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BRIEF COMMUNICATION

Japan foresees early-stage medical abortion approval: Will this reduce barriers to access safe abortion?

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Synopsis

Approval of medical abortion in Japan may not necessarily improve access to safe abortion, due to the proposed over-medicalized protocol and expensive service fee.

In the past 30 years, since mifepristone was licensed in France in 1988, medical abortion has revolutionized abortion care globally [1]. While medical abortion sometimes (<5%) requires additional intervention to achieve complete abortion [1], compared to surgical abortion which can be completed in a short procedure, it requires fewer resources and is preferred by women who want to avoid surgery or anesthesia. Some women feel that medical abortion is more "natural" [2]. Increasing evidence shows that self-administration of medical abortion with remote support is effective and safe with a high level of patient satisfaction, and is supported by different national and international professional societies including FIGO, the International Federation of Gynecology and Obstetrics [3].

While Japan was one of the first countries to legalize induced abortion in 1948, medical abortion is not approved. Japan still relies on dilatation and curettage (D&C), an invasive method classified as "unsafe" by the World Health Organization (WHO) [4], and shown to have a higher risk of complications compared to other methods in Japan [5]. Given this situation, in July 2021 the Ministry of Health Labor and Welfare requested occupational and academic societies of obstetrics and gynecology to shift to a safer surgical method, vacuum aspiration (VA) [6]. However, the President of the Society of Obstetrics and

Gynecology (JSOG) reported a concern that a “sudden change of the method would rather make it less safe because doctors are not used to practice VA” [6].

In December 2021, a pharmaceutical company filed an application for approval of mifepristone and misoprostol. Once approved, medical abortion will be available in Japan. However, whether it improves women’s experience and accessibility depends on the protocol and the price. If a protocol requires each dose of pills to be taken under direct observation and women to stay under facility-based medical supervision until complete abortion, it could rather impose a greater burden on doctors and patients [7]. From an economic perspective, induced abortion is not covered by public health insurance and is operated under private practice, where each provider can set the price. First-trimester abortion, for which surgical method is currently the only option, costs about US$925–1850 [7]. There are 150 000 abortions each year in Japan [8]. The Japan Association of Obstetricians and Gynecologists (JAOG) reportedly commented that medical abortion pills should be prescribed only by authorized doctors and in facilities with bed capacity and a management fee that is equivalent to that for surgery [9]. These comments made by professional societies raise concerns about the priority of protecting economic interests instead of trying to improve quality of care and women’s health.

Women who cannot access abortion care could resort to desperate measures. Indeed, tragic cases are reported where women were arrested after abandoning their newborns after giving birth alone [10]. Approval of medical abortion is

welcome news. However, this may not necessarily translate to greater access to safe abortion care due to the proposed unnecessary protocol and high financial costs women would need to bear.

AUTHOR CONTRIBUTIONS

SE designed the overall structure of manuscript. SS drafted the early version of the manuscript. KM and CS gave comments on the manuscript. All authors edited the manuscript and approved the final version.

CONFLICTS OF INTEREST

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