



BRIEFING NOTE

Improving Women's Safety and Access for Abortion – Mifepristone

Issue

Health Canada [requirement](#) for physician-only dispensing of mifepristone will reduce safety and access to abortion, compared to pharmacist dispensing.

Background

SAFETY:

Women have less safety through doctor-dispensed mifepristone than if pharmacist-dispensed. Physician-only dispensing bypasses the inherent safety, professional expertise, and medication tracking features of pharmacist-dispensed drugs captured in provincial pharmacy databases.

Health Systems discourage physician-dispensing

- The provincial professional regulatory bodies (The Colleges of Pharmacists, and The Colleges of Physicians and Surgeons) discourage physician dispensing and promote pharmacist-only dispensing for safety, quality of care and to ensure accurate and comprehensive administrative data capture of all regulated pharmaceuticals. Pharmacists are the dispensing experts.
- There are no other drugs that family physicians nor obstetricians-gynecologists must dispense. Even methadone is [dispensed](#) by pharmacists!

Pharmacist-dispensed mifepristone improves safety in many ways:

- ***Pharmacists are highly trained medical professionals, expert in dispensing drugs.*** The mifepristone training program (co-developed by the SOGC, CFPC and the Canadian Pharmacists Association) has components specifically designed to train pharmacists in mifepristone management.
- ***Pharmacists enter all drugs dispensed into the provincial pharmacy database.*** In many provinces this allows emergency room doctors and hospitals who may care for this woman to know the medications recently received. This safety feature improves women's care, yet is bypassed with physician dispensing. Analysis of the pharmacy database can be linked to subsequent care received and hospital admissions to assess medical abortion outcomes, promote health services quality improvement and determine distribution and access to services.
- ***Pharmacists are able to directly process payment*** made by the woman, or through provincial or private insurance coverage for the medicine. This is not available with physician dispensing.

ACCESS:

Physician-dispensing will limit the number of providers and access to mifepristone:

- ***Most doctors have no infrastructure or precedent to buy, stock and sell a drug.*** Physicians are not set up to manage stock. As Mifegymiso may expire within one year, few doctors will risk stocking it, particularly in low volume settings such as rural communities.



- **Current access to abortion in Canada is largely restricted to our biggest cities.** Women in rural areas currently travel long distances to receive abortion care. This disparity could be addressed through access to physician-prescribed/pharmacist-dispensed mifepristone.
- **Rural physicians in particular will not participate.** Those from across Canada who were interested to provide mifepristone have indicated in focus groups that they are unlikely to offer mifepristone if they need to buy, stock and sell the drug.
- **Pharmacist-dispensed mifepristone could reduce surgical abortions, operating room wait times and improve abortion access, particularly in rural communities.** Australia has safely and effectively implemented pharmacist-dispensed mifepristone, thus improving safe accessible abortion service. Up to 80% of abortions are delivered in some countries using mifepristone, thus decreasing the need for surgery and operating room resources.
- **Physician-only dispensing limited access in other countries.** In the USA, which also required physician-only dispensing, medical abortion was still only 10% of all abortions after 10 years of mifepristone availability; mifepristone abortions are still largely available only in purpose specific abortion clinics concurrently offering surgical abortion.

In Canada 96% of all abortions are currently surgical abortion, and most are provided in our largest cities at purpose-specific clinics. Physician-only dispensing will ensure that medical abortion provision will be mostly limited to large cities.

Health Canada regulations that mimic American and French approaches set 15 and 25 years ago, not only bypass important safety advances within our Canadian health system, but will cripple the potential for the introduction of safe, effective mifepristone medical abortion to address current reproductive health care access inequality for women living in rural communities throughout Canada.

RECOMMENDATION:

The Government of Canada is asked to recommend that Health Canada allow the usual and customary pharmacy distribution and dispensing system for the newly approved mifepristone drug, *Mifegymiso*®.

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