: Okay.

Sydnee: I don't pay enough attention to this, and I like to think I'm someone who pays attention to all that stuff that you're supposed to. I like to think that I'm watching and, you know, involved and thinking about the implications of all these diff—

I forget about the fact, and I think a lot of us do, that… presidential administrations, especially when they have the Congress on your side, can appoint a lot of judges very quickly, and they don't necessarily— I think the Supreme Court sort of highlighted this for a lot of us.

Justin: Mm-hmm.

Sydnee: Because for many of us, maybe, we now look at the Supreme Court and think "Are they making judgments based on all of our best interests now?."

Justin: Mm.

Sydnee: And ask that— ourselves that question. Do we agree with that statement now? Well that's happening on every level, and we forget about every level that isn't the Supreme Court a lot.

Justin: Yeah.

Sydnee: Too often. So in late 2021, all of those activist groups that I mentioned formed the Alliance for Hippocratic Medicine. Now what is the mission of the Alliance for Hippocratic Medicine?

Justin: Just to keep it. Just to like… keep it real. Like with Hippocrates's stuff, it's just to keep it—

Sydnee: "They uphold and promote—" This is from their website. Yup. "They uphold and promote the fundamental principles of Hippocratic medicine. These principles include protecting the vulnerable at the beginning and end of life, seeking to make good with the patient with compassion and integrity, and providing healthcare with the highest standards of excellence based on medical science."

Justin: Yeah. Seems good.

Sydnee: Seems good. Yeah, that's great. They quote some of the oath on their page. You go to their webpage, and there's not much there to look at. You have to be a member and have a password, I guess, to look at all the juicy stuff there.

Justin: [laughs]

Sydnee: But… they quote some of the oath. Not all of it, but some of it. They leave out the part about how they won't cut for the stone, 'cause you know that's surgery, and like we—

Justin: They— Would you do that?

Sydnee: Some of us do, yes. Some of us do surgery. It also, by the way, and we've done a whole episode on the Hippocratic oath, so just as a refresher. It starts by swearing to Apollo.

Justin: [laughs]

Sydnee: And all the other Greek gods and goddesses. This is in the first part of the Hippocratic oath.

Justin: Yeah.

Sydnee: I have to imagine that these Christian medical organizations—

Justin: Do not swear fealty to the Roman warlords.

Sydnee: Yeah, to Apollo. [chuckles] But— And also conveniently, medical students, they don't mention the part about where Hippocrates said "I'll never charge for teaching people medicine."

Justin: [laughs]

Sydnee: We never mention that part! 'Cause Hippocrates also said that. You should teach people medicine and not charge them for it. So I don't think they'd be comfortable with any of that, but they leave that out.

Justin: Yeah, interesting.

Sydnee: They leave the parts they don't like out. I also think that a group that says that they are for Hippocratic medicine, and we do a medical history podcast so I feel like I'm allowed to comment on this. So do you mean the four humors?

Justin: Because that is what that means.

Sydnee: That is what that— I mean that was the system of medicine, the humoral system of medicine is what Hippocrates follows. Do you— Where is my phlegm and black bile and yellow bile and my blood, and like how it that in order, and what hot or cold things do you want to do, and do you

mean you're going to put leeches on me? I just think that if you're going to say "We follow Hippocrates"…

Justin: Maybe you should know what you're talking about before you start, yah.

Sydnee: But that wasn't the point. The point of forming this organization was to incorporate it, in August of 2022. That's how recent this is.

Justin: Okay.

Sydnee: So it's formed in late 2021, it was incorporated formally in August of 2022, in Amarillo, Texas. Why there? It's strange because none of these organizations that make up our group are based there, and their mailing address is in Tennessee. So why would they incorporate it in Amarillo, Texas?

Justin: I don't know, Syd.

Sydnee: Because cases filed in that area, 95% of any cases filed in that specific area of the country, fall to Judge Matthew Kasmar— Kacsmaryck. I don't care. Kacsmaryck. And I don't wanna get into his entire history, you can look up the history of his opinions in the briefs that he's filed in the past. He has worked to deny contraception to patients, like to allow pharmacies to deny contraception, to allow doctors to refuse treatment to transgender patients.

He was worked very hard in anti-choice efforts to deny— to use legal methods to help groups to deny abortion care and abortion to— in different parts of the country. So this is his thing. This is the background he comes from, and so filing this in this district was very specifically— this was a— There's a word for that, you do like judge-shopping.

Justin: We get it. We get it.

Sydnee: You find a district where you know you'll get the opinion you want.

Justin: Right.

Sydnee: And inevitably, he ruled that the FDA approval of the drug was not done appropriately, and it was fast-tracked, and well basically we're not— it shoul— we should go back to the FDA. We should stop its approval and go back to the FDA and make them approve it again.

But then he did stay his ruling for seven days to basically say we'll allow the Government to take action if they want to. So you may be asking was it fast-tracked? Like that's the core.

Justin: Was it— Do you want me to ask that?

Sydnee: [laughs]

Justin: Well, Syd.

Sydnee: And the fact—

Justin: Was it fast-tracked?

Sydnee: That was the core argument of the Alliance for Hippocratic Medicine, and they're the lead plaintiff. There are other people who filed it, but they are the lead group. Was it fast-tracked? No. The core argument that they're making is that the expedited approval process that we all heard so much about.

Justin: Mm.

Sydnee: During COVID, during the vaccine approval process, that was actually not used in the approval of mifepristone.

Justin: Okay.

Sydnee: So the core argument is not true.

Justin: Specious.

Sydnee: Yes. When the drug was submitted for approval in 1996, it went through multiple of evaluation, in every one it was approvable, and then it had to go on to the next one. There were elements— And it's really important, I'm not a lawyer, but it's really important that you ask somebody who knows this stuff. I actually— And I should preface, I was

given any formal legal advice, just thoughts and opinions from a certain first year law student that I know.

Justin: Mm.

Sydnee: Named Rileigh Smirl. [chuckles] Who gave me her thoughts and opinions. But again, as she said multiple times, "This is not legal advice, Sydnee!" [chuckles] So as they went through this process, they used a couple of the elements from the accelerated approval section of the FDA accelerated approval process for some of the safety elements, but it didn't actually follow that pathway. It followed the traditional pathway for drug proofing. So it didn't receive accelerated approval.

Justin: Okay.

Sydnee: It went through the regular channels.

Justin: It's not even regular fast-tracked. It was not fast-tracked.

Sydnee: And based on major studies from France, and also they had said initially "We want to wait til this major US study is done before we approve it." After that was done and it replicated the same results that they found in France, then they approved it. So it met all of the usual requirements. None of that is true. So the core reason that the judge issued this opinion is not… true.

Justin: Whoa.

Sydnee: Mifepristone has been used for 35 years. The side-effect rate is extremely low. It's safer then a surgical abortion. That does not mean that surgical abortion procedures are not safe, but this is— If it is available to you, if you're early enough into a pregnancy, this is a— this is considered the most safe and effective route.

Justin: Safe—safe is almost always a question of degrees, right?

Sydnee: Yeah.

Justin: Like is it— Safe is— There's always some little, you know— Nothing is 100%.

Sydnee: Mm-mm.

Justin: Perfectly safe all the time.

Sydnee: No, and there are always like— Safe is rel— Like okay, obviously we would prefer to do an elective procedure over an emergency procedure, but if your appendix as ruptured, we can't do an elective procedure on you. That doesn't mean that the emergency surgery you receive is unsafe. No, it's safe.

Justin: Right.

Sydnee: You are having a safe surgery. So I mean I think it's important to know that. And in fact, in 2020, that was the first year that the majority of legal abortions performed in the United States involved medicine. 53%, so more than half of the abortions in the US, as of our last tally, were done through medicines, not through procedures.

Justin: Well we don't— Nobody talks about it.

Sydnee: No. I don't think— I don't think a lot of people realize that. And while there are complications to any medications, there are side-effects that— Of course. Of course you would expect that. That's with every single medicine and procedure that we do, there can be complications or side effects. As of our last accounting, the chance of dying from a legal induced abortion in the US is less than half a person per 100,000 performed.

Justin: Wow.

Sydnee: It's like 0.3— 0.43. Your chance of dying in pregnancy in the United States of America, as of our last accounting, was 32 people per 100,000.

Justin: So it's more dan— It's less dangerous, exponentially less dangerous than being pregnant.

Sydnee: Yes. Just to throw that out there. And that's not to make everybody be afraid of being pregnant. Our maternal mortality rate, our pregnancy mortality rate, is still something that the United States should be tackling and doing a lot more, but that's another podcast. So—

Justin: Not another podcast. [chuckles]

Sydnee: [laughs]

Justin: That's a different episode. [laughs]

Sydnee: That's a different episode. So to be clear. Even if mifepristone, even if this is upheld by the Supreme Court and we cannot obtain that, I want you to know this, if you are someone who may need this care. A misoprostol alone regimen is still safe and effective. There are many countries who only have access to that, and who only use that regimen, and it still works.

Our feeling is that if you use, from studies that we've done so far, mifepristone and misoprostol together… then you have fewer side effects. That is why we try to do that regimen preferentially, when it is available, because you are less likely to have side effects than with a misoprostol alone regimen. But the World Health Organization will say these are essential medicines and both regimens are safe and effective, so please do not— whatever the future holds, do not take away from this episode that a misoprostol, a single drug regimen for drug-induced abortion, is unsafe. It is safe, it is effective.

However, we are restricting a drug that is safe and effective and is our preferred regimen, based on false arguments. I think that's the important thing to know. Just so you kinda know where we are, because I lot happened all at once. So that judge ruled that basically the approval of mifepristone was not in accordance with law, and he said the FDA had to suspend its approval until they do whatever it is that he wants them to do. But then he stayed his own order for seven days and said, "Now the government can fight back. They've got a week to fight back."

Within an hour, another judge, Rice in the Eastern District of Washington, ruled in a separate lawsuit that the FDA should reduce the availability of mifepristone anywhere in the United States. So these are conflicting rulings.

Justin: Right.

Sydnee: From judges kind of at the same level.

Justin: So the Supreme Court has to decide.

Sydnee: So now it's gotta go to the Supreme Court. So the Supreme Court said, "Nobody do anything. You've got until Tuesday to file your briefs." So Tuesday, April 18th. This is tomorrow, as of when we're recording this. "That's when you have to file all the briefs for us to look at and decide what we're going to do about this incredibly safe and effective drug that has been approved in the United States of America since the year 2000, that has been approved worldwide since 1988, and has a long… track record of doing exactly what it says it's going to do in a very safe way."

And they will decide what to do with it. And I really think it's important, especially if you're in the medical field, to pay attention to what's happening right now. Because the pharmaceutical lobby has always been more effective than the doctor lobby, right? Much to our chagrin. The pharmaceutical lobby has taken steps to come out and issue statements and write a letter, an open letter, to say "You don't know how dangerous this could be." Not just because restricting access to this drug is dangerous.

Justin: The precedent is— The precedent.

Sydnee: Yes. Because if at any point, an activist judge can decide, based on their own personal religious, moral, whatever beliefs. I mean that's what this is about, their own personal beliefs of one human. Can look at a drug and decide they don't think people should be able to take it. And what other drugs might that have an impact on? I mean im— initially— immediately I start to think about the hormone therapies we use for our trans patients, or hormone blockers that we use for trans patients who are younger. Start thinking again about various forms of contraception.

I mean, think about how many people out there don't believe in certain psychiatric conditions. And would restrict access to different psychiatric medications that they feel are unnecessary or in some way violate their own religious feelings. I think the implications of a single judge being able to overturn all the processes that the FDA has in place to approve these medications are terrifying. And it's something that could impact all of us.

And it's unfortunate that when something only impacts a certain segment of the population, we're supposed to let it slide, and we have to worry that like "Well, but what if it impacted me?," but that's the truth. This could impact every single one of us if this goes forward, and so I hate to be on the same side of the pharmaceutical lobby, but um—

Justin: Here we are.

Sydnee: They're right. It would also pressure, your financial pressures. If you're a company that's developing a drug that might be subject to these sorts of rulings.

Justin: Mm-hmm.

Sydnee: If you're a drug that maybe would prevent HIV or treat HIV.

Justin: Could have a chilling effect.

Sydnee: Maybe vaccines.

Justin: Yeah.

Sydnee: That are controversial. Maybe you just decide "Eh, this is not worth it. We don't wanna deal with the regulatory, you know, headaches so we'll just star working on other drugs."

Justin: Yeah, and it's not that wild, considering literally 20 minute ago in this episode, we had an incident of a company making that exact choice. The French company decided to not be involved in this medication, 'cause it's not worth it.

Sydnee: It's important that those of us in healthcare are standing up to speak about this too. Activist groups are doing it. The pharmaceutical lobby is doing the right thing. [chuckles] Where are we? Where are our voices?

Justin: [gently] I'm— I'm here. Okay?

Sydnee: We are not loud enough.

Justin: I'm doing a pod— Okay!

Sydnee: [laughs]

Justin: [loudly] Thanks for listening to *Sawbones*, a marital tour of misguided medicine. [normal] We hope you—well, "enjoyed" is weird. Got something out of this and can maybe use that knowledge in your day-to-day life? Fair?

Sydnee: Mm-hmm.

Justin: Thanks to the Taxpayers for the use of their song "Medicines" as the intro and outro of our program. Syd, any final thoughts before— You look like you had final thoughts.

Sydnee: No, I don't wanna— Again, I'm not trying to alarm people, but please pay attention to this, because obviously abortion care is healthcare and it is important in its own right, just because of what it is. But the implications of allowing some groups' personal religious beliefs to dictate healthcare access for everyone in this country are— It's a really dangerous place to put us in, and especially my fellow healthcare providers.

We have not been vocal enough in fighting this. And at the end of the day, we are the ones who will have— who are gonna be put in a position where we provide bad care. Because we are not legally allowed to provide standard of care. And that is happening every day, and I just think we need to all be paying more attention and be more vocal about our part in this.

Justin: That's gonna do it folks, thank you so much for listening.

[outro music fades in]

Justin: We will be back with you next week and until then, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[outro music plays]

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