

PREM 19/1855

POSSIBLE INQUIRY INTO MEDICAL ETHICS

NATIONAL

Warnock Report on Human Fertilisation
and Embryology (copy in attached folder)

HEALTH

Commercial Surrogacy. PART 1

FEB 1982

Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date
1.3.82		7.3.85					
5.3.82		20.3.85					
30.3.82		4.6.85					
8.4.82		31.7.85					
27.4.82		4.10.85					
20.4.82		12.10.85					
25.6.84		23.10.85					
5.7.84		28.10.85					
10.7.84		11.11.85					
13.7.84		20.12.85					
23/11/84		3.2.86					
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22.2.85							
28.2.85							
6/3/85							

PREM 19/1855

PART ONE, ENDS

PART ONE ends:-

TF to Mr Donnelly 4.4.86

PART Two begins:-

DHSS to LPC 29.7.86



Full PA

10 DOWNING STREET

From the Private Secretary

Mr. Donnelly

GERMAN CONFERENCE ON BIOETHICS

Thank you for your minute of 3 April to Mark Addison about UK representation at this Conference. I am sure the Prime Minister would agree with your suggestion that we should leave our representation with Professors Brenner and Hampshire rather than seek to draft someone else in at this late stage.

Tim Flesher

4 April 1986



Hw 0535

MR ADDISON

3 April 1986

GERMAN CONFERENCE ON BIOETHICS: 21-25 APRIL

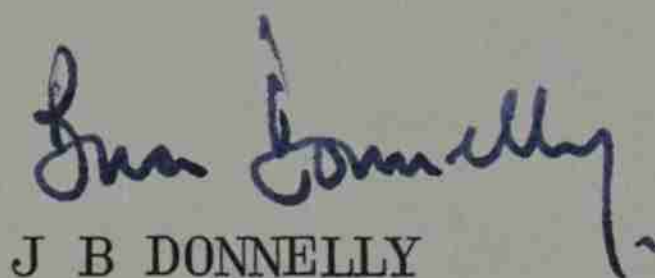
You will recall that on 3 February Sir Robin Nicholson minuted to the Prime Minister putting forward the names of three distinguished scientists who might represent the United Kingdom at this Conference.

Professor David Marsden has now told us that much to his regret, but because of illness in his family, he must withdraw from the Conference. He has written to the Conference organisers to give his apologies. We have also been in touch with them and with the German Embassy to establish whether they would like a substitute. We understand however, that they have been able to rearrange the programme and that while a replacement would be welcome one is not expected at this late stage.

There are, of course, several other qualified neuroscientists whom we might consider but it may be difficult to find one with the dates free in his diary. There might also be sensitivity arising from the fact that whoever we nominated would almost certainly realise, sooner or later, that he was a second choice.

In the circumstances I am inclined to rest with Professors Brenner and Hampshire who, on past performance, will be more than a match for three representatives from other countries. But if you would like us to suggest other names for the Prime Minister's consideration we shall be glad to do so.

I am copying this minute to Sir Robert Armstrong's office


J B DONNELLY

NAT. HEALTH: Warnock report : Feb 1982





10 DOWNING STREET

From the Private Secretary

12 February, 1986.

GERMAN BIOETHICS CONFERENCE

I enclose a copy of a letter, together with the translation, from Chancellor Kohl to the Prime Minister, which was delivered by the German Science Counsellor to Sir Robin Nicholson. Also attached is a reply to Chancellor Kohl, signed by the Prime Minister, which I should be grateful if you would despatch through the normal channels. Sir Robin Nicholson has cleared with the individuals concerned that they would be available to attend the Conference.

I am sending copies of this letter, together with enclosures, to Michael Stark (Cabinet Office), and to Sir Robin Nicholson.

(Mark Addison)

Robert Culshaw, Esq.,
Foreign and Commonwealth Office.

Subject cc Ops
master



UC4 AFM

cc FCO
CO.
R.N.

10 DOWNING STREET

THE PRIME MINISTER

12 February, 1986.

PRIME MINISTER'S
PERSONAL MESSAGE
SERIAL No. T31/86

Dear Helmut,

Thank you for your invitation to nominate three participants from the United Kingdom to the Conference on "Neurosciences and Ethics" to be held at Jakobsberg in April.

I have myself had some scientific presentations from our experts in the United Kingdom on the very exciting developments in the neurosciences and neuromedicine. I therefore congratulate you on your choice of topic for this Conference and your realisation that these remarkable and valuable advances in science and medicine will necessarily also raise social, legal and ethical questions.

I would like to nominate the following experts to attend the Conference:

Dr. Sydney Brenner, FRS,
MRC Laboratory of Molecular Biology,
University Medical School,
Hills Road,
Cambridge, CB2 2QH.

Sir Stuart Hampshire,
Department of Philosophy,
Stanford University,
Stanford
California 94305,
UNITED STATES OF AMERICA.

L

Professor David Marsden, MB, FRS,
Department of Neurology,
Institute of Psychiatry,
de Crespigny Park,
Denmark Hill,
London SE5 8AF.

I would like to wish your Conference every success and I
look forward to hearing the results of the discussion at the
Economic Summit at Tokyo.

*Y
Lomax*

Marsden

His Excellency Dr. Helmut Kohl

NOTE FOR THE FOLDER

GERMAN CONFERENCE ON BIOETHICS

Sir Robin Nicholson will be clearing with Dr Brenner, Sir Stuart Hampshire and Professor Marsden that they are willing and able to attend the Conference.

U When he has done so, we should arrange for the despatch of the Prime Minister's letter to Chancellor Kohl through the Foreign and Commonwealth Office.

MSA

MARK ADDISON

6 February 1986

N.B.

B// Please B.F. on 13 February

WO910

PRIME MINISTER



Prime Minister
Content to recommend the three
experts Sir Robin proposes? If so,
a draft letter to Chancellor Kohl is
attached for your signature?
3 February 1986

MEV

GERMAN CONFERENCE ON BIOETHICS

In 1984, Prime Minister Nakasone convened a conference on "Life Science and Mankind" which was intended to discuss the social, legal and ethical questions arising from the rapid scientific developments in biology and medicine. You were asked to nominate three people from the United Kingdom to attend the conference in a personal capacity. Dr Sydney Brenner, Director of the Laboratory for Molecular Biology at Cambridge, Sir Stuart Hampshire, then Warden of Wadham College, Oxford and Dr Arthur Peacocke, then Dean of Clare College, Cambridge were nominated. The conference was successful and I was told that Dr Brenner and Sir Stuart Hampshire made outstanding contributions.

2. In 1985, President Mitterand convened a follow-up conference in France. The subject was again "Bioethics" but concentrated on the medical opportunities offered by DNA diagnosis and splicing techniques in embryology. Dr Brenner and Sir Stuart Hampshire were again our two experts but you agreed to me filling the third place because of the relevance of the subject to the Warnock report and Mr Enoch Powell's embryo research bill.

3. Dr Brenner was again the outstanding scientist at the meeting (despite the presence of several Nobel Prize winners) and Sir Stuart Hampshire the outstanding philosopher - they did great credit to the United Kingdom by their contributions.

4. You now have a request from Chancellor Kohl to nominate three people to a conference to be convened in Germany in April on "Neurosciences and Ethics". Separately the German Science Counsellor has written to me saying that Governments can also decide whether they would wish to send one observer to the Conference. I shall certainly recommend to my successor that he, personally, accepts this latter invitation which allows all three nominated places to go to experts.

5. My advice is that Dr Brenner and Sir Stuart Hampshire are again nominated in view of their extraordinarily broad knowledge of the field and their outstanding performances at the previous conferences. I suggest that the third place goes to Professor David Marsden MB, FRS, Professor of Neurology at King's College Hospital. Professor Marsden attended your Chequers discussions on advances in science in summer 1984 and made an excellent contribution on his research on brain chemistry and the treatment of Parkinson's disease.

6. The only other issue I should draw to your attention is whether the United Kingdom should offer to host a conference in 1987. My recommendation is that we should not. It is not clear to me that there is need for this series of "Bioethics" conferences to be established on an annual basis and be linked solely to the Economic Summit countries. Further, if there is to be a conference in 1987, it would be natural for a North American country to be host after Japan, France and Germany.

7. A draft response to Chancellor Kohl is attached.

MSN

SIR ROBIN NICHOLSON
Chief Scientific Adviser

W0909

MR ADDISON

3 February 1986

GERMAN BIOETHICS CONFERENCE

Further to my minute of 20 December 1985, I attach a minute to the Prime Minister giving advice on who she might nominate to attend the German Bioethics Conference in April. Also attached is a draft reply from the Prime Minister to Chancellor Kohl.

2. If the Prime Minister accepts my advice, I would be grateful for a day or to two to elapse before the letter to Chancellor Kohl is sent so that I can ensure the availability of Sir Stuart Hampshire and Professor Marsden. I have consulted Dr Brenner on the other nomination and know that he is available. There is no cost to HMG in making these nominations. The reference to the Tokyo Summit picks up Kohl's last sentence.
3. The question of the attendance of a Government observer can be handled between my office and the German Science Counsellor in London.
4. I am copying this minute and attachments to Sir Robert Armstrong.

RBN

SIR ROBIN NICHOLSON
Chief Scientific Adviser

W0866



MSA

MR ADDISON - No. 10

20 December 1985

dated
4.12.85

Attached is a letter to the Prime Minister from Chancellor Kohl which has been delivered to my office by the German Science Counsellor here in London. It refers to the third in a series of "bioethics" conferences which have been held successively in Japan, France and now Germany. I have been responsible for making proposals to the Prime Minister for the UK representation at the previous two conferences and if you agree, I will do this again. I do not think there is any need to put this in front of the Prime Minister until I come back with proposals. I have acknowledged receipt of the letter to the German Embassy.

RBN.

SIR ROBIN NICHOLSON
Chief Scientific Adviser

SUBJECT
cc Master, Ops.

PRIME MINISTER'S

PERSONAL MESSAGE

SERIAL No. T 2250/85
Bonn, December 1985

Translation

Federal Republic of Germany
The Federal Chancellor

Prime Minister, dear Margaret,

With the invitation to the conference entitled "Life Sciences and Mankind" held at Hakone in 1984, Prime Minister Nakasone of Japan seized the initiative in bringing together eminent scientists of the economic summit countries for a discussion of social, legal and ethical questions arising from recent developments in the field of modern biosciences.

The response to that conference and to the subsequent Rambouillet colloquium on bioethics convened by President Mitterrand encourages us to hold another conference on this subject with eminent scientists from the economic summit countries.

As I announced at our meeting in Bonn this year, I am therefore sending out invitations for another scientists' conference. It is to be held at Jakobsberg near Boppard/Rhine from 21 to 25 April 1986 and will be devoted to the subject of "Neurosciences and Ethics". I would be grateful if you could, as for the previous events, nominate as participants three eminent scientists from the fields of neurobiology, neuromedicine and the associated ethical, legal and philosophical aspects.

Her Excellency
Margaret Thatcher, MP
Prime Minister of the United Kingdom
of Great Britain and Northern Ireland
London

Neurosciences are a field of research embracing a whole series of disciplines extending from pure research to clinical medicine. In recent times, remarkable progress and numerous discoveries have been made in neurosciences. Their progressive development will, I trust, greatly expand our knowledge of the complicated system constituted by the human brain and enable neuromedicine to treat successfully many people with diseases that we are still unable to cope with. The unique position of the brain among the human organs indicates, however, that neuroscientific research can easily penetrate into the area of ethical responsibility. The prospects and problems of such developments are to be the subject of the conference's discussions. I am enclosing a summary of the envisaged programme as an initial guide.

The Max Planck Society for the Promotion of Science will be responsible for preparing and carrying out the conference. All further details and documents for the conference will be transmitted to you through diplomatic channels. Professor Staab, President of the Max Planck Society, will gladly answer any enquiries that participants may have about the conference in terms of its subject-matter or organizational aspects.

The economic summit at Tokyo might afford us an opportunity to discuss initial results of the conference.

Yours sincerely,

(sgd.) Helmut Kohl

NEUROSCIENCES AND ETHICS

INTERNATIONAL CONFERENCE ON ETHICAL PROBLEMS OF NEUROSCIENCES,
NEUROMEDICINE AND PSYCHIATRY

to be held in the Federal Republic of Germany
from 21 to 25 April 1986

PROGRAMME FOR THE CONFERENCE

On the basis of the preceding conferences at Hakone|Japan and Rambouillet|France, the third conference of scientists from the Economic Summit countries, to be held in the Federal Republic of Germany, will focus on ethical problems in neurosciences and neuromedicine.

In these fields of science, the subject of research is the human brain - an organ which is unique compared to all the other organs. Not only is it the most complicated living system that we know; it is, moreover, the precondition of any experience, thought or action and, thus, of human consciousness.

Owing to the wide spectrum of interdisciplinary approaches, remarkable advances and numerous discoveries have been achieved in neurosciences over the past few decades. Nevertheless, there is no other organ besides the human brain about which we still know so little. No explanation or therapy has yet been found for a great number of neural or mental diseases and their causal mechanisms.

In view of the very high prevalence of these diseases and the suffering endured by those afflicted, there exists, on the one hand, a compelling moral obligation to step up research in the field of neurosciences and neuromedicine. On the other hand, this would call for studies on the living human brain and on patients that entail serious ethical problems. The participants in the conference will have to deal with these conflicting considerations, identify the central ethical issues and work out viable recommendations for scientists and political decision-makers.

The preliminary programme envisages discussions on the following subjects:

BASIC RESEARCH

- biochemical aspects of brain activity;
- structure and function of the nervous system;
- plasticity of the nervous system and process of learning;

- restoration of specific brain functions by transplantation of fetal tissue;
- surgery on the living brain;
- molecular mechanisms in the development of an addiction to analgesics or alcohol;
- effects of psychotropic substances on the mind;
- experimental models of neural diseases;
- status of neuropsychology and psycholinguistics in brain research;

CLINICAL RESEARCH AND PRACTICE

- defining and determining death;
- intensive care medicine;
- functional neurosurgery;
- pre-morbid and pre-natal diagnostics;
- dependency on and addiction to analgesics, tranquilizers or alcohol;
- informed consent in psychiatry;
- psychiatric therapy research;
- psychiatric research and data protection.



**BUNDESREPUBLIK DEUTSCHLAND
DER BUNDESKANZLER**

Bonn, den 4. Dezember 1985

Ihrer Exzellenz
Frau Margaret Thatcher, MP
Premierminister des Vereinigten
Königreichs Großbritannien und
Nordirland

London

Sehr geehrte Frau Premierminister,
Liebe Margaret,

mit der Einladung zu der Konferenz "Lebenswissenschaften und Menschheit" in Hakone 1984 hatte der japanische Ministerpräsident Nakasone die Initiative ergriffen, hervorragende Wissenschaftler der Länder des Wirtschaftsgipfels zur Behandlung der sozialen, rechtlichen und ethischen Fragen aus den jüngeren Entwicklungen auf dem Gebiet der modernen Biowissenschaften zusammenzuführen.

Die Resonanz auf die Konferenz und auf das anschließende, von Präsident Mitterrand einberufene Kolloquium zu Fragen der Bioethik in Rambouillet, ermutigt dazu, eine weitere Veranstaltung mit hochrangigen Wissenschaftsvertretern aus den Teilnehmerstaaten des Wirtschaftsgipfels zu diesem Themenbereich vorzusehen.

Wie bereits bei unserem diesjährigen Treffen in Bonn angekündigt, möchte ich daher zu einer weiteren Wissenschaftler-Konferenz einladen. Sie soll vom 21. - 25. April 1986 in Jakobsberg bei Boppard/Rhein stattfinden und dem Thema "Neurowissenschaften und Ethik" gewidmet sein.

...

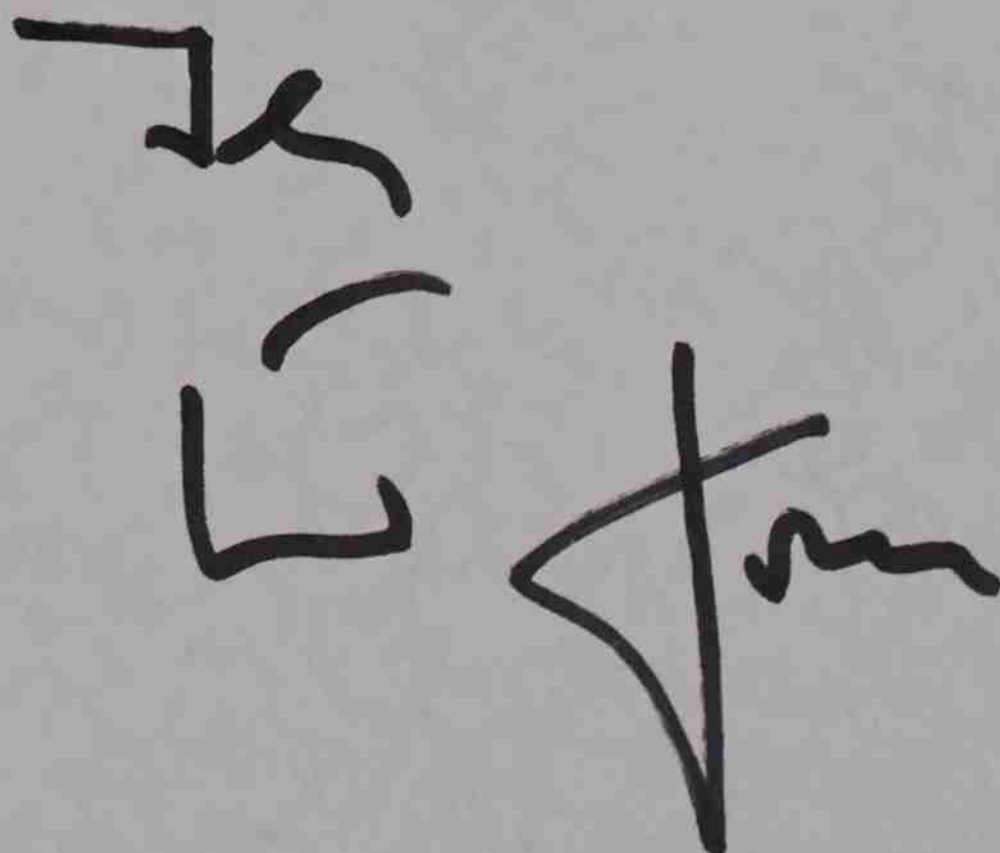
Ich wäre Ihnen dankbar, wenn Sie, wie zu den vergangenen Veranstaltungen, drei herausragende Wissenschaftler aus den Gebieten der Neurobiologie, Neuromedizin sowie der damit verbundenen ethischen, juristischen und philosophischen Aspekte als Teilnehmer benennen würden.

Der Forschungszweig der Neurowissenschaften umfaßt eine ganze Reihe von Disziplinen und reicht von der Grundlagenforschung bis in den Bereich der klinischen Medizin. Die Neurowissenschaften konnten in der zurückliegenden Zeit bemerkenswerte Fortschritte erzielen und zahlreiche Entdeckungen machen. Die weitere Entwicklung wird, so hoffe ich, unsere Kenntnisse über das komplizierte System unseres Gehirns entscheidend erweitern und der Neuromedizin Heilungschancen für viele Menschen bei Krankheitsbildern eröffnen, denen wir heute noch hilflos gegenüberstehen. Bereits die Sonderstellung des Gehirns unter den menschlichen Organen deutet jedoch an, daß neurowissenschaftliche Forschung leicht in den Grenzbereich des ethisch Verantwortbaren vorstoßen kann. Chancen und Problematik dieser Entwicklung sollen Gegenstand der Beratungen der Konferenz sein. Eine kurze Darstellung des beabsichtigten Programms füge ich zu Ihrer ersten Orientierung bei.

Die Vorbereitung und Durchführung der Veranstaltung hat die Max-Planck-Gesellschaft zur Förderung der Wissenschaften übernommen. Alle näheren Einzelheiten und Unterlagen über die Konferenz werden auf diplomatischem Wege übermittelt. Der Präsident der Max-Planck-Gesellschaft, Professor Dr. Staab, steht den Konferenzteilnehmern bei der weiteren inhaltlichen und organisatorischen Vorbereitung gerne zur Verfügung.

Der Wirtschaftsgipfel von Tokio könnte uns Gelegenheit geben, über erste Ergebnisse der Konferenz zu sprechen.

Mit freundlichen Grüßen

A handwritten signature in black ink, appearing to read 'H. Thoenen'. The signature is written in a cursive style with a large, sweeping 'H' and a long, trailing 'en'.

Neurowissenschaften und Ethik
Neurosciences and Ethics

Internationale Konferenz über ethische Probleme der Neurowissenschaften,
der Neuromedizin und der Psychiatrie

21. bis 25. April 1986 in der Bundesrepublik Deutschland

Kurzfassung des Programms

Auf der Grundlage der Konferenzen von Hakone/Japan und Rambouillet/Frankreich wird sich die dritte Konferenz von Wissenschaftlern aus den Teilnehmer-Staaten des Wirtschaftsgipfels in der Bundesrepublik Deutschland mit ethischen Problemen in den Neurowissenschaften und der Neuromedizin befassen.

Das Forschungsobjekt dieser Wissenschaften, das menschliche Gehirn, nimmt unter allen Organen eine Sonderstellung ein. Es ist nicht nur das komplizierteste lebende System, von dem wir wissen, sondern auch die Voraussetzung allen Erlebens, Denkens und Handelns und damit der menschlichen Selbsterkenntnis.

Die Neurowissenschaften konnten dank ihrer weitgestreuten interdisziplinären Ansätze in den letzten Jahrzehnten bemerkenswerte Fortschritte erzielen und zahlreiche Entdeckungen machen. Dennoch wissen wir bis heute über kein Organ so wenig wie über das menschliche Gehirn. Zahlreiche neuronale und psychische Krankheiten können weder kausal erklärt noch zufriedenstellend behandelt werden.

Wegen der außerordentlichen Verbreitung dieser Krankheiten und des großen Leids der Betroffenen besteht einerseits die zwingende sittliche Verpflichtung, noch intensiver als bisher auf den Gebieten der Neurowissenschaften und Neuromedizin zu forschen. Andererseits werfen die hierzu notwendigen Forschungen am lebenden menschlichen Gehirn und mit Patienten gravierende ethische Probleme auf. Aufgabe der Konferenzteilnehmer wird es sein, dieses Spannungsfeld zu behandeln, die zentralen ethischen Fragen zu identifizieren und praktikable Empfehlungen für Wissenschaftler und politische Entscheidungsträger auszuarbeiten.

Das vorläufige Programm sieht Beratungen über folgende Bereiche vor:

GRUNDLAGENFORSCHUNG

- Die biochemische Ebene der Hirnaktivität
- Struktur und Funktion des Nervensystems
- Plastizität des Nervensystems und Lernprozesse
- Wiederherstellung spezifischer Hirnfunktionen durch Transplantation von fetalem Gewebe
- Operative Eingriffe am lebenden Gehirn
- Molekulare Grundlagen der Suchtentstehung bei Analgetika und Alkohol
- Beeinflussung der Psyche (mind) durch bewußtseinsverändernde psychotrope Substanzen
- Experimentelle Modelle neuronaler Krankheiten
- Die Stellung der Neuropsychologie und der Psycholinguistik in der Hirnforschung

KLINISCHE FORSCHUNG UND PRAXIS

- Definition und Feststellung des Todes
- Intensivmedizin
- Funktionelle Neurochirurgie
- Prämorbide und pränatale Diagnostik
- Abhängigkeit und Sucht bei Analgetika, Tranquillantien und Alkohol
- Aufklärung und Einwilligung psychisch Kranker
- Psychiatrische Therapieforschung
- Psychiatrische Forschung und Datenschutz

PRIME MINISTER

INFANT LIFE (PRESERVATION) ACT 1929

You were concerned that, following medical advances which mean that 28 week old children can now be saved, in one part of a hospital foetuses aged between 24 and 28 weeks could be aborted, while in another part strenuous efforts would be made to save such premature babies.

I attach a note from DHSS which explains that this should not happen. The eight private sector nursing homes approved to carry out abortions over 20 weeks' gestation have voluntarily agreed to cease carrying out terminations after 24 weeks; and practice in the NHS would mirror this. The DHSS note makes the point that it is unlawful to abort any foetus capable of being born alive, except where this is to preserve the life of the mother.

Mark Addison

Mark Addison

14 November 1985

MJ2BIU



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Secretary of State for Social Services

Mark Addison Esq
Private Secretary
10 Downing Street

13 November 1985

Dear Mark

INFANT LIFE (PRESERVATION) ACT 1929

Thank you for your letter of 28 October.

As you know, the report on Fetal Viability and Clinical Practice drawn up by the Royal College of Obstetricians and Gynaecologists (among others) recommended that the gestational age at which a fetus is considered viable should be changed from 28 to 24 weeks. Gynaecologists who perform terminations of pregnancy within the NHS should take account of that recommendation in their clinical practice, as the President of the RCOG has sent copies of the report to all Fellows and Members in this country.

In the light of this, the number of abortions performed after 24 weeks in the NHS - already very small - is likely to fall. I understand that the majority of these very late abortions currently performed in the NHS are on grounds of suspected fetal abnormality incompatible with the fetus being born alive. These abnormalities sometimes cannot be detected at an early stage in pregnancy and, therefore, some terminations of fetuses with abnormalities which result in non-viability will continue to be done after 24 weeks. Such terminations are likely to take place in hospitals which also have neonatal care facilities where efforts are being made to save premature babies. But I am advised that there should be no question of viable fetuses being aborted in one part of the hospital and kept alive in another as indeed it is unlawful to abort any fetus capable of being born alive, the only exception being where the abortion is for the purposes of preserving the life of the mother.

In the private sector no abortion over 24 weeks should now be carried out following the Department's recent agreement to that effect with those specialist private nursing homes approved for late abortions. I am copying this letter to Joan MacNaughton (Lord President's office) and Clare Pelham (Home Office).

Yours sincerely

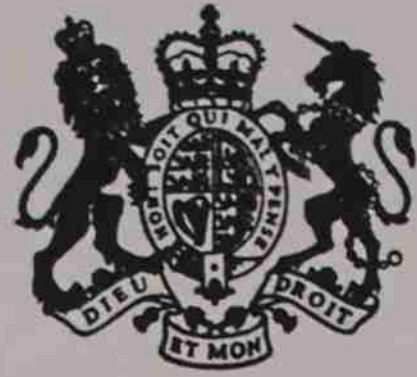
Elizabeth

Elizabeth Mothersill
Private Secretary

Net-Health: Warnock

Feb '82





10 DOWNING STREET

From the Private Secretary

28 October 1985

INFANT LIFE (PRESERVATION) ACT 1929

The Prime Minister has seen the minutes of H Committee on 23 October. She has noted the Committee's conclusions on the Memorandum by the Home Secretary and the Secretary of State for Social Services on a possible amendment to the Infant Life (Preservation) Act 1929.

The Prime Minister has commented on the importance of avoiding a situation whereby in one part of a hospital foetuses aged between 24 and 28 weeks are being aborted and in another part strenuous efforts are being made to save such premature babies. I should be grateful for your confirmation that the administrative action being taken by DHSS will be sufficient to prevent this state of affairs arising.

I am copying this letter to Joan MacNaughton (Lord President's Office) and Clare Pelham (Home Office).

(Mark Addison)

Miss Elizabeth Mothersill,
Department of Health and Social Security.

2

PRIME MINISTER

Lead Man
DHSS
Mee
Chief Whip
STAI ACC

'H' on Wednesday discussed three items:

1. A DOE proposal to develop a new scheme to offer financial incentives to council tenants encouraging them to move out and buy, with the aim of tackling the problem of homelessness and reducing calls on expensive B&B accommodation. 'H' thought the scheme's cost effectiveness was in doubt and its value as a measure to tackle homelessness uncertain. Further work is to be done on the possibilities of setting up a pilot scheme.

2. The Home Secretary's amendments and additions to the Public Order White Paper. Hartley Booth has summarised the key points in his note attached. 'H' decided to proceed with introducing legislation to exclude football hooligans from matches, though the Home Secretary will be considering further, (and then reporting to you) on whether the provisions should be brought into force before the football authorities have moved ahead with their (50 per cent) membership card proposals.

3. A proposal by the Home Secretary and Secretary of State for Social Services to amend the Infant Life (Preservation) Act 1929, to change from 28 to 24 weeks the length of pregnancy providing prima facie proof that a child is capable of being born alive. 'H' concluded that that was not a Bill the Government, on its own initiative, should offer to a Private Member successful in the ballot, unless the member concerned proposed in any case to introduce a Bill on this topic.

I think it may be a government matter because 28 week old children can

Lillian

now be saved. So in one part of hospital P.P. they are aborted in another part. Some efforts are made to save such premature children

MARK ADDISON

25 October 1985

GGOL

7/13 - to see.

RH will be aware of
the 7M to be informed of
the current state of play.

MA 574

W0723

MR WATSON

23 October 1985

EMBRYO RESEARCH

will request if required

Following a sight of the letter from Alison Smith to Elizabeth Mothersill on embryo research, I had a word with the Lord President today in advance of his meeting with the Lord Privy Seal and Chief Whip later this week. I indicated that, while I appreciated that there were major political and Parliamentary issues at stake, I was concerned to make two scientific points to him.

2. The first was that the Powell Bill, as drafted in the last session, aimed to stop research on embryos in mid-stream and yet continue to use the results of the research already done in in vitro fertilization. I pointed out that this was an unusual process and that it would inevitably give rise to great difficulties, for example if, as seemed certain the research continued in some countries abroad, there would be a problem of deciding whether to make use of the results of that research and improve the treatment (which could be difficult because the clinicians here would not necessarily have developed the appropriate techniques themselves) or to ignore the results of research abroad and give patients treatment which at that stage would be second rate and more dangerous than necessary.

3. There were other scientific and legal problems with the Bill as drafted which, together with the unfinished state of the research, would make the situation almost untenable quite quickly. I would therefore support any process which allowed a greater debate and the generation of a better information base amongst Members of Parliament before decisions were taken on appropriate legislation. It seemed to me that the proposal for a joint select committee of both Houses could well fulfill those needs effectively.

4. The second point I wanted to make was to explain why I had proposed a Standing Royal Commission on Bioethics. I said that it was my view, which was supported by many scientists and clinicians to whom I had spoken, that the embryo research problem was only the first in a number of bioethical problems which would occur over the remainder of the century as a result of advancements in medical science. There were many examples in fields such as neuroscience and drug development. There was therefore a need to develop a mechanism which will allow these problems to be discussed sensibly and at an early stage before emotion took over and dominated the stage when legislation was being considered. If the agreed solution to the present problem of embryo research was a joint select committee, there would still, at some stage, be a need for some further mechanism to consider future problems in a more effective way. However, the need to form a Royal Commission or some similar body, was not urgent to a matter of months if the embryo research problem was dealt with by the select committee.

5. Lord Whitelaw accepted both my points while indicating that he was rather more pessimistic about the prospects of a joint select committee doing the job because emotions were running so high already. I reiterated that I thought it was possible to improve the information base of Members of Parliament, even at this late stage, so that at least a majority of them were voting with a good understanding of the situation which certainly had not been the case in the last session.

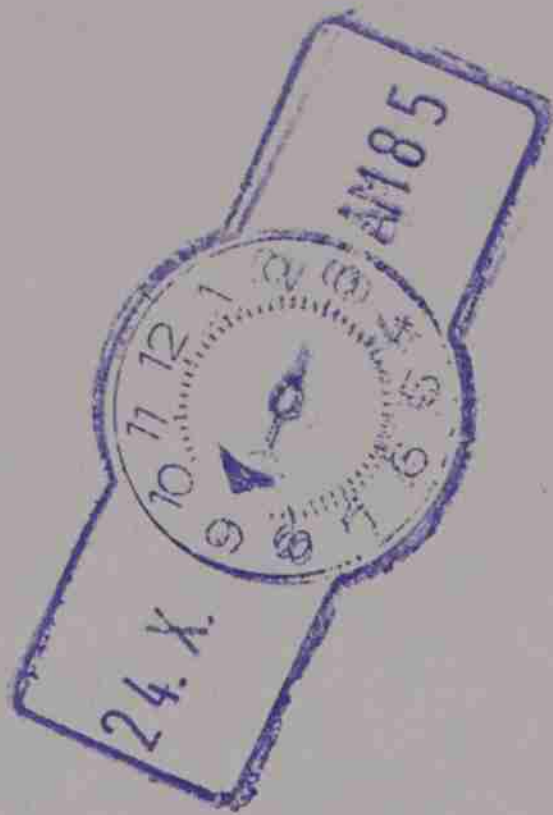
6. I indicated to Lord Whitelaw that I would probably wish to advise the Prime Minister on these points when the matter reached her.

7. I am copying this minute to Mark Addison and to Michael Stark.

RBN

SIR ROBIN NICHOLSON
Chief Scientific Adviser

NATIONAL HEALTH ; WARNOCK REPORT FEB 82



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MR FLESHER - No.10

18 October 1985

WARNOCK.

I understand from Richard Watson of H Secretariat that, following a meeting between DHSS Ministers and the Government's business managers, proposals on the handling of the Warnock report are likely to be put to the Prime Minister shortly. I should be welcome an opportunity to comment on these proposals when they are received.

RBN.

SIR ROBIN NICHOLSON
Chief Scientific Adviser

CONFIDENTIAL

010
Ref. A085/2553

MR WICKS

attached
_____ Sir Robin Nicholson sent me a copy of his minute of
30 September about the follow-up to the Warnock Report.

2. I find his proposal for a Royal Commission on Bioethics, on the lines of the Royal Commission on Environmental Pollution, attractive. Quite apart from the fact that it might ease the strains on the legislative programme, it seems to me that the idea has some intrinsic merit. This is an area in which technological change is likely to be rapid, and perhaps to outrun the capacity of the legislative process to keep pace with it. A Royal Commission would be able to deal with things and to respond to technological developments more flexibly; and its recommendations, though not having the force of law, would be likely to carry great weight.

RA

ROBERT ARMSTRONG

4 October 1985

CONFIDENTIAL

010

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OVERTAKEN.

W0668

PRIME MINISTER

30 September 1985

~~SHEED~~

WARNOCK.

I am concerned about the timing of actions to follow up the Warnock Report, which I fear may lead to the Government's tactics being established by default.

2. At present, the Government is committed to introduce a comprehensive Warnock Bill 'as soon as possible. But in the wake of the Powell Bill, it is clear that any legislation in this area will be time consuming and contentious. Furthermore, there is no room in the 1985-86 legislative programme for a Warnock Bill. If the Government simply does nothing, however, there are bound to be further attempts at Private Members' legislation in one or both Houses, beginning early in the new session. This will put Government under continuing pressure to react. I might also lead to legislation which, like the Powell Bill, was virtually unworkable even in the terms of its supporters.

3. DHSS officials have been considering the handling of Warnock, but following the Ministerial changes, it now appears unlikely that H Committee could take a paper before about early November. This carries the risk that Government will not formulate its policy until after Private Members' initiatives have been launched, and thereafter will find itself reacting to pressure. I have therefore felt it right both to alert you to the likely outcome if events simply take their normal course, and also to consider alternative options which might be available to Government.

4. Irrespective of political considerations, there is a good case for relieving the pressure for early legislation if this can be achieved. The post Warnock debate has exposed the fact that in some areas, notably embryo research, there is a need for more thorough investigation and analysis than Warnock was able to provide. There is also an argument, in this rapidly moving area, for seeing whether better information over a longer period of time will produce a clearer public consensus than exists at present.

CONFIDENTIAL

5. I regard Warnock as the first of a number of problems in what might loosely be called bioethics (other likely fields are drug trials, life support systems and neuropharmacology) which are caused by advances in medical science and which are likely to concern Government during the rest of the century, cutting across traditional political and departmental lines. In the somewhat similar field of the environment, the standing Royal Commission on Environmental Pollution has been a notable success in providing a forum in which issues can be seriously and independently examined and which has established public credibility. I believe it has been an important factor in keeping the environmental debate in Britain relatively sane and reasoned. I consider that there is a case for a similar Royal Commission on Bioethics, and our contacts with DHSS and MRC suggest that they also feel that this is an option which Ministers might consider. If such a Royal Commission were established, with the Warnock follow-up as its first piece of work, this might well relieve (though not eliminate) the pressure for early legislation, particularly if it were coupled with credible self regulation by the professions in the meantime. The Voluntary Licensing Authority already established by the MRC and the Royal College of Obstetricians and Gynaecologists has made a good start for embryo research and in vitro fertilization.

6. You may therefore wish to consider whether events should be allowed simply to take their current course, or whether you should intervene in order to decide Government policy and tactics before the new session gets fully underway and Government options become constrained.

7. I am copying this minute to Sir Robert Armstrong.

RBN.

SIR ROBIN NICHOLSON
Chief Scientific Adviser



DEPARTMENT OF HEALTH & SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Secretary of State for Social Services

Tim Flesher Esq
Private Secretary
10 Downing Street

Prime Minister. 2

I understand

from Michael

Alton that

you wanted a

note on this,

following your meeting

31 July 1985

with

Ken Hargreaves.

Or

1/8

Dear Tim

RESEARCH ON FETAL MATERIAL

As discussed, following the query raised with the Prime Minister yesterday by Ken Hargreaves MP and others, I enclose a note on the legality of the use of fetal material for research.

If there are any points on which you would like further information please let me know.

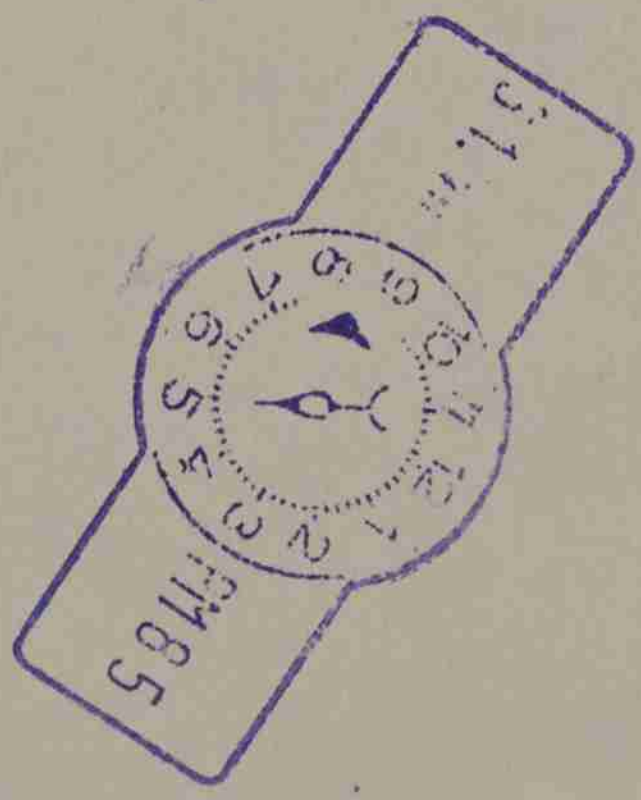
Yours sincerely

Elizabeth

Elizabeth Mothersill
Private Secretary



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LEGALITY OF USE OF FETAL MATERIAL FOR RESEARCH

1. For legal purposes, fetal material for research use falls into two categories - material from stillborn fetuses of more than 28 weeks gestation and fetal material from earlier stages of pregnancy. The former is governed by the Human Tissue Act, which allows research on fetal and other human tissue with relatives' consent. There is no legal provision governing the use of the latter in research.

2. However, the second category is very closely controlled, in accordance with the attached Code of Practice recommended in the Report of the Advisory Group on the use of Fetuses and Fetal Material for Research (Peel). That Report was concerned principally with the research use of fetuses or fetal material deriving from abortions. It recommended that tissue deriving from dead fetuses can be used for research provided there is no monetary exchange for material. It also recommended that the whole pre-viable fetus might be used for research provided the above condition is observed and the fetus weighs less than 300 grammes. The responsibility for deciding that the fetus falls in the latter category rests with the medical attendants at birth and not with the intending research worker. One of the report's recommendations is that any research on fetal material should carry the approval of the local ethical committee.

3. In the NHS, research use of fetal material is the responsibility of health authorities. In the private sector, proprietors of nursing homes approved to carry out abortions give the Secretary of State an assurance that the nursing home will not supply fetuses or fetal material to any organisation or institution without prior consultation and his express approval. Seven approved nursing homes (out of 66) are at present authorised to provide fetal material to certain named institutions for bona fide research purposes. Use must be in accordance with the Peel Code of Practice, and the arrangements are monitored closely by the Department.

RECOMMENDED CODE OF PRACTICE

This code has no binding legal force but is the result of a careful consideration of all relevant factors in the light of the available evidence. It is hoped that it will prove acceptable to the bodies statutorily responsible for disciplinary matters in the medical and nursing professions.

1 Where a fetus is viable after separation from the mother it is unethical to carry out any experiments on it which are inconsistent with treatment necessary to promote its life.

2 The minimal limit of viability for human fetuses should be regarded as 20 weeks' gestational age. This corresponds to a weight of approximately 400-500 grammes.

3 The use of the whole dead fetus or tissues from dead fetuses for medical research is permissible subject to the following conditions:

- (i) The provisions of the Human Tissue Act are observed where applicable;
- (ii) Where the provisions of the Human Tissue Act do not apply there is no known objection on the part of the parent who has had an opportunity to declare any wishes about the disposal of the fetus;
- (iii) Dissection of the dead fetus or experiments on the fetus or fetal material do not occur in the operating theatre or place of delivery;
- (iv) There is no monetary exchange for fetuses or fetal material;
- (v) Full records are kept by the relevant institution.

4 The use of the whole pre-viable fetus is permissible provided that:

- (i) The conditions in paragraph 3 above are observed;
- (ii) Only fetuses weighing less than 300 grammes are used;
- (iii) The responsibility for deciding that the fetus is in a category which may be used for this type of research rests with the medical attendants at its birth and never with the intending research worker;
- (iv) Such research is only carried out in departments directly related to a hospital and with the direct sanction of its ethical committee;
- (v) Before permitting such research the ethical committee satisfies itself: (a) on the validity of the research; (b) that the required information cannot be obtained in any other way; and (c) that the investigators have the necessary facilities and skill.

5 It is unethical to administer drugs or carry out any procedures during pregnancy with the deliberate intent of ascertaining the harm that they might do to the fetus.

PRIME MINISTER

Enoch Powell's Bill

Attached is the Lord Privy Seal's memorandum for Legislation Committee tomorrow setting out the line he proposes to take in the debate of Andrew Bowden's motion on Friday which would enable Enoch Powell's Bill to be discussed without time limit starting at 2.30 pm on Friday. Briefly what he suggests is that:

- i) in view of the implications for the conduct of Government and Private Members Business, he will advise the House to vote against the motion;
- ii) the matter should be referred to the Select Committee on Procedure; and
- iii) there should be a free vote on the motion.

I gather from the Lord Privy Seal's Office that they believe there is a good chance that a coalition of the Bill's opponents and strict constitutionalists will defeat the motion but it clearly must be right that there is a free vote. Nevertheless it would be slightly embarrassing for the Lord Privy Seal if senior Cabinet colleagues voted against his advice.

Do you

- a) wish to have a word with the Lord Privy Seal and the Chief Whip after Legislation Committee; or
- b) are you content to let matters proceed as proposed?

4 June 1985

CRACF
p.a pl

MR REDWOOD

20 March 1985

cc Mr Addison ✓
Mr Willetts
Mr Letwin
Mr Monckton

1. COMMERCIAL AND NON-COMMERCIAL SURROGACY
2. UNBORN CHILDREN (PROTECTION) BILL (ENOCH POWELL)
3. WARNOCK REPORT

The Government (DHSS leading)

Have undertaken to legislate on commercial surrogacy in the present Session (Surrogacy (Arrangements) Bill). This has now passed 'H'. There is no consensus in Government to proceed against all surrogacy. Home Office (LB) argues the logic of a complete ban. DHSS (NF) is for surrogacy without profit. Surrogacy-(Chapter 8 of Warnock Report) covers surrogacy generally).

In the Unit, David Willetts, who is for surrogacy in general, prefers total ban rather than the artificial distinction between profitable and unprofitable. Members are divided between the "free market" and the "moral" arguments. The legal point is that if the Government leaves the ban on surrogacy as restricted, to the commercial it will be difficult to enforce. There are problems of jurisdiction. For example, if a commercial agreement is concluded in Italy, but the mother who is to receive the baby lives in Birmingham, to what extent, if at all, has the recipient infringed the law? The legislation must be closely scrutinised.

On the relevant effect will be there.

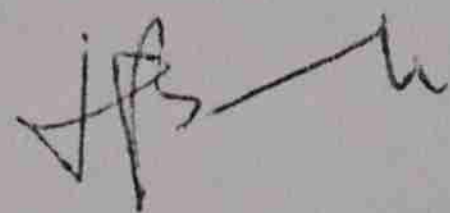
mother's reg. infringed the law anyway.

Enoch Powell

Enoch Powell has jumped the queue for Standing Committee C by finding a space on D Committee and he therefore has a moderate chance of pushing the UC(P) Bill into law. If it is in difficulty, there will be pressure on the Government to provide time because of the strength of feeling in the House. The last vote was 238 to 66 in favour. Ministerial voting was 35 to 3 in favour. The Prime Minister is in favour (per MA). Medical Press is mixed, but a popular journal "Medical News", not noted for its support of the Government, is giving the Bill a fair account (14 March issue).

The Bill only attempts to deal with experimentation on human embryos. It will make in vitro creation of embryos illegal for any purpose other than to enable a named woman to bear a child. The main point against the Bill is that it will prevent future research into infertility. Powell replied: "I never challenged the possibility that such experiments might produce valuable results. Rather, I ask if some totally unknown result depends upon experiment on the embryo, do you think the loss or gain to be the greater? We think the loss is greater."

Surrogacy legislation is not affected by Powell's Bill, but Warnock legislation (with its proposals to set up a licensing quango of the unaccountable great and good to permit experiments on human embryos) is put back into the test tube where some, me included, say it belongs.



HARTLEY BOOTH

Mr Addison

CHIEF SCIENTIST

cc. Messrs. Redwood, Letwin, Booth (Policy Unit).

HUMAN LIFE BEFORE BIRTH

After our interesting and useful conversation today, I thought you might like a few notes on the areas in which more public information needs to be presented, so that an informed debate can take place after the Powell Bill and before the Government's Bill to deal with the other Warnock matters.

The Warnock Report is in my view both intellectually unsatisfying and deplorably incomplete (setting aside what the Catholic Church considers to be the bias in the Committee's original appointments and the wrongness of many of its conclusions in morality and in practice). The Report omits full discussion and presentation of the following matters:

- * Causes of infertility;
- * Remedies for infertility;
- * Possible medical dangers of fertilisation in vitro;
- * Analysis of present and expected benefits from experiments.

If the Government adopts your suggestion of a White Paper before early legislation on this topic, it might perhaps include the matters listed above, taking account of some of the considerations below:

Causes of infertility: The report says little about the causes of infertility, a curious omission in view of its subject-matter and terms of reference. It admits that the techniques it describes can help no more than one infertile couple in 20; yet it fails to mention some of the most prominent of the avoidable causes of infertility - notably sexually-transmitted diseases; previous abortion; previous sterilisation; and use of intra-uterine contraceptive devices and abortifacient pills. All these carry a high risk of causing infertility, whether temporary or permanent, through tubal obstruction (and I have an uncomfortable suspicion that, because doctors make much extra money by performing abortions, or by prescribing contraceptives on the NHS, some of them have not been as honest as they should have been about these and other dangers in such practices). It is arguable (in the absence of detailed statistics, which should surely be collected before permissive legislation is tabled) that public education leading to avoidance of these causes of infertility would provide a solution in many more cases than IVF and other such techniques.

Remedies for infertility: The Warnock Report scarcely considers remedies for infertility other than AI and IVF. It is likely that some less morally objectionable and biomedically dangerous methods would have a greater success-rate as well as being cheaper and safer. For instance, although complete azoospermia in men is untreatable, men with borderline sperm counts can be helped by counselling to educate them and their wives to concentrate sexual activity at ovulation. In women, tubal obstruction caused by

venereal disease, intra-uterine devices, appendicitis, etc., can sometimes be reversed, though many of the causes of tubal obstruction are avoidable. Tubal microsurgery can be helpful in 30-40% of cases; and in reversals of sterilisation the success-rate is higher still. A more recently-developed technique, similar to IVF but without its moral or medical dangers, is low tubal ovum transfer: the ovum is harvested by laparoscopy and, instead of being fertilised in vitro, is immediately transferred to the womb, where it is fertilised in the normal way. It is regrettable that the Committee, which received evidence of these techniques and of the remarkable success-rate achievable with them, did not consider more carefully their biomedical and moral advantages. It would obviously be useful to know how many of the small number of cases for which IVF is thought medically appropriate could in fact be at least as successfully treated by methods which carry no moral objections and few medical dangers.

Medical dangers of fertilisation in vitro: The Committee's treatment of these dangers is skimpy. The following are among the problems: a very high number of embryos are destroyed for every successful IVF delivery (the Report underestimates the ratio of deaths to live births); the risk of foetal abnormality arising from IVF is unknown and should, therefore, be pointed out to infertile couples until enough IVF births have taken place to allow serious data to be accumulated; the use of clomiphene citrate or chorionic gonadotrophin to produce multiple ovulation for IVF may lead to the formation of ovarian cysts, a further cause of infertility; and, where tubes are damaged without complete obstruction, there is an increased risk of ectopic pregnancy (Dr. Steptoe's first pregnancy was ectopic).

Present and future benefits from experimentation: You have appealed to the opinion of "the medical elite" that experimentation has produced and will produce worthwhile results. I can, of course, appeal to opinions just as "elite" which suggest otherwise. This point need not be further elaborated here, since there is still a chance (though not, in my guess, a good one) that the Powell Bill will get through Parliament. But the case for experimentation, which Warnock fails to put, does need to be properly presented before any subsequent legislation is moved in this field.

I hope these notes will be useful. They outline some of the subjects which need to be presented - preferably in laymen's language - before the present largely emotional debate can be replaced by an informed one. And, as a last point, the complicated mess the DHSS has got itself into over the moment when life begins (yet another question fudged by Warnock) needs to be sorted out.

CHRISTOPHER MONCKTON



20 March, 1985.

'causing record level of disease'

By DAVID FLETCHER Health Services Correspondent

THE sexual freedom that began in the "swinging" sixties has resulted in unprecedented levels of present-day disease and infertility, doctors stated yesterday.

As many as one in seven couples are now infertile, many of them as a result of abortions or sexually-transmitted diseases caught in their youth.

Revealing these facts yesterday, doctors and teachers belonging to the Family Welfare Committee called on parents to turn the tide against promiscuity and teach their children the value of chastity before marriage and fidelity within wedlock.

The committee, part of the inter-denominational Order of Christian Unity, said in a report: "As a direct result of precocious sexual intercourse, a woman runs an increased risk of developing cancer of the neck of the womb at a relatively early age — her late twenties, early thirties."

Increased risk

Children did not make long-lasting relationships and a young adolescent was likely to have more than one sexual partner if she had one at all.

"This increases the risk of infection by one or more venereal diseases.

"While most of these can be cured if they are diagnosed early, there are some for which there is, as yet, no cure — e.g. herpes," the report says.

"There are others where the bacteria no longer react to antibiotics — e.g. certain strains of gonorrhoea.

"Even where the disease can be eradicated, serious damage, resulting in blockage of the tubes and permanent sterility, is not infrequent."

The report is highly critical of family planning clinics for failing to warn youngsters seeking contraceptives of the dangers they are running by indulging in early sex.

"We have no evidence that youth advisory services and others are alerting children to the possible and serious ill-effects of early sexual experience and the use of contraceptive drugs and devices."

The report admits that parents have an uphill struggle to stand out against the united front of adolescents, pop culture and often school, but urges them to do so.

Dr Denis Sugrue, a hospital consultant specialising in genito-urinary medicine, said that sexual infections were harming the health and welfare of increasing numbers of people.

"Over half a million new

cases of sexually-transmitted disease were presented at hospital departments in this country last year."

Miss Dawn Guinness, headmistress of the independent girls' school, Felixstowe College, said the disastrous consequences of giving sex education to girls that explained the mechanics of contraception without discussing marriage and the dangers of promiscuity were now becoming apparent.

She said: "This report shows that the counter argument to the permissive lobby is based on established facts.

"The problems connected with counselling single girls who think they need contraceptives are not to be under-estimated.

"Such girls need to be offered pastoral and moral guidance as well as medical advice to point out the dangers of early use of contraceptives."

Children and Contraception: Failure of a Policy... OCU, 58, Handover Gardens, London, SE11 5TN. £1.15.

NUJ CHIEF'S RETIREMENT PLAN ENDORSED

By Our Industrial Staff

The executive of the National Union of Journalists yesterday endorsed arrangements for the early retirement of Mr Kenneth Ashton, its £20,000-a-year general secretary, who has been the subject of an inquiry into complaints about revisions to his pension arrangements.

Next week's NUJ annual conference in Bristol will be asked to ratify a plan under which Mr Ashton, 59, would receive a lump sum and a partially-enhanced pension.

Mr Ashton is not expected to appear at the conference. He is already on paid leave and under the terms of the proposed arrangements would remain on leave until formal retirement in three months' time.

Under the arrangements it is believed Mr Ashton would be paid two years' salary, and his pension would build up to the level it would have been had he served his full term to the age of 65.

HARDER

By Our Medical Consultant

BOYS are more vulnerable to the effects of their parents' divorce than girls, a London conference was told yesterday.

Dr Martin Richards of Cambridge University said that, not only were boys more likely than girls to suffer from psychological disturbances with excessive aggression as a result of divorce of their parents than girls, but they were generally more at risk.

They had more illnesses and were more accident-prone. Even before birth, they were more vulnerable.

Dr Richards considered that the courts should devote more time and care to divorce cases, especially in dealing with the future of the children. Both parents should attend to be informed that they both continue to have parental responsibilities.

Brain damage

Opening the conference on "Family Stress and Children," Dr Jack Dominion of the Marriage Research Centre said one marriage in three broke down with an annual impact on 165,000 children.

Prof. Philip Graham, Professor of Child Psychiatry at Great Ormond Street Hospital, said that the impact of family stress on children could lead to temperamental disturbances, language delay affecting both speech and written words, and physical effects, especially on the brain, leading to very low ability.

He thought that mothers going out to work made very little difference to psychological disturbances in children. Working mothers were less likely to be depressed.

LAWRENCE PLAQUE IN POETS' CORNER

A plaque dedicated to D. H. Lawrence will be placed behind memorials to Lord Byron and Dylan Thomas in Poets' Corner at Westminster Abbey.

Mr Leslie Parkes, secretary of the D. H. Lawrence Society, said: "There is a lack of space in Poets' Corner, in fact there are no spaces left on the wall, so we've chosen a spot on the floor next to Lord Byron and Dylan Thomas.

The plaque will feature Lawrence's Phoenix symbol, his date of birth and a piece of his writing, yet to be chosen. This year marks the centenary of Lawrence's birth, and an international festival is to be held in September at his home town of Eastwood, Nottinghamshire.

Princess Margaret
Edward Carper
Westminster Ab
a memorial s

Call for action

By TERENCE S

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[Mr. Harry Ewing]

The right hon. Gentleman talks about local authorities spending above the guidelines, but is he not yet aware that the finer and deeper he cuts the guidelines the more impossible it is for local government to stay within the guidelines? They cannot keep their spending programmes within the guidelines that he has set. If the Secretary of State has a conscience, will he think black burning shame of himself for making the health of the people of Scotland pay for his bungling incompetence?

Mr. Younger: In reply to the hon. Gentleman's various points, I have never said, and do not believe, that a 17 per cent. increase is acceptable. If local authorities had been spending according to the guidelines and recommendations that we have been making for all these years, the increase through the revaluation would be only 12 per cent. Even after the Government help, that is the measure of the overspending which still runs in the system, encouraged, aided and abetted by the hon. Gentleman. We have enhanced the guidelines by £97 million this year to make it easier for local authorities to meet their targets. I should have thought that he would recognise that. I am at a bit of a loss when commenting on the hon. Gentleman's remarks, unfortunately, because I cannot accuse him of having a new scriptwriter. It is all too apparent that he writes his scripts himself.

Surrogate Motherhood

4.41 pm

The Secretary of State for Social Services (Mr. Norman Fowler): With permission, Mr. Speaker, I will make a statement on commercial surrogacy.

Over the last few months there has been increasing concern about the practice of surrogacy—that is the practice whereby a woman agrees to become pregnant with the intention that the resulting child should be handed over to another couple. This concern has related in particular to the activities of agencies which operate to promote surrogacy arrangements on a commercial basis. We also now have the results of the consultation which we initiated on the Warnock report on Human Fertilisation and Embryology. Although there was some difference of view about the general principle of surrogacy, there was almost total agreement on the unacceptability of surrogacy undertaken on a commercial basis.

When the Warnock report was debated in this House last November I said that the Government would consider urgently whether clarification of the law on surrogacy was necessary. This we have now done. It is quite clear that the question of surrogacy raises wide issues not just of general principle but also about, for example, the legal status of children and the involvement of professional people in facilitating surrogacy arrangements. We have concluded that it would be right to deal with these questions in the comprehensive legislation which is needed to deal with the whole range of issues raised by the Warnock report.

Nevertheless, it is clear that the existing position is unsatisfactory. The case of Baby Cotton demonstrated the difficulties which commercial surrogacy arrangements can cause and the widespread public concern about them. There are almost certainly other similar cases in prospect and there is an incentive for commercial agencies to increase their activities before any general legislation can be brought forward.

The Government believe that commercial surrogacy is in principle undesirable and the commercial agencies should be prevented from operating in this country. I shall therefore shortly be bringing forward a Bill to achieve that purpose. It will prohibit such agencies from recruiting women as surrogate mothers and from making surrogacy arrangements; and it will prohibit advertising of their services.

The objectives of the Bill will not be to resolve all the issues in the field of surrogacy. It will, however, give rapid effect to the widespread view that this is not an area where commercial agencies should operate and will avoid a possible increase in the number of surrogacy arrangements procured by them. I hope that the House will agree that action of this kind is justified and urgent.

Ms. Jo Richardson (Barking): We welcome the Secretary of State's statement outlining his intention to introduce a Bill to deal with the profit-making element of the surrogate parenthood. He is right to concentrate on a short Bill which deals with this aspect of a difficult and sensitive subject. It is unfortunate that one case involving large sums of money should have clouded a more thoughtful discussion of the complicated issues. I am glad that he left open the wider and more informed debate.

No one wants to see women exploited, and the genuine desires of infertile parents to have a child must be thought

of the normal entitlement of underspending on those programmes in 1984-85. The size of these increases will not be known until the end of this financial year.

Mr. Charles Kennedy (Ross, Cromarty and Skye): What effect will the cuts in the other budgets—for example, industry and roads—have on the Highland regional council which, as I am sure the right hon. Gentleman knows, is not noted for flying the red flag over Inverness? Will not the cuts simply exacerbate the present problem? Since the local government re-organisation there has been a tenfold increase in the road mileage that has to be serviced, repaired and upkept, while there has been only a doubling in the cash available for those services.

Mr. Younger: On the general effects, I shall make a detailed announcement so that hon. Members will have a clear picture of what is happening. We are able to make the necessary adjustments because we are talking about an early period in the financial year and because we can use some of the underspending in the current year. Those funds can be carried through. I believe that the changes in other programmes will not be drastic. When those changes are made, the House will be able to make known its views.

Mr. Gavin Strang (Edinburgh, East): Will the Secretary of State now recognise that Edinburgh district council is determined to implement its mandate to improve services and create jobs? What moral authority does the right hon. Gentleman have to try to prevent the council from tackling years of appalling neglect of Edinburgh's council housing stock and from starting to raise services to the levels in other parts of Scotland?

Mr. Younger: I have read in the press only what Edinburgh district council has in mind. I do not propose making any comment on that until I have an opportunity of seeing the council's budget and the budgets of all the other local authorities in Scotland. It would not be proper for me to comment on that at this stage. I can well imagine, however, the real views of the vast majority of the Edinburgh people at the antics of the past few days. I shall leave it at that.

Dr. Jeremy Bray (Motherwell, South): If this increase in public spending can be met by creative accounting with last year's underspending, why cannot that same creative accounting be used to meet urgent calls, such as the call to increase teachers' pay? If some industrial premises are having their retable value reduced, and bearing in mind the fact that a great many industrial premises have been turned back to green fields because of the Government's industrial policies, where is the logic of loading additional spending on to the domestic ratepayer and the SDA, which is trying to build fresh industrial premises?

Mr. Younger: As I think the hon. Gentleman appreciates, revaluation merely alters the share of rates paid by the various categories of ratepayer. It so happens that in this revaluation, which is decided entirely by assessors and not by the Government, the industrial ratepayers will carry a lower share and the domestic ratepayers a higher share of the rating burden. The domestic share of the total burden will increase by roughly 14.4 per cent. and the industry share will increase by 12.7 per cent. That can only be helpful to industry, and that is one of the purposes of revaluation.

I repeat that I have been saying for some weeks that I am prepared to look at a package put together by the SJNC

for Scottish teachers. I made it clear that I was prepared to help them, but I am bound to say that it appears, after repeated efforts, that the teachers have turned down this request—I regret that—and that it is becoming increasingly difficult to imagine how one could meet the request as time goes on.

Mr. Archy Kirkwood (Roxburgh and Berwickshire): Will the Secretary of State accept that although the announcement is inadequate, I certainly welcome it? Will he confirm that it will do nothing for commercial ratepayers? Will the right hon. Gentleman consider examining a similar scheme to give some relief in the face of the swingeing increases in commercial rates in areas such as mine?

Mr. Younger: I fully appreciate the hon. Gentleman's point about commercial ratepayers. He and his colleagues have seen me about that matter. In general—I do not refer to the Borders particularly—the share of rates borne by commercial ratepayers will fall by 3.2 per cent. I fully accept that there are commercial ratepayers—including those from the Borders—whose valuations are fairly high, because of the assessor's assessment of their economic position compared to that of comparable premises in other parts of Scotland. There seems to be a clear case for making appeals. No doubt, that will be considered in the normal process.

Mr. John Home Robertson (East Lothian): I welcome this acrobatic attempt by the Secretary of State to save one of his own goals. Now that we have this implied admission that it is the unelected Secretary of State for Scotland who has been responsible for the explosion of rates in recent years, will the right hon. Gentleman apologise to the householders and to elected local authorities in Scotland for his deplorable and devious conduct towards local government finance since he came to office? Will the right hon. Gentleman estimate how many jobs will be lost as a consequence of his robbing the SDA's Peter to pay the Paul of Eastwood and Ayr?

Mr. Younger: The hon. Gentleman perhaps needs a new scriptwriter. Even by his standards, that was a remarkable question. I remind the hon. Gentleman that is a Front Bench spokesman in an Opposition party which has clearly agreed that the rating system is right and that revaluation is the right thing to do. The hon. Gentleman cannot quarrel with the fact that the independent assessors have decided that the various categories should change the share of rates that they bear. If the hon. Gentleman is at odds with the hon. Member for Glasgow, Garscadden (Mr. Dewar), who clearly supports the revaluation of the rating system, he should say so. I do not think he is.

Mr. Harry Ewing (Falkirk, East): I am sure that the Secretary of State is greatly relieved that he has quietened the bark of the Buchan bulldog. That bark is now merely a whimper. This shows how cheaply the hon. Member for Banff and Buchan (Mr. McQuarrie) can be bought. Is the Secretary of State aware that this measure might be a sop and consolation prize to the two Under-Secretaries of State for Scotland who are sitting beside him—they were both disciplined last week by their executive committees—and all right for their executive committees, but it certainly is not all right for the domestic ratepayers in Scotland who see the right hon. Gentleman as one who believes that an increase of 17 per cent. in domestic rates is acceptable?

about carefully. When the time comes, will the Secretary of State make available to the House the results of the consultations that he has carried out following the publication of the Warnock report, because that will help the House to come to some conclusions?

I should have preferred that part of Warnock and the part dealing with research on embryos to form part of a wider package introduced comprehensively, but, having said that, I must say that we are strongly opposed to commercial agencies making money out of people's miseries and welcome the Secretary of State's statement that this aspect of the matter is to be covered.

Mr. Fowler: I am grateful to the hon. Lady for her comments. I shall, of course, respond to her request and make the results of the consultations that followed the publication of Warnock available to the House. Perhaps I can consider the form in which they can be published and made known. Plainly, I wish to move quickly in an area where there is most anxiety. Warnock's unanimous recommendation was to ban commercial surrogacy agencies. That has been supported by virtually all the organisations which have commented on the Warnock report. That does not in any way invalidate the case for a more comprehensive Bill, but, equally, we should act quickly and certainly against this abuse.

Mr. Roger Sims (Chislehurst): Is my right hon. Friend aware that his statement will be warmly welcomed by his Friends, who will be happy to facilitate the passage of the legislation that he will bring forward shortly? He will recall that the original case that drew public attention to the matter involved an American lady. Can he comment on the international dimensions of the problem? How extensive will the legislation that he is proposing be? To what extent has he been able to obtain co-operation from other countries—in particular, the United States—in dealing with this extremely distasteful matter?

Mr. Fowler: The Bill will essentially affect arrangements, agencies and advertising in this country. In bringing forward the proposals we have been very much influenced by the Baby Cotton case and some of the things that have taken place in the United States; for example, the case of a handicapped child who was born as a result of one of these arrangements and was then rejected by the commissioning parents. One does not want that type of thing to happen in this country.

Mr. A. J. Beith (Berwick-upon-Tweed): Is the Secretary of State aware that he will find supporters in all parts of the House for his decision to bring in this Bill? Many of us also welcome his recognition that there are some aspects of Warnock which cannot wait for a comprehensive Bill, which may be some years away. Does he believe that a contract for a surrogate mother to hand over a baby at birth can be legally enforced? If it cannot, does he feel that that issue can await a second Bill?

Mr. Fowler: I am grateful for the hon. Gentleman's general support for the intention to legislate. A contract is unenforceable, but I believe that it would be wise for the House to consider all those issues, including the legal status of the child, which is completely unsatisfactory at the moment. These issues will I am afraid, have to be dealt with in general legislation. There are matters which are extremely complex, but none of them should invalidate the case for acting speedily where we can.

Mrs. Anna McCurley (Renfrew, West and Inverclyde): I warmly congratulate my right hon. Friend the Secretary of State and other members of the Cabinet who have pressed so strongly for the introduction of this legislation. Many millions of people and the ethical committees of the medical profession in this country will be satisfied with this as a first step towards more consideration of Warnock. Will he cast a sympathetic eye on those who are involved in a similar tangle to that of Baby Cotton's parents and issue guidelines to those who are responsible for the safe keeping of those children when they are born? There will inevitably be cases before the legislation takes place.

Mr. Fowler: I am grateful to my hon. Friend for her welcome for this measure. I pay tribute to her for all the work that she has done in this area, and I shall give thought to what she has said. Clearly, she recognises that the Bill is a first step. Equally, she is right in saying that there is nothing that we can do in the Bill that will affect children who are to be born in the next two or three months. However, I shall see whether there is anything further that I can usefully do in terms of guidance.

Mrs. Renée Short (Wolverhampton, North-East): As the right hon. Gentleman has explained, surrogacy is a means of helping infertile couples to have a child. We need to bear in mind the severe complications and difficulties that that situation can create. I think that the whole House welcomes the right hon. Gentleman's statement about removing the commercial aspects of surrogacy. Is the right hon. Gentleman aware, however, that senior medical geneticists working on infertility and genetic diseases are concerned about the future of their work? Can he assure us that such work will be able to continue and will have his support?

Mr. Fowler: The hon. Lady takes us into areas that are at the heart of the Government's consideration of the Warnock report. The private Member's Bill of the right hon. Member for South Down (Mr. Powell) is also involved. We are trying to act now in a specific and limited way. I am afraid that the hon. Lady will have to wait for the more general legislation.

Rev. Ian Paisley (Antrim, North): The right hon. Gentleman's statement will be welcomed in Northern Ireland. Can he confirm that the Bill will apply to Northern Ireland?

Mr. Fowler: I am grateful to the hon. Gentleman. I confirm that the legislation will apply to Northern Ireland.

Mr. Charles Kennedy (Ross, Cromarty and Skye): On behalf of my right hon. and hon. Friends, I should like to add to the warm welcome that this proposal has received from the House. Does the Secretary of State agree that one of the encouraging things about the proposed Bill is that it will allay public fears over an especially intense area of the Warnock controversy, and that more reasoned discussion of other areas which demand such discussion may therefore become possible?

Mr. Fowler: I am grateful to the hon. Gentleman. I think that he is right.

Sir Hugh Rossi (Hornsey and Wood Green): If a human act is intrinsically good or bad, how can the payment or non-payment for that act alter its essential nature?

[*Sir Hugh Rossi*]

On another plane, if all surrogacy—commercial or non-commercial—were to be made illegal, would we not avoid a great many legal and sociological problems?

Mr. Fowler: The option of acting on surrogacy in general is still open. I am sure that many hon. Members will have sympathy with what my hon. Friend has said, but I think he will agree that there is no consensus on the matter, as there is in the case of commercial surrogacy.

I am concerned to move quickly in an area of great concern, on which, as hon. Members' reactions this afternoon have suggested, there is general agreement. The aim is to prevent the present position from getting worse. I hope that, whatever aspirations hon. Members may have about the final form of the legislation, they will support this limited but valuable Bill.

Mr. D. N. Campbell-Savours (Workington): Is it not true that the surrogate service which the Secretary of State is illegalising will still be available to any British national who goes to the United States or to the EEC? Should not the Government introduce some disincentive to those who would wish to use that service? The right hon. Gentleman could ensure that there was no possibility of patriating children who were the product of a surrogate relationship.

Mr. Fowler: The hon. Gentleman takes us a long way from the intention of the Bill. For one thing, British law cannot apply in the United States, and there is no sense in thinking that it can.

Mr. David Crouch (Canterbury): I warmly welcome the Bill and the speed with which it is being introduced. My right hon. Friend has spoken of his intention eventually to introduce comprehensive legislation on the Warnock report. When is such legislation likely to appear before the House, and does my right hon. Friend feel in any way inhibited by the fact that the Unborn Children (Protection) Bill is now under consideration?

Mr. Fowler: I do not feel inhibited by that Bill, but clearly the House's decision on it will affect the final form of the legislation which the Government put before the House.

The Government intend to introduce a comprehensive Bill dealing with the wider issues considered by Warnock. I believe that that is what the House would wish us to do. I cannot at this stage give a commitment about timing, but the Government wish to introduce such a Bill as soon as they possibly can.

Mr. Kevin Barron (Rother Valley): I welcome the Secretary of State's statement about the abolition of the commercial market in surrogacy, but the question of the legal status of children born in surrogacy, and other major issues in the Warnock report, remain to be considered. I hope that the comprehensive Bill will appear sooner rather than later. Right hon. and hon. Members seem to assume that it will be years before we have a comprehensive Bill which legislates in detail. I would be very disappointed if we had to wait for years. We should act now, sensibly and comprehensively, but as a matter of urgency, on all the issues in the Warnock report.

Mr. Fowler: I entirely agree that we should act sooner rather than later. The Government are acting with exceptional speed in this matter. We debated Warnock only last November and I now propose to introduce

legislation on part of it, which seems to be generally welcome to both sides of the House. Consultation with all the interested parties has taken place. The Government cannot be accused of delay.

Mrs. Edwina Currie (Derbyshire, South): May I join in the general welcome given to the statement and to the Bill when it appears? However, does my right hon. Friend agree that however much we may want to assuage the longing of childless couples for a child, the nation has been deeply affronted by the idea that this could be done by offering an embryo or a foetus, or the pregnancy services of a stranger, through a commercial agency for money? We are heartily glad to see that one of those practices is promptly to be banned. When can we expect legislation on the others?

Mr. Fowler: I have just answered my hon. Friend's final point. I entirely agree that it is unacceptable to sell children or to charge for pregnancy. The risk of exploitation is one of the reasons why the Government are acting with such speed.

Mr. Dick Douglas (Dunfermline, West): As there is no Scottish Office Minister on the Bench, can the Secretary of State assure us that his legislation will apply to Scotland, which has a different legal system?

My hon. Friend the Member for Workington (Mr. Campbell-Savours) referred to the difficulties of ensuring that people do not go to the United States for this service. Is there not a case for consulting Ministers in the EEC with a view to reaching an appropriate agreement?

Mr. Fowler: Yes, the Bill will apply to Scotland, I shall consider whether the hon. Gentleman's second point can be taken further.

Mr. Douglas Hogg (Grantham): I welcome my right hon. Friend's response, but I hope that he will resist the invitation from my hon. Friend the Member for Hornsey and Wood Green (Sir H. Ross) to include non-commercial surrogacy? there would be no general support for that.

Does my right hon. Friend agree that the most effective way of stopping the operation of commercial surrogacy agencies is to ensure that the contracts are unenforceable, that no money can be required to be paid under such contracts, and that if money has been paid it is recoverable?

Mr. Fowler: I shall consider my hon. Friend's latter point. I have sympathy with his general argument, but a Bill which prevents commercial or fee charging agencies from recruiting surrogate mothers and making surrogacy arrangements will have an impact on the problem which my hon. Friend and I want to tackle. I realise that the inclusion of non-commercial surrogacy would not be acceptable to all. It has deliberately not been included in the Bill, which depends on agreement on both sides of the House to achieve progress. We do not have much time in which to get the Bill through.

Mr. Harry Greenway (Ealing, North): My right hon. Friend has made it clear that the Bill will make commercial agencies illegal. Will it also be illegal for individuals to be surrogate mothers for gain? Would it be possible at the same time to make illegal the implantation of human embryos in animals?

Mr. Fowler: My hon. Friend's latter question goes much wider than the Bill. The Bill will do three things

—prevent commercial or fee charging agencies from recruiting surrogate mothers, ban agencies and individuals from advertising, and create penalties for offences. It is a limited but valid measure.

Mr. Patrick Cormack (Staffordshire, South): Is my right hon. Friend aware that there is widespread support for his categorical assertion that this is a first step? When does he hope the Bill will be on the statute book? Can he assure us that the penalties laid down by the Bill will be sufficient to deter those who would traffic in human beings?

Mr. Fowler: I strongly hope so. I hope that I shall be able to introduce the Bill before Easter—in the next week or so. The message that people will take from this is that the Government are determined to act against such agencies. I think that that message will be understood.

Mr. John Ward (Poole): I should like to add my thanks and that of my constituents for what my right hon. Friend has done and his speedy reaction. He said that the Bill was a first step. As this is a holding operation, and in view of anxiety expressed in the House about experiments on embryos, will my right hon. Friend consider giving a fair wind to the Unborn Children (Protection) Bill introduced by the right hon. Member for South Down (Mr. Powell)?

Mr. Fowler: There are various views on that. The Government are neutral. I am not a member of the Committee considering the right hon. Gentleman's Bill, but it seems that he is well able to look after himself and he appears to be making progress in Committee.

Mr. Spencer Batiste (Elmet): Although I warmly welcome my right hon. Friend's announcement, does he agree that it flows from several of the questions that have been asked today that many complex issues in the Warnock report are interrelated and that piecemeal legislation is undesirable? Does he have any plans for further interim legislation, or will the next step be a comprehensive Bill?

Mr. Fowler: The next stage must be comprehensive legislation. However, I do not regard this as piecemeal but as action against a well-defined evil. Most right hon. and hon. Members regard it as such. The Bill does not in any way invalidate the case for comprehensive legislation, and the Government will continue to prepare it.

Coal Industry Dispute

5.3 pm

Mr. Dick Douglas (Dunfermline, West): I beg to ask leave to move the Adjournment of the House, under Standing Order No. 10, for the purpose of discussing a specific and important matter that should have urgent consideration, namely, "the current situation in the west Fife and central Scotland coalfields."

It is fairly apparent to some eyes that the miners' strike is over. That is not the case in west Fife and central Scotland where the miners are persisting in staying out, principally because they feel that the National Coal Board is being unfair.

During Prime Minister's Question Time on Tuesday, the Prime Minister gave me the impression that she thought that the NCB was right not to re-engage miners who had been convicted of serious criminal acts and dismissed from work. We must define what is meant by "serious criminal acts." I should like to illustrate my argument by describing acts for which men in my constituency have been sacked. The NCB director in Scotland, Mr. Albert Wheeler, says that there can be no further consideration of their sackings. His attitude is vindictive and spiteful.

George Wallace was convicted of a breach of the peace offence, sentenced to six months with good behaviour, and sacked. Mr. David Carruthers, who has served 30 years in the mining industry and never been in trouble, was convicted of a breach of the peace offence and fined £25. He has been dismissed. Robert Young was convicted of a breach of the peace offence and fined £75. He has been dismissed. His gross misconduct occurred on or about 7 June at Cartmore opencast mine—nothing to do with NCB property. Such sackings show that the mining industry in Scotland is being managed vindictively and spitefully. The Churches in Scotland have protested to the Coal Board, and Dunfermline district council has written to it saying that it deplores the attitude of the director of the NCB in Scotland. That was the council's unanimous view.

I recently spent half of an afternoon pleading with the National Coal Board not to use non-union buses to convey miners to work, but it persisted. That has merely rubbed salt into the wounds and is another example of its spiteful and vindictive attitude.

Willie Bell, who has recently retired as manager of the Solgirth mine, in an article in *The Scotsman* this week, said:

"Long ago in my management career, I learned that a manager can't produce coal by himself. If you can't get the backing of the labour force you may as well forget it."

It appears that the NCB in Scotland has not read or digested that article. Mr. Bell's comments back up the call of Labour Members of Parliament and others for a public inquiry into the operations of the NCB in Scotland. I am pleading for an opportunity to discuss this issue. If not, I cannot be responsible for the repercussions in my constituency.

Mr. Speaker: The hon. Member for Dunfermline, West (Mr. Douglas) asks leave to move the Adjournment of the House for the purpose of discussing a specific and important matter that he thinks should have urgent consideration, namely,

[Mr. Speaker]

"the current situation in the west Fife and central Scotland coalfields."

I have listened carefully to what the hon. Member has said, but I regret that I do not consider the matter that he has raised is appropriate for discussion under Standing Order No. 10, and, therefore, I cannot submit his application to the House.

There is now a further application under Standing Order No. 10.

Mr. Patrick Cormack (Staffordshire, South): On a point of order, Mr. Speaker.

Mr. Speaker: Order. I shall take points of order afterwards.

Mr. Cormack: My point of order is relevant now.

Mr. Speaker: Very well.

Mr. Cormack: Under the terms of Standing Order No. 10, a debate cannot be granted unless 40 hon. Members are present in the Chamber. Would you consider referring the Standing Order to the Procedure Committee so that the time of the House is not wasted, because if there are not 40 hon. Members present, even if you grant leave, a debate cannot take place.

Mr. Speaker: I have not granted the application. It is not for me to refer the matter to the Procedure Committee. If the hon. Gentleman feels strongly about it, he is free to do so himself. I shall now take the further application under Standing Order No. 10.

Hackney Rates (High Court Application)

5.9 pm

Mr. Brian Sedgemore (Hackney, South and Shoreditch): I beg to ask leave to move the Adjournment of the House, under Standing Order No. 10, for the purpose of discussing a specific and important matter that should have urgent consideration, namely, "the response of the Department of the Environment to the declaration of Mr. Justice Mann concerning Hackney's refusal to set a rate."

On Tuesday of this week, Mr. Justice Mann in the High Court granted interim relief to a Hackney resident against Hackney council in respect of its stated intention not to fix a rate this evening. He ruled that Hackney has a duty to make a rate for the year commencing 1 April; that it cannot make a rate contrary to the Rates Act 1984; that moneys forwarded by tenants in respect of rates after 1 April cannot be used until a rate has been fixed; and that Hackney cannot borrow against expected revenue until a lawful rate has been fixed for 1985-86.

The matter is the more specific and quite extraordinary because the response of the Secretary of State for the Environment has been to enter into negotiations with the resident who made the ex parte application to Mr. Justice Mann in the High Court. I have a letter in my possession from the resident who made the ex parte application to the leader of the Liberal party in Hackney and I shall quote briefly from it, because it shows how specific, urgent and important the matter is:

"You will be interested to learn that the Solicitor to the Department of the Environment telephoned today to ask for copies of the papers in this case. He told me that the Private Office had evinced an interest. He also said that if the Liberal Group were put in a position where they had to make a budget and upon getting all the information they needed to do so, they found that there was a defined need for further assistance (say, in respect of Housing repairs) a properly evidenced application to the Secretary of State would undoubtedly result in further funding being made available."

The person who was party to the application was a Mr. Fleming, who stood as an SDP candidate in a local by-election last Thursday and was defeated.

The matter is important for two reasons. First, it is important because it is a constitutional outrage and in contempt of Parliament, as well as an insult to the people of Hackney, for the Secretary of State to enter into negotiations with a resident who is not a Member of this House or a member of the Hackney borough council. And it is an outrage for the Secretary of State for the Environment to offer moneys to an individual who is nothing to do with the Hackney borough council.

Mr. Patrick Cormack (Staffordshire, South): This is an outrage.

Mr. Sedgemore: I do not accept that this is an outrage. If the hon. Member for Staffordshire, South (Mr. Cormack) would only listen, he might learn something.

It is also important because there are a number of other councils affected by this ruling, which totally changes the law in respect of rate capping. It is urgent because I have been told by the Hackney council today that, if this ruling stands, on 1 April Hackney council will not be able to pay any wages or salaries or to provide any services for the people of Hackney. That means that we are within four weeks of the breakdown of local government in Hackney.



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
Alexander Fleming House, Elephant & Castle, London SE1 6BY
Telephone 01-407 5522

From the Secretary of State for Social Services

Tim Flesher Esq
Private Secretary
10 Downing Street

6 March 1985

Dear Tim

I attach a draft of the statement which my Secretary of State will be making tomorrow on commercial surrogacy.

I am copying this letter to Charles Marshall (Lord Privy Seal's Office), John Graham (Scottish Office), Colin Jones (Welsh Office) Graham Sandiford (Northern Ireland Office) and Janet Lewis-Jones (Lord President's Office).

Yours
Steve

S A Godber
Private Secretary

STATEMENT ON COMMERCIAL SURROGACY: THURSDAY 7 MARCH 1985

With permission, Mr Speaker, I will make a statement on commercial surrogacy.

Over the last few months there has been increasing concern about the practice of surrogacy - that is the practice whereby a woman agrees to become pregnant with the intention that the resulting child should be handed over to another couple. This concern has related particularly to the activities of agencies which operate to promote surrogacy arrangements on a commercial basis. That was also the result of the consultation which we initiated on the Warnock Report on Human Fertilisation and Embryology. Although there was some difference of view about the general principle of surrogacy there was almost total agreement on the unacceptability of surrogacy undertaken on a commercial basis.

When the Warnock Report was debated in this House last November I said that the Government would consider urgently whether clarification of the law on surrogacy was necessary. This we have now done. It is quite clear that the question of surrogacy raises wide issues not just of general principle but also about, for instance, the legal status of children, the involvement of professional people in facilitating surrogacy arrangements, or whether commissioning parents or surrogate mothers should be subject to the threat of criminal sanctions. We have concluded, therefore, that it would be right to deal with these questions separately in comprehensive legislation on the whole range of issues raised by the Warnock Report.

Yet is it also clear that the existing position is unsatisfactory. The case of Baby Cotton demonstrated the difficulties which commercial surrogacy arrangements can cause and the widespread public concern about them. There are almost certainly other similar cases in prospect and the incentive for commercial agencies to increase their activities before any general legislation can be brought forward.

Mr Speaker, the Government believes that commercial surrogacy is in principle undesirable and that commercial agencies should be prevented from operating in this country. I shall therefore shortly be bringing a Bill for this purpose. It will prohibit such agencies from recruiting women as surrogate mothers and from making surrogacy arrangements; and it will prohibit advertising of their services.

Mr Speaker, the objective of this Bill will not be to resolve all the issues in the field of surrogacy but to give rapid effect to the widespread view that this is not an area in which commercial activity is right and to avoid an escalation in the number of such agencies and of surrogacy arrangements procured by them. I hope the House will agree with me that action in this limited field is justified and urgent.

F 6 MAR 1985



CGMO



QUEEN ANNE'S GATE LONDON SW1H 9AT

22 February 1985

Dear Lord Whitelaw,

w/bpm
sub
22/2

COMMERCIAL SURROGACY BILL

attached

will request
if nec.

I have seen the draft of this Bill dated 11 February, Quintin Hailsham's letter of 13 February and your Private Secretary's letter of 15 February. The further discussion in 'H' Committee will provide an opportunity to decide outstanding issues of policy concerning the Bill in more detail, and I thought it might be helpful if in advance of the meeting I outlined the main matters in my field of responsibility on which decisions will be needed. The majority of these are set out with, if I may say so, great clarity in Quintin's letter and I need only, therefore, touch on them briefly.

I fully agree, first, that if a Bill along these lines is introduced we should have to explain very clearly why it draws the surrogate mother and the commissioning parents into the scope of the criminal law while exempting medical services, contrary in both respects to the Warnock recommendations.

Secondly, it is as you know a particular concern of mine to ensure that any extension of the criminal law should be clear and enforceable. This is especially important if one is aiming to curtail the activities of cleverly run organisations which can be expected to be on the look-out for any loophole. In this context, I share the doubts expressed by Quintin about pinning the whole of the Bill to an undertaking, whether express or implied, given by the mother. I think this may be more than a mere question of drafting; it is very difficult to express exactly what one means by a surrogacy arrangement. We must, of course, steer clear of arrangements made after the pregnancy has begun and possibly made for reasons which have nothing to do with surrogacy.

Thirdly, as I believe my officials have indicated to DHSS, I am uneasy about assuming extra-territorial jurisdiction in this field. As of course you know, our criminal law is for the most part territorial in extent. There are a number of exceptions: broadly speaking, these cover certain places (eg British ships or aircraft), certain people (eg Crown Servants), and certain serious offences (eg murder when committed by a British citizen) where there is a connection with this country which gives our courts a proper ground for being involved in what goes on abroad. Where there is no such connection, the only exceptions to the general rule are where a number of countries agree to "pool" jurisdiction on a reciprocal basis. While of course I respect the idea that we should not allow the effectiveness of this Bill to be undermined by operations carried out abroad, we have to face the fact that the proposed offences do not fall easily into any of the categories for which exceptions to the territoriality rule are normally allowed. I am not sure that it is right in principle for our law to seek to penalise, for example, a broadcast from Radio Luxembourg concerning surrogacy arrangements. In any event, however, I am sure that such a provision would be virtually unenforceable.

Similarly, while I appreciate the desire to avoid a situation in which the law can be circumvented simply by arranging for what one might call the "key

/transaction"

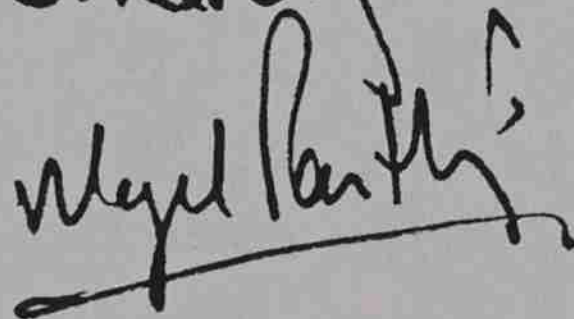
The Rt Hon Viscount Whitelaw, CH, MC

transaction" to take place abroad, I am a little anxious about the proposal to make it an offence triable in this country or to make or receive any payment (anywhere in the world) in pursuance of any arrangement made wholly or partly in the United Kingdom. This would mean that a pair of French people who formed an arrangement in the departure lounge at Heathrow would be liable to penalties under United Kingdom law in respect of payments made in France thereafter. This problem may be somewhat theoretical - which I suppose is only another way of saying that it is doubtful whether such provisions could be enforced - but it does raise the question of principle whether we have any business to be concerned with what French people do (for the most part) in France.

Linked with the question of extra-territoriality, although distinct from it, is the question of advertisements in foreign newspapers which may be read in the UK. The draft Bill, for understandable reasons, would make it an offence knowingly to distribute, as well as to publish, in the UK an advertisement for a surrogacy service. We will have to ask ourselves whether it is reasonable to require W H Smith's to scrap issues of foreign newspapers which they know contain, but cannot readily prevent from containing, prohibited advertisements, notwithstanding that the advertisements may be innocuous in terms of the law of the country where the paper was produced and, indeed, of most countries.

Finally, I think we might usefully discuss whether there would be advantage in requiring the consent of the DPP or of the Attorney General to be given before proceedings for any offence created by the Bill are undertaken. This might provide a basis for assuring other countries' governments, if we decide on a measure of extra-territorial jurisdiction, that it will be used only when the interests of this country are clearly affected; but there may in any event be a case for enabling private prosecutions to be restrained.

I am copying this letter to other members of 'H' Committee, Michael Havers and Sir Robert Armstrong.

Yours sincerely


Approved by the Home Secretary
and signed in his absence

NAT. HEALTH : Commercial Surrogacy : Feb. 1982

22 FEB 1985

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House of Commons

Friday 15 February 1985

The House met at half-past Nine o'clock

PRAYERS

[MR. SPEAKER *in the Chair*]

PETITIONS

Human Embryos

9.34 am

Mr. Roger Freeman (Kettering): I beg leave to present a petition, signed by Mrs. Loasby, the Rev. Paul Rose and 1,076 of my Kettering constituents. It is entitled

"Petition for the Protection of the Human Embryo".

They affirm their belief that:

the newly-fertilised human embryo is a real, living individual human being.

They oppose all practices that

discriminate against the human embryo or violate his/her human dignity and right to life.

Wherefore your petitioners pray that the House of Commons will take immediate steps to enact legislation which forbids any procedure that involves the purchase or sale of human embryos, the discarding of human embryos, their use as sources of transplant tissue or as subjects for research or experiment. Unless this is done solely for the benefit of the embryo concerned.

And your petitioners, as in duty bound, will ever pray.

To lie upon the Table.

Mr. Michael Lord (Suffolk, Central): I beg leave to present two petitions from my constituents on the subject of the treatment of human embryos, bearing together over 1,000 signatures collected by Mrs. Margaret Campbell-Preston of 1 Bishops Way, Stradbroke, Suffolk, and the Rev. Brian Toll of The Rectory, Claydon, near Ipswich. I share my constituents' deep concern, expressed in this petition. It says:

Wherefore your petitioners pray that the House of Commons will take immediate steps to enact legislation which forbids any procedure that involves the purchase or sale of human embryos, the discarding of human embryos, their use as sources of transplant tissue or as subjects for research or experiment. Unless this is done solely for the benefit of the embryo concerned.

And your petitioners, as in duty bound, will ever pray.

To lie upon the Table.

Mrs. Jill Knight (Birmingham, Edgbaston): I have the honour to beg leave to present a petition from my constituents in Edgbaston, which has been signed by over 3,000 people. The wording has been passed as correct and, because of the pressure of time, I shall not repeat it. None the less, I claim that free expression, freely given, is a matter of concern to the House.

To lie upon the Table.

Mr. Norman St. John-Stevas (Chelmsford): I have the honour to beg leave to present a petition to the House concerning the protection of the human embryo and signed by citizens from virtually every part of the United Kingdom. It represents the final batch of signatories that have come from constituencies all over the kingdom. There are now 2 million signatures, the largest number since the Chartist petitions of the 1830s and 1840s, which

have been collected in less than two months. The number of signatories speaks for itself and shows the deep anxieties and concern felt about the fate of the human embryo in the light of technological advances and the recommendations of the Warnock report.

The petition reads:

To the Honourable the Commons of the United Kingdom of Great Britain and Northern Ireland in Parliament assembled.

The Humble Petition of the residents of the United Kingdom of Great Britain and Northern Ireland sheweth that we affirm that the newly-fertilised human embryo is a real, living individual human being.

Therefore we welcome the statement of the Report of the Committee of Inquiry into Human Fertilisation and Embryology (the Warnock Report) that 'the status of the embryo is a matter of fundamental principle which should be enshrined in legislation', and its recommendation that the embryo of the human species should be afforded protection in law.

And therefore we oppose all such practices as are recommended in the Report which discriminate against the embryo or violate his/her human dignity and right to life.

Wherefore your petitioners pray that the House of Commons will take immediate steps to enact legislation which forbids any procedure that involves the purchase or sale of human embryos, the discarding of human embryos, their use as sources of transplant tissue or as subjects for research or experiment (unless this is done solely for the benefit of the embryo concerned).

And your petitioners as in duty bound, will ever pray.

To lie upon the Table.

Mr. Michael Hancock (Portsmouth, South): I have the privilege to present two petitions to the House, one standing in the names of Mr. and Mrs. Pearce, of 27 Brookfield Road, Fratton, and several hundred constituents in Portsmouth, South, and the other in the names of the whole of St. Edmund's Roman Catholic sixth form in Portsmouth. Both petitions are the same in substance and relate to the issue before the House today.

The petitions affirm

that the newly-fertilised human embryo is a real, living individual human being; therefore we welcome the statement in the Report of the Committee of Inquiry . . . (the Warnock Report) that 'the status of the embryo is a matter of fundamental principle which should be enshrined in legislation,' and its recommendation that the embryo of the human species should be afforded protection in law; and therefore we oppose all such practices as are recommended in the Report which discriminate against the embryo or violate his/her human dignity and right to life. Wherefore your petitioners pray that the House of Commons will take immediate steps to enact legislation which forbids any procedure that involves purchase or sale of human embryos, the discarding of human embryos, their use as sources of transplant tissue or as subjects for research or experiment (unless done solely for the benefit of the embryo concerned).

And your petitioners, as in duty bound, will ever pray.

To lie upon the Table.

Mr. David Atkinson (Bournemouth, East): I beg leave to present a petition primarily organised by Mrs. Merville Pidgeon, of 52 Castlemain Avenue, Bournemouth and the Bournemouth Life Group, signed by more than 2,000 of my constituents in Bournemouth, East, which affirms the Christian belief, which I wholly share, that life begins at conception and that human embryos must be protected in law. The petition reads:

Wherefore your petitioners pray that the House of Commons will take immediate steps to enact legislation which forbids any procedure that involves purchase or sale of human embryos, the discarding of human embryos, their use as sources of transplant tissue or as subjects for research and experiment . . .

And your Petitioners, as in duty bound, will ever pray.

To lie upon the Table.

Mr. Harry Greenway (Ealing, North): I have the honour to present three petitions, which are similar to

[Mr. Harry Greenway]

those already presented, on behalf of my constituents in Ealing, North. They are in the names of Mr. A. S. Girling, of 13 Wynchgate, Eastcote Lane, Northolt, Mrs. S. Leahy, of 231 Carr road, Northolt and Captain Roger Horsley of the Church Army, of 127 Coldershaw Road, West Ealing, London W13.

My constituents who have signed these petitions take the strong view, which I share, that life begins at conception, and that all life is made in the image of God and is therefore sacred and not to be violated in any way.

The petitions conclude:

Wherefore your Petitioners pray that the House of Commons will take immediate steps to enact legislation which forbids any procedure which involves purchase or sale of human embryos, the discarding of human embryos, their use as sources of transplant tissue or as subjects for research or experiment (unless this is solely for the benefit of the embryo concerned).

To lie upon the Table.

Dr. Brian Mawhinney (Peterborough): I have the honour to present to the House a petition for the protection of the human embryo signed by Mr. David Soames of Atherstone Avenue, Mrs. Denise Robinson of Heltwaite Court, Bretton, and Mary McDonagh, of Axiom Avenue, all in the city of Peterborough, and signed by 654 of my constituents.

It welcomes the fact that the status of the embryo is a matter of fundamental principle which should be enshrined in legislation, and in terms it is identical to those already brought to the attention of the House by other hon. Members.

I have pleasure in presenting this petition for its contents and because it substantially represents my own view in this matter.

To lie upon the Table.

Mr. Neil Hamilton (Tatton): I have the honour to present a petition in the names of several thousands of the

residents of the Tatton constituency in identical terms to that read out in such mellifluous tones by my right hon. Friend the Member for Chelmsford (Mr. St. John-Stevas). In view of that, I shall not rehearse its wording. I say only that I agree with it wholeheartedly.

To lie upon the Table.

Mr. J. F. Pawsey (Rugby and Kenilworth): I beg leave to present to the House two petitions from my constituents living in Rugby and Kenilworth. The first was initiated jointly by the Rev. Kahn and the Rev. Martin Greig, both of Rugby, and contains about 57 signatures. The second was organised by the Rugby Life Group and contains about 1,700 signatures.

All petitioners believe that the newly fertilised human embryo is a real, living human being and oppose any attempt to discriminate against it.

The petitions continue:

Wherefore your petitioners pray that the House of Commons will take immediate steps to enact legislation which forbids any procedure that involves purchase or sale of human embryos, the discarding of human embryos, their use as sources of transplant tissue or as subjects for research or experiment (unless this is done solely for the benefit of the embryo concerned).

And your Petitioners, as in duty bound, will ever pray.

To lie upon the Table.

Mr. Toby Jessel (Twickenham): I beg leave to present two petitions bearing the signatures of 2,300 of constituents in Twickenham, Teddington, the Hamptons and Whitton collected mainly by Miss Harper of Waldegrave Gardens, Twickenham, praying in precisely the same terms as those already read out by hon. Members.

These petitions are presented on the day of the debate on the Unborn Children (Protection) Bill to emphasise the deep conviction that large numbers of my constituents feel that this is a moral issue, that human embryos must be protected, and in the hope that the House will decisively reject the horrible suggestions to the contrary.

To lie upon the Table.

Orders of the Day

Unborn Children (Protection) Bill

Order for Second Reading read.

Mr. Speaker: Before I call the right hon. Member for South Down (Mr. Powell) to move the Second Reading of his Bill, I must tell the House that more than 40 right hon. and hon. Gentlemen have indicated their wish to take part in this debate.

I propose to apply the 10-minute limit on speeches between 11.30 and 1 o'clock, but I hope that those right hon. and hon. Members who are called both before and after that time will bear that limit broadly in mind.

9.48 am

Mr. J. Enoch Powell (South Down): I beg to move, That the Bill be now read a Second time.

The Bill has a single and simple purpose. It is to render it unlawful for a human embryo created by in vitro fertilisation to be used as the subject of experiment or, indeed, in any other way or for any other purpose except to enable a woman to bear a child.

Almost as important as what the Bill seeks is what the Bill does not seek to do. At this early stage in my speech I want to bring that firmly to the attention of the House. The Bill does not concern itself in any way with questions such as those of surrogacy, abortion, or the source of the gametes of a fertilised ovum. All that side of this great question lies outside the scope of the Bill, from which it is my opinion wholly capable of being separated.

The second thing which the Bill does not do is to interfere in any way with the procedures which are in use at present for enabling women who would not otherwise be able to do so to bear children. The Bill is deliberately and carefully drawn so as in no way to interfere with those procedures.

At this point I invite the attention of the House to the successive provisions of the Bill. It had been my original intention, as is the ambition of most hon. Members who are lucky in the ballot for private Member's Bills, to be able to frame a single-clause Bill which would outlaw the mischief at which the Bill is aimed. But both advice and reflection convinced me that that would be neither effective nor right. It is not possible for this House to proscribe as unlawful a particular action but to provide no means whereby its will can be carried out and the execution of its intentions subjected to surveillance and policing. It was necessary to set up under the Bill a mechanism which would ensure that the purpose of the House and its objective, if it accepts the Bill, is carried out.

That is not a difficulty which is unique to this Bill. Those who sought to frame legislation to carry out the recommendations of the Warnock report, to permit experimentation under licence upon a human embryo, would find themselves equally obliged to establish a system of notification in order that the licensing might be effective. In order to permit, it would also be necessary to prohibit. It is not a vice of this Bill that it is obliged for its purposes to create the machinery which is set out in the Bill. The Bill proceeds, then, by prohibiting the procurement of a fertilisation or the possession of a human

embryo except under specific authority. The remainder of the Bill is concerned with the definition and the operation of that authority.

The authority is the authority given by the Secretary of State, subject to the conditions that are set out in the Bill.

Mr. Robert Jackson (Wantage): May I ask the right hon. Gentleman whether it is his intention, because it is not made clear in the Bill, that the provider of the ovum and the person who receives the embryo should be the same person? Does the right hon. Gentleman accept that if that were to be the case it would severely limit the range of infertility problems that could be treated?

Mr. Powell: I am much obliged to the hon. Member for Wantage (Mr. Jackson). I had hoped I made it clear in my introductory remarks that there was no question of the origins of the gametes from which the fertilised ovum proceeds being in any way controlled or regulated by the provisions of the Bill, nor is there any power in the Bill to do so.

The over-arching requirement of the authority is that it be given solely for the purpose of enabling a named woman to bear a child. The reason why the woman has to be specified is that if the authority were to be for the general purpose of promoting childbirth or fertility, it would not be possible for the intention of the House, if it accepts the Bill, to be seen to be carried out: the process has to be authorised as specifically for the benefit of a certain woman in order to enable her to bear a child. That is a condition which the Secretary of State has no power to limit or to modify. The law would lay that down as an overriding condition.

The Secretary of State's authority would automatically be given upon the application of two medical practitioners. This is essentially a trigger mechanism. It does not entrust to the Secretary of State, or impose upon him, any discretion to pick and choose between one such request and another. It is an automatic compliance with an application duly made.

However, the Secretary of State does have certain duties in respect of the authority which he gives, namely, to specify the persons by whom the operation is to be carried out and also the place or places where it is to be carried out and the persons who may have possession of the embryos produced by fertilisation. Those requirements are necessary for it to be possible to establish that the provisions and intentions of the Bill are being carried out.

Perhaps I should say at this stage that I accept that, if the will of the House and of Parliament is clearly made known in terms of legislation, I do not impute it to the medical profession that it would be looking for ways to evade the will of Parliament. The procedure laid down in the Bill is necessary so that it may be seen that the will of Parliament, if the Bill is enacted, is being carried out.

As to the duration of the authority, that is deliberately so chosen as not to interfere with the procedures at present being carried out to enable women who would not otherwise be able to do so to have children. But should the periods that are set out in the Bill not be satisfactory in a particular case—should, for example, a series of mischances make it impossible for the insertion to take place within the four or the extended six months—no limitation whatsoever, no inhibition, is placed on a renewed application *de novo* for a new authority.

The Bill proceeds to make provision for the details of the application for authority and of the granting of

[Mr. Powell]

authority—details that will need, in the terms of the Bill, to come before the House before effect is given to them. They are clearly necessary so as to ensure that the Secretary of State has the power to obtain the necessary particulars in order that his authority may be duly and appropriately given.

Subsection (5) is a penalty clause. Again I must confide to the House that my original intention was different from that which appears in the Bill. I had originally thought that a merely nominal penalty would be appropriate to what I have already said about my view of the attitude of the medical profession. But again, upon reflection and advice, I was convinced it would be inappropriate for this House to identify a matter of such great gravity that it should be prohibited by law without the infraction of that legislation attracting a penalty appropriate to such a serious offence. However, I say again that I do not regard the penalties as the real nature of the deterrent or of the authority which I am asking the House to give. It is in the opinion of the country, as I hope this House and Parliament will express it, that the real sanction and the real authority reside.

Of finance, hon. Members will understand that I had no alternative, unless I was to seek a money resolution from the Government, to make the Bill as it stands self-financing. I do not like this. If the House gives a Second Reading to the Bill, I shall ask the Government, in view of the decision of the House, to provide a money resolution so that the actions of the Secretary of State in implementing the Bill can be carried out under the same financial conditions as the other duties laid upon him by law.

Such, then, are the provisions of the Bill. Hon. Members will have seen that it has been drawn with a jealous care to ensure that it inhibits or prevents no one from obtaining the blessing of a child by means of in vitro fertilisation through any process which is at present in action. Indeed, it would be true to say that the Bill in no way inhibits the future improvement of those processes by those who are engaged in carrying them out.

If within his clinical responsibility the practitioner in charge decides, with a view to increasing the chance of success in enabling a woman to bear a child, to use a process which has not hitherto been used, in good faith and with the intention that it should increase the chance of the embryo surviving and of a child being born, there is nothing in the Bill which will prohibit it.

Mr. Dafydd Wigley (Caernarfon): I am grateful to the right hon. Gentleman for giving way. I declare an interest in the matter. Does the right hon. Gentleman accept that the Bill will prevent medical research into in vitro embryos of up to 14 days, research which is central to the overcoming of many genetic disorders which are transmitted down the female line, and in so doing will end the hopes and aspirations of countless thousands of families of disabled children and prevent doctors from undertaking research which can be accomplished successfully within the next few years?

Mr. Powell: I hope that it will be the hon. Gentleman's good fortune to catch the eye of the Chair later in the debate, but I trust he will credit me with not having intended to conclude my speech without referring to so substantial a matter as that which he has mentioned.

I was making it clear that no new methods, no alterations in procedure, which are adopted in order that the process of insertion may have a better chance of succeeding for the purpose of enabling a woman to bear a child are excluded in any way by the Bill.

Mr. Patrick Nicholls (Teignbridge) rose—

Mr. Powell: I am anxious not to take too much of the time of the House. May I ask for the patience of the hon. Gentleman, because I may clear his point? If I appear not to be doing so, I shall gladly give way to him at a later stage.

There is an essential and visible difference between what I have just described and the process of experiment. There is a difference between adopting a procedure hitherto not tested with a view to a greater prospect of success in enabling a woman to bear a child and on the other hand using a human embryo, normally to destruction, in order to increase the sum of knowledge. There need be no quibble or doubt about the boundary line between progress in the fertilisation procedures and what is meant by experimentation which the Bill intends to eliminate.

The question may now be asked—it has been anticipated in a sense by the hon. Member for Caernarfon (Mr. Wigley)—why should a Bill be brought forward to forbid the use of a human embryo thus produced from becoming the subject of experiment? If I may, I should like to begin to answer that question in personal terms.

When I first read the Warnock report I had a sense of revulsion and repugnance, deep and instinctive, towards the proposition that a thing, however it may be defined, of which the sole purpose or object is that it may be a human life, should be subjected to experiment to its destruction for the purpose of the acquisition of knowledge.

I formed that view and it was strengthened by my indignation at the suggestion that the House might be asked to surrender its judgment and powers in such a matter to the judgment of a body of persons, however eminent or distinguished, however expert or inexperienced, who would, from case to case, decide whether a process inherently repugnant should be performed.

I soon discovered, having formed that opinion for myself, that it was widely shared. It came to my knowledge that it was shared inside as well as outside the medical profession, that it was shared among all classes and callings and throughout the people of this country. That early impression has been abundantly confirmed by the expressions of public opinion since it became known that there was a possibility of this legislation.

I do not appeal to some abstract principle from which such deductions can be drawn. I do not appeal to a definition of the embryo which would seek to settle the probably impossible question of the stage at which a human being becomes a human being. That question is unanswerable, because it goes to the heart of the great unanswerable question: what is man?

Many of those who wish the Bill well, many of the millions out of doors who we know want to see the Bill reach the statute book, believe that it is authorised by and in accordance with their religious beliefs. I have no complaint or criticism of that. On the other hand, I have a great envy of people who have that faith and certitude. Yet I must tell the House that I would make the plea that

I am making this morning exactly as I am doing if I were addressing an assembly of atheists in an atheist country. [Interruption.]

Mr. Deputy Speaker (Sir Paul Dean): Perhaps the right hon. Member will continue. This is an important debate and we do not want it to be interrupted if we can avoid it.

Mr. Powell: The repugnance with which those of many religious persuasions or none view the actions that the Bill would forbid is of a more fundamental character. It is an instinct implanted in a human society. This is the recognition by a human society of its obligation to itself, to future generations and to human nature.

It is argued—and this is the principal case as the hon. Member for Caerfon said against the Bill—that to permit the use of the fertilised embryo for research would open the way to new and useful medical knowledge. I do not stand here as a layman to dispute that. True, I must admit I have a suspicion that the inquiring human spirit will, if denied one avenue of arriving at truth and information, speedily find other ways of doing so. I have also been impressed to see a profound difference of opinion on this very point among people apparently equally qualified in the medical profession and in the sciences.

Nevertheless, I do not ask the House to reject that proposition. On the contrary, I ask the House to face it. I ask the House, in coming to its decision, to make the assumption that by means of what the Bill will prohibit, useful and beneficial knowledge could in future be obtained. I ask the House to exercise a choice—it is indeed making a choice—and to decide that nevertheless the moral, human and social cost of that information being obtained in a way that outrages the instincts of so many is too great a price to pay.

There is at issue that sense in all of us which we inadequately describe as a sense of what is owed to the dignity of man. In that remarkable compilation of thought and wisdom known as the Talmud, I found a principle enunciated and argued that seemed to crystallise the very essence of that which this Bill asks—“Gadol kavod haberiot”. Those three Hebrew words mean, “In case of doubt or difficulty, of conflict of authority or interest, let the dignity of man always prevail”. I hope that the decision of the House on this Bill will accord with that principle. I believe that it is a principle which the country preponderantly wishes to see affirmed by its representatives in Parliament. I ask them to uphold and assert the dignity of man by giving the Bill a Second Reading.

10.11 am

Ms. Jo Richardson (Barking): In some senses the right hon. Member for South Down (Mr. Powell) has put his finger on the essence of the debate in assuming that it concerns only the dignity of man. However, it also concerns the dignity of women, and that should not be forgotten. I am not being frivolous. At the beginning of the debate, Mr. Speaker announced that more than 40 hon. Gentlemen wished to speak, and in so doing ignored the fact that there were several women in the House who also wanted to contribute to the debate.

Mr. Ian Mikardo (Bow and Poplar): It may help my hon. Friend's case if I inform her that the word “beriot”,

used by the right hon. Member for South Down (Mr. Powell), does not mean men but creatures, and thus includes women.

Ms. Richardson: I am not sure whether that intervention helps my case, but it shows that there is some difference of interpretation of the Hebrew words as between my hon. Friend the Member for Bow and Poplar (Mr. Mikardo) and the right hon. Member for South Down.

Today, the House could take a most serious step, and that is why it is so full. The private Member's debates that we hold on a Friday are quite different from the debates held on other week days. Unfortunately, we usually know the outcome of debates held on other week days, because they are predetermined, but on Fridays we all have an opportunity to make our individual view known, and the outcome is not certain. Nevertheless, we could take a very serious and retrograde step today, which would enshrine in law what the magazine *Nature*—not exactly a Leftist feminist magazine—described in its editorial of 7 February as

“home-made and half-baked legislation.”

The right hon. Member for South Down, with his knowledge of the House, his command of drafting and his meticulously prepared speeches, is listened to with the greatest of respect, although we do not always agree with everything that he says. I am sure that he would be offended by that description in *Nature*, but it represents the views of many practitioners and laboratory researchers who have been working for years to help infertile women and to try to eliminate the miscarriages that cause so much physical and emotional suffering, and who have tried to make some progress towards the prevention of congenital malformations in future generations. They have also been working to help male infertility. Indeed, male infertility accounts for about half of the problems of infertility.

Although the right hon. Member for South Down and his supporters claim that the Bill will not interfere with research into infertility, that is not the opinion of distinguished men and women who are qualified in a way that we are not. Having read the Bill, they believe that it will have the effect of outlawing such research. Even if the right hon. Gentleman is right, and the Bill does not close the door on infertile couples, and the doctors are wrong, the Bill will impose the most serious and alarming procedures on the practice of in vitro fertilisation, under which the infertile woman will have to be named in advance by physicians and will have to await the Secretary of State's express permission.

That procedure, which is incredibly bureaucratic, represents a serious threat to the civil liberties of the women concerned. Hon. Members should note that yet again women are not to be allowed to decide for themselves, in conjunction with their doctors, but will have to await the Secretary of State's express consent.

Mrs. Elaine Kellett-Bowman (Lancaster): Will the hon. Lady give way?

Ms. Richardson: I shall give way in a moment.

The right hon. Member for South Down said that such consent would be absolutely automatic. I accept his word for that, and that was no doubt his intention, but that is not what the Bill says.

Mr. Leo Abse (Torfaen): Although the Bill states certain rules specifically, it does not withdraw discretion

[Mr. Leo Abse]

from the Secretary of State. Thus the proposition is being put to the House that we should have licensed motherhood at the behest of anonymous bureaucrats in Whitehall.

Ms. Richardson: My hon. Friend is absolutely right, and that is my point. The Secretary of State is not a doctor but a politician. Neither he nor his officials—after all, very few of them are doctors—could possibly have the expertise to say yes or no to such a request. Under the Bill, the decision would be quite arbitrary, no matter how many forms the doctor and patient had to complete.

The Bill restricts to four months the period in which any woman can have in vitro fertilisation and requires a further application for this to be extended by two months. There is no medical or justifiable reason for that. The criminal offence hanging over the medical profession will literally mean the end of the observation of human embryos. No one in their right mind would be willing to risk making a paperwork mistake because of the fear of prosecution. The Bill brings the criminal law and the threat of prosecution into yet another area of reproduction, paving the way for more and more restrictive laws that limit a woman's choice.

Hon. Members and the public have understandable pictures in their minds of genetic engineering—a sort of Hammer movies nightmare version of manipulation that would produce a race of Frankensteins. Of course Parliament must control and monitor the activities of practitioners and researchers. Indeed, that is what the Warnock committee, with all its months and months of deliberation, came to a conclusion about. The practitioners and laboratory researchers have said time and again that they want to be accountable for their actions. But to rush into legislation, as we are doing, that will close the door entirely on the beneficial effects of the years of patient research—which has resulted not in a generation of Frankensteins but in a movement towards eliminating the pain and suffering of children and their parents—is a cruel and unnecessary blow to the hopes of infertile couples, and will deprive us all of the benefits of properly controlled research.

Mr. Nicholls: The hon. Lady is making a powerful speech in which she is asserting the rights of women. Does she intend to speak about the rights of the embryo—the rights of one human being not to be subjugated to the interests of another—or is she saying that the human embryo has no rights?

Ms. Richardson: If the hon. Gentleman will be patient, I shall come to that.

We are repeatedly told that 2 million people have signed petitions opposing all experimentation. I do not dispute the figures, though I have in mind a picture of organisations—I do not know who or what they are—in back offices totting up the totals. This morning we heard about petitions containing thousands of signatures and, as I say, I do not dispute the figures. However, I am willing to bet that few of the signatories—and I do not doubt their sincerity in signing—were given all the facts and had all the beneficial effects explained to them.

Like other hon. Members, I have discussed this matter with groups of people in my constituency and elsewhere. Their mental picture of experiments, I found, was of doctors and technicians chopping away at perfectly formed

miniatures the size of tadpoles. Of course, that idea revolted them, just as it revolts me. When I explained to them that an embryo was one of 1,000 or even 100,000, the rest of which died anyway, and that it was at day one smaller than the point of a pin and invisible to the naked eye, they were nonplussed.

I am not suggesting that size necessarily affects the argument if one believes that, from day one, the embryo—or the conceptus, which is the correct word to use—should have the protection of the law. I am sure, however, that many of those honest signatories might have taken a different view if the picture had not been painted for them of evil scientists chopping up little babies, because that impression has been given.

I prefer to take not just the emotive views of people but the informed view, for example, of the Women's Institute. That body took the trouble to debate at its county federations the issues arising from Warnock. They represent about 350,000 women of all denominations and political views, and 51 of the 70 federations presented their views. Those views were divided, some being on one side, others being disturbed by some issues raised by Warnock and others being concerned with other matters in Warnock. However, on in vitro fertilisation, they agreed "that IVF and artificial insemination by husbands should be available, subject to the controls proposed by the Warnock Committee."

Regarding research on human embryos, they were almost unanimously repelled by the idea of research, but they were divided on the nature of any future policy. They therefore

"reluctantly agree with the Warnock Committee recommendation that research on human embryos should be permitted only under licence, up to the fourteenth day after fertilisation."

That is a sane and sensible point of view to hold.

Mrs. Elizabeth Peacock (Batley and Spen) rose—

Ms. Richardson: I hope that the hon. Lady will permit me to continue my argument.

The Women's Institute has approached this issue in a serious way, respecting and acknowledging the reactions of many of its members who, though totally opposed, are adopting a commonsense attitude. The House would do well to follow that example today.

The Government could immediately legislate to set up a licensing authority providing that research teams should disclose their plans and obtain approval for them. There would be nothing against that, and most hon. Members would agree that that would be a sensible step to take. It would give us a breathing space in which to give proper consideration not just to the problems created by research but to the beneficial effects, which take a considerable time to become clear. We cannot tell in a matter of weeks or a few months what those beneficial effects will be. However, if we gave ourselves a breathing space, we could examine the beneficial effects and then, with a balanced picture before us, consider permanent legislation.

I find it hard to understand the moral argument that is put forward about the protection of the embryo. There appears to be no suggestion of protecting all embryos, for example, those which are lost through the use of the IUD, the interuterine device; there is no suggestion that all conceptuses should be protected. It is accepted that millions are lost, and there is no law to collect them, as it were; they die naturally and there is no feeling for them.

The moralists are being selective in their approach. I am selective, too. I am selective about the future well-being of all children. That, I believe, should take precedence over the protection of individual embryos. I hope that all in this House want healthy children born free from possible disorders which hamper them and their parents and cause so much distress.

Mr. Albert McQuarrie (Banff and Buchan): When the hon. Lady says that she wants to protect children, is she saying that she does not believe that the embryo becomes a human being at conception? In other words, does she not consider that the embryo, within the first 14 days, is a human being and of life?

Ms. Richardson: Some embryos become humans and others die. I pointed out that hundreds of thousands get lost, anyway.

Mr. Peter Bruinvels (Leicester, East) *rose*—

Ms. Richardson: I shall not give way. I am anxious to conclude my remarks so that others may contribute to the debate.

The Bill, if passed, will not only endanger the prospects of healthy and happy parents and children. It will prevent that. I urge hon. Members to look into their hearts and ask themselves if that is really what they want. The Bill represents an attack on one of the most promising forms of infertility treatment for women, on the small amount of work that is being done on male infertility, on the doctors and scientists who do that work and on the value of research in general.

Couples anxious to have children—I heard two of them speaking in a moving way on Radio 4 this morning—are listening to today's debate with apprehension. They are waiting to hear what this House, in its inexpert way—I emphasise that—decides.

Mrs. Renée Short (Wolverhampton, North-East): This male-dominated House.

Ms. Richardson: As my hon. Friend points out, this is a male-dominated house. I beg hon. Members to think carefully before taking what is an extremely serious step.

10.28 am

Mr. Norman St. John-Stevas (Chelmsford): I congratulate the hon. Member for Bow and Poplar (Mr. Mikardo) on his intervention on the Hebrew language. At a time when slanging matches in this House are, alas, becoming common, it is comforting to find that the art of parliamentary debate is not yet quite dead.

I congratulate the right hon. Member for South Down (Mr. Powell) on introducing the Bill. He has moved in where angels fear to tread, although some of the noises he aroused from above—from the Strangers' Gallery—were the reverse of angelic. He is tackling one of the most complex and intractable problems of our time. I do not believe that the right hon. Gentleman is always on the side of the angels, and if I were to say so, he would not thank me for it. However, I believe that in this case he is, and—if he will allow me to say so—his speech matched the importance of its theme with its rationality, clarity and, above all, restraint.

There are very great procedural difficulties with such a controversial Bill. I know that from experience. My National Audit Bill reached the statute book only by a combination of extraordinary luck and unpredictable

events, including the calling of a general election. The right hon. Gentleman's Bill deserves a Second Reading. I hope and believe that it will get it. But the rock on which private Members' Bills founder is not Second Reading, but Report. The right hon. Gentleman asked for a money resolution. May I add a plea to that—that if the House passes the Bill today, the Government will give a clear undertaking that they will provide time for its further consideration on Report? There is precedent for that. It was done on such an issue by a previous Government. I hope that the present Government will follow their example. Better still, let them introduce a Bill of their own.

Ms. Clare Short (Birmingham, Ladywood): Hear, hear.

Mr. St. John-Stevas: That view is shared in different parts of the House. There are certain points that we have in common, and it is well that they should be stressed.

The complexities of the whole situation are so great that the matter needs to be tackled by Government legislation. Today we are dealing with only one small part of the problem. Of course, there must be a free vote on any Government Bill. There can be no doubt about that. But it is only the Government, who have the drafting resources behind them, who can produce such a Bill. However, I hope that when the time comes for the Bill to be introduced, the Government will take fully into account the expressions of opinion made in the House during this debate and in others and the result of any vote that may be taken today.

I think that the right hon. Member for South Down was very wise to stress what the Bill does not do. It is concerned with only one aspect of a complex problem. It does not deal with the emotive but minor question of surrogate motherhood. Whatever moral reservations there may be about that, at least it has the merit that it is dealing with a life-creating, not a life-depriving, situation. Let me quote a distinguished clinician, Professor John Marshall, professor of clinical neurology in the university of London, who makes the distinction in these words:

"To bring the embryo into existence with a view to implantation as a way to relieve the burden of a couple's infertility is one thing. To bring it into existence with a view to its destruction through experimentation, albeit in the pursuit of useful knowledge, is something quite other."

Mr. Peter Thurnham (Bolton, North-East): Will my right hon. Friend give way?

Mr. St. John-Stevas: I should like to continue because so many hon. Members want to speak.

The hon. Member for Barking (Ms. Richardson) made a valid point when she expressed fears about the future of research if the Bill is passed. There is controversy on that point. We must discuss it fully in the House, because while there is a body of opinion that supports the hon. Lady's view, there is also a body of opinion that takes a contrary view. I quote a leading genetic medical research scientist, Mr. Ryn Johnson, and Professor Jerome Lejeune, the professor who discovered the extra chromosome responsible for Dow's syndrome, who hold that such research is not necessary to relieve the tragic predicament of infertility. Let the evidence come out and let it be discussed and considered.

I wish to consider the Bill against the complex and difficult moral background of the issues that it raises. I do

[Mr. St. John-Stevas]

not believe that public opinion in Britain on the issue is either amoral or obscurantist. There is not so much a rejection of the sovereignty of morality in this area as much moral confusion and bewilderment. It is a similar situation with morality in general. I do not subscribe to the view that there has been a great moral decline in Britain. There is widespread uncertainty about moral standards and values. That is quite another matter. However, what people are seeking in relation to this subject, are some clear moral principles to guide them through this labyrinth. That is the principal reason why the Government rightly appointed the committee under Lady Warnock, which laboured for two years to provide that guidance.

I do not agree with all the conclusions of that report, but I pay tribute to the unselfish and unremitting work that was done by the chairman and members of that committee. Lady Warnock herself is an outstanding academic. She is one of our leading educationists and philosophers, but not even she—and she has a mind as sharp as Ockham's razor—could produce a consensus from the differing opinions expressed on her committee.

If we are looking to that report for clear moral guidance on this matter, we simply will not find it. Therefore, the task of clarifying the issues and leading public opinion is passed to Parliament. It is essential that public opinion give the law to law. That cannot happen unless those matters are thoroughly debated in the House. Of course, one cannot look to the House of Commons for infallible rules of moral guidance, but one can look to it to show where, as a society, we should draw the line. That is what the House of Commons has to decide.

The first principle that can assist us in reaching a judgment on the matter is the principle of respect for human life. We need not bother ourselves about recondite questions of when the soul, if there be a soul, enters the body. That is a theological question. It does not provide the opportunity for a final answer. Nor need we, in my opinion, discuss when a human personality is present in an embryo. Again, that is a metaphysical question.

Let us stick to the scientific facts that we know. We know beyond the faintest scintilla of doubt that the embryo is a unique form of matter, that it is human, that it is alive and that it has the full potential to become a human person. That being so, it is morally wrong to stimulate its creation, to bring it into existence for the purposes of experiment or dissection, or merely to discard it as useless into a dustbin.

Mr. Harry Greenway (Ealing, North): Will my right hon. Friend give way?

Mr. St. John-Stevas: I will when I have finished this point.

That was basically the view of seven of the 16 members of the Warnock committee.

The first thing that the law should do—it is what the Bill seeks to do—is to bring all experimentation to an end. The Warnock committee wanted a ban after 14 days, but it gives no logical basis for that. Such a limitation would be ineffective and open to abuse and there would be endless pressure for its relaxation.

Mr. Greenway: Does my right hon. Friend agree that the hon. Member for Barking (Ms. Richardson) conceded that life exists from conception when she said that, within the 14-day period, some embryos live and some die? To die, one must have lived.

Mr. St. John-Stevas: I listened carefully to what the hon. Member for Barking said, and I noted that point. Hers was a complex speech containing a number of ideas, one qualifying the other, so I do not think that it is entirely fair to her to take one sentence of what she said and draw conclusions from it. Nevertheless, I appreciate what my hon. Friend said.

The second principle that can help us is recognition of the paramount welfare of the child. Throughout the tangled web of British family law, there is one golden thread which is always to be found—the interests of the child come first.

Mr. Wigley: Will the right hon. Gentleman give way?

Mr. St. John-Stevas: Let me finish this point.

Infertility should certainly be relieved if it can, but not by any means. Parents exist for children, not the other way round.

The final issue that I should like to discuss—

Mr. Wigley: Will the right hon. Gentleman give way?

Mr. St. John-Stevas: Many others wish to speak. I normally give way, but I shall not this time as nearly 40 hon. Members want to get in. The hon. Gentleman looks so annoyed, I shall give way.

Mr. Wigley: I am grateful to the right hon. Gentleman. It was not annoyance but disappointment at not having the opportunity to press him on the well-being of the child. Does the right hon. Gentleman agree that the well-being of the thousands of handicapped children who are born each year and those who are doomed to die at an early age—I suffered the loss of my son six weeks ago—should also come into the equation? In balancing one against the other, does the right hon. Gentleman agree that there is a need for medical research, which should be facilitated?

Mr. St. John-Stevas: I accept entirely the sincerity and importance of the hon. Gentleman's intervention. There is a conflict of evidence on this matter, as I said when commenting on the speech of the hon. Member for Barking. We must continue to debate the matter. I hope that the hon. Member for Caernarfon (Mr. Wigley) will have an opportunity to speak on whether this type of research is necessary.

Will our society deal adequately with the extraordinarily difficult problem with which we are now faced? Aldous Huxley, not George Orwell, has been proved the prophet of the 1980s—1984 has come and gone and we have survived, but 1985 has hardly dawned and we are at the beginning of the "Brave New World". I confess to some uncharacteristic pessimism. I look with dismay at a society that combines a low level of thinking and feeling with a high level of benevolence and good will, and which is, on the whole, unwilling to accept any forms of self-restraint.

Like Janus, technology has two faces. Technology gives mankind an opportunity of an escape from the dreadful treadmill of poverty, want and famine, which has been the lot of the majority of the human race throughout the centuries. We have all been rightly shocked by the terrible events in Ethiopia, yet the Select Committee on Foreign Affairs was told that it would be possible, by the end of the century, to make hunger only a memory in Africa. All we need is the will.

However, technology can also be destructive. We have the threat of destruction from a nuclear war and, more

subtly, there is the threat that we are discussing today. I am glad that we are facing it seriously. We are confronting the complexity of the problems that are raised by legitimising a technology that promises benefits perhaps, but which could end by destroying the essential humanity of man. If the power is there, why should it not be used? In the end, we have to go back to traditional values to protect ourselves. We have a tradition on which to draw. We have a true Koinonia, a community made up of the Judaeo-Christian tradition, the experience of a long and tried democratic tradition and the detached and cool judgments and reflections of the common law.

Man is not the absolute master of his own fate. We are the created, not the creators. We are limited and contingent beings, holding our lives on trust for higher purposes. The technology that promised a paradise now shows signs of delivering a hell. Our responsibility is to proclaim the old values of the dignity and uniqueness of all human life. That is the only effective way in which to encourage the pursuit of knowledge, which, I agree, is a vital part of the vocation of man, and to erect barriers beyond which the tyrannies of scientific techniques shall not pass.

10.46 am

Ms. Clare Short (Birmingham, Ladywood): The Warnock report was an extremely good piece of work. It analysed the new issues that are raised by developments in the treatment of infertility, which I understand affects about one in 10 couples in Britain. It would be wrong and dangerous for the Bill to be given a Second Reading. I should much prefer to wait for a Government Bill to be presented after full consultations on the Warnock report, rather than hurry through this dangerous legislation.

There is a moral contradiction at the root of the Bill. If it had been passed years ago, developments in vitro fertilisation would not have happened, yet the House says that it wants to protect the right of infertile couples to benefit from that technique. How can the House maintain that it wants to protect that technique while wanting to outlaw the process that led to its development?

At the moment, in vitro fertilisation is a chancy business. I understand that only about one in 10 implantations succeed. We should consider the emotional trauma experienced by couples who are trying to have children through that technique. If the technique is morally acceptable, why is it not all right to continue work to perfect it, so that it might be successful most of the time?

The House must also face the problems thrown up by hereditary defects. Are people to be given the right to have children, knowing that they will not inherit a defect? Further research is necessary if that is to be achieved. The House appears to be saying that couples who might pass on hereditary defects must allow the foetus to develop for 24 or more weeks, and then possibly to be aborted as, at the moment, that is the only way in which couples can prevent a damaged child, from being born. Is the House really outlawing research which could detect whether defects might be passed on a few hours after conception?

If the Bill is passed, the House will be contradicting its morality. Hon. Members will be saying that in vitro fertilisation is good and that they want to help infertile couples, but by passing this legislation they will prevent development of the technique which we all agree is acceptable and desirable.

Mr. Richard Tracey (Surbiton): I am listening carefully to the hon. Lady. Does she deny that the research can be done by means other than experimentation on embryos? In other words, does she deny the opinions of Professor Lejeune and Mr. Brinkworth that the research can be done on human gametes?

Ms. Short: Yes, I deny that. Obviously some methods of research do not require experimentation on conceptuses in the early stages of their existence, but all the work cannot be done in that way, and the House must face that. The technique could not be improved and we could not screen out genetic defects at an early stage of conception, if the Bill were passed.

Mr. William Cash (Stafford): Does the hon. Lady admit that the research that has so far been conducted on the removal of abnormalities and congenital defects is not sufficiently proved and that the entire matter is covered with ifs, buts and may be's?

Ms. Short: Obviously, that is so. If we had all the answers, further research would not be needed. All hon. Members believe that research must be extremely carefully controlled. Experimentation on conceptuses, although they are only a few cells in the early stages of life and not minute babies as many people imagine, must be limited to research that is absolutely necessary. The House cannot have it both ways. Unusually for the hon. Member for South Down (Mr. Powell), he fudged the issue by suggesting that the development and improvement of the techniques would be possible within the limits set out in the Bill. The Bill states that such fertilisation can take place only for a specific woman and a specific conception. That outlaws all the research to which I have referred.

Many people who signed petitions on the matter are confused about the facts. I received between 20 and 40 letters from constituents before the Bill was drafted and after the Warnock report was published. In each case I replied and asked whether the person was suggesting that children, such as Louise Brown and the other 250 children, who are living in Britain and were born to parents who desperately wanted children and who love them, should not have been born. I explained that if that were so, they were in favour of outlawing the sort of experimentation that made the birth of those children possible. I received further letters which stated, and I met people on the street who said, "Of course not. We think that it is wonderful that those children were born. We are in favour of life and children." That shows that people can draw different conclusions from the same facts. I do not believe that the people who signed the petitions understood that they would be outlawing the development of the techniques that have led to the birth of such babies.

The priest who baptised me and comes to the house to give communion to my father preached a sermon which led to another spate of letters which connected the protection of life in Ethiopia with the outlawing of experimentation. I say that to show the religious and cultural roots from which I come. In each case I replied to the individual, including some of my relatives, and spelt out the arguments that I am now putting to the House. Many committed Roman Catholics who had written at the request of their local priest wrote back to me to say that in that case they took a different view. I think that that would be true for large numbers of people if they knew the facts.

Mr. Simon Hughes (Southwark and Bermondsey): I support the hon. Lady's view. I expect that we shall all reach different judgments on the Bill today. This is not a simple issue. Many people would regard the Bill as a holding measure at best. Whatever one's straightforward morality and theology, the issues are often over-simplified outside the House. Often we need a debate such as this to get to the real issues, which otherwise are avoided.

Ms. Short: I agree with the hon. Gentleman. I do not wish to detain the House, but I wish to amplify the point made by my hon. Friend the Member for Barking (Ms. Richardson). Women understand these matters in a way that men do not, because they deal with them in their daily life. They menstruate, conceive or do not conceive, worry about whether they will have children, sometimes have to face the question whether to have an abortion, and so on. Women are more familiar with the subject, whereas men set it up as a set of moral principles and logical constructs. Women know that thousands of conceptuses are wasted by nature. It is not the case that each conceptus becomes a perfectly formed human being. Nature has organised fertility wastefully. Conceptuses are destroyed month by month, through miscarriages, the use of the coil and for all sorts of reasons. Men must face that.

The Bill should be opposed, and the Government should introduce comprehensive legislation which will set up the licensing authority which the Warnock report recommends. I emphasise my point that the public have been misled about the development of the techniques. I appeal to the House not to disappoint all the infertile women and couples who desperately want children and want the techniques to be improved. More important, I appeal to the House not to disappoint the couples who know that they are carrying a genetic defect and want to have whole and healthy children, because that is what the House will do if it passes the Bill.

10.57 am

Mrs. Ann Winterton (Congleton): I support the Bill, not because it will tackle all the problems which arise from the wish of some of our scientists to experiment on human embryos, nor because it deals with all the issues raised following the publication of the Warnock report, which we debated some time ago, but because it represents an attempt by the hon. Member for South Down (Mr. Powell) and those of us who are sponsors to step where the Government have been too slow or lacked the moral courage to tread.

I do not in any way criticise the Secretary of State for Social Services for initiating the Warnock report. In doing so he showed an awareness of the multitude of difficulties for the House and society as a whole, which the recent welcome advances in medical science and the treatment of infertility have made apparent. However, I criticise the Government for having failed to act quickly and decisively on the issue of experimentation on the human embryo. Nearly every hon. Member has recently been asked to present a petition seeking to outlaw such practices. Indeed, a massive record-breaking petition was presented earlier today by my right hon. Friend the Member for Chelmsford (Mr. St. John-Stevas). That is a clear and unequivocal sign of the desire of British people for a moratorium on what they see as unnecessary and unjustified experimentation. Furthermore, a recent Mori poll established that no less than 85 per cent. of respondents felt that experimentation should be banned now.

That is not to suggest that it is the duty of the House always to legislate in accordance with what is perceived to be the majority feeling of the electorate. There are always minorities to be considered, catered for and, above all, protected. The Bill seeks to do precisely that. It has the clear support of British people. It considers infertile couples who wish to conceive through the technique of in vitro fertilisation. Most important of all, it gives protection to that weakest sector of our society, the unborn child, who is unable in his own right to influence this Chamber.

The Bill has what every proposed piece of legislation must have if it is to be effective—the support of society. It is not just the religious groups that have made representations on it. The weight of correspondence from hon. Members' constituents has shown the growing unease with which they view the recent direction that medical science has taken.

I remind the House of a recent declaration of the World Health Organisation at Helsinki:

"In research on man, the interest of science and society should never take precedence over considerations related to the wellbeing of the subject."

That is a welcome and perhaps long-overdue restatement of the Hippocratic principles on which our medical professions have for so long based their actions. The medical professions have not as a whole denied that fundamental principle, although there are several horrendous historical examples where they have done just that. I am sure that I do not need to remind the House of the barbaric practices which were carried out under the guise of medical and scientific research by Nazi and Japanese doctors. [Interruption.]

I have a great deal of respect for our own medical professions, as I am sure all hon. Members have. Therefore, I welcome the efforts by the Royal College of General Practitioners, whose members know best the needs of their patients and the effect that medical advances can have on them, and the society in which they live, in seeking a moratorium on such techniques.

The Royal College of Nursing has recently restated its belief that embryo research should be banned immediately and

"from the earliest moment of life the embryo should be treated as a human being and that only research which will enable the particular embryo to come to full term should be permitted. . . . The idea that spare embryos would be generated by super-ovulations specifically for research programmes was felt to be repugnant and unacceptable and in direct conflict with the Royal College of Nursing's view that basic human rights are applicable from the moment of conception."

It is exactly in those terms, in the vacuum of inactivity left by the Government, that the Bill was drafted. Immediately it became apparent that such experimentation was an issue, the Government should have introduced a moratorium on such procedures until this House had adequately considered the issues involved and acted to introduce the necessary safeguards for the medical professions, for society as a whole, and for the individual embryos concerned.

The tortuous logic used in the Warnock report to justify experiments upon human embryos leads to the totally unacceptable conclusion that some human beings should be subjected to utilisation and death simply because some good consequences may ensue for other human beings. The rejection of civilised traditions in that conclusion is readily apparent. Surely civilised tradition must exclude the killing of the innocent, no matter what their age, size, status or accomplishments. But we must ask ourselves why

such experimentation should be deemed necessary in the first place, and question the claims that such techniques are essential in the study and treatment of infertility and the study and elimination of genetic disorders. I readily accept that there is a great need for further research into infertility, but I do not accept that experimentation on the human embryo is either necessary for that purpose or even acceptable to the people of the country as a whole.

Time does not permit me to elaborate further, except to mention the tremendous and inspiring progress in genetics by such scientists as Professor Lejeune, and to stress his repeated claims that such experimentation on human embryos is absolutely unnecessary and unjustified.

Great steps have been taken in the treatment of those suffering from genetic disorders. Down's syndrome is the largest single cause of mental handicap worldwide, with approximately 6 million cases. Mr. Rex Brinkworth, director of the Down's Children's Association, and an internationally acclaimed expert on the treatment of Down's sufferers, has made his position totally clear. In reference to a point that was raised earlier, may I tell the House that this gentleman has a handicapped child—his daughter is a mongol—therefore he has great personal experience, apart from his interest in science and experimentations. He says:

"whatever justification scientists wish to use for experimenting on human embryos, they cannot justly say that their studies will benefit those with Down's Syndrome. In any event they would have to examine at least 200 embryos to find one with Down's Syndrome (as far as I know not one has been found yet by Steptoe and Edwards), and the examination itself would kill that embryo—scarcely something to its advantage."

So there are eminent people in the field who agree that such experimentation will not necessarily improve research into genetic disorders.

I conclude with the chilling thought that it should not be left to some members of the medical profession, no matter how eminent or how responsible, to play God and decide who is to live and who is to die. We are all aware of the dreadful consequences and possibilities of genetic engineering. It is because I respect human life in its most vulnerable and innocent form at conception that I support the Bill wholeheartedly. I believe that it deserves the support of the whole House in its specific aim to protect the unborn child.

11.6 am

Mr. David Crouch (Canterbury): I am sorry that the right hon. Member for South Down (Mr. Powell) is not in his place at the moment, because I wanted him to know that I regard him—as, I am sure, does every other hon. Member—as never doing anything lightly and never tackling anything in other than a very serious and considered way. I do not happen to support his Bill and will seek to say why not, but he has treated the subject, as he always does, with the seriousness of his intellect.

The right hon. Gentleman has not introduced a small Bill. It is a very profound Bill, with enormous interest outside the House in the whole country, measured in millions. In some ways that interest is reflected by the large attendance of hon. Members here today. It would have been so much easier for many of us to keep our heads down today and not to be present. It is clear that the many hon. Members who are present are not afraid to put their heads above the parapet on either side.

I respect the views that have just been expressed by my hon. Friend the Member for Congleton (Mrs. Winterton)

in speaking so strongly in favour of the Bill. Indeed, I respect all hon. Members who have advanced their views today. It is not an easy matter on which to hold a view or to make a decision.

As the House knows, I am the parliamentary member of the Medical Research Council. That does not determine my views. I am not a scientist; I am a parliamentary lay member of that council. I do not have to follow what it does. I may be influenced, I may be instructed, and I may be a little more aware than other people of what the council does. In the field that we are talking about, there are many more professors, scientists and researchers—in the Medical Research Council and the units under its direction in our universities—than the Professor Lejeunes who have been mentioned today, but they keep their light under a bushel. We do not hear enough about them.

The object of our interest in medical research into embryology and human fertilisation is to help humanity, not to work against humanity. It is to help those who are infertile and to help to control fertility. Above all, it is to help to prevent congenital abnormality and to try to do something to cure the tragedies in our midst. We are all concerned—perhaps not all of us are as well advised as some hon. Members who have spoken today—having given thought to the problem raised by Warnock and precipitated by the right hon. Gentleman's Bill.

Researchers are seeking to provide society with techniques to overcome certain medical problems. One of these is infertility. Today, in Britain, 250,000 couples cannot have children because they are infertile. The Bill will allow them to be helped. It will allow in vitro fertilisation to be performed. Test tube babies will be permitted. We must acknowledge that. The right hon. Member for South Down is not denying that that technique should continue. The process is quite safe, but it is not sure. It is simply a means of bringing the sperm of the husband to the wife's egg and fertilisation takes place in vitro—not strictly in a test tube, but in a dish. Once the fertilised egg has started to grow it is transferred back to, or implanted in, the mother. It is by no means an easy, exact or certain process.

Pregnancy is not easily achieved for many couples, and certainly not by the medical and clinical help which is provided by IVF. For that reason, and for that reason alone, more than one fertilised egg or embryo are transferred back to the mother's womb. Perhaps two, three or four are returned to the mother, because the scientists and clinicians are not sure what will happen. Some of the fertilised eggs will be rejected by the mother. We do not know enough about the matter.

We must rest on the clinical judgment of the doctors, with the consent of the mother. The mother might reject some of the embryos. That is a human and natural process. Perhaps only one will develop into a foetus, become a human being and a child will be born. However, more than one of the implanted embryos might be accepted resulting in twins, quads or even more human beings. A high risk is involved for the mother if she has to deliver twins or quads successfully. Greater social and economic problems than were anticipated or are welcome will have to be faced by the married couple.

Research into IVF is new. The world has barely 15 years' experience of it. We need to know much more to help the childless couple. The Bill allows us to proceed as far as our present knowledge permits, but very little further. There is still too much that we do not know that

[Mr. David Crouch]

we need to know. The Bill permits us to continue with IVF as it is, which means that we shall have to continue taking a chance with mothers. We shall be experimenting with mothers. The Bill permits that, with the mother's consent. She will be warned that it might not work, or that it might work too well.

Mr. John Butterfill (Bournemouth, West): Will my hon. Friend give way?

Mr. Crouch: I hope that my hon. Friend will excuse me, but so many hon. Members wish to take part. Perhaps I shall give way later.

The mother might accept the fertilised egg and have a healthy baby. On the other hand, she might not, or she might have quads. Infertile couples so yearn for children that they will clutch at straws. They will accept the risk of a multiple birth. Medical science should be able to do more than offer such couples guesswork, which is all that we can do today.

It is estimated that before the end of this year about 1,000 babies will be born in the world by this new technique, but the technique that I have described is inefficient, and only one in 10 of the implanted fertilised eggs will produce a baby. That is not a good success rate. If we knew more we could offer a better medical solution to infertile couples.

The Bill requires us to stop research the moment that the measure becomes an Act. We must pause and consider all the arguments—the ethical, moral and scientific arguments. This House in its wisdom, as a collection of people representing the nation, has a responsibility in its lay fashion to weigh in the balance the ethical, moral and medical judgments.

We can fertilise an egg and implant it in the mother—but no more—under the Bill. We can help to produce babies, but we are required to stop there. It is argued that we should not be allowed to go further in studying the fertilised egg—the embryo—to see what happens to it. It is said that we should not be allowed to study the nutrients needed by the embryo, to examine it for deficiencies or abnormalities. Should we allow ourselves to stop there? Should we give authority to stop there?

Dr. Norman A. Godman (Greenock and Port Glasgow): Will the hon. Gentleman give way?

Mr. Crouch: I cannot. I hope that the hon. Gentleman will forgive me.

Some people who support the Bill argue in all honesty that we must not study an embryo other than to produce a baby. To study an embryo and not transplant it in the mother would be a crime under the Bill. It would be a criminal offence. It would be regarded as the destruction of life in its earliest form.

This is not an easy debate. Many people consider that such an action should be regarded as the destruction of life. The Bill permits the transfer of the fertilised egg back to the mother, but what about the spare fertilised eggs implanted in the mother and rejected by her? What about the eggs that are not used and are still in the laboratory? They too must be rejected by the researcher. Under the Bill he must not study them, but he must allow them to die.

The researchers are not monsters, but scientists. They are medical scientists working in response to a great

human need. We should be very proud of them. The infertile parents who have been helped are grateful to them. The scientists are also responsible people. They want to respond to society's needs and restraints. They are aware of the delicacy of their work. They are helping in the creation of human life. They want to help when that process is imperfect and inefficient.

However, they do not want to be left alone. They want acceptance under the law, control and supervision. They want approval of everything that they do by an authority comprising lay and church members as well as scientists. They want licences and inspection. In short, they want their work to be legitimate. We must not ban them. We shall not control the progress of science if we attempt to ban them. That might even drive them underground into private clinics. This work must go on in public. It must be under control and strictly licensed.

I have spoken about the need to improve our knowledge and techniques in in vitro fertilisation, but we seek two other aspects of knowledge in research. Helping couples to have children is a wonderful objective, but today society places a duty on us to control fertility as well as to assist it. Abortion is the last resort in controlling fertility. Parliament has permitted abortion for medical and social reasons, but it is a fearsome and tragic solution.

Contraception is encouraged and taught. I believe that to be right, but it is not perfected. It is not always acceptable in various forms, on medical, social, moral or religious grounds. The intra uterine coil is a device for the destruction of the human embryo. We must not forget that. We have already permitted it.

We could perhaps find a more acceptable method of contraception if we knew more about the early events in fertilisation. It could be more effective to control conception at the point of fertilisation, but we cannot find out without studying the embryo in its very early days, before the placenta is formed, and before it develops into the embryo proper. In the first 14 days it is invisible to the naked eye, with no development of heart, brain, limbs or any tissue. It has no recognisable components of a human foetus.

Mr. Cash: Does my hon. Friend agree that it is extremely difficult for anybody to make an assessment of congenital defects that may be observed in an embryo that is less than 14 days old?

Mr. Deputy Speaker: Order. I hope that the House will bear in mind that interventions prolong speeches.

Mr. Crouch: Research is also needed into congenital abnormalities such as Down's syndrome and spina bifida. It is thought that such abnormalities originate during sperm and egg development, at fertilisation or during early development. If we knew more about what is happening at those stages, we might be able to find a way of preventing such abnormalities.

Virtually nothing is known about the metabolism and nutritional requirements of the embryo. We should not be denied the opportunity for further study of the human embryo.

We have already debated the Warnock report and we are indebted to that committee for its meticulous study of delicate and difficult questions. Warnock recommended:

"The embryo of the human species should be afforded some protection in law."

Of course. The Committee also recommended:

"Legislation should provide that research may be carried out on any embryo resulting from in vitro fertilisation, whatever its provenance, up to the end of the fourteenth day after fertilisation".

There was a division of opinion on the committee and, in an expression of dissent, three members declared against research on the embryo. They said that embryos that were surplus to the mother's requirements should be allowed to die.

It is clear that we need much more thought from the Government about the Warnock recommendations and about the study and response of the Medical Research Council. We need legislation, not just a code of practice. We need a Government Bill covering human fertilisation and embryology. This Bill is not enough and it is not good enough. It is harmful to the progress of human knowledge and it would be a barrier to the relief of human suffering. We should not allow it to become law.

11.22 am

Mr. D. N. Campbell-Savours (Workington): I congratulate the right hon. Member for South Down (Mr. Powell) on introducing his Bill. I had hoped and prayed that I would have an opportunity this year of introducing a piece of life legislation. I believe that the legislative role of Parliament has not moved with public opinion on life issues. My Bill would have dealt with surrogate motherhood, the embryo and an amendment to the Infant Life (Preservation) Act 1929.

The problem with life legislation is that we cannot hide behind our political philosophies; we spend most of the week doing that. But when we debate and analyse life issues in private Members' time on a Friday, we take subjective positions. Our difficulties on Bills such as this are little different from the difficulties that we face on life issues generally. Whether it is abortion, surrogate motherhood, life support machines, euthanasia or the embryo, political parties and philosophies have not managed to embrace those issues.

Some confusion exists in the House because hon. Members do not have the discipline of political guidance on these matters. The only concessions made to political concepts are on abortion, where the debate has become tangled with a political argument about the right to choose, and on murder, which is also a life issue and requires life considerations but which has become embroiled in political arguments about law and order.

For politicians, life issues are fraught with difficulties. It is easy for the Church to pronounce on these matters. A Christian need do no more than pronounce his article of faith. He says, "I believe in the sanctity of life". For those of us who subscribe to such views, they may be sufficient justification for supporting the Bill, but I do not believe that that approach, without the intellectual base that requires deliberation and evaluation of the merits, is sufficient to convince the House. Therefore, it is not a basis on which an hon. Member could make up his or her mind during the debate.

Therefore, we have to look elsewhere for justifications. During the considerations of the Warnock committee, there was much discussion about where life begins. That is a good question. But Warnock refused to define both when life begins and the position of the embryo at its inception. Perhaps the committee had a good reason for refusing to make those definitions. Perhaps it recognised that if it had defined when life begins it would have put

the arguments about abortion on a different plane and would have brought the law on abortion into the area of absurdity. The whole life lobby interested in the further restriction of abortion in the United Kingdom would have turned its argument on Warnock's findings.

In ducking that issue, Warnock destroyed an opportunity for a far wider debate on another issue, which is equally important to hon. Members. I believe that life begins at conception and with the creation of the embryo, but that is but an article of faith and I do not believe that the House will necessarily subscribe to my view. If we are to argue the case, we must look for a justification that we can rationalise and that will appeal to the atheist. His position is crucial, because he must be convinced, for a reason, that there is justification for legislation.

It is interesting to note that the arguments on medical and scientific advance fall within the territory of the opponents of the Bill. They claim that the Bill will impede medical and scientific advance.

To some extent, I accept that view on abortion. I have moved from the moral case to the one that was put, though perhaps not very well, in the film "The Silent Scream". Whenever one thinks of the background and presentation of that film, it drew attention to the pain felt by the embryo. The case put by the doctor in that film was that the embryo felt pain.

Ms. Clare Short: I understand that during an abortion the embryo is normally frozen and that the movement shown in that film is not normal. Other films show that the embryo feels no pain.

Mr. Campbell-Savours: Many interpretations are being placed on that film, and I hope that the Government, as they have been requested to do will make a statement. We would all like to know the truth. My hon. Friend the Member for Birmingham, Ladywood (Ms. Short) may be correct. It is not my view that she is correct, but all that we want to know is the truth. If the truth is that the foetus feels pain, the public and the country should be told, because it will transform the argument. Let all the information be made available.

This has become my approach to abortion. With the embryo, the argument should turn on a medical, scientific factual argument. The question is, what is the effect on and, what is the response of the embryo and what is the experimenter seeking? He maintains that one can safely carry out experiments on the embryo that one would otherwise wish to carry out on the human being. Therefore, one must make the assumption that the experimenter expects a human response from the embryo. That is that the response of the embryo would be similar to the response of the person if he or she were the subject of the experiment.

Ms. Clare Short: Nonsense.

Mr. Campbell-Savours: In that assumption rests a concession to our argument. The experimenter is treating the embryo as if it were a human being. The response that he expects is indicative of a human response. If that is nonsense, as my hon. Friend the Member for Ladywood says, why does he not carry out the experiment elsewhere? Why does he always pick a human embryo? Is there something characteristic to a human embryo that allows him—

Mr. Frank Dobson (Holborn and St. Pancras): I hope that my hon. Friend will recognise that there are

[Mr. Frank Dobson]

characteristics of the human embryo and the human womb that are characteristic of humans and not of any other animal.

Mr. Campbell-Savours: That is the point. If the experimenter were not setting out to achieve a human response, his research would be pointless. The question is whether such experiments are necessary. I do not wish to cite the cases that have already been drawn to the attention of the House, such as Down's syndrome. Suffice it to say that there is a belief within the medical profession that there are alternative forms of research, and the right hon. Member for South Down pointed out that it was within the intelligence of the human being to find other ways to extract this information. It may take time, but they will be found.

To secure the right to experiment, the onus is on the experimenter, within his own argument, to prove that the embryo is essential as against an alternative basis for research; but where is that proof? It has not surfaced today. We are told that the truth is in advanced implantation technology and the repairing of the genetic defects. The experimenter says that he must research to find a way to repair genetic defects. Genetic defects are at the heart of the argument.

Where are we going? If we take the rectification of genetic defects to its logical conclusion, one day we shall live in a society in which medical developments applied to in vitro fertilisation will be so advanced that facial appearance, physical strength, skin colouring, IQ and intelligence will all have become the subject of laboratory experiment, so much so that one will be able to book an embryological configuration — tall, dark, handsome, short, intelligent, athletic, shrewd or perhaps even a Frankenstein monster if that is what one wants. One would sign a form and book what one wanted.

Ms Clare Short: Only if we allow it.

Mr. Campbell-Savours: I shall come to that.

I perceive a society where perfection in procreation is such that one simply cannot afford natural childbirth. The in vitro conditioning of the embryo will be an essential prerequisite for the individual to be able to compete on equal terms in society, to look good, to be bright or athletic. The natural process will entail the risk of a fallibility that society may scorn as a sort of superrace if forged.

There may be those who say that we could prevent that by controlling it. How would they set out to contain the argument of the scientist who, after another 10, 15 or 20 years, says that the scientists have fully exploited the potential of research on an embryo of up to 15 days and that they see great new horizons and advances if only the time limit is extended? He will ask for another 15 days so that the scientists can give us even more scientific advances. In such circumstances, my hon. Friend the Member for Ladywood might be returning to the House in a decade or so to argue for a few more days. At what stage do we say no, particularly when we know that we cannot control the scientists in the way that some hon. Members believe that we can? The problem is that we know that controls will not work. If they do not work, what is there to insulate society against the excesses of scientists?

Several Hon. Members *rose*—

Mr. Deputy Speaker (Sir Paul Dean): Order. Before calling the next hon. Member, I remind the House that the 10-minute limit on speeches is in operation. To assist right hon. and hon. Members, I shall use some sign language when they have about half a minute left.

11.37 am

Sir Gerard Vaughan (Reading, East): I am mindful of Mr. Speaker's request that we should limit our speeches, so I shall be as brief as possible.

I am concerned about the number of interviews in the media, both yesterday and today, with couples who have either had a child by in vitro fertilisation or who want to have one by that method, and who have been mistakenly led to believe that somehow the Bill will prevent them having such an opportunity in the future. That view has been supported by a number of hon. Members today. It is mistaken. As the right hon. Member for South Down (Mr. Powell) made clear, in a lucid presentation of the Bill, it will ensure that the infertile couple will be able to benefit from such treatment. It will ensure that research and experimentation designed to enable a particular couple to have a child are allowed to continue.

Mr. Michael Meadowcroft (Leeds, West): I am grateful to the hon. Gentleman for giving way, as I understand the problem of the time limit. He said that some couples thought that the Bill would prevent the birth of a child by such a method. Does he accept that Dr. Steptoe and Dr. Edwards have stated categorically that had the Bill been enacted before they began their research in vitro fertilisation would not have been possible?

Sir Gerald Vaughan: I shall be coming to that point.

The Bill will make it illegal to carry out experimentation on human embryos simply for the sake of experimentation. It will make it illegal to breed and produce embryos simply for the sake of experimentation. It will stop the incidents and the possibilities, to which I have referred before, of cloning and cross-species experimentation. I believe that all hon. Members would wish such experimentation to be made illegal and unlawful.

The argument against the Bill which the House must consider carefully is that in some way it will damage research. It is said that it will prevent valuable research from producing improvements for society which override moral and other issues. I have been looking carefully at what research has been done and at proposals for future research. My conclusion is to support those experts who say that to date the benefits have been very marginal. Of course, it cannot be said that there could not be some research in the future which would be of benefit. But these experts—and notable among them is Professor Lejeune—say that it is very unlikely and that, when one considers congenital conditions, the most profitable lines of research all lie in the chemical and vitamin field, many of them dealing with the mothers and not with the embryo.

I hope that the Bill will be given a Second Reading and go into Committee. If there are such serious objections from researchers, I hope that they will come forward with detailed statements of the research that they envisage. That is not evident at the moment, and a Committee stage will give us an opportunity to look again at these matters. Meanwhile, I am made extremely worried by the dogmatic statements of some scientific people that there will be a restriction on research. At this stage I do not believe it.

It is unarguable that at the point of fertilisation something occurs which is not present in the sperm or the unfertilised ovum. What occurs is the potential for human life—not for life in general, but life for a specific person. That fertilised ovum carries the structure for a specific human being—the height, the colour, the colour of his or her eyes and all the other details of a specific person. I do not think that there can be any argument against that. The fact that the embryo at that stage does not bear a human form seems to me to beg the issue and to be quite irrelevant. It carries the potential and, just as the child is to the adult human, so the embryo must be to the child.

I ask the House to look carefully at this aspect and to support, as I do for example, the Royal College of Nursing when it says that human rights are applicable to the embryo at that stage. I cannot agree, for example, with the doctor interviewed last night who said that the mass at that early stage was not the embryo but the substance which later will become the placenta. I agree that 90 per cent. of it is, but 10 per cent. is the embryo. I cannot agree either with those who say that many embryos die, anyway. That is not the point. Perhaps it would be desirable if they did not die, but we are discussing embryos which are born with the purpose of being deliberately killed, to destroy them for experimental purposes.

When the House comes to weigh these considerations, I believe that it will take the view that we are a civilised society, that civilised societies are judged by the way that they treat other human beings, and that this is an area where the moral issues, the potential life issues, firmly outweigh considerations of possible speculative research in the future.

I hope that the House will support the Bill and let it go into Committee. I hope, too, that from the Bill will come the wish of such people as Professor Ramsay, who hopes that we in this country will give a lead to the rest of the world in setting moral and ethical standards in these matters.

11.45 am

Mr. Michael Meadowcroft (Leeds, West): I, too, commend the right hon. Member for South Down (Mr. Powell) for the manner in which he presented his Bill, which is in contrast to some of the arguments that are to be heard both in and out of the House.

The petitions that we have all received and presented to the House rightly demonstrate a deep emotional concern about the sanctity of life, and that belief is not exclusive to one side of the argument. All right hon. and hon. Members will share that view and deep feeling about what life is and should be. Those who oppose the Bill are not only equally concerned but believe that it is not possible to take the same exclusive view of what life is.

Also, many supporters of the Bill and some of its opponents have deep religious beliefs. But I suspect that there would be immense problems if the House attempts to legislate solely from a theological standpoint. I doubt whether it was ever possible to draw definitive and watertight definitions determining ethical and moral positions. It is certainly vividly impossible to do so today, given the advancement of medical science.

Some years ago there was an urgent debate on the definition of death because of the development of transplant surgery and concern about control over the taking of organs. This Bill and the related issues of the

Warnock report are a mirror image of that debate as they hinge upon a definition of life. The fact of the debate and conflicting specialist opinion demonstrate that there is neither consensus nor clarity over that definition. The right hon. Member for South Down said that the question of what was life was unanswerable, and I accept his opinion.

I oppose the Bill because I believe that there is a difference between the potentiality of life and the actuality of life. Both are aspects of life but, if we are to be sensitive and helpful to those who feel desperately unhappy and deprived because they are unable to have children, we need to accept a hierarchy of values put on those different aspects of life.

I share the right hon. Gentleman's repugnance about some of the issues raised by in vitro fertilisation and other aspects of different methods of conception. I read the Warnock report with the same repugnance. But I believe that if the preparation of legislation and deliberation upon it was determined by the amount of repugnance that we felt, we would hardly be assisted in the way that we drafted legislation.

Unlike the right hon. Member for South Down, my feelings went the other way thereafter. The more that I studied the key question involved, the more that I believed that the Bill as drafted was unhelpful. It is particularly unhelpful to those who suffer from infertility, and the potential evil that it seeks to inhibit is by no means the threat that it is represented to be.

Aside from the key issue of research on embryos, I find it astounding that a Bill can come before the House in 1985 which forces a woman requiring assistance to conceive through IVF to have to get the approval of the Secretary of State. That is intolerable.

It is fortunate for the right hon. Member for South Down that the explanatory memorandum is not part of the Bill. If the first paragraph were accurate, it would outlaw the inter uterine device as a method of contraception which, despite many fears about it, is still widely used.

The fourth specific question is whether the right hon. Gentleman assumes that defective eggs have to be reimplanted into the woman. If not, what is to happen to them? Dr. Steptoe told me that he would refuse to do it, whatever the law was, and he wanted to know what he should do thereafter with those embryos.

The crux of the debate is whether in vitro fertilisation is compatible with the exclusive view of the sanctity of the embryo that the Bill requires. I do not believe that it is compatible. As I said during an intervention in the speech of the hon. Member for Reading, East (Sir G. Vaughan), I asked Dr. Steptoe and Dr. Edwards whether the development of IVF would have been possible had the restrictions in the Bill been in force some years ago. They said categorically that it would not have been possible. Therefore, I believe that it is not consistent to support IVF but to ban research on embryos.

Perhaps more to the point, IVF is far from perfect. Successful implantation rates have improved but are still little more than 10 per cent. The Bill is likely to impede the potential development of IVF which would improve that implantation rate. Paradoxically for the life lobby with which the hon. Member for Workington (Mr. Campbell-Savours) is concerned, further research would reduce the production of spare embryos and the need for further research and would also reduce the demands for abortion because of the improved understanding of the nature of the child that is conceived.

Mr. McQuarrie: Nonsense.

Mr. Meadowcroft: The hon. Member may say "Nonsense", but that is so. It is interesting that the work of Dr. Steptoe and Dr. Edwards has shown that women who could not have benefited personally from their work willingly donated eggs to help with that research. Of course there is a need to regulate research and the whole of the medical profession is desperately anxious to do so, but the arguments of the hon. Member for Workington, although they have logic in essence, do not have logic in the way that research develops and in the way that we look at aspects of public and personal health. If the hon. Member were right, we should not have eliminated smallpox or polio, nor should we be able to look at ways and means of getting rid of genetic diseases such as haemophilia and Huntington's Chorea.

At some point it is conceivable that a Bill will have to be introduced if there is abuse of research, although that research is aiming to abolish genetic defects which nobody suggests ought to be retained if they can be removed. Therefore, it is not a legitimate objection to the Bill to suggest that future scientists may take research beyond acceptable grounds. The question before us is whether we have reached the limits of benevolent knowledge and research in relation to infertility. I believe that the balance of the argument lies against the Bill.

11.51 am

Sir Bernard Braine (Castle Point): I agree with the hon. Member for Barking (Ms. Richardson) at least in one respect. Each of us in a debate of this kind has to look into his own heart and decide where the truth lies. For me the starting point is the nature of the human embryo. If it were not a member of the human family from the moment of conception, there would be no need for the Bill; but I believe that it is an embryonic human being and that it deserves our protection.

It is not only essential to grasp this point from the outset but imperative to understand that the Bill is a response to the invitation of eminent doctors and scientists that Parliament should give its blessing to experiments which for the first time in the history of this country are not in the interests of the individual upon whom they are performed. Even the Warnock committee, which throughout refused to discuss the nature and status of the embryo, was forced to concede that a moral dilemma faces us, since it recommended:

"The embryo of the human species should be afforded some protection in law."

Yet the committee went on to recommend that experiments on human embryos should be permitted under licence up to 14 days after fertilisation.

The majority of the committee also recommended that embryonic human beings should be produced specifically for experimental purposes. Just how Warnock could recommend that the human embryo should be afforded some protection in law but could also be used for experiments which result in its destruction, or, if it survives the experiments, could be put to death by the experimenters is almost impossible for the moral mind to grasp. Warnock offers no rational basis whatever for such mutually exclusive propositions.

If we consider the basic requirements of a truly civilised society, we can surely agree that at least in their constitution our American cousins got it about right when

they declared that all human beings have the right to life, liberty and the pursuit of happiness. But note that the right to life comes first. There can be no right to liberty or to the pursuit of happiness if first there is no right to life. There is no protection in law worth having unless we are first guaranteed the right to life. It is a condition of all human rights. If this House were to reject the Bill and thereby to endorse the Warnock proposals, we should have accepted the principle that some human beings albeit at a very early stage in their development, are to be regarded as "non-persons" if it suits the interests of science and is held to benefit others.

Nobody could argue that embryonic human beings represent a threat to the rights or interests of anyone. On the contrary, they are isolated, incapable of threatening anyone and innocent of any wrongdoing. To argue that spare embryos used in experiments will die in any case is morally no different from justifying the use of any of us as a guinea pig if, say, we contracted some incurable disease on the ground that our death was inevitable because of that disease. Ethical medicine has always upheld the principle that experiments, even in terminal cases, can be conducted only on the ground that they might be of benefit to the patient.

The Nuremberg trials roundly condemned a whole regime and its servants on the ground that it ignored this principle. The Nazis were condemned for treating some human beings as non-persons and using them as experimental objects for so-called scientific purposes, for the so-called good of society and for the benefit of a so-called master race. We are all familiar with the argument that the end justifies the means. That idea did not die with Hitler in his bunker; it is alive today. Only a fortnight ago the police captain Piatrowski, one of the murderers of Fathr Popieluszczo, told a Polish court, apparently without any remorse:

"I believed that a small evil was necessary to end a larger one."

To justify a very small evil we are now told that it is necessary, if we are to make progress in discovering more cures for infertility, more abortifacients and more efficient methods of contraception, to experiment on human embryos. That kind of suggestion does not tug at the heartstrings to the extent that its advocates would wish. We are now told that only experimentation on the human embryo can find the cures for chromosomal diseases and other congenital handicaps which distress us all. It was in this very House that William Pitt the Younger, one of the greatest parliamentarians of all time, warned:

"Necessity is the plea for every infringement of human freedom. It is the argument of tyrants. It is the creed of slaves."

Necessity is undoubtedly the argument of those who do not wish to be constrained by ethics or even doubt as to where their monstrous new techniques for freezing, cloning, manipulating and killing human embryos are leading mankind. I salute the hon. Member for Workington (Mr. Campbell-Savours) for bringing out into the open the direction in which such research is proceeding all over the world. The Medical Research Council is not a body to which I would entrust 100 per cent. the task of self-regulation of research or preventing decline in medical ethics. Ironically, the need to experiment with human embryos to find the cure for, say, Down's syndrome is not proven. Through Warnock, Parliament is being asked to

grant to scientists the right to play God for up to 14 days when it is well known that the claimed results could not be obtained in so short a period.

There is the rub. Bolder spirits among the experimenters are already declaring publicly that 14 days is of no use to them. They demand 30 days. There are others who want 42 days. Believe it or not, there are others still, including a member of the Warnock committee, who have already been experimenting on live aborted fetuses. That takes place in this country.

Mr. Kevin Barron (Rother Valley): Where?

Sir Bernard Braine: It is all in the medical literature. The hon. Gentleman can see for himself. I have only 10 minutes, but it is all in the medical literature. I shall lay it on the Table of the House for any hon. Member to see. I repeat that a medical researcher—

Ms Richardson: Name him.

Sir Bernard Braine: Professor MacNaughton—has conducted experiments on live aborted fetuses. He has injected them with steroids.

Ms Clare Short: That is illegal.

Sir Bernard Braine: Apparently it is legal. Apparently, under the Medical Research Council, such research is permissible.

A number of us were privileged to hear Professor Jerome Lejeune when he spoke in the Grand Committee room last week. He is one of the most eminent geneticists in the world. It is clear from what he says that it is misleading nonsense to assert that experimentation up to 14 days can add anything at all to our knowledge of diseases such as muscular dystrophy which affects the muscles, because the muscles are not there in the embryo up to 14 days, or Cystic fibrosis which affects the lungs because there are no lungs in the foetus up to 14 days. The moment one examines this in any detail, one sees the falsity of the claims.

There is only one body in Britain which can safeguard the embryo and save the honour of our people and that is Parliament. Here the buck stops. Either we accept that the right to life incorporates the right not to be experimented upon for the sake of others, or we lose all moral credibility and history will judge us as decision makers who ran away from their most fundamental duty. The Bill gives us a chance to stop the rot.

12.2 pm

Mr. Leo Abse (Torfaen): In the 10 minutes that are now available to each of us, I want to direct the attention of the House to two matters. The first of these is the Bill itself. I challenge the unequivocal assertion by the right hon. Member for South Down (Mr. Powell) that the Bill in no way interferes with existing in vitro procedures. I say that it does. In fact, if the Bill went through it would mean that in vitro pregnancies in Britain would be likely to come to an end.

The second point with which I shall attempt to deal is the foundation upon which the right hon. Gentleman rests the Bill—his belief, not in religion as he frankly says, that his instinctual reaction is one which should govern his Bill and the opinion of Britain.

Each of us knows, or should know, that so far single-egg collection, the limitation of the fertilisation to one ovum, has led in almost all cases only to misery of

miscarriages. I am informed that in the last 28 cases in which it was performed in a National Health Service hospital, at probably the best infertility unit in the country, only one pregnancy resulted. Therefore, we must accept that the existing clinical practice requires that an attempt is made, first, to fertilise six or seven eggs in the hope that the end result will yield at least four embryos for transfer. Sometimes, of course, fertilisation of all the eggs takes place. Although there may be seven, it would be reckless even to think of disposing of the extra embryos until the transfer procedure was believed to have been successfully completed, lest, as sometimes happens, mishaps and difficulties arise in the transfer.

The Bill traps the gynaecologist. According to the Bill, from the moment that the embryo insertion has been completed the authority for the gynaecologist to have an embryo in his possession immediately and automatically ends. He is left with two or three extra embryos in, according to the Bill, his unauthorised possession. That means that he is immediately liable to a two-year sentence of imprisonment. That is the effect of the Bill.

I challenge the right hon. Member for South Down to deny my assertion, even as I challenge him to tell the House what the gynaecologist is able to do with the two or three embryos that may be left. He will not be able to utilise them for research. He will not be able to freeze them with the mother's consent in order that they perhaps could be used to produce a child for another infertile couple. No.

I challenge the right hon. Gentleman. What happens to what are unhappily called the spare, but which I prefer to call the extra, embryos? I challenge him directly. Is it not the case that every gynaecologist who, under the Bill, attempts an in vitro pregnancy will, immediately on the successful completion of that, be placed in jeopardy of imprisonment.

Let me give a second reason why in vitro fertilisation will come to an end if the Bill becomes law. There is a gap between the clinical practice and the abstract principles of the Bill. Characteristically, the right hon. Gentleman's idiosyncratic approach and idiosyncratic logic leaches him away, as so often, from reality. He affirms—no one has mentioned it yet except for him—the time limit of the authority to be granted. He talks of the four months and the two months.

I could not understand why the right hon. Gentleman came to those conclusions. I went to the man who is generally regarded as probably the leader in the in vitro field within the NHS, at the University of London Institute of Obstetrics and Gynaecology. I went to Mr. Winston and I have his authority to give the House his comment on the four-month rule. He said:

"The four-month rule, even with extension for two further months, makes an impossible"—

I repeat—

"an impossible restriction on our services. Good treatment often requires many months of preparation, finally choosing the most suitable menstrual cycle in which to collect the eggs. We put our patients through a series of assessment cycles and may decide at short notice to collect eggs because of propitious hormonal omens. . . . Currently in our programme, it takes an average of 14 months from the start of assessment for i.v.f. until pregnancy is established. Of course, some women are much luckier than this; others may need longer."

What has to be done when that is the actuality of the situation? The right hon. Gentleman is insisting that again and again applications would have to be made. The doctor in each case would have one eye on the clock to make sure that he did not suddenly become a criminal, and one eye

[Mr. Leo Abse]

on his work. He would be choked with a bureaucratic procedure which would go on for ever. No self-respecting doctor, in my judgment, would be able to tolerate continuing in that way.

There is a third reason why I say that in vitro fertilisation will undoubtedly be arrested by the Bill. The Medical Research Council, through Mr. James Gowans' letter to *The Times* a few days ago, made it clear that as the Bill would stop all research aimed at improving in vitro fertilisation it would indirectly

"lead to the shutting down of many of the best IVF clinics. This is simply because many doctors will not continue providing a relatively inefficient service if they are prevented from improving it."

They will not be able to feel justified in making any woman take on that heavy burden when there is such a slim chance of her having a baby. That is the third reason why in vitro fertilisation will be brought to an end by the Bill.

But there is a fourth and final reason why in vitro fertilisation will be brought to an end. The right hon. Member for South Down confidently said that under the Bill the Secretary of State could make an automatic grant, once two doctors had made an application, but I do not see anything in the Bill to suggest that the Secretary of State's discretion is so limited. The Bill lays down certain mandatory provisions which the Secretary of State must observe, but it does not state what he can or cannot do beyond those provisions.

As I have already said, any woman who wanted in vitro fertilisation following the Bill's enactment would have to go through the process of making an application to the Secretary of State for permission to be a mother. The right hon. Member for South Down is saying that we should introduce licensed motherhood and that the decision should be made in Whitehall by a faceless and anonymous bureaucrat. That is an intolerable suggestion — [Interruption.] In my view, a Bill which makes such a suggestion and which piles such humiliation upon a woman should be rejected.

The right hon. Member for South Down says that he is guided by his instinct. He does not plead religion, and is honest and frank about that. But my instincts are different. I come from a different culture from that of the right hon. Gentleman. I am a secular Jew, not a religious Jew. I do not share the view of the orthodox, whether they are rabbis or bishops or cardinals. I was brought up to believe that it was a wonderful thing, in accordance with the Old Book's injunction, to multiply as the sand on the seashore and the stars in the sky. That is a wonderful adage. Thus my instinct is different from that of the right hon. Member for South Down with his monkish habits. Some days ago I observed him challenging a young black girl. He was promising her a future of fear because he was concerned, as he always is, with the disproportionate number of blacks that will come along. He is always interested in birth. It is no surprise that he should have introduced the Bill. He has always been interested in the births of blacks — [Interruption.] That is his statistical — [Interruption.] His interest is founded on his prurient curiosity about their sexual habits.

Mr. McQuarrie: Wind up!

Mr. Abse: I shall do so, if the hon. Gentleman will let me. In this case, the same instinct is at work. The

machoism of some men is being threatened, because men who are not confident in their sexuality fear in vitro fertilisation. If there were fewer eunuchs in the country, there would be fewer Enochs in the House.

12.12 pm

Rev. Martin Smyth (Belfast, South): I rise to speak after one of those paranoid demonstrations which the House sees performed from time to time by the hon. Member for Torfaen (Mr. Abse). When the arguments are analysed, it will be seen that there has been a lot of sound and fury, but that there is very little substance to them. An examination of what has been said will show that red herrings have regularly been drawn across the Bill.

I sympathise with those with human problems and with the tragic position of the hon. Member for Caernarfon (Mr. Wigley). I am also aware, from my pastoral and personal responsibilities, of the problems of parenthood. Although I respect the general practice of medical science, I realise that doctors may differ in their opinions and that patients may die. On the subject of foetology, I am reminded that if my family had accepted the medical opinion given 23 years ago, and had accepted, after a test had been performed, that the child in the womb was dead, we would not now have a healthy daughter of 23.

My point is that some of the arguments that have been put forward are questionable. Although opinion was divided, Warnock asked for 14 days for experimentation. However, others working in the area have said categorically that that view is doubtful. I should like to quote a witness who submitted recent evidence to the Northern Ireland Assembly Committee which examined this issue. He is a specialist, and is consultant paediatrician at the Royal Maternity hospital, which does a tremendous amount of work in genetic research and the care of children. He said:

"As a practising paediatrician prevention of these abnormalities would be highly desirable. They remain a major cause of neonatal and infant death in Northern Ireland. However, I am not convinced that research during the first 6 weeks after fertilisation will provide the wealth of knowledge that some researchers claim. Furthermore, there is a danger that if human embryos are kept alive for this period of time that new drugs would be tested for their effects in causing abnormalities. This would clearly be a misuse of human embryo research."

The time has come to lay down guidelines for the researchers. At an earlier stage in the development of medical science there were some who encouraged researchers not to go down the road of in vitro fertilisation for humans. But researchers went down that road and Warnock as now requested legislators to get them out of their difficulty and to legalise the proceedings. It is now for us as legislators to say that they have travelled far enough along that road. Despite the comments of the hon. Member for Torfaen — who has now vacated the Chamber — we are dealing not with the question of infertility, but with that of research that uses embryos.

Mr. Barron: Will the hon. Gentleman give way?

Rev. Martin Smyth: I am trying to keep my speech within the 10-minute limit. I do not want to be unfair to any hon. Member, so I hope that right hon. and hon. Members will not press me to give way to them.

We have already been told that if we restrict further research in Britain it will be carried on elsewhere. Several countries have already been named. The same argument could have been used when Members of Parliament

wanted to abolish slave trading—if we abolish it, it will go on elsewhere. Thank heaven, on that occasion the House gave moral leadership to the world. Today we have an opportunity to give similar moral leadership to other nations.

If others go wrong, we should not follow their example. Accordingly, I urge hon. Members, especially those who have argued against the Bill, to think again. I say that in particular to those who have spoken largely from the point of view of women. I appreciate their arguments, but I suggest that if we followed the road that some of them would have us travel, there could be fewer women in the future crying out for the place of women because of the process of selection through genetic engineering.

We are arguing today, not on behalf of male or female, but, following the quotation from the Hebrew given by my right hon. Friend the Member for South Down (Mr. Powell), on behalf of humanity. It is important to consider the matter, not from one point of view or another in terms of male and female, but from the point of view of humanity as a whole. Men and women are created in the image of God and are brought into the world distinct from any other form of creation.

At the time of the Nuremberg trials certain guidance was given. That guidance stated that there should be a preparedness on the part of the scientist

"to terminate the experiment at any stage if the experiment is likely to result in injury, disability or death to the experimental subject."

The subject is the important word there, for while we may talk about a potential human being, or a human being with potential, we are discussing the future of a human subject. The question of research for genetic defects is not involved in the Bill. Let us continue to try to help those with an infertility problem.

12.22 pm

Rev. Ian Paisley (Antrim, North): I support the motion. When we consider a Bill on Second Reading, we are concerned primarily with its principle and general intent. The intention of this measure is set forth in its title — the Unborn Children (Protection) Bill — and it is vitally necessary at this time that we should have a measure with that title.

The title of the Bill recognises that the human embryo is a human being, and proof of that cannot be gainsaid. The fundamental strength of the Bill lies in its title. So long as the title is retained, there will be a platform for clarification and, if necessary, for the strengthening of the measure at later stages. If the title of the Bill is forgotten — if it is lost — or if the solemn basis disappears, society will be at a disadvantage. Thus, we must retain the title of the Bill.

A frightening and terrifying situation has come about in our country when a scientist can boast that he possesses 300 embryos in cold storage. To pick up a newspaper and read that Dr. Edwards has pleaded "Let embryos grow in pigs" is utterly repugnant to the people of the nation, be they of no religion or of strong religious faith. *The Guardian* reported on 19 December 1984 that Dr. Edwards had said

"that he had not put human embryos into animals . . . But the work might become necessary to improve the technique of in vitro fertilisation (IVF) and to minimise abnormalities in babies. It might be necessary to put an embryo in the oviduct (the tube leading from the ovary to the womb) of a pig or a rabbit for six to 12 hours and then take it out again."

Dr. Edwards claimed that that needed to be done in the interests of his research. As I say, that is totally repugnant to the people of Britain. *The Guardian* also reported Dr. Edwards as having said:

"the first British frozen baby is expected early next year." What sort of child will that turn out to be? Science has run wild and we in this House must do something about it. That is why I support the Bill.

The measure would make it an offence to produce, or have in one's possession, a human embryo without the authority of the Secretary of State, which authority must be expressly given for the purpose of enabling a child to be born by a named woman. That would be an immense step forward from the present position where there is no regulation or control.

I should like the Bill to be amended in Committee to make provision to ensure that no human embryos would be created which were not transferred into a woman, except in exceptional circumstances — for example, where life might be put at risk. Under the Bill as drafted I fear that many embryos could be produced which would not need to be used for a named woman. The question, therefore, is what will happen to those. We must face up to that question.

Believing, as I do, in the sanctity of the marriage bond, I cannot accept that embryos should be donated to women outside the marriage relationship. Experimentation, freezing and the purchase and sale of embryos are repugnant practices and should be outlawed.

The Royal College of Nursing and the Royal College of General Practitioners are 100 per cent. against all embryo experimentation. Two million people have petitioned Parliament against it. Today scientists are trying to play God. I reject that right of science to usurp the authority of God Almighty.

The hon. Member for Torfaen (Mr. Abse) quoted from the Bible. I, too, will quote from the Old Testament scriptures, revered by both Jews and Christians. The right hon. Member for South Down (Mr. Powell) said that the unanswerable question was, what is man? I disagree, because the Revelation in the Bible gives us the answer to that question. That is what the whole Christian revelation is about. The Psalmist tells us:

"Thou hast possessed my reins, thou has covered me in my mother's womb. My substance was not hid from thee when I was made in secret. Thine eyes did see my substance. I am fearfully and wonderfully made."

I plead today on behalf of the unborn child that cannot speak. It cannot defend itself and it is a prey to the whims of scientists. It is the plaything of their experiments.

In the name of these helpless, defenceless, voiceless human beings, whose rights must be protected — especially their right to live — I urge hon. Members to support the Second Reading by an overwhelming majority. By so doing we can take a first step against the exploitation of this section of the human race. All human embryos are equal and should be equally protected in law.

12.28 pm

Mr. Willie W. Hamilton (Fife, Central): The longer the debate goes on, the more convinced I am that this subject, at this time, is singularly inappropriate to be dealt with a private Member's Bill.

I have sat through the proceedings on all the abortion Bills from 1967. We have had the usual and entirely predictable emotional language about playing God, about

[Mr. Willie W. Hamilton]

Hitler and the Nazis and all the other things from enunch to Enoch. We have heard it all from my hon. Friend the Member for Workington (Mr. Campbell-Savours), who was outstripped by the right hon. Member for Castle Point (Sir B. Braine). All conveyed the message that those who oppose the Bill are guilty of a heinous offence. They say that we are murderers. I have been accused of that before. Roman Catholics in my constituency have accused me at public meetings of being a mass murderer of children because I happen to take a contrary view to theirs.

I have not presented a petition in the House. One was sent to me, signed mostly by Catholics, although I suspect that others signed it, too. I did not present it to the House; I sent it to the Minister for his considered reply. That was performing as useful a function as has been performed by the meaningless exercise of bringing forward a great wad of signatures. If one counts all the signatures, by definition at least 50 million of our population have not signed. Therefore, I take no account of that except to say that there are, of course, very acute divisions of opinion in the country and the House, and no amount of logic or emotion on either side will resolve those differences.

The right hon. Member for Castle Point said that to reject the Bill is to endorse Warnock. That is simply not true. There are organisations—

Mr. McQuarrie: Will the hon. Gentleman give way?

Mr. Hamilton: I am sorry, but I shall not give way.

There are organisations and individuals who say that they oppose the Bill but who also have reservations about Warnock. It would be surprising if that were not so. I should like to make one simple point. The Warnock report made 64 recommendations, excluding the two expressions of dissent, which were signed by two and three members of the committee respectively out of a total membership of 16. Even the Warnock committee, composed of all sorts of experts, objective people with no political axe to grind, was also divided in the majority of the recommendations.

The 64 recommendations included nine on the legal limits on research and 14 on the legal changes deemed to be necessary. That is a measure of the complexity of the problem that we face and the controversial character of the recommendations.

All that makes the issue singularly inappropriate to be dealt with piecemeal by a private Member's Bill. However competent the Member is who introduces it—the right hon. Member for South Down (Mr. Powell) is no more competent in these matters than any Member of the House—

Mr. J. Enoch Powell: I have never claimed otherwise.

Mr. Hamilton: I was just saying that, however eminent and eloquent the right hon. Gentleman might be, he has no qualifications whatever for playing God, if I might say so. [HON. MEMBERS: "Oh."] It is exactly right. The right hon. Gentleman sought to create the impression—perhaps unconsciously—that somehow, because we take a contrary view to him, we are guilty of some kind of offence. [HON. MEMBERS: "He did not say that."] All right. I am simply saying, and I repeat the complaint that I made, that this is a matter that is not appropriate to be dealt with in this way. I suspect that the Minister will say that, too.

It is only seven months since the Warnock report was produced. The Government have asked for organisations to make their representations to them on those matters. According to an answer given to the House a few weeks ago, no fewer than 120 organisations have already made their representations to the Government. I forecast that there is no unanimity among those 120 representations received by the Government so far. I do not know what consultations the right hon. Member for South Down made when he drafted his Bill. My hon. Friend the Member for Torfaen (Mr. Abse) showed that he has not consulted some of the experts who might have something worth while to say on the matter. It is extremely important that, before reaching any decisions, this democratic assembly should take careful account of lay hon. Members—that is what we are—and of the multifarious organisations with a point to make. Only then should we attempt to legislate. Only after the Government have conducted nationwide consultations are we likely to get the type of legislation that will cover the problems that Warnock investigated. I hope that the House shares my view. It would be disastrous for infertile men and women and others who might pass on defects if we act, as I believe we are, with unseemly haste on deeply controversial issues.

12.35 pm

Mr. Donald Stewart (Western Isles): The hon. Member for Fife, Central (Mr. Hamilton) makes light of 2 million signatures, but that is the biggest collection that I have seen in my time in the House. The number shows that there is vast public disquiet about the implications of the Warnock report.

We are here not to rubber-stamp the views of the public, but we cannot ignore them. We can safely assume that the majority of those who signed the petitions are equally worried about childless couples and congenital malformations, although I do not concede that allowing research to continue would help to solve those problems.

I share the revulsion and repugnance felt by the right hon. Member for South Down (Mr. Powell) on reading the Warnock report. I am thankful for the fact that he has been fortunate enough in the ballot to introduce the Bill. It does not seem inappropriate that the Warnock report was published in 1984. One of the organisations that support the Bill put it well when it wrote:

"Warnock's view of the human race is chilling. Human eggs, semen and embryos are little more than materials for laboratory manipulation. Human sexuality is simply a biological phenomenon of the animal kingdom . . . love is not mentioned. Children are products. We are in a sanitised, clinical and dehumanised world. There is no awe, little reverence, less concern for dignity".

I take it that the Bill prevents experimentations with the human embryo. That is a worthwhile aim. Like abortion, experimentation with the human embryo is a grave sin. Some sections of the scientific world would have no restraint if some curb were not put on their activities. That is part of the spirit of the times in which we live. The right hon. Member for Chelmsford (Mr. St. John-Stevas) said that he did not believe that there had been any fall in the moral standards of society. I regret that I have to disagree. He also said that society is unwilling to accept restraint. The arrogance of man knows no bounds.

It has been claimed that ending some forms of research would end investigation into certain diseases, such as Down's syndrome. One of the leading experts on Down's syndrome says that there is no evidence to suggest that the

lack of experimentation on embryos would affect research into that syndrome. The right hon. Member for South Down answered the question about infertility. Right hon. and hon. Members on both sides of the House have argued that there should be a Government Bill. Meanwhile, we must maintain the position. I hope that when the Government's Bill is presented to the House, it will incorporate the aims of this Bill for the protection of unborn children as nothing could be worthier than that.

12.40 pm

Sir Hugh Rossi (Hornsey and Wood Green): I welcome the Bill and congratulate the right hon. Member for South Down (Mr. Powell) on tabling it and for the way in which he presented it. I have reservations which I shall mention shortly, but I fully endorse the proposition that experimentation on human embryos should be treated by the law as a grave offence, because a human embryo is a human being with a genetic code for its full development as an individual from the moment of conception. I, therefore, hope that the title of the Bill will remain unchanged.

It has been suggested that experiments on human embryos are justified because of the knowledge that may be gained to save the suffering of others. I recognise the sincerity of the hon. Member for Caernarfon (Mr. Wigley) and I am aware of his deep concern for the disabled, born of personal family tragedy. However, as many hon. Members have said, there is grave doubt whether experiments are or could be of value. We have heard that leading experts on Down's syndrome and spina bifida, who are responsible for important discoveries in these fields, say that human embryo experiments have no validity and are unnecessary. At the end of the day we are left with the question whether it is right for one human being to experiment on another, and for me that is the sticking point.

To legislate on in vitro fertilisation, the right hon. Gentleman has had to tiptoe extremely carefully in order not to offend too many sensibilities. Infertility causes great anguish and distress. If a married couple have physical difficulties in conceiving naturally a much-wanted child, it is hard to deny them the opportunity of overcoming those difficulties by artificial means. However, that is not a cure for infertility, but a substitution.

One of the weaknesses of the Warnock report and, if I may say so, of the speech of my right hon. and learned Friend the Minister for Health in reply to the debate on 23 November is that, although great play was made of the need to overcome the consequences of infertility, nothing was said about effecting a cure or seeking medical research into the causes.

In vitro fertilisation has been evolved as a clinical technique to overcome the problems of infertility mainly caused by tubal occlusion, the commonest causes of which—accounting for 90 per cent. of all cases—are previous abortion, the use of inter-uterine devices and sexually transmitted diseases. That is not to say that all cases of infertility result from such avoidable causes, but their significance is such that we should perhaps do more to make vulnerable members of our society more aware of the dangers that they face. We should seek to avoid causes rather than to bypass them, as in vitro fertilisation seeks to do, in the distressing circumstances in which the need arises.

However, may I say to the right hon. Gentleman that the weaknesses of the Bill seem to be in the conditions under which in vitro fertilisation may take place. I am nervous of leaving it to the Secretary of State to determine the criteria and circumstances in which an embryo may be inserted. The Bill gives no guidance on that matter to the Secretary of State or to his officials who will be advising him in individual cases. Also, the Bill leaves it possible for human embryos still to be bought and sold. It does not give any directions as to the provenance of the gametes to be used. No consideration is given as to whether the Secretary of State should keep a register of donors. I mention that because the Bill is giving for the first time legal sanction to the creation of children by artificial means; therefore, account has to be taken of all the legal consequences of that sanction.

At some time in a child's life, medical questions in which hereditary factors are important will need to be examined. If there is no register of donors, and the woman who has given birth to the child did not necessarily produce the ova, or if the man to whom she is married did not produce the sperm, how can one trace the hereditary factors which may be vital in determining the medical conditions that may arise in the later life of that child? Also, for the very reasons that I have mentioned, considerable problems of inheritance could arise. Does the child inherit from the donor of the sperm or from the father of the family into which the child is born? Does he inherit through the mother from whose womb he came or from the mother who provided the ova? Those questions of inheritance cannot be tackled in a bill of this kind, but the law must address itself to those social problems in due course.

The creation of spare embryos and their being kept in frozen storage remain possibilities under the Bill. I regard both as objectionable practices detracting from the dignity of human life. Moreover, I understand that, since the development of techniques for the painless retrieval of ova with ultrasonic guidance and without general anaesthetic, at Manchester NHS IVF unit, the need for spares and storage for implantation purposes has gone. However, those are matters than can be more fully discussed at a later stage of the Bill, and it would be churlish of me to dwell on them too long and to detract from what I regard as the inherent value of the Bill.

At present there exists under our law no protection for the human embryo. Scientific developments have intruded at a pace into areas where the law did not see the need for its application. Once again, I congratulate the right hon. Gentleman on seizing the opportunity, and I wish his Bill well.

12.48 pm

Mrs. Renée Short (Wolverhampton, North-East): Several hon. Members who have spoken in support of the Bill have referred to Professor Lejeune, who works in Paris and has made several pronouncements about the care of disabled babies. For example, he has suggested that spina bifida can be cured by the intake of large quantities of vitamins. Scientific information in Britain does not wholly support that view, and the Medical Research Council has set up a nationwide trial to prove the authenticity or otherwise of Professor Lejeune's claims. Professor Lejeune is trying to treat the abnormal conditions that occur after birth; he is not carrying out research to

[Mrs. Renée Short]

prevent those abnormal conditions from arising. His experience and views, therefore, are not relevant to the debate.

The right hon. Member for South Down (Mr. Powell), who was fortunate to win a place in the ballot for private Members Bills, could have chosen more wisely. He has chosen a Bill that will deny medical research scientists of distinction and high ethical values the right to continue research into one of the most distressing conditions that can affect a marriage — infertility. I protest at the attitude displayed on both sides of the House by hon. Members who support the Bill and at the denigrating remarks that have been made about scientists.

The hon. Member for Hornsey and Wood Green (Sir H. Rossi) referred to the problem of abnormality. It is a heartbreaking and unaccountable tragedy for many families when a child is born suffering from a hereditary disease or a congenital abnormality.

Hon Members have referred to in vitro fertilisation, but I wonder whether they realise how long it took to develop that technique. Research went on for 15 years. It takes a long time and much devoted work to produce new techniques to deal with the problem with which the Bill purports to deal.

The success rate is still low, so research must continue. If the right hon. Member for Down South has his way today, that vital work will cease. Work on the treatment of patients suffering from recurrent miscarriages, for example, following normal conception will cease if the Bill is passed. The Medical Research Council says that at least 10 per cent. of ill health in man is a direct consequence of inherited defects in our genetic make-up. Some of the defects are trivial, but others are very serious. I refer to inherited diabetes, blood-clotting diseases, blindness and deafness. Hon. Members have not mentioned those today. Inherited diseases cause enormous distress in families.

Some inherited diseases are even more catastrophic. There are inherited cancers, lethal blood conditions and defects responsible for gross physical and mental abnormalities or abnormality in the number of chromosomes, for example, which is responsible for Down's syndrome. These conditions are a common and intractable part of the burden of childhood abnormality that must be borne by some unlucky, unfortunate people and by the families who have to bring up such children.

Mr. Tracey: Will the hon. Lady give way?

Mrs. Short: No, I am sorry.

Few of the serious inherited diseases are curable, and we are still unable to cure some of the less rare diseases such as cystic fibrosis and muscular dystrophy, which again no one has mentioned today.

Many genetic disorders can be diagnosed during pregnancy by amniocentesis. That is frequently performed on older women fairly late in pregnancy. The alternative to abortion if the tests are positive is a deformed child. If such tests cannot be carried out, the woman is condemned to bearing a deformed child. How much better it would be if we could make that selection much earlier in pregnancy — the earlier the better. That is the point of much of the medical research.

If research cannot continue, late terminations of pregnancy certainly will. Is the right hon. Member for

Down South content with that? Has he faced up to that? Relief from such abnormal conditions lies in research which has been going on for some time. In vitro fertilisation can provide the means of checking an embryo to ensure that it does not carry an abnormal gene before the embryo is transferred into the mother. That has not yet been done, but it is possible. Then the pregnancy can continue with the knowledge that the child will be born perfect.

In relation to cystic fibrosis, I understand that one in every 20 people has one copy of the abnormal gene. Though those people are normal, they are carriers of the abnormal gene. One in 2,000 babies has the disease because he or she has two carrier parents. If two carriers marry, one in four of their children will have the disease. How can hon. Members say that we must not carry out the research that is needed?

The Warnock report does not define an embryo, and a great deal of misguided fuss has been generated by the bizarre belief that the human sperm-hamster egg fertilisation system is one step towards the creation of a part-human, part-animal hybrid. But that process develops a zygote, not an embryo. It will not develop into an embryo, but it provides a simple and useful system to measure the fertility or otherwise of the human male. That is why the experiment is being carried out. It is an important test which provides information about the chromosome content of the donor's sperm. It can also reveal information about the effect of radiation or exposure to chemicals on human sperm. Clearly, it will provide important information when a man claims damages against his employer after an industrial accident.

That is an important area of research which has nothing to do with human embryos. It has been misrepresented by those who put out inaccurate, misleading and irrelevant propaganda against the Warnock report as a whole.

The most immediate research area is fertility, the treatment of infertility and the understanding and improvement of methods of contraception. I hope that the Minister will emphasise that a voluntary code of practice was introduced following the Peel report on the use of foetal material. He knows that it works effectively and is under strict control.

If the Bill succeeds today, we shall retreat along the road of bigotry and intolerance, turning our backs on the misery and lasting damage to families of infertility or genetic disease blighting their hope of a normal family life. I hope that the House will vote against the Bill.

12.57 pm

Mr. Robert Jackson (Wantage): I start by declaring an interest, or perhaps a cause of bias, similar to that declared by the hon. Member for Caernarfon (Mr. Wigley).

The Bill seeks to prevent the possession or procurement of an embryo except under licence, and we can all agree with that. However, it restricts the grounds on which a licence may be granted exclusively to the purpose of enabling a child to be born by a particular woman. I disagree with that, because it is possible to adduce a number of other purposes that might be legitimate and should not be made unlawful.

I shall concentrate on only one of those purposes, one which other hon. Members have spoken about — the procurement and possession of an embryo for the purpose of research into the causes and prevention of congenital

abnormalities. We must not underestimate the scale and seriousness of the problem. The hon. Member for Wolverhampton, North-East (Mrs. Short) has given us sufficient data on that.

The emotive short title of the Bill is the "Unborn Children (Protection) Bill." This expresses the idea that an embryo is an unborn child which should be protected from any human intervention which would prevent it from being born. But are there not other hazards, such as the intervention of nature, which is sometimes unkind, against which we may seek to protect unborn children? Might it not also be said that research that could prevent serious congenital abnormalities also constitutes the protection of unborn children — their protection from such abnormalities, which may deprive them of the opportunity for a full life, or even of the opportunity for life itself?

Of course, as many hon. Members have said, there is controversy among scientists about the necessity for experiments on embryos for the prevention of congenital abnormalities. I believe that the answer to this point is that as long as there is a possibility that such a line of inquiry may produce results, we are taking a grave responsibility on ourselves if we prevent it from being followed. For those hon. Members who stand for the right of unborn children to a normal passage into the world must surely admit that there may also be a right for unborn children to benefit from advances in medical techniques which may assure for them the possibility of a normal life.

It cannot be said that the right hon. Member for South Down—I cannot help but think of him as a right hon. Friend—is taking his stand on the principle of respect for nature, although this is the principle which some hon. Members have adduced in debate, and it may perhaps attract some of them into the Lobby with him. After all, as he has made clear, the Bill is designed to license the unnatural procedure of conception in vitro. Not only that, it permits behaviour that is inconsistent with current social norms, for it is silent, as has been pointed out, on the question of the legal relationship of the sperm to the ovum, so that it permits the possibility not only of artificial insemination by donor but of artificial insemination by husband, and of surrogate motherhood—practices which some of my constituents who have written to me have described as nothing other than a species of prostitution.

I do not agree with these constituents on this point, and I am glad that the Bill does not exclude these possibilities. However, having admitted that these unnatural and unsocial methods of conception may be tolerated and licensed, one is obliged to ask on what principle the Bill is based. The right hon. Member for South Down sought to answer this question. He admitted that there was no principle but that there was prejudice—his instinctive revulsion. It is true that Dr. Johnson once said that one prejudice is worth 20 principles. But however that may be, if there is a principle underlying his case it is that the embryo is a human life, and that this life cannot, in any circumstances, be legitimately terminated by human intervention.

I respect the point of view of the right hon. Member for South Down, just as I respect the views of those hundreds of constituents who have been in touch with me and whose petitions I have presented to the House. However, in the context of the abortion law—this point was made by the hon. Member for Workington (Mr. Campbell-Savours)—the House, after long consideration, decided not to accept that principle. Parliament has licensed the

termination of the life of embryos by abortions up to the 28th week after conception. In short, the House has previously considered and rejected the principle upon which this Bill is based.

Among the circumstances that are implicitly allowed to permit an abortion is the possibility of serious congenital abnormality in the unborn child. Parliament has thus recognised the legitimacy of terminating the prospect of human life for a defective embryo. Should it now turn its back on the emergence of technical possibilities which might enable such an embryo to come to a normal and natural life with its abnormalities corrected or prevented in the womb? These technical possibilities, as hon. Members have pointed out, might make it possible to avoid procuring an abortion. In these circumstances we must surely ask, which stance is "pro-life" and which is "anti-life"?

I say this with trepidation, but I must say it: the position of the right hon. Member for South Down lacks logic, and in this it reflects the reality of a public opinion which has not yet found its balance, and which has not yet matured to the point at which legislation can be said to express its inmost convictions. At various times, and in various guises, the right hon. Gentleman has presented himself as speaking from the depth of public opinion, and frequently when he has adopted that pose he has subsequently been found to be mistaken.

For my part, at this stage of the public debate about these issues, I can only say yes to the compulsory licensing of the procurement and possession of embryos—but I cannot follow the right hon. Member for South Down in his limitation of the circumstances in which such licences may be given. I shall therefore vote against the Bill.

1.4 pm

The Minister for Health (Mr. Kenneth Clarke): I shall first inform the House that the Government, as a Government, are neutral on the policy of the Bill, and it is my duty to explain briefly the reason for that, although I am sure that all hon. Members who have given a thought to the matter will have found the reason to be apparent.

In the debate, it has been obvious that many hon. Members on both sides of the House are speaking with passionate intensity about matters on which they have strong feelings. There are deep issues of moral conscience involved in the Bill, and differing hon. Members of all political persuasions are coming to different views.

The present Government, as I am sure the Opposition Front Bench are, are composed of people with a wide range of views on the issues posed by the Bill. Not only would it be impossible for the Government to claim that they had come to a collective and disciplined moral judgment of the matter; it would also be quite wrong to do so. At the end of the debate, I expect that Ministers in the present Government will probably be found in both Division Lobbies. It is obvious from the debate that many members of my party will be found in both Division Lobbies voting against each other. On this occasion, Ministers are behaving as Members of Parliament representing their constituents and answerable to them, but they are also exercising their own judgment of the issues, and that is how the House will divide at the end of the debate.

The Government did not stand wholly aside from the preparation of the Bill once the right hon. Member for South Down (Mr. Powell) decided that he would bring this

[Mr. Kenneth Clarke]

issue before the House, having won his place in the ballot. I am sure that the right hon. Gentleman will not object when I say that I thought it right that he should be offered some drafting assistance and certainly discussions to add to the discussions and drafting assistance that he had already had from outside, and also that he should have access to medical opinion inside the Department, the reason being that it seemed right that the right hon. Gentleman should present the issue in ways which could not be clouded by unnecessary arguments about the technicalities of drafting or obscurities about the medical basis on which he was acting.

Mr. J. Enoch Powell: I express my gratitude to the Minister for making that statement. It was my wish that the facts that he has disclosed should be known, but I did not think it proper to disclose them myself.

Mr. Clarke: I am grateful to the right hon. Gentleman. It has helped to focus the attention of the House on the issues which Parliament has to determine.

During today's debate, from time to time hon. Members have expressed a certain dissatisfaction that the Government are not giving a firmer lead, although it has to be said that those expressing that desire have asked for leads in opposite directions from the Government at various times.

I believe that the Government can claim that they have given a lead to the country in helping the debate on these great issues to its present stage. The Warnock committee was set up more than two years ago to address itself not only to this issue of research on the embryo but to a wide range of related issues arising out of recent medical advances in dealing with infertility. I believe that the Government were well ahead of public opinion and that the public should be grateful that this work was done in advance of the right hon. Gentleman's Bill.

When my right hon. Friend the Secretary of State for Social Services announced that we were setting up the Warnock committee, no petitions were being presented to the House. At that time there were no in-depth exposés on the television, and there was no press pressure. The Government anticipated that a huge collection of moral and legal issues were piling up, and my right hon. Friend thought it right to bring together the widest possible range of people not to determine this matter, because it can be determined only by Parliament, but to give their considerable time and effort to it and to present a reasoned agenda within which the debate could take place.

No one has attacked the members of the Warnock committee, and I believe that it would be wrong to do so. The collection of people on the Warnock committee not only shared one thing in common, which was distinction in some field or other, but represented a wide range of expertise, opinion and religious conviction, which is why they were not able to come to complete unanimity on this issue. However, they published an extremely reasoned report.

My right hon. Friend the Member for Chelmsford (Mr. St. John-Stewas) and others wondered why no Government Bill had been forthcoming since the Warnock committee reported last July. I should have thought that today's debate was in part an answer to that. As the hon. Member for Fife, Central (Mr. Hamilton) said, we are not short of

representations on Warnock, and, as my hon. Friend the Member for Wantage (Mr. Jackson) pointed out, the debate is still in full flood.

One of my hon. Friends said that if my right hon. Friend and I were to approach the Leader of the House and say that we had put together a simple Bill on the recommendations of the Warnock committee and that we thought it was time to present it to the House for the decision of the House, he would beg leave to doubt our judgment.

The Government owe the House a full response in due course to all the recommendations of the Warnock committee. Most of us appreciate that in due course Parliament will have to address itself to a major Bill covering a large number of these issues. However, I do not believe that any hon. Member should be amazed that such a Bill is not yet forthcoming. I cannot tell the House when such a bill will be introduced. Therefore, on the one point which the right hon. Member for South Down has identified we have to decide whether it is right at this time to change the law. Also, we have to address ourselves to the question: what consequences would follow from such a decision being taken?

Mr. W. Benyon (Milton Keynes): My right hon. and learned Friend has told the House that he cannot say when such a Bill is likely to see the light of day. That affects our view of the Bill. The problem is that events are moving so rapidly that we cannot afford to wait for too long.

Mr. Clarke: Because of the complexity of the subject, I can only say that a Bill will be introduced in due course. If such a Bill commanding a general consensus, could have been introduced by now, the Government, as would have been wished by every hon. Member, would have done so. I can only repeat that the complexities that have been highlighted by the debate, even though the right hon. Gentleman has chosen only one specific narrow point from the committee's recommendations demonstrates that nobody should underestimate the difficulty of the task upon which we have embarked in order to produce a Bill for the House to consider.

I am not arguing that the existence of the Warnock report and of all the work that went into its production excludes the right hon. Gentleman from presenting his Bill in an effort to change the law now, if that is the view of the House. However, the House must bear in mind that the report of the Warnock committee is in the background. The Government, having asked the Warnock committee to make recommendations, and knowing that diverse views have been put forward by sincere people about the consequences of the proposed changes, must hesitate before saying that a hole should be knocked through the central recommendation of Warnock relating to embryo research and that all further research should be made illegal by means of the introduction of this Bill.

Mr. McQuarrie: When my right hon. and learned Friend replied to my hon. Friend the Member for Milton Keynes (Mr. Benyon), he said that a Bill would be brought forward in due course. Is he prepared to say whether a Bill will be introduced during the lifetime of this Parliament, or are the representations so complex that it is impossible for him to say when it will be introduced?

Mr. Clarke: Our aim is to introduce such a Bill during the lifetime of this Parliament and, indeed, to introduce it

as soon as is feasible, but it is not possible for me to say when such a Bill will be introduced. The Government cannot put themselves under timetable constraints. If this narrow point is to be addressed, I believe, having followed the thread of the argument so far, that first we must consider the nature of the being which the Bill seeks to protect, namely, the embryo which is described in the title to the Bill as the unborn child. It is argument about the nature of that being that is causing passion in the debate and leading to different judgments about whether research should be allowed to continue.

All those who have addressed themselves, however briefly, to the religious issues have backed away on this occasion from making judgments as to when the soul enters the personality or when it can be said for certain that human life commences. Some hon. Members obviously feel stronger certainty on that matter than others.

I have endeavoured to take the best medical advice that is available to me, but even the best medical advice occasionally varies. The process of birth appears to be continuous. It is a continuum, in the middle of which one can make no artificial break, all the way through from conception to emergence from the womb.

The sperm, whether or not it has fertilised an ovum, is a living cell. If it does not fertilise an ovum, it dies. The ovum, before it is fertilised, is a living cell, and if it is not fertilised it dies. The sperm and the egg, already alive in advance of fertilisation, combine and the ovum is fertilised. All one can say with certainty is that that fertilisation has brought into existence a genetically novel kind of cell. That cell has the potential, if it gets through the next stage of successfully implanting in the womb, of being a human being. A cell that will become a human being—an embryo or conceptus—will do so within 14 days. If it is not implanted within 14 days, it will never have a birth.

The majority of embryos do not implant. No one knows exactly how many. It is one of the things that no one knows how to research, so no one has researched it. The hon. Member for Barking (Ms. Richardson) said that the figure was as small as one in 1,000. A modest estimate would be that 60 per cent. of embryos do not implant. In those cases the woman never knows that she has conceived. No one ever knows of the existence of the embryo. It passes from the body and dies. That is the nature of the being—some implanting, some not—which the House is debating.

I find the certainties—

Mr. Nicholls rose—

Mr. Clarke: I shall give way in a moment, because my hon. Friend is one of those who have been expressing no doubt at all that that is a human being.

I find some of the certainties rather difficult to follow. There is no doubt in the Bill. The embryo is described as an unborn child. Others have said that it is a human being. People have talked of the civil liberties of the embryo which may or may not be implanted in the first 14 days. That leads to the sombre thought that we are members of the minority of the human race, because the vast majority of the human race never got past the first hurdle. They were never implanted in the womb. They passed away and we know not where they have gone.

Mr. Nicholls: A few moments ago my right hon. and learned Friend described a process which he said started

with conception and ended with the emergence of a child from the womb. He talked about the sperm and the ovum having a life. It is clear from those two statements that even if those essential ingredients had life, they did not have human life until they were fused. The moment that my right hon. and learned Friend talks about a time span between conception and birth, surely it is completely bogus to try to draw some particular significance from the fact that sometimes they take, in the sense of implantation, and sometimes they do not. The relevant point is that my right hon. and learned Friend has described a point which starts with conception.

Mr. Clarke: Obviously, the potential for life is there. One has a potential human being. One must ask whether it is a human being and whether it is deserving of the respect that the Bill says. I have made it clear that I cannot regard that as a human being and as an unborn child requiring the protection of the law.

I find it easy to understand why the Synod divided on a narrow basis. The Committee for Social Responsibility went one way yesterday by a not overwhelming majority and the Synod of the Church of England went the other way. It is an extremely difficult problem.

Let me explain how the majority of the Warnock committee came to their decision and chose 14 days. That may or may not be the correct decision. That must be decided. The majority of the Warnock committee came to the same conclusion as I did, which I think everybody shares, that the embryo cannot be treated as another piece of human tissue. All kinds of cell samples can be taken from the human body. The embryo, or conceptus, call it what one may, is a fairly unique piece of tissue and needs to be treated with some respect.

The committee thought that experiments should be licensed as long as no embryo was kept alive for more than 14 days in vitro. The basis for the 14-day limit was that it related to the stage of implantation which I have just described, and to the stage at which it is still uncertain whether an embryo will divide into one or more individuals, and thus to the stage before true individual development has begun. Up to 14 days, that embryo could be one person, two people or even more.

Mr. Mikardo: The Minister referred to the Synod's proceedings yesterday. Is it not significant that after that narrow vote the Synod said, "Let us hold back, because we are going to have a more considered debate in July"? Is that not evidence that a bit more thought and research are needed before the House is ready to legislate?

Mr. Clarke: I think that the Synod has shown more care in its approach to the issue and a more restrained approach to a time-table than some hon. Members wish Parliament to take. The hon. Gentleman has therefore made a perfectly valid point.

I come to the last basis upon which the Warnock committee chose 14 days. Fourteen days is the stage before which the rudiments of the nervous system have been laid down. In answer to the hon. Member for Workington (Mr. Campbell-Savours), I would say that that means that, as far as anyone can tell, pain does not enter into these experiments. The size and appearance of the embryo are relevant matters, though not decisive. From this Dispatch Box I can only describe, on the basis of the best

[Mr. Clarke]

information that I have, the nature of the entity which the Bill addresses and to which it is said we should give the protection of the law.

Mr. Campbell-Savours: Is the Minister suggesting that the embryo may feel pain after 14 days?

Mr. Clarke: I shall not answer that, because the hon. Gentleman is moving on to the question of the abortion Acts and his views on that—

Mr. Campbell-Savours: I asked a straight question.

Mr. Clarke: I shall not be led into a debate on "The Silent Scream" and so on. I agree with the hon. Gentleman when he points out that, given the view that Parliament and the law take about abortion, the Bill has an astonishingly different attitude towards the sanctity of human life.

Mr. Peter Bruinvels: Does my right hon. and learned Friend agree that to a large extent an embryo is a human being? As one of the dissenters on the Warnock committee said, an embryo is not just a collection of cells. Does my right hon. and learned Friend agree that it is a living body within a human being, because that is what many of us on this side believe it to be?

Mr. Clarke: I have tried to address myself to that point. My hon. Friend has come to his conclusion, and I shall come to mine.

Mr. Jonathan Sayeed (Bristol, East): Does my right hon. and learned Friend agree that the question is not when does life begin, but what type of respect should we accord to the living thing at each stage of its development?

Mr. Clarke: I quite agree. No one is arguing that an embryo of up to 14 days should be treated with total disrespect or purely as the object of scientific curiosity. People on both sides of the argument are asking for regulated research

However, I do not want to speak for too long, so I shall turn to the subject of research, which it is said is threatened. After all, that is the other major issue. The House must first decide whether the being that we are protecting is an unborn child, demanding the protection which the right hon. Member for South Down seeks. Secondly, it must ask itself what research and possible beneficial consequences for society as a whole will be forgone if we agree with the right hon. Gentleman and decide to end research in this area.

I do not want to go into too much detail, as it would make my speech too long, but those who support the Bill must face the fact that they are probably stopping beneficial research. With respect to the right hon. Member for South Down, he did not retreat from that. The right hon. Gentleman sometimes shocks me with his intellectual rigour, but he certainly does not duck arguments. At one point he seemed to say that there might be beneficial research. He went on to conclude, "Nevertheless, respect for human life leads me to the view that we should not explore in that way."

Some hon. Members have tried to duck that issue. It is no good citing Professor Lejeune of Paris and saying that, in his opinion, there is no worthwhile research to be done in this area. Indeed, Professor Lejeune is not the only one who could be cited. It is no good picking and choosing through the medical establishment, finding those who

conveniently say, from the point of view of one's argument, that there is not a worrying problem here when it comes to the question of medical research.

There is a body of medical opinion which takes the opposite view, and it, too, comprises respectable and eminent people. Only last night I met the president of the Royal College of Obstetricians, a reasonable and eminent man, and it was clear from what he told me that he does not take the view that no worthwhile gains are to be made by medical research in this area.

I respect the conclusion of the right hon. Member for South Down. He is prepared to face the prospect—not the certainty, but the possibility—that there might be some worthwhile breakthrough by research in this sphere, but he says that his instinctive feelings about the embryo and the unborn child lead him in the opposite direction.

It is evading the issue to try to produce arguments to the effect that there is no worthwhile medical research in this area. If one wants to ban medical research, one must face that and say that one has good moral reasons for doing so.

Mr. Tracey: Does my right hon. and learned Friend believe that there are no other possibilities for this research? Apart from Professor Lejeune, Mr. Brinkworth of the Down's Syndrome Centre, Dr. McLean, and a list of signatories to a letter to *The Times* two days ago have pointed out that human gametes could also be used for the same type of research. In other words, there are alternatives.

Mr. Clarke: I agree with my hon. Friend that there are alternatives. Research normally involves exploring alternative avenues of the widest possible range in the hope of achieving a worthwhile result. The effect of the Bill would be to rule out one route—a substantial route in the opinion of many medical and scientific people—by which one might come to conclusions. I agree that by alternative routes one might come to those conclusions, but it is a drastic step to rule out an area of research which people wish to follow.

Sir Bernard Braine: Is my right hon. and learned Friend aware that most of us are concerned about the direction in which research is going? What comment has he to make about that member of the Warnock committee who, apparently quite legitimately and within the law, has in the past been experimenting on live aborted foetuses? Is that the direction in which we should be going?

Mr. Clarke: The choice—of course, if the Second Reading is not approved there will not be a choice—is between regulation of the research and a criminal ban.

As for experiments of foetal material, as the hon. Member for Wolverhampton, North-East (Mrs. Short) said, that has been authorised in this country following the Peel report. That has been accepted for some time, but if people wish to challenge it, they can.

What the Bill proposes is infinitely more rigorous than the practice that has been permitted for some time, following the Peel report, in relation to research with foetal material taken from a foetus at a much later stage.

Sir Bernard Braine *rose*—

Mr. Clarke: I appreciate that my right hon. Friend the Member for Castle Point (Sir B. Braine) holds strong views on this and similar matters.

Several Hon. Members *rose*—

Mr. Clarke: I shall not give way, because hon. Members who wish to intervene are in danger of making me talk other hon. Members out of the debate.

I shall not go further over the three main areas of research that are affected, because other hon. Members have spoken about them. There was doubt about whether research into in vitro fertilisation would be stopped by the Bill. At present, it is not a particularly successful technique. Only one in 10 implantations by IVF leads to a birth.

The right hon. Member for South Down said that his Bill would not exclude experimentation for the purpose of improving the technique. In a sense, he is right. If a new technique were used with the consent of the woman concerned—her consent would be needed—it would be possible to keep trying out methods by which one might get a better rate of implantation. The secretary of the Medical Research Council, in his letter to *The Times* a few days ago, said firmly that he did not think that either doctors or mothers would be likely to agree to such experiments. However, the right hon. Gentleman is clear that any experiment aimed at improving implantation rates that involved experiments on the embryo without implantation would be ruled out by his Bill. That is one of the areas which people might like to explore with regard to improving IVF.

The choice which the House faces now, or later if the matter is not resolved today, is between regulation and criminal law and a ban; whether it is all banned, or somehow it is regulated in a way yet to be determined. This is purely personal opinion, which is not shared by many of my hon. Friends in or out of the Government. I urge the House to be extremely cautious about rushing into using the criminal law in particular in this narrow area. The criminal law is a difficult and uncertain weapon in such areas.

One thing on which I am sure everyone will agree on reflection is that it is no good saying that the moral law, approved of even by the majority of the population, should automatically become the criminal law of the country. All sorts of moral dangers and evils do not go into the criminal law. I do not want to be flippant, but I recollect that not one of the seven deadly sins, which include lechery, gluttony and avarice, is against the criminal law in the United Kingdom. Each deadly sin can be indulged in without criminal penalty.

The law is happiest when it confines itself to dealing with physical assault on the person of another citizen or dishonest appropriation of the property of another individual. Once the law goes into areas of moral uncertainty, it gets into difficulty. Laws that have been based on the moral judgment even of the majority of the population have sometimes proved difficult and uncertain areas. There are the laws of homosexuality and pornography, and I could cite others. Those are areas where, even if one wishes to legislate, one is entering an area which can become a legal quagmire as one seeks to get it right. This area may not be different.

No one is saying that in the end there will not need to be a criminal law restricting research in that area. If Warnock were implemented, and if Warnock's advice were accepted that licensing should restrict research up to 14 days, the implication is that it should be a criminal offence to experiment after that. I am not denying that most people eventually advocate the criminal law being there as a back-up sanction at some stage to make sure that

the scientific community pays heed to the strong moral feelings of the majority of the population, but this is a difficult and uncertain area in which to get that law right. I have made it clear that I feel that the Bill is precipitate: it comes too soon and has not yet been adequately debated and thought through. It is extreme and fundamentalist in its consequences for a great deal of medical and scientific research. I shall vote against it, but members of the Government who are able to be here will exercise their free vote. It is the judgment of the House as a whole that will prevail in the end.

1.33 pm

Mr. Michael Meacher (Oldham, West): Like many other hon. Members who have spoken, I am highly conscious of the fact that this is potentially a highly emotive Bill for two main reasons. One is the absolutist moral view adopted by many of those who passionately oppose all embryo experimentation in principle, and the other is the fear of the unknown, the bizarre and the unnatural that is sometimes conjured up by ignorance and prejudice concerning the recent rapid advances in the biotechnology of human fertility.

I pay tribute to the careful and measured speech of the right hon. Member for South Down (Mr. Powell). On the first count in no way did he seek to inflame such passions, although on the other count his moral determinism has an inner certainty that at least some of the rest of us lack. However, I concede the sincerity and conviction with which those views were propounded.

Like the Minister, I speak as an individual rather than as a Front Bench spokesman. This is in no way a party political matter. However, I insist that, for all those for whom the moral a priori does not carry an automatic override, the balance of argument is tilted heavily against the Bill on two grounds. Before considering them, I should like to dispose of two obstacles which seem frequently to encumber dispassionate debate.

The first is the dread that scientists are somehow running amok and that, unless they are reined in by immediate legislation, science fiction nightmares such as human-hamster hybrids, carbon copy cloning by nuclear transplantation or wanton torture of living foetuses in the laboratory might see the light of day. Apart from the fact that cloning and inter-species constructs are pure research myths which can never happen, I must make it clear like the Minister, that those who oppose the Bill do not regard simply leaving matters as they are as the alternative. I and, I believe, many others of my persuasion believe firmly that Parliament must establish a framework for rigorous control and scrutiny of all such research, including a licensing authority such as Warnock suggested.

We should like legislation to go much further than the Bill. We should like a comprehensive package of legislation that embraces embryo experimentation, surrogacy, legitimacy—which has hardly been discussed today—and the other main issues that Warnock considered. I agree with the Minister that the Bill is precipitate. We—I mean those who share my views—do not believe that it should be allowed to pre-empt that wider legislative package.

As my hon. Friends the Members for Fife, Central (Mr. Hamilton) and for Bow and Poplar (Mr. Mikardo) said, there has been little time for the public and Parliament seriously to consider what anyone who is listening to the debate must realise are contentious matters. We are a little

[Mr. Michael Meacher]

disappointed that the Government have been unable to outline their intentions, but we are adamant that the system of monitoring and control must be tight, detailed and open.

The licensing authority must have a lay chairman and sufficient lay members to ensure that it is not controlled by the scientists. Each researcher, each research establishment and each research project should be licensed in advance and subject to inspection. Such information should be made public, as should the purpose and result of each embryo experiment. In that context, I do not believe that anyone can say that research will be allowed to run rampant.

If the 14-day limit, which has figured strongly in the debate, were finally adopted, any idea that it might be tampered with or surreptitiously increased to satisfy the scientists should be blocked by the time limit being enshrined in primary legislation. It could then be extended only with the explicit agreement of the House.

Another obstacle which undermines dispassionate assessment of this issue is the emotive canard that the subjects of these experiments are, in terms, human beings. It has been said many times with great sincerity and passion that human life begins at fertilisation, and I wholly understand that view. Since it is also said that all experiments on human beings other than for their own welfare, are morally wrong, all experiments on human embryos should be automatically prohibited. However, hon. Members should respect the argument that there are several, different, alternative and equally sustainable views on when human life starts and a human being exists.

The proponents of the Bill believe that that is at the moment of fertilisation. That is well understood and has frequently been stated in history. Others, equally seriously, believe—I was glad that the Minister emphasised this view, and I wish to endorse it—that the mere existence of a fertilised egg does not in itself entail the necessary and sufficient conditions for development to humanness. It will need, for example, a sympathetic womb.

There are many other views. I conclude that this is a moral issue not susceptible in the last analysis of rational determination. The right hon. Member for South Down had the grace to make that clear. It is emotive and prejudicial to talk of experiments on human beings in this context.

Moreover, the proper moral question is not at what point life begins, but at what point in the development of an embryo we attribute to it the protection due to a human being. [AN HON. MEMBER: "At conception."] That is one view, but other views can perfectly reasonably and properly be held. That attribution is made by human reason or conscience, not by scientific determination. Although I fully recognise the sincerity of all those who hold a different view, I believe that the Warnock conclusion is reasonable. It is not the only one, but it is reasonable. That conclusion is to afford full protection to an embryo at the point at which, in a meaningful way, it has achieved status as an individual. Individuation as a process is not complete until about 14 days after fertilisation.

Mr. Cash: Does the hon. Gentleman agree that there should be a presumption in favour of human life?

Mr. Meacher: The hon. Gentleman misses the point. Those who oppose the Bill have no doubts about that proposition. The issue is not whether we agree that there is human life, no even at what point human life begins, but at what point we attribute to a growing embryo the protection that is fully and rightly given to a human being.

With those two major caveats, I shall deal with the central implications of the Bill. We reject them on two grounds. First, experiments on embryos, carefully regulated as we would require them to be, hold great potential for remedying infertility and genetic disorders. No one will make certain predictions about the result of research which is carried out precisely to find out what can be done for the welfare of all.

It is estimated that one in eight couples in Britain—1 million people—is infertile. Indertility strikes at the essence of what is culturally defined as femaleness. Any research that holds the prospect of reducing the blight on the lives of so many people should be welcomed and certainly not blocked. Moreover, such work may reduce the incidence of miscarriage, as half the foetuses which abort spontaneously have major chromosomal irregularities, which may be preventable by further research.

The gains from research that the Bill would block could go further still. Research could help to remedy genetic disease, which affects as many as one in every 50 children. There are also distressing birth defects, such as haemophilia, muscular dystrophy and cystic fibrosis. They might—I would not put it higher than that—at last become remediable, but only if human embryos are studied, because those conditions are unique to human beings. Similarly, many other serious birth defects, such as deafness, cataracts and heart problems, which are known to be caused by environmental factors such as radiation, alcohol, nicotine and addictive drugs, can be systematically studied only in vitro, since all too few women, I fear, are likely to subject themselves to the kind of scrutiny that such clinical trials would entail.

Mr. Thurnham: Does the hon. Gentleman agree that those of us who believe in the dignity of life are opposed to the Bill because society clearly does not want handicapped children? There are many thousands of handicapped children still in care who have been advertised for months on end as wanting parents. My wife and I have adopted a handicapped foster child who had been advertised for 18 months as wanting parents.

Mr. Meacher: I do not think that there is any dispute in any part of the House that the answer to the problem is to try to prevent handicap in the first place. I understand the distressing and human points that the hon. Gentleman has raised. Under the Bill, human embryo research would be prevented, which would perhaps stand a better chance than research through any alternative means.

Mr. Ian Grist (Cardiff, Central): We may be able to prevent such research from taking place in Britain but can we prevent it in other countries? Would it not be hypocritical to prevent research here and to accept the results of research carried out in other countries that would benefit our citizens?

Mr. Meacher: That is an interesting argument that the hon. Gentleman may wish to make in his own way to the promoter of the Bill.

I think that there are other compelling reasons, apart from infertility and genetic disorder, why all further

research should not be blocked. One is to improve the test-tube baby technique, which has a low success rate. I think that it was my hon. Friend the Member for Birmingham, Ladywood (Ms. Short) who said that only about one in 10 embryos transferred to the womb produce a baby. Further research on human embryos is surely needed to improve that rate, since animal analogues offer no alternative model.

Another object of further research would be to achieve better understanding of, and hopefully a remedy for, male infertility, which is the cause of about half the childless marriages. I think it was my hon. Friend the Member for Barking (Ms. Richardson) who made that point.

Further research into infertility may lead to more effective forms of contraception. Many women produce antibodies against sperm which prevent fertilisation. The Medical Research Council believes that a contraceptive vaccine could be developed, after a study of embryo culture, which might be more effective and cheaper than current forms of contraception.

The other major area of misgiving for opponents of the Bill concerns the procedures that it would implement. Under the Bill, permission would be required from the Secretary of State for IVF treatment. What expertise, clinical or social, does the Secretary of State have on which to base decisions whether women should or should not undergo treatment?

The Bill requires a woman requesting treatment to be named. There has never before been a legal requirement that doctors should breach medical confidentiality, and I do not believe that there should be now.

What should be done with embryos found to be abnormal after fertilisation? It can hardly be right, under the Bill, to replace an embryo which might threaten the life of the mother or develop into a grossly abnormal child. Indeed, there are other significant gaps in that area in regard to which crucial questions remain unanswered. What happens if a woman becomes pregnant quickly and there are spare or "extra" embryos, as they have been called? What do doctors do when the four or six months expire and there are still spare embryos?

Furthermore, no mention is made in the Bill about whether any treatment of the embryo can be attempted prior to implantation. That is a significant omission since as many as one third of embryos fertilised in vitro have chromosomal abnormalities.

The Bill is objected to on wider grounds. Some people fear that if the right hon. Member for South Down wins the argument about embryo experimentation, he will establish the principle that the foetus should be protected from interference from the moment of fertilisation. We all take different views about that—and perhaps it is right—but it would call into question post-coital forms of contraception and, whether deliberately or not, the whole question of abortion. The explanatory memorandum states:

"The provisions of the Bill do not involve any issue concerning abortion, surrogacy or legitimacy." Many people will wonder just how disingenuous that is as a declaration. For many people, that in itself might be the reason for rejecting the Bill.

I unreservedly respect the motives of those who promulgate the Bill, but I still firmly believe that the wiser course is to reject it, partly because it is premature and pre-empt the wider Warnock package, which is surely needed, and partly because the framework that it proposes

is pitted with questionable or unclear procedures. Above all, we should reject it because it puts an unqualified block on research, the scientific case for which is compelling and the potential benefits of which are enormous, especially in remedying infertility. The Bill would also undermine the prospect and the fundamental human right of infertile couples to have children.

For all those reasons, which together are conclusive—to me at least—we should reject the Bill. I believe that legislation in this sphere is needed, but this is not the Bill for it.

1.51 pm

Mr. J. F. Pawsey (Rugby and Kenilworth): I hope that the hon. Member for Oldham, West (Mr. Meacher) will forgive me if I comment first on the speech made by my right hon. and learned Friend the Minister for Health. I wish to make three points about his speech. First, I was pleased to hear him say that Government assistance would be made available to the right hon. Member for South Down (Mr. Powell). I am sure that that will be of help in formulating developments in the Bill. Secondly, the gist of my right hon. and learned Friend's remarks was that the embryo does not suffer pain under 14 days because it does not have a nervous system. That suggests that the embryo will suffer pain after 14 days, which has implications elsewhere. Thirdly, I should like clarification. I was not sure about when a Government Bill might be introduced. Was my right hon. and learned Friend saying that it might be introduced in the lifetime of this Parliament or that even that was in doubt?

Mr. Kenneth Clarke: I am not too sure about the timetable for a Bill either. The Government will present its considered reactions to the Warnock report as soon as possible and present a Bill in due course, again as soon as possible. Our aim is to make as much progress as we reasonably can in a huge and complex matter.

Mr. Pawsey: I am grateful to my right hon. and learned Friend.

We often debate matters affecting the quality of life, but today's debate is about life itself. The concept of experimenting on the unborn child was unthinkable just a few years ago. It was unthinkable on ethical, moral and certainly technical grounds then. But science has advanced at a speed which has left church and religious leaders, educationists and philosophers struggling behind. The Bill seeks to remedy that.

The Bill seeks to provide a safeguard a breathing space and to give protection to a particularly defenceless section of humanity. That is worth stressing since the embryo is certainly human. It is not abstract tissue. It is a living, growing, developing human being, requiring only time and nourishment to develop into a mature adult.

The title of the Bill includes the words "Unborn Children". The hon. Member for Antrim, North (Rev. Ian Paisley) was right to stress that the title is unambiguous. The Bill prohibits the making, keeping or use of a human embryo

"for any purpose other than enabling a child to be borne by a particular woman".

Substantial safeguards are built into the Bill. For the first time, a legal framework is being forged to protect what was thought until recently to be inviolate. The Bill's title describes briefly and succinctly what the legislation is about, and it should not be changed.

[Mr. Pawsey]

The Bill may not go as far as some would like. For example, it does not tackle the other issues raised by the Warnock report. However, a private Member's Bill that sought to deal with those issues would have great difficulty in getting through the House. My hon. Friend the Member for Canterbury (Mr. Crouch) touched on that aspect. Any Bill's chance would be in inverse proportion to its complexity and length.

The right hon. Member for South Down (Mr. Powell) is to be applauded for tackling the central issue—the most important issue—of the Warnock report and for confining himself to that area. A Bill on the Warnock report would be too large for a private Member to introduce with any hope of success. I hope that this Bill will receive the Second Reading that it deserves.

The Bill charts clearly a fundamental course of great significance and provides a sound foundation for further legislation should that be thought to be necessary in future.

The embryo is human and that is why experimentation should not take place. Paradoxically, I recognise that that same reason—the uniqueness of the human embryo—is why some hon. Members argue that experimentation is necessary and even desirable. It seems that their case is that the use of small human beings or, as the Bill calls them, unborn children will enable science to discover the reasons for and, more importantly, the answers to some abnormalities in human beings. Their case is that there is no alternative. That assertion is, to say the least, open to argument.

There are distinguished scientists on both sides of the argument, but Professor Lejeune believes that more orthodox scientific methods will discover the reasons for and answers to such conditions as Down's syndrome and that, therefore, it is unnecessary for unborn children to be used in laboratory experiments.

My objection to experiments on human beings is not so much that science will make such experiments unnecessary but that there are moral and ethical objections. I believe that such experiments are unacceptable. The prospect of producing human embryos for laboratory experiments is repugnant.

The Helsinki declaration of the World Health Organisation said:

"In research on man, the interest of science and society should never take precedence over considerations related to the wellbeing of the subject."

That puts the matter in a nutshell.

I do not support the argument that life suddenly commences at 14 days and that what is right on the 14th day is wrong on the 15th day. In logic, surely new life starts at fertilisation. If that is so, how can a civilised state legalise or legitimise experiments on human life, for whatever reason? The end, no matter how good or well intended, cannot justify these means. Again, which hon. Member believes that experiments will cease at 14 days? That is unenforceable. Even now, it is being suggested that the time limit should be extended and that 14 days is too restrictive.

Someone once said that war is too important to be left to the generals. I believe that life is too important to be left to the scientists and researchers. I shall vote for the Bill.

2 pm

Dr. Jeremy Bray (Motherwell): I think that we are all agreed that the line has to be drawn somewhere in

experimentation on the embryo. The Minister made great play of the probability that 60 per cent. of fertilised embryos do not implant, but it is not so long since the probability of the child not growing up to reach childbearing age was considerably higher than 60 per cent. We cannot say that the stage of fertilisation is not incomparably the stage at which there is the biggest leap in probability of being born, growing up and reproducing. This is obviously a significant stage.

The subject is fraught with moral considerations, and properly so. I take the view that it is wrong to experiment on human embryos, and I shall vote for the Bill. However, I recognise the impact on research, and medical research and clinical treatments in particular, and it is about that that I shall speak.

Genetics, embryology and developmental biology are moving extremely fast. Every week, in *Nature*, there are articles reporting scientific advances, and there is one this week. The experiments are being done not on humans, apes, monkeys, frogs or mice but on fruitflies. We seem to be getting near to identifying the string of bases in DNA which controls the development of the embryo. That string in the DNA molecule is found in all vertebrates, including human beings. As the work progresses, and as we come to understand how the molecular structure of DNA controls the development of the embryo, all the methods of clinical research and treatment will change drastically. There is no question of the Bill holding up any of the directions of this fundamental scientific and medical research.

The right hon. Member for South Down (Mr. Powell) acknowledged that the Bill diverts the current course of clinical research in the short term, but it is a very short term. Such is the pace of development—I commend a recent review article in *The New Scientist* of 10 January, if hon. Members wish to look at the work on the fundamentals of developmental biology—that the basic control mechanisms on the growth of the embryo are likely to be cracked in the next five years. To sell the pass on the fundamental issue of experimentation on the human embryo when we are dealing with such a short time scale in the development of scientific knowledge would be, to say the least, a pity.

Where can we go? I hope that, in passing the Bill, we shall not reflect the strongly anti-science element that there was in the speeches of many hon. Members on both sides of the House. However, if, in the pursuit of their science, scientists neglect the basic moral considerations that clearly move the majority of people, they will be building up the misunderstanding, the misrepresentation and the undervaluation of science that has done so much damage to our society. To give way to any appearance of undervaluing the unique dignity of each human being would be gravely to damage the support of scientific research. That is being gravely damaged at the moment, most of all by the restrictions on the science budget by the present Government. Only yesterday we had the announcement of another 900 jobs cut in the staff of a research council. It is vital that we allow science to proceed. I do not believe that the Bill will block it in any way, and I hope that the House will give it a Second Reading.

2.5 pm

Mr. A. J. Beith (Berwick-upon-Tweed): I am very glad to be called immediately after the hon. Member for

Motherwell, South (Dr. Bray), who brings to these issues his own experience in and knowledge of scientific matters and helps to illustrate the obvious point that there are people in scientific disciplines on both sides of the argument just as there are laymen on both sides of it and that it is futile to start counting heads or challenging the reputation of one against the other.

For the most part, the debate has followed the pattern of debates in the House on those issues which cut across party lines. It has been a debate of some quality and one in which arguments have been presented seriously and conscientiously. We should get away from and dispense with the charges and counter-charges about motive and who has what reason for taking which point of view.

It is not part of my case in favour of the Bill to question the motives of the scientists and doctors who carry out work in the disciplines which may be in some way restricted by the Bill, some of whom approve the Bill and others of whom are opposed to it. Their motive is the advancement of humanity and the advancement of knowledge, and they pursue those objectives with a determination and single-mindedness which from time to time inevitably brings them up against the test of what the law should tolerate and where the boundaries should be drawn. But I do not question or challenge the motives of their work, for which I have the highest regard.

It does not follow from saying that that everything which anyone working in any of these fields might feel should be done should be sanctioned. Our experience over the years is that there will always come a point where the researcher wants to do something which society thinks should not be done, and the argument is about where those boundary lines should fall.

Equally, it should be no part of the case of those who oppose the Bill similarly to question the motives of those who are in favour of it and strongly believe that it should be on the statute book. To have the Bill described, as I heard it described by someone amongst the medical opposition to it, as an evil Bill is an illustration of precisely the way in which we should not debate the matter. I do not question the motives of those who feel that the Bill might unduly restrict the work that they do, and I do not expect them to question the motives of those who want to see it on the statute book.

To assume, as some have in this argument, that those of us who support the Bill are all strangers to the problem of infertility in marriage suggests that some of them do not know the individuals with whom they are dealing.

When considering this matter we have to come up against the fundamental question and how we answer it as individuals, and I cannot speak to the generality of the Bill without first saying how I view the issue. The fundamental question has been posed by many right hon. and hon. Members, including the Minister: what is the nature of the being about whom we are talking—the embryo or the fertilised ovum? That is sufficiently clearly the starting point of distinct human life that it deserves protection in law and sufficiently clearly the starting point of distinct human life that it deserves that the approach of medicine to it should be that of seeking to assist its survival and full development. To reverse those assumptions so that the protection of the individual life is secondary to the benefits that experiment with that life might bring to others is to throw the basis of law and medicine into reverse.

Those considerations are not just mine. Presumably they were the considerations which led the majority of the

members of the Warnock committee to believe that a line had to be set somewhere and to set that line at 14 days. They would not tolerate experiments on the embryo after those 14 days. My view is that the 14-day limit is insufficient to give the degree of protection that clear and distinct human life ought to have. That view is shared by many hon. Members and by many millions of people outside the House. Although that is my fundamental presumption, it is not necessarily the fundamental presumption of all those who support the Bill and who will vote for it.

I join the Minister in saying that the setting up of the Warnock committee and the conclusions that it reached have been of considerable value, even though I disagree profoundly with one of the committee's conclusions. The evidence that it took was extremely valuable. Clearly it has helped us to discuss the issue with greater knowledge. Of course, the report could not resolve the issue; that was impossible. However, the views of the members of the Warnock committee are set out in its report. It has provided the material with which to reach the decisions that Parliament ultimately will have to take.

I wish to examine some of the anxieties about the Bill expressed during the debate. The reasons for supporting the Bill have been stated clearly by many right hon. and hon. Members, but the first difficulty that has been raised is whether the Bill will prevent the in vitro fertilisation process from being used to help couples to have children. If that had been the objective of the Bill, it would have been a very different Bill. It might have been easier to draft a Bill that wholly prevented experiment on the developing foetus if no allowance had to be made for the maintenance of the IVF technique which has clearly brought the blessing of parenthood to many who otherwise would not have enjoyed it. The Bill does not seek to take away those benefits. That is why it is drafted as it is. The Bill does not restrict the process of fertilising embryos outside the womb and storing them for the specific purpose of enabling couples to have children. The sponsors of the Bill are firmly of the view that they do not wish that process to be discontinued.

As for the restriction of the IVF process by the Bill, its purpose is to prevent the embryos so produced from being diverted to any other purpose. The procedures which may seem to be difficult and irksome for those who are involved in carrying out this work are there for a purpose. If those procedures were absent, there would be no control over the use to which the embryos could be put. It is then that wider possibilities open up for the use of embryos for experimental purposes, for trading in embryos and for the wide transfer of embryos between those who are involved in different types of research.

There would be no restriction upon the way in which the IVF process is carried on and the various permissions that have to be obtained if it were not that the primary objective of the Bill is to confine the handling of embryos to the proper purpose of enabling couples to have children. That is why consent must be given.

However we set out to prevent the experimentation which the Bill's most fervent opponents seek to pursue, we cannot avoid the fact that somebody must have the power to prevent the IVF process from being carried out. If nobody has that power, nobody has the ability to regulate its misuse. The point has been made that for that power to be in the hands of the Secretary of State may not be

[Mr. A. J. Beith]

altogether to the good. However, upon this issue, above all others, we have to ensure that power ultimately resides in Parliament.

There are attractions in setting up a separate body which has no direct line of authority and responsibility to Parliament. It may appear that thus is entrusted to a body of experts, perhaps associated with some layman, decisions in that area. But that is to pass the value judgments away from the Chamber altogether and away from the people who ultimately have to take responsibility for them. We have all seen from our various political points of view that, although it is possible and although Governments are ready to set up bodies that are at a distance from ministerial supervision, when such bodies exist Parliament is pushed out of the picture and can no longer establish its authority on the issues involved. Judgments on those issues must be made by Parliament.

The Bill is so drafted that the Secretary of State is required to give his consent and not to make choices between various people to whom the technique of IVF may be made available. It is no part of the purpose or drafting of the Bill to give the Secretary of State any rights of choice as to who should benefit from the process. That would be absurd and wrong. His responsibilities relate to how the process is carried out and whether it is carried out according to the directions in the Bill. No one wants the Secretary of State to be involved in the essentially personal decisions made between the couple and the doctor about whether to use this technique.

Nor does the Bill in any way preclude a reapplication for the use of the techniques after the expiry of the initial six months. The Bill is drafted as it is because if there were no time limitation there would be no limitation other than a natural one on the indefinite storage of embryos and the possibilities which that opens up. Once one goes beyond six months, nine months or a year, one of the participants might, in some tragic circumstance, have died. Where would we go from there when we have the storage and possession of embryos created by persons no longer living?

Mr. Peter Bruinvels *rose*—

Mr. Beith: I prefer not to give way at this stage because there are some key points that I wish to make. If time permits, I shall give way later.

Even the recommendations of the Warnock committee would require law and policing. Those who criticise the law and the policing which is provided for in the Bill need to recognise that they would be engaged in exactly the same difficult test of finding procedures, laws and policing in order to implement a recommendation which limits experiments to 14 days. Hon. Members need not be as concerned about that area as they initially were.

The second and perhaps even greater worry which niggles in the minds of some hon. Members, and indeed must concern all of us, is whether the Bill would prevent essential research into diseases and handicaps such as Down's syndrome, spina bifida, congenital defects and many of the other things that we find so worrying. However, I do not go the way of one hon. Member who said in an intervention that society does not want handicapped children. He chose his words rather carelessly when he said that. Society has shown how much it can give handicapped children and that in its care of

them individuals and the community are made that much greater. However, that is not the issue I want to deal with. If we are to consider whether the Bill will prevent essential research, we must use our language less loosely.

No distinction has been drawn during the debate between research and experimentation. They are not the same thing. Not all research is experimentation in the sense that it involves manipulation of or the ultimate destruction of human life in some form. Much research is observation and much observation can be carried out with no threat to the well-being of whoever is being observed. Much scientific research which is carried out on human beings, children or adults, is in the nature of the observation of procedures which are designed to benefit the human being concerned.

I say that no distinction has been drawn between research and experimentation. Equally no distinction has been drawn between experimentation and improvement of the procedures by which a doctor seeks to preserve, sustain or enhance the life of the individual whom he is treating. Again, there is a distinction there.

I do not think that it is the object of those who support the Bill to prevent the medical practitioner from doing what he has always sought to do, which is to use whatever procedures he thinks necessary to enhance, preserve or maintain the life of the individual form of human being that he is dealing with. Therefore, when we talk about what research could be limited by the Bill, we must draw our net a little narrower. However, having done so, we must then consider the value and extent of available research on the embryo. That is a disputed issue. I do not seek to contend that no valuable research could be undertaken on an embryo of less than 14 days. However, there are those who argue that. But there is a great deal of dispute about whether much of value can be obtained within that period.

Most of those involved are bound to concede that much more of research value could probably be obtained after 14 days, when the foetus has a spine, nervous system and other features upon which research can be carried out, than before then. But the entire Warnock committee rejected the idea of experimenting after 14 days, and no hon. Member today has sought to advance the cause of experimentation after 14 days. It is at least in dispute as to whether there is extensive research to be done in that area. There is certainly dispute about whether there is no alternative to such research and I am certainly not satisfied that there is no alternative.

I concede, as the right hon. Member for South Down did, that there might be some research to which there is no alternative that might bring value to other humans if it was carried out on an embryo of less than 14 days. The most compelling argument in favour of that was put by the hon. Member for Caernarfon (Mr. Wigley) in his two interventions.

There is a very powerful case for research to deal with the problems of congenital defects and some of the major handicaps that children suffer from birth. If it is viewed in isolation, it is so powerful that it sweeps away almost any barrier that we might seek to erect to almost any procedure. That is the problem about it. When we consider the difficulties faced by a handicapped child or by a child whose period on this earth may be but a few years because of the extent of its congenital abnormality, all barriers are swept away, and in that moment of looking at, and crying over, the anguish of that child and his family there must

be few things that most hon. Members would not contemplate doing if it would for one moment ease that child's lot.

Yet we cannot view that case in isolation, because we are always considering what barriers must be put up and what can be done to one human being in order to benefit others. Those barriers will crumble if we view the plight of those who suffer from some of those handicaps in isolation. I have already argued that the case that the only way to tackle such problems is by research on an embryo of less than 14 days is not proved. But when we consider that we might have to move further and further towards experiments on human life, it is clear that we must then set on value against another. There is no harder task for any individual, let alone the House, to carry out. But I believe that the law cannot be based on the principle that we experiment on one human in order to benefit others. That is not a principle upon which we can safely or reasonably found the law.

Would it not be better to await a Government Bill that would represent a comprehensive package of all the issues involved? I say to those who have just come into the Chamber, but who did not hear the Minister speaking earlier, that the right hon. and learned Gentleman gave neither promise nor prospect of a Government Bill within any defined timescale. There is no sign that a Government Bill will be introduced. As the Minister quite properly conceded, any such Bill would be some comprehensive package! It would embrace all the other issues raised by Warnock as well as those that have arisen since, including surrogacy, paternity, legitimacy and possibly even abortion. It would be a Bill so great—in view of the great number of differences of view on the various issues with which it would have to deal—that it would face many problems in its progress through Parliament. Hon. Members who think that they can safely put aside the matter because it will be dealt with in a Government Bill are basing their judgment on an illusion.

If we do not legislate now, we shall create a presumption in favour of widening what research is now done. That is why we cannot wait and why the Bill should receive a Second Reading.

2.26 pm

Mr. Douglas Hogg (Grantham): In a speech of singular force, the right hon. Member for South Down (Mr. Powell) identified the issues that are before the House. He did that with the lucidity and restrained eloquence which is so much his hallmark. However, the question is not whether he was eloquent and lucid, but whether his conclusions were right. That is the issue before us.

The right hon. Gentleman made a fundamentally important concession and he asked the House to make a fundamentally important assumption. He said that in the sphere of serious medical disorders, some useful and beneficial progress would or could be obtained from experimentation on human embryos. That was the concession he made. He went on to say that there was another consideration—the sense of moral outrage that many people felt. Those are the two counterbalancing considerations that hon. Members must take into account.

I believe, as does my right hon. and learned Friend the Minister, that the evidence favours voting against Second Reading—[HON. MEMBERS: "No."] We must understand the advantages that will flow from continued experimentation, because unless we understand them we cannot form

the moral judgments that are required. My right hon. and learned Friend identified them in broad terms: progress in the treatment of infertility; progress in the treatment of miscarriage; greater understanding of chromosome abnormalities; greater understanding of genetic disorders; and advancement in methods of contraception. Those are all of vital importance to mankind, and anybody who does not appreciate that cannot understand what we are discussing today. Therefore, the benefits that may accrue from continued experimentation are real and tangible.

Against that one must set the moral outrage that many people feel, and on that issue there are two important points to bear in mind.

First, those of us who argue against the Bill do not call for unfettered or unlicensed experimentation. We adopt, approve and support the apparatus of supervisory control and licensing contemplated by Warnock. We have never asked for and we do not want unlicensed or unsupervised experimentation.

Secondly, I support the remarks of my right hon. and learned Friend the Minister about the nature of the being with which we are dealing. I must tell the right hon. Member for South Down that to call this the Unborn Children (Protection) Bill is misleading—

Mr. Ian Campbell (Dumbarton) *rose in his place and claimed to move*, That the Question be now put.

Question put, That the Question be now put:

The House divided: Ayes 233, Noes 56.

Division No. 108]

[2.29 pm

AYES

Adams, Allen (<i>Paisley N</i>)	Clarke, Thomas
Alexander, Richard	Clegg, Sir Walter
Alison, Rt Hon Michael	Cocks, Rt Hon M. (<i>Bristol S.</i>)
Alton, David	Coombs, Simon
Amess, David	Cope, John
Ancram, Michael	Cowans, Harry
Anderson, Donald	Craigen, J. M.
Ashdown, Paddy	Cranborne, Viscount
Atkins, Rt Hon Sir H.	Dewar, Donald
Atkins, Robert (<i>South Ribble</i>)	Dixon, Donald
Atkinson, David (<i>B'm'th E</i>)	Douglas, Dick
Baker, Nicholas (<i>N Dorset</i>)	Douglas-Hamilton, Lord J.
Baldry, Tony	Dover, Den
Beggs, Roy	Duffy, A. E. P.
Beith, A. J.	Dunn, Robert
Bendall, Vivian	Durant, Tony
Benyon, William	Eggar, Tim
Bevan, David Gilroy	Ewing, Harry
Biffen, Rt Hon John	Eyre, Sir Reginald
Biggs-Davison, Sir John	Fallon, Michael
Blackburn, John	Favell, Anthony
Body, Richard	Fenner, Mrs Peggy
Bonsor, Sir Nicholas	Field, Frank (<i>Birkenhead</i>)
Bottomley, Peter	Finsberg, Sir Geoffrey
Bowden, A. (<i>Brighton K'to'n</i>)	Forsyth, Michael (<i>Stirling</i>)
Boyson, Dr Rhodes	Forsythe, Clifford (<i>S Antrim</i>)
Braine, Rt Hon Sir Bernard	Franks, Cecil
Bray, Dr Jeremy	Fraser, Peter (<i>Angus East</i>)
Bright, Graham	Freeman, Roger
Brown, M. (<i>Brigg & Cl'thpes</i>)	Galley, Roy
Bruinvels, Peter	Garel-Jones, Tristan
Burt, Alistair	Glyn, Dr Alan
Butcher, John	Goodhart, Sir Philip
Butterfill, John	Grant, Sir Anthony
Campbell-Savours, Dale	Greenway, Harry
Cash, William	Griffiths, Peter (<i>Portsm'th N</i>)
Chapman, Sydney	Ground, Patrick
Chope, Christopher	Gummer, John Selwyn
Churchill, W. S.	Hamilton, Hon A. (<i>Epsom</i>)
Clark, Hon A. (<i>Plym'th S'n</i>)	Hamilton, James (<i>M'well N</i>)
Clark, Dr David (<i>S Shields</i>)	Hamilton, Neil (<i>Tatton</i>)
Clark, Sir W. (<i>Croydon S</i>)	Hancock, Mr. Michael

Hardy, Peter
 Hargreaves, Kenneth
 Harris, David
 Harvey, Robert
 Hawkins, C. (*High Peak*)
 Hayes, J.
 Hayhoe, Barney
 Hayward, Robert
 Heddle, John
 Henderson, Barry
 Hind, Kenneth
 Hirst, Michael
 Hogg, N. (*C'nauld & Kilsyth*)
 Home Robertson, John
 Hordern, Peter
 Howard, Michael
 Howell, Rt Hon D. (*G'ldford*)
 Howell, Rt Hon D. (*S'heath*)
 Howell, Ralph (*N Norfolk*)
 Hughes, Simon (*Southwark*)
 Hume, John
 Hunt, David (*Wirral*)
 Hunter, Andrew
 Hurd, Rt Hon Douglas
 Irving, Charles
 Jessel, Toby
 Jones, Robert (*W Herts*)
 Kellett-Bowman, Mrs Elaine
 Kennedy, Charles
 Key, Robert
 Kilfedder, James A.
 King, Roger (*B'ham N'field*)
 Knight, Mrs Jill (*Edgbaston*)
 Lambie, David
 Lang, Ian
 Leigh, Edward (*Gainsbor'gh*)
 Lennox-Boyd, Hon Mark
 Lewis, Sir Kenneth (*Stamf'd*)
 Lewis, Ron (*Carlisle*)
 Lewis, Terence (*Worsley*)
 Lilley, Peter
 Lloyd, Peter, (*Fareham*)
 Lloyd, Tony (*Stretford*)
 Lofthouse, Geoffrey
 Lord, Michael
 Luce, Richard
 McCartney, Hugh
 McCrea, Rev William
 McCurley, Mrs Anna
 McCusker, Harold
 MacKay, Andrew (*Berkshire*)
 McNamara, Kevin
 McQuarrie, Albert
 Maginnis, Ken
 Major, John
 Malins, Humfrey
 Marland, Paul
 Marshall, David (*Shettleston*)
 Martin, Michael
 Mather, Carol
 Mawhinney, Dr Brian
 Maxwell-Hyslop, Robin
 Merchant, Piers
 Meyer, Sir Anthony
 Millan, Rt Hon Bruce
 Mills, Iain (*Meriden*)
 Mills, Sir Peter (*West Devon*)
 Moate, Roger
 Molyneaux, Rt Hon James
 Monro, Sir Hector
 Montgomery, Sir Fergus
 Morris, M. (*N'hampton, S*)
 Neubert, Michael
 Newton, Tony
 Nicholls, Patrick
 Nicholson, J.
 Oakes, Rt Hon Gordon

O'Brien, William
 Onslow, Cranley
 Oppenheim, Rt Hon Mrs S.
 Paisley, Rev Ian
 Parry, Robert
 Patten, Christopher (*Bath*)
 Patten, John (*Oxford*)
 Pawsey, James
 Peacock, Mrs Elizabeth
 Pendry, Tom
 Pike, Peter
 Pollock, Alexander
 Powell, Rt Hon J. E. (*S Down*)
 Price, Sir David
 Proctor, K. Harvey
 Pym, Rt Hon Francis
 Raison, Rt Hon Timothy
 Rees, Rt Hon Peter (*Dover*)
 Rhys Williams, Sir Brandon
 Rifkind, Malcolm
 Rippon, Rt Hon Geoffrey
 Robertson, George
 Robinson, Mark (*N'port W*)
 Robinson, P. (*Belfast E*)
 Roe, Mrs Marion
 Ross, Wm. (*Londonderry*)
 Rossi, Sir Hugh
 Sainsbury, Hon Timothy
 St. John-Stevas, Rt Hon N.
 Shelton, William (*Streatham*)
 Silvester, Fred
 Skeet, T. H. H.
 Smith, Rt Hon J. (*M'kl'ds E*)
 Smyth, Rev W. M. (*Belfast S*)
 Soames, Hon Nicholas
 Spearing, Nigel
 Speed, Keith
 Speller, Tony
 Spence, John
 Stanbrook, Ivor
 Stanley, John
 Stevens, Lewis (*Nuneaton*)
 Stewart, Allan (*Eastwood*)
 Stewart, Andrew (*Sherwood*)
 Stewart, Rt Hon D. (*W Isles*)
 Sumberg, David
 Taylor, Rt Hon John David
 Taylor, Teddy (*S'end E*)
 Temple-Morris, Peter
 Thompson, Patrick (*N'ich N*)
 Thornton, Malcolm
 Tinn, James
 Townsend, Cyril D. (*B'heath*)
 Tracey, Richard
 Trippier, David
 Twinn, Dr Ian
 Vaughan, Sir Gerard
 Waddington, David
 Wakeham, Rt Hon John
 Walden, George
 Walker, Cecil (*Belfast N*)
 Waller, Gary
 Ward, John
 Watts, John
 White, James
 Whitney, Raymond
 Wilkinson, John
 Winterton, Mrs Ann
 Winterton, Nicholas
 Wood, Timothy
 Wrigglesworth, Ian
 Young, David (*Bolton SE*)

Tellers for the Ayes:
 Mr. Christopher Murphy and
 Mr. Ian Campbell.

Abse, Leo
 Adley, Robert
 Ashley, Rt Hon Jack
 Banks, Tony (*Newham NW*)
 Barron, Kevin
 Beckett, Mrs Margaret
 Bottomley, Mrs Virginia
 Buchan, Norman
 Clark, Dr Michael (*Rochford*)
 Clwyd, Mrs Ann
 Cohen, Harry
 Cook, Robin F. (*Livingston*)
 Corbett, Robin
 Corbyn, Jeremy
 Crouch, David
 Dobson, Frank
 Dubs, Alfred
 Dunwoody, Hon Mrs G.
 Fatchett, Derek
 Flannery, Martin
 Fraser, J. (*Norwood*)
 Freeson, Rt Hon Reginald
 Garrett, W. E.
 Hamilton, W. W. (*Central Fife*)
 Harman, Ms Harriet
 Hicks, Robert
 Jackson, Robert
 Leighton, Ronald
 Madden, Max
 Maynard, Miss Joan

NOES

Meacher, Michael
 Meadowcroft, Michael
 Mitchell, David (*NW Hants*)
 Morrison, Hon C. (*Devizes*)
 Nellist, David
 O'Neill, Martin
 Orme, Rt Hon Stanley
 Pavitt, Laurie
 Rhodes James, Robert
 Richardson, Ms Jo
 Roberts, Ernest (*Hackney N*)
 Rooker, J. W.
 Sayeed, Jonathan
 Sedgemore, Brian
 Shore, Rt Hon Peter
 Short, Ms Clare (*Ladywood*)
 Short, Mrs R. (*W'hampt'n NE*)
 Silkin, Rt Hon J.
 Skinner, Dennis
 Smith, C. (*Isl'ton S & F'bury*)
 Soley, Clive
 Straw, Jack
 Thurnham, Peter
 Wheeler, John
 Wiggin, Jerry
 Wigley, Dafydd

Tellers for the Noes:
 Mr. Ian Mikardo and
 Mr. Douglas Hogg.

Question accordingly agreed to.

Question put accordingly, That the Bill be now read a Second time:

The House divided: Ayes 238, Noes 66.

Division No. 109]

[2.40 pm

AYES

Adams, Allen (*Paisley N*)
 Alexander, Richard
 Alison, Rt Hon Michael
 Alton, David
 Amess, David
 Ancram, Michael
 Anderson, Donald
 Ashdown, Paddy
 Atkins, Rt Hon Sir H.
 Atkins, Robert (*South Ribble*)
 Atkinson, David (*B'm'th E*)
 Baker, Nicholas (*N Dorset*)
 Baldry, Tony
 Beggs, Roy
 Beith, A. J.
 Bendall, Vivian
 Benyon, William
 Bevan, David Gilroy
 Biffen, Rt Hon John
 Biggs-Davison, Sir John
 Blackburn, John
 Body, Richard
 Bonsor, Sir Nicholas
 Bottomley, Peter
 Bowden, A. (*Brighton K'to'n*)
 Boyson, Dr Rhodes
 Braine, Rt Hon Sir Bernard
 Bray, Dr Jeremy
 Bright, Graham
 Brown, M. (*Brigg & Cl'thpes*)
 Bruinvels, Peter
 Burt, Alistair
 Butcher, John
 Butterfill, John
 Campbell-Savours, Dale
 Carlisle, John (*N Luton*)
 Cash, William
 Chapman, Sydney
 Chope, Christopher
 Churchill, W. S.

Clark, Hon A. (*Plym'th S'n*)
 Clark, Dr David (*S Shields*)
 Clark, Sir W. (*Croydon S*)
 Clarke, Thomas
 Clegg, Sir Walter
 Cocks, Rt Hon M. (*Bristol S.*)
 Coombs, Simon
 Cope, John
 Cowans, Harry
 Craigen, J. M.
 Cranborne, Viscount
 Deakins, Eric
 Dewar, Donald
 Dixon, Donald
 Douglas, Dick
 Douglas-Hamilton, Lord J.
 Dover, Den
 Duffy, A. E. P.
 Dunn, Robert
 Durant, Tony
 Eggar, Tim
 Ewing, Harry
 Eyre, Sir Reginald
 Fallon, Michael
 Favell, Anthony
 Fenner, Mrs Peggy
 Field, Frank (*Birkenhead*)
 Finsberg, Sir Geoffrey
 Forsyth, Michael (*Stirling*)
 Forsythe, Clifford (*S Antrim*)
 Franks, Cecil
 Fraser, Peter (*Angus East*)
 Freeman, Roger
 Galley, Roy
 Garel-Jones, Tristan
 Glyn, Dr Alan
 Godman, Dr Norman
 Goodhart, Sir Philip
 Grant, Sir Anthony
 Greenway, Harry

Griffiths, Peter (*Portsmouth N*)
 Ground, Patrick
 Gummer, John Selwyn
 Hamilton, Hon A. (*Epsom*)
 Hamilton, James (*M'well N*)
 Hamilton, Neil (*Tatton*)
 Hancock, Mr. Michael
 Hardy, Peter
 Hargreaves, Kenneth
 Harris, David
 Harvey, Robert
 Hawkins, C. (*High Peak*)
 Hayes, J.
 Hayhoe, Barney
 Hayward, Robert
 Henderson, Barry
 Hind, Kenneth
 Hirst, Michael
 Hogg, N. (*C'nauld & Kilsyth*)
 Home Robertson, John
 Hordern, Peter
 Howard, Michael
 Howell, Rt Hon D. (*G'ldford*)
 Howell, Rt Hon D. (*S'heath*)
 Howell, Ralph (*N Norfolk*)
 Hughes, Simon (*Southwark*)
 Hume, John
 Hunt, David (*Wirral*)
 Hunter, Andrew
 Hurd, Rt Hon Douglas
 Irving, Charles
 Jessel, Toby
 Jones, Robert (*W Herts*)
 Kellett-Bowman, Mrs Elaine
 Kennedy, Charles
 Key, Robert
 Kilfedder, James A.
 King, Roger (*B'ham N'field*)
 Knight, Mrs Jill (*Edgbaston*)
 Lambie, David
 Lang, Ian
 Leigh, Edward (*Gainsbor'gh*)
 Lennox-Boyd, Hon Mark
 Lewis, Sir Kenneth (*Stamf'd*)
 Lewis, Ron (*Carlisle*)
 Lewis, Terence (*Worsley*)
 Lilley, Peter
 Lloyd, Peter, (*Fareham*)
 Lloyd, Tony (*Stretford*)
 Lofthouse, Geoffrey
 Lord, Michael
 Luce, Richard
 McCartney, Hugh
 McCrea, Rev William
 McCurley, Mrs Anna
 McCusker, Harold
 MacKay, Andrew (*Berkshire*)
 McNamara, Kevin
 McQuarrie, Albert
 Maginnis, Ken
 Major, John
 Malins, Humfrey
 Marland, Paul
 Marshall, David (*Shettleston*)
 Martin, Michael
 Mather, Carol
 Mawhinney, Dr Brian
 Maxwell-Hyslop, Robin
 Merchant, Piers
 Millan, Rt Hon Bruce
 Mills, Iain (*Meriden*)
 Mills, Sir Peter (*West Devon*)
 Mitchell, Austin (*G't Grimsby*)
 Moate, Roger
 Molyneaux, Rt Hon James
 Monro, Sir Hector
 Montgomery, Sir Fergus
 Morris, M. (*N'hampton, S*)
 Moynihan, Hon C.
 Neubert, Michael
 Newton, Tony
 Nicholls, Patrick
 Nicholson, J.
 Normanton, Tom
 Oakes, Rt Hon Gordon
 O'Brien, William
 Onslow, Cranley
 Oppenheim, Rt Hon Mrs S.
 Paisley, Rev Ian
 Parry, Robert
 Patten, Christopher (*Bath*)
 Patten, John (*Oxford*)
 Pawsey, James
 Peacock, Mrs Elizabeth
 Pendry, Tom
 Pike, Peter
 Pollock, Alexander
 Portillo, Michael
 Powell, Rt Hon J. E. (*S Down*)
 Price, Sir David
 Proctor, K. Harvey
 Pym, Rt Hon Francis
 Raison, Rt Hon Timothy
 Rees, Rt Hon Peter (*Dover*)
 Rhys Williams, Sir Brandon
 Rifkind, Malcolm
 Rippon, Rt Hon Geoffrey
 Robertson, George
 Robinson, Mark (*N'port W*)
 Robinson, P. (*Belfast E*)
 Roe, Mrs Marion
 Ross, Wm. (*Londonderry*)
 Rossi, Sir Hugh
 Sainsbury, Hon Timothy
 St. John-Stevas, Rt Hon N.
 Shelton, William (*Streatham*)
 Silvester, Fred
 Skeet, T. H. H.
 Smith, Rt Hon J. (*M'kl'ds E*)
 Smyth, Rev W. M. (*Belfast S*)
 Soames, Hon Nicholas
 Spearing, Nigel
 Speed, Keith
 Speller, Tony
 Spence, John
 Stanbrook, Ivor

Stanley, John
 Stevens, Lewis (*Nuneaton*)
 Stewart, Allan (*Eastwood*)
 Stewart, Andrew (*Sherwood*)
 Stewart, Rt Hon D. (*W Isles*)
 Sumberg, David
 Taylor, Rt Hon John David
 Taylor, Teddy (*S'end E*)
 Temple-Morris, Peter
 Thompson, Patrick (*N'ich N*)
 Thornton, Malcolm
 Tinn, James
 Townsend, Cyril D. (*B'heath*)
 Tracey, Richard
 Trippier, David
 Twinn, Dr Ian
 Vaughan, Sir Gerard
 Waddington, David

Wakeham, Rt Hon John
 Walden, George
 Walker, Cecil (*Belfast N*)
 Waller, Gary
 Ward, John
 Watts, John
 White, James
 Whitney, Raymond
 Wilkinson, John
 Winterton, Mrs Ann
 Winterton, Nicholas
 Wood, Timothy
 Wrigglesworth, Ian
 Young, David (*Bolton SE*)

Tellers for the Ayes:
 Mr. Ian Campbell and
 Mr. Christopher Murphy.

NOES

Abse, Leo
 Adley, Robert
 Ashley, Rt Hon Jack
 Banks, Tony (*Newham NW*)
 Barron, Kevin
 Beckett, Mrs Margaret
 Bottomley, Mrs Virginia
 Brown, Hugh D. (*Provan*)
 Bryan, Sir Paul
 Buchan, Norman
 Carlisle, Kenneth (*Lincoln*)
 Clark, Dr Michael (*Rochford*)
 Clarke, Rt Hon K. (*Rushcliffe*)
 Clwyd, Mrs Ann
 Cohen, Harry
 Cook, Robin F. (*Livingston*)
 Corbett, Robin
 Corbyn, Jeremy
 Crouch, David
 Dobson, Frank
 Dorrell, Stephen
 Dubs, Alfred
 Dunwoody, Hon Mrs G.
 Fatchett, Derek
 Flannery, Martin
 Fowler, Rt Hon Norman
 Fraser, J. (*Norwood*)
 Freeson, Rt Hon Reginald
 Garrett, W. E.
 Gilmour, Rt Hon Sir Ian
 Hamilton, W. W. (*Central Fife*)
 Harman, Ms Harriet
 Hicks, Robert
 Jackson, Robert
 Lee, John (*Pendle*)
 Leighton, Ronald
 Madden, Max
 Mates, Michael
 Maynard, Miss Joan
 Meacher, Michael
 Meadowcroft, Michael
 Mitchell, David (*NW Hants*)
 Morrison, Hon C. (*Devizes*)
 Nellist, David
 O'Neill, Martin
 Orme, Rt Hon Stanley
 Ottaway, Richard
 Parris, Matthew
 Pavitt, Laurie
 Rhodes James, Robert
 Richardson, Ms Jo
 Roberts, Ernest (*Hackney N*)
 Rooker, J. W.
 Sedgemore, Brian
 Shore, Rt Hon Peter
 Short, Ms Clare (*Ladywood*)
 Short, Mrs R. (*W'hampt'n NE*)
 Silkin, Rt Hon J.
 Smith, C. (*Isl'ton S & F'bury*)
 Soley, Clive
 Straw, Jack
 Thurnham, Peter
 Wheeler, John
 Wiggin, Jerry
 Wigley, Dafydd

Tellers for the Noes:
 Mr. Ian Mikardo and
 Mr. Douglas Hogg.

Question accordingly agreed to.

Bill read a Second time and committed to a Standing Committee pursuant to Standing Order No. 40 (Committal of Bills).

Private Members' Bills

CHARTER TRUSTEES BILL

Read a Second time.

Bill committed to a Standing Committee pursuant to Standing Order No. 42 (Committal of Bill).

NORTHERN IRELAND (TERMINATION OF JURISDICTION) BILL

Order for Second Reading read.

Hon. Members: Object.

Second Reading deferred till Friday 22 February.

STANDING CHARGES (ABOLITION BILL)

Order for Second Reading read

Hon. Members: Object.

Second Reading deferred till Friday 5 July.

SPORTS FIELDS AND RECREATIONAL FACILITIES BILL

Order read for resuming adjourned debate on Question —[25 January]—That the Bill be now read a Second time.

Question again proposed.

Hon. Members: Object.

Debate to be resumed upon Friday 19 April.

EDUCATION (SCHOOL BUDGETS) BILL

Order read for resuming adjourned debate on Question —[8 February]—That the Bill be now read a Second time.

Question again proposed.

Hon. Members: Object.

Mr. Deputy Speaker (Mr. Ernest Armstrong):
Debate to be resumed what day? No day named.

Port of Liverpool

Motion made, and Question proposed, That this House do now adjourn.—[Mr. Archie Hamilton.]

2.52 pm

Mr. Eddie Loyden (Liverpool, Garston): I would have preferred not to come to the House once again to initiate an Adjournment debate about Liverpool. I have asked for this debate because Liverpool's position has been deteriorating since the mid-1970s and there is no sign that the downward spiral of industry and jobs in the area is bottoming out.

I want to deal with the problems of the port of Liverpool. The House will be aware of how that port has declined. It has been reorganised so that it no longer holds its former important position in the economy of Merseyside and its hinterland.

I worked on the docks for about 28 years. Therefore, I consider that I have sufficient knowledge and understanding to comment on the effects of the changes on those employed directly not only in the docks industry and the port transport industry, but elsewhere.

My hon. Friend the Member for Liverpool, Riverside (Mr. Parry) knows about the impact that the changes have had on all Liverpool constituencies. Firms such as Tate and Lyle, based upon the shipping industry in the port, J. Bibby and Co. Ltd., the oil, fat, cattle feed and other industries have been severely affected by the decline of the port of Liverpool.

When I first started working for the then Mersey Docks and harbour Board, there were 15,000 or 16,000 registered dock workers and 9,000 ancillary workers in the ports of Liverpool and Birkenhead. Cammell Laird, Grayson Rollo Clover and Harland and Wolff employed another 20,000 people. Today, the port of Liverpool employes only 2,000 registered dock workers, and demands are still being made for that number to be reduced.

Cammell Laird, which used to be a thriving shipyard, has been in decline—I accept that there has been a general decline in shipbuilding in the United Kingdom—and there was a sorry lack of investment in that yard at the time when Third-world countries and others were emerging as shipbuilding nations.

The port and the related industries have been in decline, and that has had direct effects on the local economy. A once thriving port is now almost exclusively located in the north end of the city. Virtually all the seven miles of docks have been closed. All that is left is a small container port with some bulk cargo handling berths.

It will be argued that many of the changes that have taken place were necessary. No one suggests that all seven miles of docks could have been retained, but the introduction of new technology and changes in work practices have been painful processes. Thousands of jobs have been lost and those still working in the port are determined that it should remain as a port offering employment in Liverpool.

The port has gone through a stable period—probably its most stable period for a long time. When dramatic changes occur in the lives of working people, we expect resistance. That is justified, particularly when no alternative to the dole queue is offered to those who are spewed out of the industry.

When the Government amended the Harbours Act 1964, they dealt a further blow to the port of Liverpool.

PERSONAL

da



10 DOWNING STREET

From the Private Secretary

SIR ROBIN NICHOLSON

Mr. Enoch Powell's Unborn Children (Protection)
Bill

The Prime Minister was grateful for your minute of 11 February about research on human embryos.

The Prime Minister believes that the argument in paragraph 3 suffers from a touch of casuistry. She is by no means sure that your description of fertilisation would command wide support, and she remains personally less than convinced of the case for research on human embryos.

I should stress that these are the Prime Minister's personal views, and they are conveyed for your personal information.

DmB

13 February 1985

PERSONAL

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as

Prime Minister⁽²⁾: To note. These points are really for the next stage of the Government's response

W.0124

11 February 1985
to Warnock. Mr Fowler will circulate proposals once consultation is complete.

PRIME MINISTER

ms

MR ENOCH POWELL'S UNBORN CHILDREN (PROTECTION) BILL

Dub
11/2

Mr Powell's Bill, due for its second reading on 15 February, seeks to prevent all research using human embryos.

2. The Powell Bill, even if it does not succeed, will of course be opinion-forming and could influence the fate of the more comprehensive Bill being drafted by DHSS, following up the Warnock Report on Human Fertilisation and Embryology. Research on human embryos is an area where lack of public understanding of the issues involved leads to a number of misapprehensions. I believe that the Government would be open to criticism if it did not (a) attempt to clarify the issues involved, and (b) stress the importance to medical research of allowing embryo experimentation to continue. The decision by H Committee that the Government spokesman in the debate should state clearly the case for embryo research is consistent with the second point.

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3. Arguments used against the Warnock recommendations centre around questions such as the sanctity of life and protection of the individual. They lead to claims that the embryo should be protected from the moment of conception, and thus that no experimentation should be allowed. But it is erroneous to argue that life begins at conception. The sperm and eggs are living cells, already alive in advance of fertilisation. All that can be said is that fertilisation brings into existence a genetically novel kind of cell, and that this cell has the potential, if it is successfully implanted in the lining of the womb (at around 14 days), for becoming a human individual. It does not have that potential if it is not implanted; the majority of embryos do not implant, and are rejected naturally. Implantation is also prevented by commonly-used forms of contraception (provided by the National Health Service). The 14-day limit proposed by Warnock, for

A touch of Casuistry here, I think. I agree. Dub 11/2

keeping an embryo for experimental purposes, relates:

(a) to the stage of implantation; (b) the stage before which it is still uncertain whether an embryo will divide into one or more individuals, ie before true individual development begins; and (c) the stage before which the rudiments of a nervous system have been laid down. It seems unlikely that many of those who sign petitions against embryo experimentation would do so if some of these basic biological facts were known to them.

4. The following advances are believed to be attainable if experimentation on early embryos is allowed:

- (a) improved infertility treatment and fertility control;
- (b) prevention or correction of genetic defects in embryos;
- (c) improved understanding of cellular and developmental processes and hence understanding of inherited genetic disease and perhaps also causes of cancer.

5. It would be tragic if unjustified controls prevented this country from retaining the lead in yet another area of research where it has done the pioneering work. Research of this kind has great potential for social benefit, and I believe that it is important that the Government should say so. An outcome that prevented embryo research would be quite inconsistent with existing practices in the NHS provision of contraception, let alone abortion.

6. I am copying this minute to Sir Robert Armstrong.

RBN

ROBIN NICHOLSON

Cabinet Office
11 February 1985

Ref. A085/239

PRIME MINISTER
_____Legislation on Commercial Surrogacy

(C(85) 2)

BACKGROUND

A The birth of "Baby Cotton" has highlighted concern about the practice of surrogate motherhood. The commercial aspects of the Cotton case, and in particular the involvement of an agency which made a considerable profit, have given rise to particular concern. There are believed to be a number of other cases where surrogate mothers will give birth over the coming months. The Secretary of State for Social Services feels that, in the light of the public concern the Government should bring in urgent legislation to deal solely with commercial surrogacy arrangements (see para 3(a) of C(85) 2). The issue was discussed by the Home and Social Affairs (H) Committee on 16 January and is now referred to Cabinet for final decision. The Secretary of State has expanded his views on what the legislation ought to contain in his minute to you of 23 January.

B 2. The Secretary of State also recommended that work should be put in train urgently to prepare legislation on all the remaining recommendations of the Warnock Committee for next Session: this was agreed by H.

3. Some members of H Committee felt that the case for outlawing surrogacy agencies was not overwhelming and that more time for public debate was needed. There was also concern about whether proper thought had been given to the coverage of the Bill. Moreover, the Lord Chancellor and the Solicitor General

were strongly of the opinion that it would be unwise to embark
on legislation without thinking through with care the many
implications that would be raised eg the family and legal status
of children resulting from surrogate pregnancies and the
implications of fertilisations which took place overseas or in
vitro.

THE MAIN ISSUES

4. The main issues are:

a. Should legislation be prepared for introduction in this Session of Parliament to give effect to the recommendation of the Warnock Report about commercial surrogacy agencies?

b. If so, should the definition of "commercial" be so drawn as to exclude non-profit making agencies and should the position of professionals involved in surrogacy arrangements be clarified?

c. should a Bill in this Session attempt to deal with other aspects of the problem (eg the position of payments to the mother as now proposed by the Secretary of State)?

Legislation this Session

5. The argument in favour of proceeding rapidly with legislation is that public opinion is demanding it. The arguments against are more varied. They include the argument that first reactions to the Cotton case may not in the longer term be sustained, that public opinion is divided and may in fact be moving towards greater acceptance of surrogacy; that legislation prepared in a hurry could be defective or incomplete; that the number of surrogate births in the near

future is likely to be very small and in any case would not be affected by the new legislation; and that the recommendations of the Warnock Report on this subject raise a large number of considerations which could be best treated in one comprehensive piece of legislation.

Coverage of the Legislation

6. If there is to be legislation this Session, there is a case for considering whether to exclude from it the position of non-profit making agencies and of professionals involved in the process. Depending on how the Bill is framed, a failure to mention the professions might well create unnecessary opposition to the legislation from the British Medical Association and other bodies. Similarly, those sectors of public opinion who view surrogacy as an alternative to adoption might be mollified in their opposition by the exclusion of non-profit making agencies from the criminal provisions. The inclusion of payments to a surrogate mother (as now proposed) would lead to considerable difficulties. Couples who wanted children would still be able to make a commercial arrangement with a surrogate mother and call the payment compensation for loss of earnings and expenses. The whole process could be completed without the involvement of any agency, or indeed any professional assistance.

7. By introducing legislation this Session which dealt only with the commercial agency aspect, the Government would be seen to be doing only part of the work required by the recommendations of the Warnock Committee. It would inevitably come under strong pressure during the passage of the Bill to include other matters, in particular in relation to the children about to be born as a result of arrangements already entered into. Once having set upon this path, it would be very difficult to argue that these aspects of surrogacy also did not require some form of State intervention. The consequences of the consequences of

such pressure for proper drafting of legislation are very difficult to foresee. At the best, the Bill could end up as originally introduced, but after a great deal of time and effort had been spent resisting alternatives; at the worst the Bill could be a collection of ill-chosen provisions which would largely require consideration during the process leading up to the preparation of a comprehensive Warnock Bill in the following Session.

HANDLING

8. You will wish to ask the Lord President to say a brief word on his memorandum and the Secretary of State for Social Services to express the views contained in his minute. The Lord Chancellor has strong views on the advisability of proceeding too quickly with legislation, which are shared by the Home Secretary. The Attorney General may also have a view on this. The Lord Privy Seal may wish to say something about the legislative position in general, and the Paymaster General about the position of the Party.

CONCLUSIONS

9. You will wish Cabinet to reach conclusions on:
- a. whether a Bill to outlaw commercial surrogacy agencies should be introduced in this Session;
 - b. whether exclusion should be made for non-profit making agencies and for professionals involved in the process;

CONFIDENTIAL



c. whether such a Bill should contain other provisions relating to the Warnock recommendations on surrogacy particularly payments to surrogate mothers.

REA

ROBERT ARMSTRONG

23 January 1985

PRIME MINISTER

COMMERCIAL SURROGACY

Having seen the Lord President's memorandum on this subject (C(85)2) which we are to discuss tomorrow, I felt I should set out for you and colleagues the reasons why I was unable to go along with the majority view at H.

Present situation

The Warnock Committee recommendation in favour of a ban on surrogacy agencies (and they were united in their view that commercial surrogacy should be outlawed) has been specifically supported by 90 per cent of the organisations which have commented. These include all the christian churches and representative organisations, and the Chief Rabbi; the major women's organisations; and all the interested professional organisations. During the consultation period we were under some pressure for early legislation but in the wake of the Cotton case there have been many calls in Parliament and in the media for a bill to be introduced in the current session. This pressure will be intensified when further commercially-arranged births take place. I understand that there are at least three more due - the first probably in March - from the one commercial agency already known to be operating. If we do not act now the chances are that both the number of births and, possibly, the number of agencies will increase rapidly in the period before full legislation on Warnock can be enacted.

Arguments against commercial surrogacy

In my view the key arguments on commercial surrogacy are

- the inherent unacceptability of allowing children to be sold and of payment for pregnancy;

E. R.

- the undesirability of bringing commercial activity into matters of this kind. We do not, and should not, have commercial participation in adoption, fostering, blood donation or organ transplantation;
- the risk of exploitation of the women concerned where an agency has a financial incentive to encourage surrogacy;
- the danger that unlicensed agencies would have an incentive to increase the use of surrogacy - seeking to extend it as a convenience for women so that they avoid undergoing pregnancy, particularly if embryo donation (ie implantation of an embryo into a surrogate mother) were used.

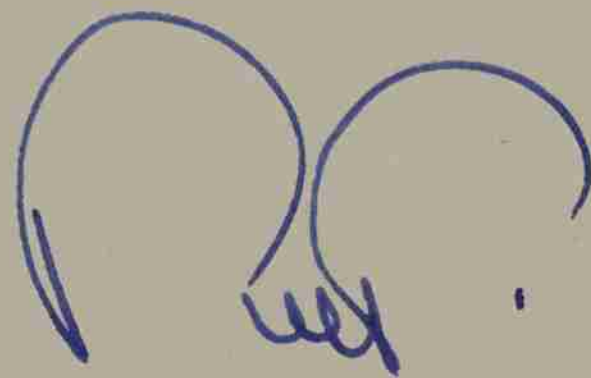
There are other issues on surrogacy. These relate not just to the family and legal status of children resulting from surrogacy to which the Lord Chancellor and Solicitor-General have drawn attention; they also concern the consequences of, for instance, the birth of a handicapped child to a surrogate mother, where the commissioning parents may be unwilling to accept responsibility for the child. This has already happened in America. There is also the question of exporting children to commissioning parents abroad. All these problems are more acute in relation to commercial surrogacy.

The need for urgency

I fully agree that all the issues raised by surrogacy need to be addressed carefully and in detail as part of a wider Warnock Bill. My reason for seeking early legislation on the central question of the involvement of agencies is that all the problems outlined above can only become more difficult to handle if we do not act now. The number of children born into this legal limbo will increase; the danger of a very bad case will grow; and the number of agencies themselves will mount. Throughout the period before full legislation is enacted we would be at risk not only of renewed public and political pressure but also of real criticism if one of the worse cases occurs for having failed to act earlier.

E. R.

The Bill needed to hold the position would be simple - as the annex to this minute shows - and uncontroversial. I hope colleagues will agree that it should be introduced this session.



23 January 1985

N F

CONTENT OF A LIMITED BILL ON SURROGACY

1. To prohibit the recruitment of surrogate mothers or the making of surrogacy arrangements by -
 - a. a body of persons; or
 - b. any person so acting habitually or for gain;but not medical or other assistance to establish a surrogate pregnancy.

2. To prohibit advertisements -
 - a. of surrogacy agency services (as in 1 above);
 - b. of willingness to act as a surrogate mother; and
 - c. of desire to commission a surrogate pregnancy.

3. To prohibit any payment or reward for -
 - a. surrogacy agency services; or
 - b. acting as a surrogate mother;but not compensatory payments for expenses incurred or earnings lost in consequence of a surrogate pregnancy.

Home Affairs: Sunday opening
Civil service: long term

Note: Spoke to Chris Beasley
re X. The Lord President
will report to Cabinet by
minute, for consideration
on 24 Jan.

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21/1

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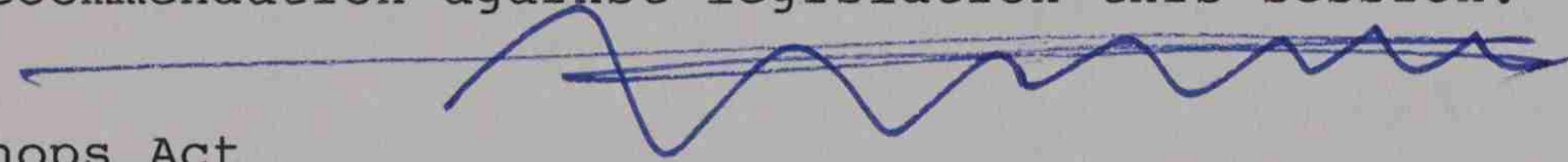
PRIME MINISTER

H COMMITTEE LAST WEEK

Surrogacy

The Committee considered Norman Fowler's recommendation for legislation this session to outlaw commercial surrogacy. On the whole, they thought his reaction rather hasty, with the moral arguments less than clear-cut, and the boundary between commercial and non-commercial surrogacy difficult to draw. The Lord President will report the issues to Cabinet, with a recommendation against legislation this session.

X/



As no

Shops Act

H endorsed the Home Secretary's proposals for repeal of Sunday trading restrictions. They invited him to consult Mr. King about the relationship with his review of Wages Councils.

Ethnic Monitoring in the Civil Service

The Committee supported Lord Gowrie's proposals for service-wide ethnic monitoring. They did consider your idea of sampling, but were advised that the number of people from ethnic minorities was so small that samples were statistically unreliable.

Dub

18 January, 1985.

CONFIDENTIAL

D/D



Caxton House Tothill Street London SW1H 9NF

cc Mr Ingham

Telephone Direct Line 01-213.....6400

Switchboard 01-213 3000

ans
9/11

9 January 1985

Steve Godber Esq
P/S Secretary of State
for Social Services
Alexander Fleming House
London SE1

Jean Freve,

My Secretary of State is to appear on a new Television South programme called 'Questions' next Monday, 14 January. TVS intend to follow the format of the 'Any Questions' radio programme, with an audience putting perhaps eight topical questions to a panel of four; there will be some audience participation in the discussion. The other guests will be Shirley Williams, Frank Chapple, and (perhaps in the role of an independent intellectual) Miss Irene Handl .

It would be most helpful to have some background and a line to take on the Cotton case and surrogate motherhood, and on the Oxfordshire kidney patients issue, by Friday afternoon. If there are any other DHSS matters which make headlines between now and Monday I would be grateful for a line on those as well.

I am copying this to the private secretaries to other Cabinet Ministers, with a request for briefing on any major topical questions in their field (the main subject which comes to mind is arms talks) by Friday please.

Yours sincerely,

Peter Smith

PETER SMITH
Private Secretary

-9 JAN 1985

12 1 2 3 4 5 6 7 8 9

PRIME MINISTER (2)

ptc P.a.
Dms
10/1
COMMERCIAL SURROGACY

Norman Fowler has circulated a paper to H Committee today in the light of public concern about commercial surrogacy. The paper will not be considered by the Committee until next Wednesday.

Mr. Fowler recommends legislation this Session to deal with the Warnock recommendations on surrogacy only. The legislation would thus make the creation or operation of commercial surrogacy agencies a criminal offence, as well as making all surrogacy arrangements (whether or not commercial) illegal contracts.

Mr. Fowler is proposing a second Bill next Session to deal with the remaining Warnock recommendations, on the establishment of a licensing authority, and the regulation of research on human embryos.

If the Committee backed Mr. Fowler's request for legislation this Session on surrogacy, he would make clear the Government's intention at the Second Reading of the Private Member's Bill sponsored by Mr. Enoch Powell. He envisages a free vote, both on Mr. Powell's Bill, and on the Government's Bill.

Dms

9 January 1985

[Mr. Chris Smith]

humble Petition of UK Residents Sheweth that unwanted pregnancy is a risk to young women's health, wherefore your Petitioners pray that your Honourable House do urge the Secretary of State for Social Services that:

Young women's rights to obtain contraceptive advice and information and contraceptive drugs or devices, with or without parental consent, should not be further restricted by changes in DHSS regulations or by law, as this would only result in an increase in unwanted pregnancies.

Facilities for young women and men, whether under or over the age of 16, to obtain contraception and advice on abortion if they need it, in confidence and without fear, should be substantially expanded and publicised in all parts of the country.

And your petitioners, as in duty bound, will ever pray."

To lie upon the Table.

Supplementary Benefits

Mr. Chris Smith: The second petition is from 2,000 residents in my constituency and the neighbouring constituency of Islington, North, and I am delighted that the Secretary of State for Social Services is present to hear it.

It reads:

"To the honourable the Commons of Great Britain and Northern Ireland in Parliament assembled, the humble petition of residents of the London borough of Islington sheweth that we protest against this Government's decision to cut the Supplementary Benefit of nearly 2 million pensioners, disabled people and others on long-term benefit by clawing back £1 from their heating additions. We are appalled that the Government has chosen to save money by cutting the benefits of the poorest and most vulnerable members of the community. Wherefore your petitioners pray that your Honourable House do urge the Secretary of State for Social Services to withdraw this contemptible amendment immediately. And your petitioners as in duty bound will ever pray."

To lie upon the Table.

Pensions (Increase)

Mr. Don Dixon (Jarrow): With your permission, Mr. Speaker, and that of the House, I beg leave to present a petition on behalf of the pensioners of the Tyne and Wear and Durham area bearing more than 5,000 signatures.

I, too, am pleased that the Secretary of State for Social Services is here because the petition is protesting that next Monday, 26 November, is uprating day for Britain's pensioners. On that day they will qualify for a meagre increase in their pensions. However, it is one week late. The increase should have been paid this week. The Government have invented a 53-week year and delayed the pension increase, thus robbing pensioners in Great Britain of £35 million. This is the second time in six years that the Government have held up the pension increase. The last time was by two weeks.

It is appropriate that the petition, which is about pensioners, is presented today at the beginning of an important debate on the protection of life at its very inception. I have no doubt that hon. Members will be presenting very strong arguments on the Warnock report.

My hon. Friend the Member for Tyne Bridge (Mr. Cowans) is presenting the petition with me. It reads:

"Wherefore your Petitioners pray that your Honourable House will pass legislation to repay the increase which has been lost to pensioners by the delay of one week.

And your Petitioners, as in duty bound, will ever pray."

To lie upon the Table.

Human Fertilisation and Embryology (Warnock Report)

Motion made, and Question proposed, That this House do now adjourn.—[Mr. Lang.]

9.46 am

Mr. Speaker: Before I call the Secretary of State, I should inform the House that because of the number of hon. Members who wish to speak I intend to apply the time limit of 10 minutes between the hours of 11.30 and 1 o'clock. However, I ask those hon. Members who are fortunate enough to be called before 11.30 to bear in mind that many other colleagues are waiting to take part in this very important debate.

The Secretary of State for Social Services (Mr. Norman Fowler): I too, will seek to work towards what you have just suggested, Mr. Speaker.

When the world's first test tube baby was born in Oldham in 1978 the event was seen as a significant advance for medical science and represented new hope for many couples who wished to have children. It marked the first time that the public had been made aware of what the technique of in vitro fertilisation, or fertilisation outside the mother's body, had made possible.

Just how rapidly events have proceeded since is demonstrated by the fact that some 600 babies have now been born as a result of this technique, more than 200 of them in Great Britain. Those figures are an indication of the pace of development and the spread of the technique.

Despite the acclaim excited by the birth of Louise Brown, it was apparent from an early stage that this and other developments in the field of infertility raised moral, legal and ethical issues which could not be left to be decided by default by those working in the field. Public debate had not developed to anything like the stage that it has today. But in July 1982, given the critical nature of the issues involved, I decided that it was essential to have the benefit of a wide-ranging inquiry and advice in that area. Therefore, I announced the establishment of an independent inquiry under Dame Mary Warnock. It was almost exactly two years later, in July of this year, that I published the inquiry's report.

I am of course aware of the extremely strong feelings which the issues covered by the report raise both here and among the public, and I respect them, but I think that we can all agree that Dame Mary Warnock and her committee have done a great service in setting out clearly and cogently the issues to which we should all address our minds.

I published the report as soon as possible after receiving it because it was clear to me that, while the inquiry had reached detailed conclusions and made some 63 specific recommendations, it was essential that we should give the widest opportunity to the public, both individuals and organisations, to express their views on them.

It does not seem to me that this is the traditional kind of consultation exercise that we have known in the past, for it is not just a matter of deciding on each of those 63 individual recommendations. The debate goes much wider and it embraces fundamental moral issues. As the Warnock committee said:

"Barriers, it is generally agreed, must be set up; but there will not be universal agreement about where these barriers should be

House of Commons

Friday 23 November 1984

The House met at half-past Nine o'clock

PRAYERS

[MR. SPEAKER *in the Chair*]

PETITIONS

Adult Education (Value Added Tax)

9.35 am

Mr. Michael Hancock (Portsmouth, South): I wish to lay before the House a petition on behalf of 2,332 constituents who attend the Portsmouth institute for further education and who wish this Parliament to urge the Government to pray against the imposition of value added tax on certain adult education courses and for the repeal of legislation enabling value added tax to be imposed. They do so conscious of the fact that many of the courses that they are attending are under grave threat from the imposition of value added tax and they wish this House to ensure that the Government alter the regulations pertaining to value added tax on these courses as speedily as possible, because without it many of the courses will no longer be available to the people of my constituency and others in this country.

To lie upon the Table.

Human Embryos

Mr. John Evans (St. Helens, North): I have the honour to present a petition signed by 2,962 residents of my constituency who are responding to the Government's invitation to the general public to comment on the report of the Warnock committee. They state:

Wherefore Your Petitioners Pray that the House of Commons will take immediate steps to enact legislation which forbids any procedure which involves purchase or sale of human embryos, the discarding of human embryos, their use as sources of transplant tissue or as subjects for research of experiment (unless this is done solely for the benefit of the embryo concerned.)

And your Petitioners, as in duty bound, will ever pray etc.

To lie upon the Table.

Mr. Harry Greenway (Ealing, North): I beg leave to present a petition in the name of the Rev. Mitchell Williams of The Manse, Eastcote Lane, Northolt, Middlesex, and a substantial number of constituents of Ealing, North which is similar to that presented by the hon. Member for St. Helens, North (Mr. Evans). For the convenience of the House, I shall summarise.

The petitioners assert that human life exists from the moment of conception, that man is made in the image of God, that life is therefore totally sacred and not be violated at any stage by law or by any other enactment of this House or anywhere else. I strongly support my constituents in that view.

I shall repeat, because it is so important, the final part of the petition about which the House has already heard from the hon. Member for St. Helens, North:

Wherefore Your Petitioners Pray that the House of Commons will take immediate steps to enact legislation which forbids any

procedure which involves purchase or sale of human embryos, the discarding of human embryos, their use as sources of transplant tissue or as subjects for research of experiment (unless this is done solely for the benefit of the embryo concerned.)

And your Petitioners, as in duty bound, will ever pray etc.

To lie upon the Table.

Later—

Mrs. Elizabeth Peacock (Batley and Spennings): I beg leave to present a petition to the House on behalf of 150 of my constituents. It follows the lines of those presented earlier. That being so, I shall merely reiterate the important part of it:

"Wherefore Your Petitioners Pray that the House of Commons will take immediate steps to enact legislation which forbids any procedure which involves purchase or sale of human embryos, the discarding of human embryos, their use as sources of transplant tissue or as subjects for research or experiment (unless this is done solely for the benefit of the embryo concerned).

And your Petitioners, as in duty bound, will ever pray."

To lie upon the Table.

Mr. Roger Gale (Thanet, North): I have the honour to present a petition on behalf of Mrs. Chapman, of Avenue gardens, Cliftonville, Mrs. Sinclair, of Thanet road, Margate, and 256 of my constituents in Cliftonville, Margate, Westbrook, Garlinge, Westgate on Sea and Birchington.

Not wishing to pre-empt this morning's debate, I simply say that the petition is similar in vein to others already presented. My petitioners

"welcome the statement in the report of the committee of inquiry into human fertilisation and embryology (the Warnock report) that 'the status of the embryo is a matter of fundamental principle which should be enshrined in legislation' and its recommendation that the embryo of the human species should be afforded protection in law."

It has my fullest support.

To lie upon the Table.

Mr. Nicholas Winterton (Macclesfield): I have pleasure in presenting to the House a petition entitled

"Petition for the protection of the human embryo,"

which has been presented to me by and which I present to the House on behalf of a substantial number of residents of the villages of Alderley Edge, Chelford, Capesthorpe, Nether Alderley and Over Alderley in the Macclesfield constituency, which I have had the honour to represent in the House for 13 years.

My constituents feel very strongly about the Warnock report. They affirm that the newly fertilised human embryo is a real, individual human being and therefore they oppose all such practices as are recommended in the report which discriminate against the embryo or violate his or her human dignity and right of life.

"Wherefore Your Petitioners Pray that the House of Commons will take immediate steps to enact legislation which forbids any procedure which involves the purchase or sale of human embryos, the discarding of human embryos, their use as sources of transplant tissue or as subjects for research or experiment (unless this is done solely for the benefit of the embryo concerned).

And your Petitioners, as in duty bound, will ever pray."

To lie upon the Table.

Unwanted Pregnancies

Mr. Chris Smith (Islington, South and Finsbury): I beg leave to present two petitions to the House. The first is from 28 residents of my constituency, and reads:

To the honourable the Commons of the United Kingdom of Great Britain and Northern Ireland in Parliament assembled. The

placed. The question must ultimately be what kind of society can we praise and admire? In what sort of society can we live with our conscience clear?"

That is why it is important for there to be a wider public debate on the report. That is also why the Government were anxious for the House to have this early opportunity to debate the report.

We have already had a substantial number of comments on the report which, as with the debate that took place three weeks ago in another place, have demonstrated the wide differences of view about many of the issues raised and the strength with which those views are held. While obviously I recognise the strength of those feelings, I hope that the House will agree with me that the issues should be debated with tolerance to other views, with some humility and with the aim of reaching as much agreement as possible. I recognise that full agreement will not be obtained, but I believe that the House and the Government would be failing in their duty if they did not aim to provide a satisfactory framework within which we can release the benefits of medical advance while, at the same time, guarding against abuses that would undermine the special respect that is owed to the family and children and to the creation of human life.

My main purpose this morning will be to listen to the debate. I do not intend to delay the House for long. My intention is to allow hon. Members to express their views. My right hon. and learned Friend the Minister for Health, who will be in overall charge of consultation here, will sum up at the end of the debate. I do not, therefore, propose to set out in detail the whole range of issues addressed by the Warnock report. I should like to dwell briefly on some of the major questions which I expect to be of concern to the House.

Mr. W. Benyon (Milton Keynes): Do the Government accept that developments are occurring so quickly that there is a strong need for legislation to be enacted quickly?

Mr. Fowler: I think that the Government would accept that. I would go a little further and say that, whatever happens in terms of legislation, it will be necessary to examine some areas to ascertain the interim arrangements that can be made before the introduction of that legislation.

I shall consider the standpoint from which we have to approach this debate. The impetus for the development of techniques which the Warnock committee considered is twofold. There is the demand from childless couples for help in achieving what they would regard as their right—the right to have children of their own. There is also the capacity of modern medicine and science to delve ever further into the complexities and origins of life. Those pressures have opened up new opportunities but, in considering how to use them, we must take account of other and more fundamental issues—our duty to face up to the moral dilemmas that clearly exist and to ensure, perhaps above all, that the rights of children are satisfactorily protected.

The two main techniques in infertility treatment with which the Warnock committee had to concern itself are artificial insemination and in vitro fertilisation. Artificial insemination has been practised for many years, but its use still gives rise to substantial issues, particularly in relation to the rights of children born after artificial insemination when the semen used is not provided by the mother's husband—artificial insemination by donor, or AID. Perhaps the simplest issue relates to the legitimacy of an

AID child. The committee concurred with the view of the English Law Commission which recommended in 1982 that such a child should be treated as the legitimate child of its mother and her husband. That is something about which, I imagine, there is some agreement.

There are other recommendations that flow from that one concerning the legal position of children born following some types of in vitro fertilisation procedure. The issues in those cases may seem more complex, but I think that it is clear that in our decisions we should be guided above all by what is in the best interests of the child.

The second issue arising mainly from artificial insemination which has recently increasingly become a matter of public concern is surrogate motherhood—

Sir John Biggs-Davison (Epping Forest): Is my right hon. Friend accepting that artificial insemination by donor is legitimate and that that goes without saying? That is not the opinion of everyone.

Mr. Fowler: I am not accepting anything. We will debate this matter. I make it absolutely clear that I am trying to introduce the issues to the House. Clearly the Government will have to come to the House, having heard the debate in the country and in the House, to make their position clear. Nothing that I say now should indicate a preconceived view.

Dr. Alan Glyn (Windsor and Maidenhead): Surely, if the legitimacy of the AID child is accepted, it would mean that the whole of the law on inheritance and responsibility would have to be revised.

Mr. Fowler: That is clearly the case. That issue was dealt with by the English Law Commission.

The second issue arising from artificial insemination which has increasingly become a matter of public concern is surrogate motherhood where a woman bears a child for a childless couple with the intention that it should be adopted after birth by the couple concerned. The Warnock committee's view on that issue was basically that surrogacy is, in general, undesirable on moral and social grounds and that where any commercial element is involved it is simply unacceptable. That is a view on which I think there will be widespread agreement in the House and outside.

The committee recommended that commercial surrogacy should be illegal. In line with what I have just said to my hon. Friend the Member for Epping Forest (Sir J. Biggs-Davison), that is a matter that the Government will have to decide urgently. I remind the House and especially anyone thinking of entering into such an arrangement that at present there are provisions under the Adoption Act 1958 which provide criminal sanctions against payment for the transfer of custody of a child with a view to adoption. The Government are, therefore, considering how far those provisions will apply in relation to commercial surrogacy and what further clarification of the law would be desirable.

Mr. Nicholas Winterton (Macclesfield): For the first time in his speech my right hon. Friend has mentioned adoption. Does he agree that if abortion, which I deplore, were not so available there would be more children to adopt for people who, sadly, cannot have children of their own, and that would be a much more acceptable way of enabling people to have a child? Does my right hon.

[Mr. Nicholas Winterton]

Friend agree that abortion is wrong as is the killing of a child? Does he agree that those children should be permitted to be adopted by people who cannot have their own children?

Mr. Fowler: I certainly agree with my hon. Friend on the importance of adoption, but the House will have to decide whether the opportunities for adoption preclude anything in terms of infertility and treatment of infertility. After all, that is the matter with which the debate is concerned.

Mr. Harry Greenway (Ealing, North): My right hon. Friend appears—I may be doing him an injustice; we shall see—to have come to the question of children who are in this world and to have jumped the stage of the embryo. May I have an assurance that my right hon. Friend will cover that aspect and assure us that the Government regard the embryo as totally sacred from conception, made in the image of God and something to be protected by the law?

Mr. Fowler: It is difficult to cover every issue within the first five minutes of my speech. It is inconceivable that I could make a speech without coming to that issue. If I may, I shall continue with my speech. If I am continually interrupted, I shall still be talking at lunch time.

I think it likely that there will be a large measure of agreement both in the House and outside with the Warnock committee's recommendations on surrogacy, but I am well aware that views on the whole question of in vitro fertilisation are much more divided. That applies not only to the question of research involving human embryos but to the implications of some of the developments in methods of handling embryos whether intended for research or reimplantation.

I have in mind, for example, the whole range of issues raised by the possibility of freezing embryos, and indeed not just the possibility but also the fact that frozen embryos are not being kept and subsequently used for implantation where a previous implantation has been unsuccessful. The potential problems are already beginning to be revealed in other countries. There have been cases involving embryos left in storage following the death of one or other of the parents. Self-evidently such questions will require to be addressed in any arrangements we make to regulate in vitro fertilisation. What we must recognise is that this is a fast changing field in which the frontiers of what is possible are being moved frequently and in which we cannot necessarily expect to reach conclusions which will hold for all time.

The advance of science in this field has raised the acutest moral dilemmas—so fundamental that they involve judgments about the nature of life itself. It was a passage in the recent report of the Church of England Board for Social Responsibility, under the chairmanship of the Bishop of Birmingham—I hope Ministers may still quote the words of bishops—that set out particularly clearly the complex and fundamental nature of the moral issues that scientific advance has raised. That report asked:

"Should the traditional Christian heritage be modified in the light of modern knowledge concerning the progressive stages through which the embryo develops into an individual foetus? On the one hand there are those among us who believe that there is doubt about the significance of the progressive stages through

which the embryo develops into an individual foetus, and (on the principle that the safer view should prevail) they hold that full protection should be afforded an embryo from the beginning. The majority of us however believe that modern embryology enables us to make a judgment of value and believe that (on the view that the more probably view should prevail) until the embryo has reached the first 14 days of its existence, it is not yet entitled to the same respect and protection as an embryo implanted in the human womb and in which individuation has begun."

That is the decision that the House and the Government must come to. It was not possible for the whole board to unite behind a single conclusion. Certainly I recognise that there would be strongly differing views on that conclusion in the House, but I believe that each of us must be prepared—as the Church of England board was prepared—to acknowledge and to take into account the full range of moral, as well as scientific, arguments that are involved in deciding the legitimacy of research. In other words, the issue cannot just be one of research; there is most clearly, as my hon. Friend the Member for Ealing, North (Mr. Greenway) said, a moral issue which must be decided and which goes to the centre of the debate.

Mr. Patrick Cormack (Staffordshire, South): It is important to have on record the fact that many members of the Church of England think that the bishops would be far better sticking to the virgin birth than to the test tube birth.

Mr. Fowler: That confirms my view that I should never have quoted the bishops, but I take my hon. Friend's point.

Mr. Leo Abse (Torfaen): Some of us may find the somewhat squeamish attitude adopted by some of the churches extraordinary in the light of the fact that parthenogenesis—virgin birth—has had such benign results as to give us Jesus Christ. I should have thought that there would be some hesitation, when Christian doctrine is founded on that belief, before there was sweeping condemnation from some quarters about the whole idea of in vitro fertilisation.

Mr. Fowler: I am not sure that that was the point that was being put. May I leave that issue to the debate?

On the issue of research, the pace of development in the research field is likely to be rapid in other countries even if it were not permitted here. That is also something that must be taken into account. Indeed, before the first test tube baby was born a substantial amount of research on human embryos had already taken place. It was necessary first to develop the fertilisation techniques and then to study the implantation process to reduce the risk of subsequent miscarriage. Research is being conducted in other areas. I have in mind two types of abnormality—there is Down's syndrome and congenital abnormalities such as haemophilia and muscular dystrophy—where research is taking place.

There is no certainty that such research will be successful, and that also must be put in the balance. I mention—let me emphasise this—such considerations, not to imply that I or the Government have a fixed view about research, or that I regard the utilitarian case for research as outweighing the case that is clearly to be put against it but to remind the House that desirable outcomes from research are possible. That also is something which must be held in the balance.

The Warnock committee devoted a substantial part of its report to consideration of the ethical and moral

arguments about research on human embryos. Not all members of the committee were able to agree on all points and clearly the Government will need to consider carefully all the comments they receive. The committee's uncertainty was perhaps enhanced by the fact that the backcloth against which it was attempting to reach a view was constantly changing. The pace of development is such that during the course of its inquiry some novel concepts were brought forward in terms of treatment and research on which the committee had to form a view.

That saw its task as being to establish limits to what would be permitted, but it recognised that in a changing world new issues would arise which would require existing limits and understandings to be changed to meet them. It therefore recommended that a new statutory body should be established to regulate the provision of infertility services, research and all other aspects of this matter. There is a practical point here, and I return to the first point raised with me in an intervention. Even if at the end of the consultation we decided to create such a body there would clearly be a delay before the necessary legislation could bring it into effect, but the infertility services exist now and are expanding rapidly now. Research work is also taking place. Research and clinical activities are subject to some controls in the form of guidelines issued by the Medical Research Council in 1982 and by the Royal College of Obstetricians and Gynaecologists and the British Medical Association last year. It is to the credit of those organisations that they took the initiative in establishing such guidelines. But those are purely professional and scientific bodies. I believe the Warnock committee was quite correct—I believe the view is echoed outside—in saying that there should be a substantial lay involvement in the supervision of work in this field. That is not the case at present. I shall therefore want to consider carefully—I say this directly to my hon. Friend the Member for Milton Keynes (Mr. Benyon) not only whether a statutory body should be established but how we can introduce more broadly-based supervision arrangements in the short term. Developments in this field are moving too fast for us not to be ready to move with them.

Today's debate provides the House with an opportunity to discuss a matter which has been of growing public concern in recent years.

Mr. John Evans (St. Helens, North): Will the Minister give way?

Mr. Fowler: I hope the hon. Gentleman will forgive me if I do not give way. I shall listen very carefully to what is said in the debate and the Government will consider not only today's debate but all the comments that they receive in response to the Warnock report before announcing their conclusions.

The debate which is taking place in Britain is paralleled by similar debates in other countries. In approaching that debate, I believe that we start with the advantage of the analysis that the Warnock committee has provided. Not only has the committee pointed out the difficulties; it has pointed to our duties. That is a fundamental point. The techniques which gave rise to the Warnock report, and the many difficult moral issues involved, cannot be wished away. The problems will not simply disappear. The responsibility rests with us in this House and with the Government.

Mr. Evans rose—

Mr. Fowler: The responsibility of this House, and of society as a whole, is to find some ground for agreement on the legal framework that will be necessary to control 10.11 am

Mr. Michael Meacher (Oldham, West): I have always had a rather special interest in human fertilisation and embryology because the world's first test tube baby was born in my constituency in Oldham several years ago through the pioneering work of Dr. Steptoe. As a result of all the scientific advances that that event set in train, there is another much more important reason why this must surely be a unique debate in this House.

We are the first generation in the history of the human race to be faced with such ultimate questions as, "What is the nature and status of the human being?" and "Is there an absolute right to parenthood, whatever the cost?" when the answers to such questions are not merely theological or philosophical dissertations but will be reflected in scientific reality. Moreover, whatever answers or guidelines we may adopt now, I agree with the Secretary of State that we shall probably have to accept that changes in knowledge, techniques and cultural attitudes may well mean that medical codes of practice and legal sanctions will require constant review.

It is a subject that is fraught with fantasies of futuristic horror. Lurid associations with "Brave New World" embryology, Nazi medicine or Frankenstein experimentation, make debate between irreconcilable moral positions very difficult. It is to the credit of the Warnock committee that in this religious, philosophical, legal and ethical minefield its approach has been to accept the fundamental social and moral need for limits to be drawn, on the ground, stated in the foreword, that

"A society which had no inhibiting limits, especially in the areas with which we have been concerned, questions of birth and death, of the setting up of families, and the valuing of human life, would be a society without moral scruples. And this nobody wants."

The committee goes on to say, in paragraph 7 of the foreword:

"We realise that some people may think that we have set the limits, or have suggested that the barriers be erected, in the wrong places. But at least we hope that we have stated clearly what we think should be done, and exposed, as far as possible, the reasoning that lay behind our recommendations."

I believe that that is the right approach.

I should like to make it clear at the outset that, although I speak from the Opposition Front Bench, the views I express are my own personal views. These are not matters of party political contention; they are ultimate issues that in the end can be determined only by individual conscience. On that basis, it seems to me that there is not only an elegance and lucidity in the logical presentation of the report—no doubt befitting the Oxford philosopher who chaired it—but a certain coolness and rationality which, perhaps for the same reason, is sometimes slightly detached from the uncomfortable social world that we actually inhabit, where unequal relations of power between the classes, genders and races threaten to make an untidy mockery, in some respects, of some of its abstractions.

The most contentious issues in the report are research on live embryos and surrogate motherhood. On the former, the committee was clearly divided, as is revealed by the two expressions of dissent, B and C, on the issue,

[Mr. Michael Meacher]

signed between them by seven of the 16 members of the committee. The majority recommended that experimentation be limited to 14 days after fertilisation, while a minority recommended a complete ban.

The question of when protection should be extended to the embryo—I repeat this most firmly—is at root a religious and moral decision, involving consideration of when life begins, what exactly constitutes life, whether life is defined by physical or spiritual concepts and, indeed, what protection itself actually means.

For those—I am sure that there will be many in this House—who believe that life begins at fertilisation and that full protection should be afforded from that point, the issue is clear. However, I have to point out that others take the view that the mere existence of the fertilised egg does not entail that it has the necessary and sufficient conditions for development to humanness, since it will need, for example, a sympathetic womb. On this view, the capacity to grow, achieved through nidation, marks the beginning of human life.

Others would postpone the beginning of life to the first growth of cerebral cells at about 40 days. Others, again, highlight quickening—the point at which the mother begins to relate to the foetus as her baby—as the point at which they believe it acquires its absolute right to existence as a human person. All those latter opinions subscribe to the long established moral tradition that, sacred and precious though human life is from the beginning—whenever that exactly is—the protection afforded to it grows with the embryo's growth towards maturity.

However, even if the view is accepted that some time-limited experimentation on the human embryo should be allowed, there is inevitably a discrepancy of opinion about where that limit should lie. The Royal College of Obstetricians and Gynaecology recommends 18 days after fertilisation, as that marks the beginning of the development of the brain and nerve cells. The Medical Research Council similarly proposes two to three weeks. Others recommend 30 days as the point at which the forebrain and eye develop, which herald the possibility of feeling.

The Council for Science in Society, in its important report entitled "Human Procreation", published in May this year, proposed six weeks, on the ground that the foetus could feel pain only when the complex nervous system was established.

It is clear from those different views that the issue is a moral one, that cannot, in the last analysis, be resolved by rational argument alone. The Warnock committee's case for the 14-day limit is that individuation is not complete until about 14 days. It appears that up to that point the embryo could split and form twins. On that view, the affording of full protection to the embryo flows from the point where, in a meaningful way, it has achieved status as an individual. Individuation is a significant factor in the delineation.

For those reasons, it seems reasonable that, subject to some such time limit—and as long as respect for human life is demonstrated by not allowing research except for the purposes of alleviating infertility or genetic disorder—research for those purposes should be accepted. I appreciate—it has already been made clear in the debate—that there are those who, from religious,

philosophical or moral conviction, take the a priori position that all research on the human embryo is wrong and should be banned. I readily acknowledge the depth of their convictions and the strength of their feelings. However, for those of us who are not imbued with such inner certainty about those ultimate questions, the benefits of controlled research, closely monitored and regulated by a licensing body of the sort recommended by the Warnock committee, seem to be compelling.

First, and most importantly, the techniques have a great potential for remedying infertility. It is estimated that one in eight couples in Britain is infertile, which represents about 1 million people. That is an extremely large number. Infertility strikes at the essence of what is culturally defined as femaleness, and reproduction has been interpreted as the biological difference between men and women. Whether or not it is desirable, women are reared in a society which, in word and deed, implies that a woman is someone who has a baby.

Mrs. Elaine Kellett-Bowman (Lancaster): I accept that it is important to try to help infertile women to have babies. Does the hon. Gentleman accept that, sadly, enough material exists in the form of stillborn babies or involuntary abortions?

Mr. Meacher: I do not believe that that is so. That source should be fully utilised, but further valuable and important advances could be made through research that goes beyond what the hon. Lady has referred to. For the reasons that I have given, I believe that to be justified.

Research that holds the prospect of reducing this blight on so many lives must be welcomed. Moreover, such work can reduce the incidence of miscarriage. At present, about 20 per cent. of natural pregnancies abort. Research in Edinburgh suggests that chromosomal irregularities are associated with the causes of miscarriage. But the potential for research goes much wider. Information could emerge on how a range of birth defects arises or on how cancer cells become malignant. It may also help to remedy genetic disease, which affects one in 50 children. One such disease—thalassemia—can now be identified in the foetus as a result of early work on embryonic tissue. Many treatments that we take for granted today derived partly from such work. The conquest of polio was partly achieved as a result of work on the aborted foetus.

For the future—it may be a distant future, but it is foreseeable—it could be possible to use cells, which divide to form specific organs in the embryo, to correct blood disorders or repair damaged tissue in the pancreas or even the heart, the brain or the liver of an adult.

However, I must express doubt as to whether it is wise to enshrine in statute a precise time limit for experimentation, whether 14 days or any other limit, for fear that it might be too rigid. There is as yet little consensus about when the cut-off point should be, and as we know well in the House, legislation could be notoriously difficult to alter if the general climate of opinion later was that the 14-day limit was too early or too late. Criminalisation of experimentation after what appears to be a relatively arbitrary date would seem inappropriate when, as the Secretary of State said, the matter involves rapid scientific change and calls for regular reappraisal. That was poignantly illustrated by the remark attributed to Mrs. Jean Walker, a member of the Warnock committee, who said:

"Frozen embryos did not exist when we started the inquiry, but by the time we finished, the first baby had been born."

Some flexibility is needed and can be built into the system without compromising control, which I would not wish to do.

Such a balance could be achieved by a licensing authority such as that recommended by the Warnock committee, with a lay chairperson and lay representation taking account of occupation, age, sex and differing religious, ethical and cultural views. It should be equipped with statutory powers to maintain the research and therapy within strict and enforceable boundaries of control. It should be required to publish an annual report setting out in detail current developments in the area, the guidelines being operated for approval and rejection of projects, and perhaps an assessment of research into the needs of families brought into being by the use of this technology, especially the needs of children born through AID or in vitro fertilisation.

The other central issue of the report is Warnock's proposal to outlaw surrogate motherhood. The committee's objections were based on the belief that bearing a child should be a personal and intimate relationship between mother and child, and that to embark upon a pregnancy without that commitment is somehow unnatural. Another objection is based on the breaking of the traditional sexual and parenting relationship that can be fulfilled only in marriage. There is also a question about deception as to the parentage of the child, and the objection that the surrogate might become corrupted by the money to be made from the activity.

The idea of surrogacy has been soured and abused by commercial exploitation, which is already widespread in the United States. The attempt of an American woman earlier this year to set up a scheme in London charging childless couples £16,000 to provide them with a baby, and offering a fee of £6,500 to the surrogate mother, caused widespread revulsion, I believe rightly so. Moreover, reports from the United States demonstrate the practical problems of breakdown where a handicapped baby is born or where the mother defaults. In several cases the biological mother has refused to honour the contract and hand over a perfect baby, while damaged babies have been rejected by both parties to the scheme.

The present legal position in Britain is that although surrogate motherhood is not illegal—it is difficult to see how it could be enforced—no contract between a couple and a surrogate mother has any legal validity. The Warnock report wishes to criminalise the commercialisation of the practice through surrogate motherhood clinics and to make liable at law professionals who assist the establishment of a surrogate pregnancy. Certainly, surrogacy and womb leasing make reproduction as marketable for women as sexuality has always been historically. Warnock's proposals to criminalise the procuring aspects of surrogacy, as opposed to surrogacy itself, has parallels with the present law of soliciting that are not happy ones.

The Council for Science in Society report "Human Procreation" to which I have referred, took the view that surrogate motherhood might be justifiable when the intending mother is physically unable to carry a baby herself. In those circumstances, it recommends that it should be arranged through a non-profit-making adoption agency. My view—I stress again that this is my

personal view—is that with the possible exception of that very limited circumstance, Warnock's wish to ban surrogacy for profit is probably right and should be upheld.

This debate has been held in the course, and therefore before the completion, of the consultation period, for the reasons that the Secretary of State set out. It is my firm belief that there needs to be a good deal further public debate.

Mr. Tom Clarke (Monklands, West): My hon. Friend has made a thoughtful speech, during which he said several times that it is a personal statement, and I appreciate that. However, given the large number of representations that hon. Members have received—I have certainly received many from my constituents—opposed to the major recommendations of the report, will my hon. Friend make it clear that when the House of Commons votes on these issues, this matter, as it traditionally would be, will be conducted on the basis of a conscience vote, and that therefore there will be a free vote?

Mr. Meacher: I fully recognise the strength of feeling behind my hon. Friend's view. As my hon. Friend will know, a decision on that has not yet been taken—[HON. MEMBERS: "Oh."]—I would be surprised if my view did not have universal acceptance throughout the House.

Mr. A. J. Beith (Berwick-upon-Tweed): How can the hon. Gentleman say that such a decision has not been taken, when the real decision is the decision for every Member of Parliament individually as to how he votes on this issue?

Mr. Meacher: The hon. Gentleman is making an obvious point. I was merely saying that the matter has not been discussed, but I cannot believe that there could be any other conclusion than that there should be a free vote according to the individual consciences of every hon. Member. That follows from everything that I have said, and I cannot believe that anyone could take a different view.

There should be further public debate on this, and I am sure that there will be. For those reasons, I take the view, which is slightly different from that taken earlier, that there should be no hasty or precipitate legislation. However, it seems to me—again this is my view—that there is a need for action by Government in the fairly near future on certain limited points. I would define those as the outlawing of surrogacy, the banning of the sale of semen, the securing that babies born through AID are accepted as legitimate and the establishment of the licensing authority to exercise control through the setting and enforcing of standards for agencies in both therapy and research. Perhaps also, the Government should provide resources to ensure that professional counselling in this sector can play its proper and potential role. The latter is very important.

Such a package of measures, while wholly respecting the ultimacy of human rights, would offer a properly enforceable framework, in which, above all, there would be assistance to remedy infertility, so that many more childless families would be enabled to experience the richness of parenthood and a full human life. If the Warnock report helps to achieve that alone, it will have been well worth it.

Several Hon. Members rose—

Mr. Deputy Speaker (Mr. Ernest Armstrong): I remind the House that, even if speeches are limited to 10 minutes, the number of hon. Members anxious to catch my eye is such that not all will be able to speak.

10.34 am

Sir Bernard Braine (Castle Point): I agree with my right hon. Friend the Secretary of State for Social Services that the Warnock committee has performed a valuable service. Its report has brought to the attention of Parliament and the people activities now taking place under the cloak of helping to overcome the disturbing and distressing problem of infertility, and not a moment too soon. The report reveals developments in embryology that are already under way that will have dire legal, social, ethical and eugenic consequences for our nation and perhaps for all mankind.

Astonishingly, the committee performed its task without first considering the very question on which all else depends—the nature of the human embryo. It did so without any guiding moral principles. It has failed to recognise the human embryo, as worthy of protection in all its stages of development. On the contrary, the embryos may be bought, experimented upon, sold, mutilated, frozen for up to 10 years, or simply killed when they are no longer of any use.

The Warnock report fails to defend marriage as the only proper framework within which children should be conceived and brought up. It views children as a product that can be born to unknown fathers, or even to fathers who have been dead for many years. One looks in vain for any reference to love or, more importantly, to the needs of children, who are our lifeline to the future.

True, the report makes proposals for curbing the worst excesses; for example, there are to be licensing arrangements. True, there is a welcome recommendation in regard to the commercial exploitation of surrogacy. True, it is recommended that experimentation on the human embryo should cease on the 14th day; and there is even an expression of dissent from three members of the committee on the use of human embryos in research. However, the general effect—I must speak as I feel—is repellent. Like the other place, I hope that the House will leave the Government in no doubt that that is its view.

I have been privileged to be a Member for almost 35 years, and never in all that time have I approached any subject with a greater sense of fear than this. As Lord Denning said in the other place:

“there is at the moment no law and no restriction whatever. Medical scientists and medical men can do as they like . . . without any control. These are dangers to our society.”—*[Official Report, House of Lords, 31 October 1984; Vol. 456, c. 541.]*

On this the Warnock report offers us no comfort. It considers that the human embryo should have some status in law, but this is to be waived in certain specific circumstances. It argues that unless such a waiver is made, research for what it calls “beneficial purposes” will be frustrated. It used to be said that necessity is the tyrant’s plea for every infringement of liberty. Necessity for research is a plea for snuffing out the life of human beings and is something that we should reject.

In the past, common law has protected the child who has quickened in the womb, and that was generally thought to be somewhere about the third or fourth month. We

know now, as a result of genetic research, that that is not so, and that the human embryo from conception is growing and developing all the time.

Mr. Keith Speed (Ashford): Does my hon. Friend agree that this goes to the heart of the matter? If we accept that life begins at conception, as many religions through the ages have told us and as modern genetic science tells us, is it not arrogant to put ourselves in the position of God and be prepared to experiment or traffic in life?

Sir Bernard Braine: My hon. Friend is absolutely right, and has put his finger on the crucial point. Practising Christians and Jews will recall the message that the Lord God delivered to the prophet Jeremiah:

“Before I formed thee in the belly I knew thee; and before thou camest forth out of the womb I sanctified thee”.

But if we are to speak solely in scientific terms, that can be put another way. We now know from genetic science that all the characteristics of the human person are found in the embryo from the moment of conception, so what right has anyone, however brilliant, to tamper with human life—

Mr. Peter Thurnham (Bolton, North-East): Will my hon. Friend give way?

Sir Bernard Braine: I am under an injunction to be brief, although, with respect, Mr. Speaker said that the time limitation would operate only from 11.30 am. I do not wish to delay the House unduly.

Lord Denning asked the key question about the human embryo in the other place, and his words need to be repeated:

“Is it a thing? God forbid! It is not a thing . . . I would suggest that the only logical point at which the law could start is that the child, the human being, starts at the moment of conception and fertilisation. From that point onwards there is a gradual development in its environment. So I would hold—and I would hope the judges would hold—that from that moment there is a living, human being which is entitled to protection just as much as the law protects a child. If it does protect it in this way, it cannot be sold or bought, it cannot be destroyed, it cannot be experimented upon for research or the like.”—*[Official Report, House of Lords; 31 October 1984, Vol. 456, c. 542.]*

Six medical practitioners were members of the Warnock committee, in addition to the director of the Medical Research Council mammalian development unit. Yet, despite those seven experts, the report does not anywhere bother to tell us how it would define a human being. It tells us instead that the point at which a human embryo becomes a human being is purely a matter of arbitrary decision. But it cannot be a matter of arbitrary decision for hon. Members, who will have to provide protection at law.

Warnock comes up with a compromise that is based on no principle whatever, and says that experiments on the human embryo should be permitted up to 14 days but not beyond then.

How can any civilised society accept that on the 13th day the embryo does not count, it is just a piece of jelly; but that at one minute past midnight on the 14th day it suddenly becomes a human person who is entitled to the full protection of the law? Let the House reflect for a moment on the suggestion by Warnock that there might be all manner of magic cures for human beings if such experimentation is allowed. It says, for example, that there is no substitute for the use of human embryos in research into diseases such as Downs syndrome. But that is simply

not true. The world's greatest expert on that disorder, Professor Jerome Lejeune, submitted evidence to the Warnock committee. In the normal way, one would have thought that his evidence would have been noted. After all, it was Professor Lejeune who first established that Downs syndrome was due to an error in the chromosomes. Thus, he became the first scientist in the world to identify chromosomal disease. Since then, he has identified at least 20 more such diseases, and is generally recognised as one of the foremost geneticists in the world. Professor Lejeune's evidence made it clear that successful research is being carried out into possible cures for such disorders in centres all over the world, but without the use of human embryos.

Mr. Patrick Nicholls (Teignbridge): Even if Professor Lejeune were wrong and the only way of carrying out research was by experimenting on embryos, does my hon. Friend agree that if the destruction of human life is wrong, the fact that a benefit might flow from it cannot justify it?

Sir Bernard Braine: Of course, that is the central moral point. That is why the hon. Member for Monklands, West (Mr. Clarke) was right to demand some sort of assurance from the hon. Member for Oldham, West (Mr. Meacher). Although the hon. Member for Oldham, West seemed to be speaking for himself, he was speaking from the Opposition Front Bench. If he wanted to speak solely for himself, he should have done so from the Back Benches. But the hon. Member for Monklands, West had the moral courage to stand up and ask for freedom to vote in accordance with his conscience.

Mr. Tom Clarke: I think that my hon. Friend the Member for Oldham, West (Mr. Meacher) behaved quite properly, and I was very proud of the speech that he made. I accepted the general tone of his remarks in the way that he intended the House to receive them.

Sir Bernard Braine: The hon. Member for Monklands, West is having to wrestle with his conscience and will have to make his own decision at some point, just like the rest of us.

Mr. Clarke: Nonsense. There is no conscience problem.

Sir Bernard Braine: There is for the rest of us.

The plain fact is that Lejeune's evidence was ignored because it did not fit in with the committee's preconceived ideas. It would surely have upset the apple cart to have to admit that there are far more efficient ways of finding cures than by the use of embryos. But the deception went further. There had to be members of the committee who would recognise that it was arrant nonsense to suggest that research on embryos up to 14 days would produce significant results. I shall explain why.

I am advised that the chances of accidentally producing an embryo with a genetic disease are very slight. That means that scientists would have to begin by deliberately trying to induce disease in the embryo. Having created an embryo with chromosomal abnormalities, they would then have to set to work to find a cure, which would involve waiting a considerable period of time, and far longer than 14 days. So, having taken the trouble to produce a diseased embryo or having poisoned one with drugs—which is another of Warnock's recommendations—is it really logical to stipulate any specific time at which its life should be terminated? Indeed, it is not.

Dame Mary Warnock herself seemed to recognise that when, in a BBC television broadcast on 18 July, she told millions of viewers:

"Of course, the 14-day rule may be changed."

The hon. Member for Oldham, West gratuitously implied that there are many learned bodies in this country that want it to be changed. In their view a 14-day limit is nonsense. I have little doubt that unless Parliament acts promptly, the rule will be changed. Indeed, it is highly probable that experimentation of an improper kind is already taking place.

Let us consider the framework within which such laboratory work is being done. My right hon. Friend the Secretary of State knows that research is now being carried out within the guidelines laid down in 1982 by the MRC. There are six guidelines, but I shall quote just one, which states:

"Studies on interspecies fertilisation are valuable in providing information on the penetration capacity and chromosome complement of sperm from subfertile males, and should be supported."

That is where research is already leading us. The Warnock committee was plainly worried about that, and in paragraph 12.2 the report states:

"Both the hamster tests and the possibility of other trans-species fertilisations, carried out either diagnostically or as part of a research project, have caused public concern about the prospect of developing hybrid half-human creatures."

A little later, the report states that another cause for concern is:

"the suggestion that a human embryo might be transferred to the uterus of another species for gestation. While the available animal work does not suggest that it is at all likely that human embryos could be nurtured in the uterus of another species, the possibility that such an experiment might be attempted must be recognised."

The report at least suggests that the latter possibility should be made a criminal offence. Good, but it is nevertheless clear that the report is happy about the existing MRC guidelines. It is prepared to recommend that the human embryo should be used up to 14 days on the strict conditions that the researchers abide by a new commandment—"On the 14th day, thou shalt kill." That is what the report recommends. That is what, according to Warnock, should be the law of the land.

It has long been accepted that war is far too serious a matter for generals. It is manifest that medical research of this nature cannot safely be left to medical scientists. It is supremely important that legislation on this aspect alone—never mind anything else—should be introduced without delay. The use of the embryo for experimentation is an affront to humanity, and there is no room whatever for compromise on the matter.

There is a further consideration which should be at the forefront of our minds. Parliament does not always speak with one voice, but, at least in the present century, it has had a keen interest in protecting children from exploitation, cruelty and neglect. Nowhere does Warnock pay any regard to the needs of children produced by the new techniques. It concerns itself solely with the need of individuals—not necessarily married couples—to have a child. Even Warnock admits that we do not know what is likely to be the long-term effect on the child of the freezing of the embryo. The truth is that we do not even know what the short-term effects of freezing may be. Medical scientists are not infallible. They make mistakes, like the rest of us. Some years ago, women threatened with miscarriage were given oestrogen. Not until the children

[Sir Bernard Braine]

of those pregnancies reached puberty was it discovered that the oestrogen given to the mothers had, in some of the children, caused cancer of the vagina. My right hon. Friend knows perfectly well how many other such disastrous instances could be quoted. Nowhere in the report are those problems investigated. Nowhere does the report discuss what legal recourse the children would have if—God forbid—they found themselves faced with a tragic disability as a result of being frozen at the start of their lives—I repeat, “at the start of their lives”.

We need to ask a simple question: if it is discovered that in vitro fertilisation causes damage which is detected later in life, who will be held responsible in law? Will it be the parents, one of whom may have been dead for many years? Will it be the donor, the doctors, or perhaps the storage authority? I hope that my right hon. Friend will share with us his thoughts on that horrendous question. Meanwhile, I share my thoughts with him. It is time to call a halt to this wickedness and to outlaw, for good, experiments on the human embryo.

10.53 am

Mr. Leo Abse (Torfaen): I listened somewhat wryly to the opening comments of the Secretary of State about expedition and delay. It is now six and a half years since, with the hon. Member for Castle Point (Sir B. Braine), and on the day following the birth of the Oldham baby, I initiated a debate in Committee considering the genetic manipulation regulations in which I put forward a demand for a committee such as the Warnock committee. That was not all. I repeatedly asked for such a committee in questions to the Prime Minister, but it was not until March 1982, when I demanded in an Adjournment debate that such a committee should be set up, that any move was made.

I do not complain of delay on the part of the present Government. The delay was the responsibility of successive Governments. I do not complain of the delay on the part of the Warnock committee which, in my view, has acted heroically and with extraordinary expedition in wrestling with complex problems.

I do not comment on the delay in order to show my own prescience but because I believe that there is now a need for expedition in precisely the areas specified by my hon. Friend the Member for Oldham, West (Mr. Meacher). I believe that this is an area where decisions could be taken by the House, and that there is a further decision that should be taken. We should immediately set up the proposed central committee to ensure that the opportunity to have in vitro babies is not confined to patients in private clinics in the west end of London but exists throughout the National Health Service. I am profoundly concerned that womenfolk of Wales should have the same rights and opportunities to have a baby as do wealthier women who can make use of the facilities in private clinics.

In my view, the generosity of spirit of the hon. Member for Castle Point has been exploited by the familiar anti-abortion lobbies, which, whatever their value may be, have been unable to distinguish between the problems of abortion and those of in vitro fertilisation. The bad example set by the hon. Member for Castle Point and, in

my view, by the House of Lords should not be followed. The debate should not be a wake. It should not be full of forebodings and woe. It should be a celebration. We should never forget the agony endured by the many women who are infertile. One married couple in 10 do not have children after many years, and most of that infertility is involuntary. That gives some idea of the scale of the problem.

I have my prejudices. I am prejudiced in favour of the family. I want to ensure that all who wish to enjoy an anchored and stable family life should be able to make use of the opportunities which science now affords. If one starts with that prejudice, one takes a very different view from that of the hon. Member for Castle Point.

The hon. Member for Castle Point has referred to the Bible. I remember the story of Abraham and Sarah. Sarah suggested to Abraham that Hagar should give him a son he lacked because Sarah was barren. The good Lord told Abraham that he would have a child by Sarah. The Bible records that Abraham laughed, and fell upon the ground with laughter. Perhaps that was not surprising. Abraham was 100 years old and Sarah was 90. However, a great miracle came about. The agony of Sarah, we should remember, is the agony that is suffered by all those in our community who are childless. If the myth is true, and if the good Lord had not been bountiful towards Abraham and Sarah, perhaps I would not have been here.

It was not only Abraham who laughed and mocked when he was told that a miracle could happen. People in this country laughed and mocked at Bob Edwards and Mr. Steptoe and all those engaged in the work. I am not thinking only of the churches. The Medical Research Council attempted to sabotage the work of those clinicians. The MRC insisted—and the Government were foolish enough to listen to it—that no funds should be given for the research that needed to take place. The secretary of the British Medical Association wanted to place a moratorium on the work of Professor Craft and others. If we had listened to such authorities, hundreds of children would not have been born to those who yearn to enjoy the greatest boon and blessing that anyone can be granted—the blessing of parenthood.

Unhappily, infertility seems to be increasing. That may be the consequence of too easy access to abortion facilities, of the coil or of the pill. It is certainly a consequence of the change in sexual conventions. Such factors lead to infections of the fallopian tubes and to other conditions. This is certainly not a time when the House should stand back and say that under no circumstances should we permit research which will make a greater degree of success available to all who long for the blessings of parenthood.

By what moral right does the hon. Member for Castle Point or anyone else say that we should stop research when thousands, perhaps millions of our womenfolk cannot have children? People must think the issue through more and not, in a spirit of moral censoriousness, believe that they should take a superior stance over those of us who most definitely take a contrary view.

It being Eleven o'clock, MR. SPEAKER interrupted the proceedings, pursuant to Standing Order No. 5 (Friday sittings).

Business of the House

The Lord Privy Seal and Leader of the House of Commons (Mr. John Biffen): With permission, Mr. Speaker, I should like to make a short statement about the business for next week.

The business on the Opposition's fourth allotted day on Tuesday, 27 November will now be as follows. Until about 7 o'clock a debate on an Opposition motion on the failure of Government policies to safeguard the natural environment and the national heritage of Britain, followed by a debate on an Opposition motion on the crisis in the shipbuilding industry.

Mr. Peter Shore (Bethnal Green and Stepney): I thank the Leader of the House for his statement. Is he aware that since the negotiations earlier in the week we have had the appalling announcement about further closures and redundancies in the shipbuilding industry? It seemed right that we should give immediate attention and consideration to that grave matter. My great worry about the pace of redundancies throughout the country is that we shall constantly have to demand from the Government time for debate on that urgent matter which affects so many of our fellow citizens.

Mr. Eric Forth (Mid-Worcestershire): This is the second time in two weeks that a change of business has been announced in a Friday statement. Will the Leader of the House recommend to right hon. and hon. Members that if they wish to know the business for the following week they should attend on Friday mornings instead of Thursday afternoons?

Mr. Don Dixon (Jarrow): Under this Government one cannot detail the business for the following week because there are so many redundancies. Only this morning I received a telephone call telling me that a Jarrow steel rolling mill was to be closed causing another 246 redundancies.

The unemployment rate in the area is far too high. I hope that the right hon. Gentleman will see the Prime Minister and ask her to meet a deputation from south Tyneside council to talk about the dereliction and the deindustrialisation of south Tyneside. Unemployment is too high in Jarrow and south Tyneside. The people of Jarrow—

Mr. Speaker: Order. The hon. Member will be able to raise the subject on Tuesday if he catches my eye.

Mr. Dixon: Unemployment is too high—

Mr. Speaker: Order.

Mr. John McWilliam (Blaydon): I thank the Leader of the House for agreeing to a change of business on Tuesday because in the north-east we are desperately concerned about the effects of cuts in the shipbuilding industry. We are worried not only about the yards themselves, but about companies in my constituency which supply the yards.

Will the Leader of the House take on board what my hon. Friend the Member for Jarrow (Mr. Dixon) has just said and see whether he can ensure that the appropriate Minister is present to answer detailed questions which hon. Members representing north-east and north-west constituencies will want to ask about the redundancies?

Mr. A. J. Beith (Berwick-upon-Tweed): Is there not a relationship between the debate on Tuesday and the statement which might be made next week about the future of regional assistance? Would it not be appropriate if hon. Members had that information at their disposal at the time of the shipbuilding industry debate because on Wednesday hon. Members may discover too late that some areas are to lose regional assistance?

Mr. Biffen: A number of points of substance will be featured on Tuesday. In that debate I shall examine what the hon. Member for Berwick-upon-Tweed (Mr. Beith) has said.

May I say to my hon. Friend the Member for Mid-Worcestershire (Mr. Forth) it gives me no pleasure to make on a Friday a statement adjusting business because it causes inconvenience to the House generally, and inconvenience to me in particular.

Mr. Dixon: On a point of order, Mr. Speaker. The information that we have received this morning is very serious. The Minister should have made a statement this morning about the redundancies. It is not good the Leader of the House making excuses. When he was in the Chamber yesterday he was gibbering away to his right hon. Friend the Prime Minister—

Mr. Speaker: Order. The hon. Gentleman knows that a point of order must be made to me, not to the Minister.

Human Fertilisation and Embryology (Warnock Report)

Question again proposed, That this House do now adjourn.

11.6 am

Mr. Abse: We turn to calmer waters.

I was drawing the attention of the House to the continued need for research. Certain stances are adopted. I should have thought that those with Christian beliefs would realise the historical need for great caution. I responded, in an intervention earlier. I did not do so frivolously, although I thought the intervention inept, and drew attention to the phenomena of parthenogenesis as expressed through virgin birth which led to the benign consequence, according to Christian myth, of giving Christ to the world. I suggested that perhaps the churches should bear that in mind. I go further. When we talk about the attitude of religion to research we should bear in mind how the Pope originally acted towards Galileo when he condemned him for his insistence upon scientific truth.

Mr. William Cash (Stafford): The hon. Gentleman refers to Galileo, but in that instance it did not matter whether he was right. Indulging in the act of creation matters very much indeed.

Mr. Abse: I do not understand that. If it did not matter the Pope would not have been in such a pother. I think that scientific truth matters in all circumstances, as all truth does. From Galileo's time to the time when Catholic Vienna thwarted Sigmund Freud in his attempt to publish and would not even grant him a professorship is long enough a period to make the Catholic and other churches recall and so be wary when they make an assault upon the advances of science.

There are many reasons for more research. The success rate of in vitro pregnancies should not be exaggerated. The expectations of those who want children should not be raised unnecessarily. Even in the replacement of single embryos the success rate is only between 10 per cent. and 15 per cent.

Who has the moral right to say that research which can be done only on a conceptus outside the uterus should not be encouraged? Who has the right to say that we should not encourage those who want to increase the incidence of success and so prevent the agonising of every woman who wants a child but cannot have one? Who wants that woe to continue if research would enable those women to have a child? I do not understand how women Members can condemn women who seek in vitro fertilisation and prevent them from taking advantage of research.

Mrs. Anna McCurley (Renfrew, West and Inverclyde): I am surprised that the hon. Member for Torfaen (Mr. Abse) should confuse the wish to have a child with the moral right to have a child. I have borne a child. I did not have a right to have my daughter; I wished to have her. The confusion must be dispelled.

Mr. Abse: The intellectual confusion is in the mind of the hon. Lady. It is because it is such a fundamental right that it is set out in the United Nations Declaration of Human Rights. It is there stated that everyone has a right to parenthood. To suggest that it is a mere caprice for a

woman to have the benefit of bearing a child is to devalue womanhood and parenthood. I do not go along with the view presented by the hon. Lady.

Mr. Nicholls rose—

Mr. Abse: There are many other reasons why research is necessary, apart from increasing the incidence of success. As my hon. Friend the Member for Oldham, West mentioned in passing, there is need for more research to be undertaken on miscarriages. I understand that 60 per cent. of conceptions result in miscarriage. Fortunately, most miscarriages occur at an early stage. There can, however, be few who do not know how miscarriages can impinge upon families when they take place at a late stage.

Women outside this place are only beginning to be aware of the issues. I hope that they will take up the cause of all those who are undertaking dedicated research into miscarriages. If that requires work upon the conceptus—it is evident from the research that is taking place in Edinburgh that it does—I hope that women will insist that it takes place. Let us allow the work of scientists to go ahead to reduce the risk of miscarriages taking place at a late stage following a long period of expectancy on the part of the woman. Whatever judgments are made, I hope that moral superiority values will not be claimed by those opposed to this work. It is important that research continues to quench the miscarriages that are taking place. The research opportunities are happily becoming increasingly available.

Mr. John Ward (Poole): On a point of order, Mr. Deputy Speaker. When Mr. Speaker was in the Chair earlier this morning, he said that the 10-minute rule for speeches would begin at 11.30. Will you consider protecting the interests of all Back Benchers, Mr. Deputy Speaker? It seems that there will be only two or three speeches before 11.30. If you were to decide to introduce the 10-minute rule now, it would assist us.

Mr. Deputy Speaker: I have no power to alter the decisions of the House.

Mr. Abse: Judging by the mood of Conservative Members, it is time for an opinion different from theirs to be expressed. I believe that that opinion will be shared by millions outside this place when they become aware of the issues that are involved.

The Welsh Office has initiated an investigation into the high incidence of congenital disabilities in my constituency. There is a dismal record of congenital disabilities throughout the Principality. There is no region in Britain that suffers, for example, more from spina bifida than the Principality. In Gwynedd the figures are horrifying. However, there are those in this place who apparently believe that on moral grounds they can condemn the research that is taking place, which may be assisted by an examination of the conceptus. I am not prepared to say in future to those born with congenital disabilities that I took a decision in the House which made their condition more likely when the possibilities were that it could have been avoided.

Some congenital diseases are lethal but there is growing hope that we may be able to conquer them. Against that background I am not prepared to adopt the didactic views that are coming from the active lobbies. Those who sat on the Warnock committee heard the evidence of the whole scientific world and not that of one scientist. They came

to the conclusion that it was necessary for research to continue on embryos created for a specific purpose. Those who are dodging the issue, such as the members of the Church of England social responsibility group, by saying that only spare embryos should be used are not facing the realities. The number of spare embryos is diminishing increasingly. Multiple embryos are part of the injection process in *in vitro* fertilisation and that has a direct bearing on the diminishing number of embryos. The increasing use of freezing means also that the number of embryos diminishes. It is being realised increasingly, clinically, that we have no right to put back into the womb anything but the best embryo when a number are available. The embryo that is put back into the womb must be the one that is most likely to result in an unblemished baby. Research should not be based on spare embryos that are likely to be defective.

Sir Ian Percival (Southport): I have served in the House for a long time with the hon. Gentleman and I respect the strength of his convictions, but will he not equally respect the fact that there is widespread unease in the country about what is being done in the name of the objectives of which he speaks so passionately, and the speed at which they are moving? Does he agree that there is a real need for an early curb to be introduced while Parliament decides what to do? Whether that curb should be a moratorium such as the one sought by the townswomen's guilds or the 14-day limit suggested by the Warnock committee, and what the ultimate answer should be will be a matter for the individual conscience of all Members, decided by a majority vote in the House. Does not the hon. Gentleman recognise that there is widespread unease throughout the country and that that calls for early action by way of a curb by the House.?

Mr. Abse: Of course there is anxiety. Some of it is well-founded but some of it is ill-founded. I hope that we shall explain to the nation that much of its anxiety is ill-founded. There are those who are apparently exploiting abortion issues and the matters that arise from them in a way that is doing a great deal of damage to research possibilities. It is no use talking about our scientists doing dedicated work as if they are enemy aliens who are engaged in criminal activity. They are a dedicated group and it is time that some hon. Members stopped taking such an insular view.

Our research scientists are already being tempted to countries such as Australia and the United States to the detriment of work that could be done to help the women of this nation. There is certainly need for control over a wide range of the matters considered by the Warnock committee but I suggest that the committee which decides whether research should continue should be separate from the committee that is now proposed. The committee proposed by Warnock will have a wide range of advisory and executive functions. It will be a heterogeneous group and, because it will be representing so many religious and ethical opinions, there will inevitably be coalitions and horse trading in dealing with research matters. That is not the way to deal with them.

There should be a separate committee, with tough powers, a lay chairman and medical and scientific members who could adjudicate on the propriety of the proposed research and decide whether it is frivolous or aims to improve the fertility of men, the possibility of

conquering genetic diseases and the likelihood of women who have IVF succeeding in having a child. Those issues should be considered coolly and by a predominantly scientific committee in which the medical and scientific world has confidence. I ask the Minister to consider establishing such a committee.

We could then avoid this present easy talk of trying to bring scientists under the threat of the criminal law. Such a committee could monitor their work and would be far more effective than what is proposed.

I sense from the mood of the House that we shall hear more speeches in the same vein as those that have already been made by the hon. Member for Castle Point. It is a great pity that hon. Members who take such views do not give the same consideration to life when considering the nuclear issue. I do not hear them raising their voices against the spread of nuclear missiles and bombs, which could end—

Mrs. Kellett-Bowman: On a point of order, Mr. Deputy Speaker. The hon. Member for Torfaen (Mr. Abse) is bringing in material that is extraneous to the debate.

Mr. Deputy Speaker: I remind the House that we are debating a motion for the Adjournment.

Mr. Abse: As a result of the nuclear build-up, the next generation could be the last generation. In those circumstances, there are other preoccupations that could come to the fore apart from those that are apparently coming to the fore in this debate.

I believe in life; I believe in the family; I believe that the millions of people who want to be parents have a right to become parents. We should set up a committee to monitor the research carried out by our dedicated scientists and make it more likely that we could have a community with far more anchored families.

11.23 am

Sir Gerard Vaughan (Reading, East): I can tell the hon. Member for Torfaen (Mr. Abse) that there will indeed be many more speeches from the Conservative Benches along the lines of those that we have already heard, because fundamental moral issues are at stake.

The hon. Member for Torfaen made a muddled speech and I was sorry that he confused an issue on which we are all in agreement. There is no argument about the fact that IVF can bring great happiness and benefit to many families who have not been able to have children. The point at issue, as was rightly spelt out by the Warnock committee, is the unease about embryonic manipulation. My right hon. Friend the Secretary of State clearly set that issue before us when he talked about the moral, Christian and complicated legal issues involved.

We must settle those matters. We must not wait for the medical profession or public opinion to move one way or another. We are discussing fundamental problems which must be settled here. Also, we must not wait for other countries to decide for us. What we do in our society is a matter for us to decide, and we must take the responsibility. It is not sufficient to wait until events that are foreseeable occur and then decide whether they should have happened. We can foresee many developments that would be obscene and deplorable.

The hon. Member for Oldham, West (Mr. Meacher) spoke about the benefits of embryonic research for various

[Sir Gerard Vaughan]

conditions. As a doctor, I would have been interested to hear whether the hon. Gentleman based his remarks on genuine medical evidence or was merely stretching medical speculation to cover advantages that we do not know will be gained.

My right hon. Friend the Secretary of State spoke about the human values at stake in the debate and rightly pointed out the speed with which events are moving. Research is moving so fast that we cannot wait much longer before taking action to monitor what is going on.

I do not agree with all the conclusions of the Warnock report, but it has done a great service for the House. As Hugo Young pointed out in a recent article in *The Guardian*, the report's initial reception was almost unanimously favourable. The BMA called it a "brilliant" report. However, Hugo Young pointed out that as time has gone by the report has not weathered well. He discussed the licensing authority, about which I am very worried, and pointed out that with

"a whistle of concern and a sanctimonious mutter"

the Warnock report

"would authorise and encourage the creation of embryos purely for research"—

that is different from doing research on embryos that are already available—

"the deployment for research of 'spare' embryos produced for an attempted fertilisation, the freezing of embryos for 10 years prior to their disposal."

It is an uncivilised concept that we should hold a human being in ice for 10 years and then destroy him. Mr. Young also referred to the sale of embryos under licence and concluded his moving article:

"If there is to be any respect for the embryo it should surely, in morality, be a total respect".

My view is that the next logical step is to accept that, while the ovum and the sperm have a potential for life, life begins at conception. It is unacceptable to bank fertilised ova and to experiment on human embryos, even for the first 14 days. It is wrong to implant five, six or seven ova into one woman's uterus, as has already happened, and to indulge in surrogate mothering, a matter on which I agree with the Warnock report.

Other issues flow from all this work. What about the wider concepts? What about animals and genetic manipulation? What is our view on inserting parts of living animals into human beings? The baboon heart incident was regarded by many of my constituents as offensive, obscene and unnecessary.

As the Warnock report reminded us, there is the possibility of implanting fertilised ova into animals. The sheep-goat has already shown us the possibilities opening up of human-animal fusion; the mythological centaur begins to become an awful potential reality.

Mr. Hugh Dykes (Harrow, East): Is not one of the most insidious threats and risks to humanity that if, even under tightly controlled laboratory conditions, we allow so called closely controlled experiments during the 14-day period, even the most stringent statutory authority could not ultimately control the nature of the experiment? Only the scientific technicians in charge of the experiments will be able to decide.

Sir Gerard Vaughan: My hon. Friend is absolutely right. I have paid particular interest to the sort of research

being undertaken, and whole areas of research now being considered are, I believe, wholly against the concept of any civilised human society.

The hon. Member for Torfaen referred to the atomic issue. In the recent television series on C. P. Snow's books we were reminded that the atomic scientists in the 1940s got round to examining the long-term implications of much of what they were doing, and examining their consciences, only when it was already too late because the reins of decision had been taken out of their hands. If we do not act with authority, and rapidly, we shall find that scientific experiments intended for one purpose only have already rushed far ahead of what is acceptable.

The Warnock committee is right. We must set barriers—limits which should not be crossed. But who is to set those barriers, what should be the limits, and when? There is great urgency in this matter. The barriers should be set by this House, not by people outside. We, as a civilised Chamber and as a civilised society, should say that there is a limit to going too far down this road. Let us set it quickly and clearly.

Several Hon. Members rose—

Mr. Deputy Speaker: Order. I remind the House that I am now applying the 10-minute time limit on speeches.

11.32 am

Mr. Michael Meadowcroft (Leeds, West): I am grateful to you, Mr. Deputy Speaker, for calling me to speak. I sympathise with the two or more hon. Members who will not be able to contribute to the debate because of the length of a previous speech.

Like so many hon. Members who have spoken, I commend the members of the Warnock committee for their brave attempt to grapple with some of the issues that need such vigorous thought. Of course, some criticism can be made of the way in which the committee conducted its business—for example, the lack of dimension from some of the women's organisations that might have added to the spectrum of opinion in the committee.

A new build-up of moral issues is coming before Parliament for decision. We are concerned very much more with scientific advances than with other questions that are particularly and peculiarly ethical matters. I suspect that this issue is only one of a number that we shall have to debate. As hon. Members have said, it is crucial to debate those issues here. We must determine that science will not dominate our deliberations and decision making, but rather will serve our decisions.

The hon. Member for Oldham, West (Mr. Meacher), in his excellent speech, said that we must approach these issues with considerable intellectual vulnerability. To try to pretend that we can suddenly and easily find answers is to approach the issues with an arrogance that is not befitting this House. However, to do nothing is as dangerous as doing the wrong thing. I am tempted to suggest that we put the hon. Members for Castle Point (Sir B. Braine) and for Torfaen (Mr. Abse) into the same room and let them fight it out. That could be a substitute for another Warnock committee. The hon. Member for Torfaen suggested that there should be almost no controls, while the hon. Member for Castle Point suggested almost total control. We cannot reach a decision on these issues by taking such rooted positions.

It is important to consider some of the constraints upon our decision making on such issues. A hierarchy of

constraints may be impinging on our decision making. There is the real issue of whether there is a natural order within society that one disturbs at society's peril. Are there physical and psychological constraints that we must take fundamentally into account when we decide on pragmatic issues that have come before us because science has reached a certain point?

I find sex selection alarming. What will be the outcome of being able to select the sex of a child? That takes us further and further into the realms of eugenics—and history has shown that to be appalling in its consequences.

Are there values in the wider community that are imperilled by decision making on such issues? They may not be as physical as some of the physical and psychological effects on the individual, but they are no less real. We may undermine the security and stability of our community if we make the wrong decisions.

If there are no absolute rules—and I accept the opinion of the hon. Member for Castle Point—where do we fix the relative rules? We are talking about permissive powers—not about forcing people to do something. What is repugnant to one person may not be so repugnant to another. Therefore, we must accept that it may be right for the House to determine that certain possibilities are available to people for them to take up if they are not as concerned about that issue as others may be.

There will be conflict between the benefits to one group and the damage to the deeply held views of others. Those views have been forcefully expressed this morning. There is legitimacy in the views expressed in the petitions presented this morning. We must ask whether those wishes and deeply held feelings are capable of being legislated for. It is not a question of saying that the views are not legitimate or are not an appropriate expression of moral outrage; the question is whether we can legislate for them and whether we must take into account side effects. We may have to take a step-by-step approach to evaluate the effects of the decision before moving on. I accept that there is an urgency about some of these matters, but some of them could be left until we have seen the effects of earlier decisions on society.

There is a crucial need to protect people from exploitation—sexual exploitation, financial exploitation and even exploitation by society because of the pressures that may be put upon them. At the root of the debate is the question of infertility. We are told that 10 per cent. of partnerships do not have children. Unfortunately, that figure has been plucked out of the air—there is no scientific research to back it. Perhaps it would be valuable to study the accuracy of the figures, and decide how many partnerships voluntarily did not have children.

It is a natural and understandable human desire to have children. However, sometimes family pressures are put upon people to have children. There is also pressure from society—a hidden view that someone is not a complete person unless she has had a child. It is possible that too much pressure is being put upon people and that that affects the way in which we are considering the issue before us.

Those of us who in our eyes are fortunate enough to have children need to be humble and sensitive towards the feelings of those who do not. However, we need to have more counselling and support available to enable people to decide, perhaps even a freer atmosphere, whether they wish to have children under any system.

I do not think that the advances in science, technology and knowledge have necessarily been very beneficial when they have produced multiple pregnancies. It can hardly be argued that that is a natural consequence of what has been achieved in recent years.

Not only will the large issue not go away. The individual issues within it will not go away either. In that respect it is necessary to consider some of the individual issues.

One area where there may be greater support in the House is that of the licensing of experimentation and the work which may go on. I suspect that there will be broad support in the House for the view that it is necessary to have a considerable lay element within such a licensing authority rather than risk its being dominated by the medical profession or other scientific backgrounds.

A question has been raised about whether the benefits of the technology are to be freely available. If they are not, to whom are they to be available? Who is to decide who should benefit from it? Is it to be available from the National Health Service, or will there be some form of medical choice so that people may avail themselves of these new techniques? I suspect that the National Health Service will have to provide some of these services freely and that it cannot be left to the private sector.

I accept the report's conclusions on AID — [Interruption.] I suspect, Mr. Deputy Speaker, that I have run foul of the 10-minute rule.

Cold print cannot effectively cope with the weight of emotion that there is on this subject. We still have to legislate and deal with the issues as they come before us.

11.43 am

Rev. Ian Paisley (Antrim, North): The conception of human life, the formation of the body and, eventually, birth are both mysterious and miraculous. The hon. Members for Castle Point (Sir B. Braine) and for Torfaen (Mr. Abse) quoted from the Old Testament scriptures, and I suppose that I shall be in order in quoting from the same scripture. King David said:

"I will praise thee; for I am fearfully and wonderfully made: marvellous are thy works; and that my soul knoweth right well. My substance was not hid from thee, when I was made in secret, and curiously wrought in the lowest parts of the earth.

Thine eyes did see my substance, yet being imperfect; and in thy book all my members were written, which in continuance were fashioned, when as yet there was none of them."

I was interested to hear the hon. Member for Torfaen say that he believed the Old Testament in respect of his own lineage and then question the lineage of Jesus Christ. I remind him that the Old Testament scripture makes it clear that Christ would be virgin born, in the prophecy of Isaiah. I am sorry that I have not more time to deal with that now. However, I do not believe that the Christian religion is a myth. I believe in the virgin birth of the Lord Jesus Christ.

My first criticism of the Warnock report is that nowhere in it is there provided a reasoned exposition of what has been called the scientific status of the embryo. The committee states the view of those who say that a human embryo cannot be thought of us as a person or even as a potential person. I can only draw the conclusion that the committee accepted the non-personhood theory of the embryo by the fact that it recommended its use as a guinea pig.

I hold that the right to life is more important than any other right—even the right of the family. I believe that

[Rev. Ian Paisley]

the embryo has human life and therefore is a human person. If we tamper with that embryo we tamper with a human being.

Mr. Thurnham: Will the hon. Gentleman give way?

Rev. Ian Paisley: I cannot give way to the hon. Gentleman. I have only 10 minutes, and I have already had to use five of them to deal with the comments of the hon. Member for Torfaen.

The committee also holds that the embryo should have some status in law, yet it maintains that the human embryo may be sold. I thought that the House had repudiated slavery long ago. To buy and sell the living body of a human being is slavery and is barbaric. For Warnock to say that the embryo should have a special status and then to say that it is a saleable commodity is at best contradictory and at worst hypocritical.

The embryo may be frozen. For the first time it is suggested that we should make legal a medical procedure which is not to aid the person concerned. Who can say what will happen when the embryo is frozen? We are told that the current ignorance of the possible effects of storage is accepted by all—even by those who produced this report.

It is to be experimented upon up to the 14th day after fertilisation. Yet it has been recognised even in this debate that there is a great difference of opinion about whether it should be 14 days, 30 days or even more. I say that from its conception it is a human being and must not be tampered with.

Then we have the suggestion of drugs and what should happen when they are used. Even Dame Mary herself, during a BBC television programme on 18 July said:

"Of course, the 14-day rule may be changed."

We all know that it will be changed. Once scientists have 14 days, they will agitate for more and the matter will escalate.

Interspecies fertilisation is an abominable thought. We have been asked whether we have the moral right to say anything about this. We have the moral right, the legal right and the duty to defend human life. That is what this debate is about.

I am glad that the recommendation of the committee is to ban surrogate parenthood. I do not see why a rich couple should be able to hire the womb of a poor person and pay for what they want. That is totally immoral, and the House needs to reject it out of hand.

11.48 am

Mrs. Renée Short (Wolverhampton, North-East): I am glad to have the opportunity to intervene in what so far has been an all-male debate. That is a pity when we are discussing a subject which concerns women just as much as men, although I accept, of course, that women must have the assistance of men to procreate.

In July the Parliamentary and Scientific Committee, of which I am chairman, invited two members of the Warnock committee to address it. It is a pity that more of the hon. Members present today did not listen to them, because they might have got rid of some of the antique prejudices that they have been expressing.

Professor John Marshall, of the Institute of Neurology, opened his statement by saying:

"I think that during the lifetime of most of us there have been three events that have had a cataclysmic effect upon us. The first

was nuclear fission which has given us the opportunity to annihilate our species; the second was the landing of the first man on the moon which has altered our whole cosmology; and the third was the birth of Louise Brown in 1978, the first child born as a result of in vitro fertilisation."

Professor Macnaughton, who is professor of obstetrics at Glasgow, said:

"Most of us are fortunate in having no difficulty about having children and we do not appreciate how overpowering a problem it is for a couple who cannot apparently have a child. People will say, 'Well, it's not a killing disease.' That is so. It is not like cancer. But I have had in my 24 years of dealing with this two patients who actually committed suicide because they could not cope with infertility. It is indirectly a very serious condition."

The Warnock report addresses a number of problems that have received a great deal of attention in the media, much of it sensational and ill-informed. Infertility is a real problem that causes immense distress to those couples who suffer from it.

Mr. Dykes rose—

Mrs. Short: Those of us who have been able to prove our fertility cannot comprehend how distressing it is to be unable to have one's own child. There are people who say that we should not do anything to help an infertile couple to have a child. Apparently, that is the belief of Conservative Members, but the Warnock committee rejected that view. It went on to consider several ways in which the distress caused by infertility could be relieved. Some of the matters discussed in the report are controversial, and we have heard expressions of that during this debate. Surrogacy and embryo freezing are controversial. I do not think that the House really comprehends that fact, even though it is almost an all-male House. [Interruption.] I said that it is almost an all-male House. There are only about 19 women in the House.

Male infertility occurs in about 40 per cent. of partnerships. AID has now been accepted as a proper way of treating the problem. In 1960 a report was published stating that that method was unacceptable, undesirable and should be strongly discouraged. That was 1960, and medical science has made progress and public opinion has changed. The method has developed, so that about 1,000 children are born each year as a result of its use. If that proposal had been crushed at the beginning, many families would not have been able to have a child. Legal problems, including paternity and inheritance, must still be resolved. It is time that the Home Secretary gave some attention to absolving the donor from all rights and duties towards the child. That would regularise the position.

In vitro fertilisation was developed during the past 10 years. It is still fallible, and its present success rate is only between 15 per cent. and 25 per cent. Steptoe and Edwards pioneered IVF. The problem of multiple births—this is an acute problem—connected with this technique has yet to be resolved, but I am sure that if medical science is allowed to continue its work that will happen.

Surrogacy is the issue that causes great concern today. The woman who bears the child will not have contributed any genes towards that child. The child is not genetically hers, although she gave birth to it. Reference has been made to the position in America, where this technique has developed. For large sums of money, agencies organise surrogate mothers, but I think that we would find that approach to be unacceptable. Legislation may be required to deal with that development as well.

There is another view that surrogacy should not be accepted. We all know that it is not possible to put the

clock back once a technique has been developed and proved safe. It is difficult to prevent those procedures from being carried out. There is rightly great concern about the fact that research is conducted on human embryonic material. The Warnock report recommends that such research resulting from IVF should be permissible but controlled. The evidence given by the Royal Society to the Warnock committee showed that important studies are being undertaken into other aspects of human embryology that can be advanced only by research on human, as distinct from animal, embryonic material. We must bear that point in mind. There is a need for this work to be a matter for local ethical committees, as is already the practice for other research in this field.

It is surprising that Conservative Members have said so little about the proposal to set up a licensing body, comprising lay, scientific and medical members and a lay chairman, and an inspectorate to ensure that the terms of a licence are properly observed. I believe that such a licensing body would provide adequate safeguards to cover all the anxieties that have been expressed.

Many people believe that it is wrong to experiment on a human embryo. I believe that that is a matter for individuals to decide for themselves. Having achieved in vitro fertilisation, progress will not be halted, so inspection and regulation are important. That is why it is so necessary to set up a proper licensing body. I hope that we shall not lose sight of the fact that a child needs two loving parents and a stable relationship with a father and a mother, for the establishment of the gender role is important. The report takes a pragmatic view and states: "we could react only to what we knew, and what we could realistically foresee."

That is the basis of the report. The report states:

"in our pluralistic society it is not to be expected that any one set of principles can be enunciated to be completely accepted by everyone."

That must surely be true of every major breakthrough in many areas of medical research. At the beginning, a breakthrough is not always accepted by everyone, but it is generally accepted when it has proved itself. The committee went on to say:

"This is not to say that the enunciating of principles is arbitrary, or that there is no shared morality whatever. The law itself. . . sets out a broad framework for what is morally acceptable within society. . . Individuals or communities may voluntarily adopt more exacting standards."

The expert bodies and witnesses called before the committee and the committee's evidence and recommendations present us with the basis of a proper scientific and legal set of rules and safeguards which I hope the whole House will accept. I hope that the Home Secretary will take on board the clarification of some of the difficult legal issues that are involved in in vitro fertilisation.

11.56 am

Mrs. Elizabeth Peacock (Batley and Spen): I speak today not only as a Member of the House but, as we have been told, fortunately, a mother of two sons. In the light of the Warnock report I believe that it is for Parliament and the country as a whole to determine our attitudes towards experimental practices for the next 20 or 30 years. As many people will appreciate, the scientific world has come a long way in the past two or three years from the first test tube baby, to womb leasing and to the possibility of baby manufacturing. I and many other people find it incredibly frightening that the moral, legal and social aspects of these

developments remain largely unrecognised, little considered and unable to adapt to the scientific progress. If the Government do not act now—this year, this month or even this week—we shall merely encourage exploitation, mismanagement and social disaster.

A recent example from Australia serves to show that the report of the Warnock committee must be acted upon immediately. There are in a Melbourne hospital two frozen embryos who may or may not be entitled to inherit 8 million Australian dollars from their "parents" killed in a plane crash. No one appears to own the embryos, and there is doubt whether the embryos have legal status. It appears to be up to the doctors to decide their fate. Science is again light years ahead of ethics and the law.

It is easier to deal with these problems under three broad headings—problems of multiple birth by drugs, in vitro fertilisation and surrogate mothers. The immense effect on the lives and welfare of childless couples is beyond compare, and we have already heard that some have even been driven to suicide. While we all recognise the plight of thousands of parents who are unable to have children and while we can appreciate their feelings of being cut off from the rest of their age who are happy parents, we must question the use of the so-called fertility drugs. They are undoubtedly a boon to childless couples, but how controlled is their use?

The woman from Liverpool who last year gave birth to six healthy babies was understandably delighted, but will she still appreciate her fortune in 10 years' time? While it may be somewhat churlish to bring the matter of money into the subject of the value of human life, we must consider the social consequences of what we are doing. Is it good for society, the community or the immediate family, for a woman to give birth to six children at once?

In Hammersmith, an unmarried 31-year-old woman gave birth to four children—test tube babies—when she already had four children. Is the massive addition to her household a social as well as a scientific triumph?

A further aspect of the new fertility drugs is that comparatively little research has gone into their long-term effects. Do we know how they will affect a woman's body over a 10, 15 or 20-year period? Once again, we appear to be playing at guessing, with human lives as stakes. When will we have specific guidelines on the use of those drugs?

In vitro fertilisation is the second matter that I wish to raise. Many hon. Members have already spoken on the subject. It has been rightly heralded as a new era for infertile couples, but it has brought with it incredible dilemmas. If we allow multiple fertilisation, do we allow the doctors to discard unwanted or imperfect human embryos? Do we allow embryos to be grown merely for research? Is it then murder if the embryo is allowed to die? Will we in the future allow the growth of human embryos in laboratories for use as spare part supplies of tissue and organs?

As the legislation stands at the moment, there is nothing to prevent the growing of embryos in vitro for up to, say, 30 days before allowing them to die. The Warnock report has limited that to 14 days, and demands criminal sanctions to prevent trans-species fertilisation and unauthorised use.

The simple fertilisation of a woman's egg by her husband's sperm which is then replaced in her womb seems acceptable. It is the other possible permutations which raise legal and moral questions.

[Mrs. Elizabeth Peacock]

The Church of England and the Roman Catholic Church have published their response to the Warnock report on human embryology. There is a considerable distance between them on the vexed question of when life begins. The Anglican document prepared by the Church of England Board for Social Responsibility is close to the Warnock judgment — that there is a real difference between an embryo at its earliest stage of existence and from about 14 days onward. A minority on the board, however, were close to the Roman Catholic position that human life starts at conception and should enjoy full protection from that point.

Under the Warnock report the number of eggs to be replaced is not limited but the number of children from any one donor is to be restricted to 10. The storage of embryos is limited to 10 years, but there are no guidelines on the use of spare embryos within the 14-day period, and that will worry many of us. We seem to be allowing the growth of spare organs from the cells of an embryo. Will society accept an artificially created organ bank? In a recent MORI poll, 51 per cent. of people were against all experiments on embryos, and 75 per cent. were against the production of embryos solely for use in research. Will society accept the sale and purchase of human embryos — an embryo marketing board? The ideas are horrific. As for the use and abuse of human embryos up to the 14-day limit, how can Parliament legislate to introduce such an arbitrary limit based upon the difficult concept of the so-called primitive streak? What will happen in cases where the so-called primitive streak appears on day 13? Do scientists continue within their legal rights or do they stop on that moral boundary?

Is it the same Government who legislate to give far greater rights to laboratory animals yet at the same time encourage the use of human beings in such ways?

It is imperative that we act now on this report to limit all forms of experiment or research, and to go further and ban all forms of IVF except where the wife's ovum is fertilised by her husband and replaced in her womb. If we do not take such a positive stance we create innumerable legal problems of inheritance, such as we have seen in Australia. I hope that that will prevent arguments about maintenance, custody of and access to the child developed from the ovum of its legal mother and the sperm of a donor, or from the husband's sperm and the ovum of a donor. Despite the obvious relief that these techniques can provide for childless couples we must, at least for the time being, limit IVF to the husband-wife permutation.

Only when we can come to terms with the social and legal problems of this development can we allow science to progress. The legal recommendations suggested by the Warnock report and the English Law Commission are unwieldy in practice and will seem illogical to many people. It is possible that the genetic mother is no longer to be the legal mother. Although it is difficult to see what other compromise the Warnock committee could have reached, it has avoided the bold step of limiting IVF to the one permutation, which would have allowed a necessary breathing space.

I realise that I am running close to your time limit, Mr. Deputy Speaker, but if the Government do not wish to go down in history as the Administration who turned a blind eye to the highly questionable genetic tinkering that worries and frightens many people in this country they

must intervene to draw acceptable lines to control fertility drugs; to limit IVF; and to end commercial exploitation of human birth.

12.6 pm

Ms. Jo Richardson (Barking): There has been enormous interest and a great deal of informed and—I am sorry to say—ill-informed opinion and discussion on this subject. I can well understand the fears that people have about the technologies opening before us. There is no doubt that people are apprehensive and wonder what will happen.

It is right for us to discuss the subject, but we should be discussing it as rationally as possible. It was proper to set up the Warnock committee to study these complex issues, and the Government ensured that doctors, lawyers, scientists, theologians and high level social workers were represented on it, who could give their views and come to decisions — some of them varying — They were all eminent people, and they were all experts. But there was one group of interested and informed people that was not represented — women. Despite the fact that women produce children and are the central subject of the report, I find it staggering that the Warnock committee did not include a lay representative from, perhaps, some substantial women's group.

Furthermore, when we come to the evidence that the Warnock committee received, and which is listed at the back of the report, we see that there is a large body of evidence from many different women's groups — The Mothers Union, The British Housewives' League, the League of Jewish Women, the Maternity Alliance, the National Council of Women in Great Britain, the Soroptimists, the Rights of Women and the National Federation of Women's Institutes — but none was called to give oral evidence. They all submitted written evidence. There is no star against any of their names at the back of the report.

I also find it staggering that the Committee did not take any of their views into account orally. Hon. Members have probably received a brief from the National Federation of Women's Institutes which states that:

"We regret that there was no representative of a woman's organisation on the Warnock Committee and that no woman's organisation was invited to give evidence."

I remind the House that the Women's Institute is not a way-out, lefty, loony, feminist group; it represents 350,000 women in the rural communities and is regarded with great respect. It produces some very fine material.

I believe that there is a gap in the thinking of the Warnock committee, distinguished though its members were. If legislation is introduced, this House will eventually be asked to decide. But this is a male-dominated House, and that dominant male voice will decide the future of millions of women. I share the view of my hon. Friend the Members for Torfaen (Mr. Abse) that those women have a right to be heard and a right to have their interests protected.

The Warnock committee recommended that the decision as to who should qualify for assisted fertilisation techniques should be made by doctors, and that doctors should choose the people on whom those techniques are to be performed from

"heterosexual couples living in a stable relationship".

That recommendation denies the woman and her partner some choice, and leaves it in the hands of a particular group of people—doctors—who may not necessarily be the right people to decide.

The committee took evidence from Dr. Edwards and Mr. Steptoe of Bourne Hall clinic but I was surprised to find that it did not take evidence from Mr. Robert Winston, who is the head of a very big infertility clinic at the Hammersmith hospital, perhaps the biggest in the country and perhaps one of the biggest in the world. Hammersmith hospital practises not only IVF but a range of infertility techniques, yet the committee did not see fit to take oral evidence from Mr. Winston.

As many hon. Members have said, infertility is a tragedy to those who want to have children. A significant number of women continue to be infertile because they are given the wrong drugs, often by inexperienced general practitioners. Sometimes the women have been given the wrong drugs, for such long periods that they have passed the point at which they would be allowed to adopt a child.

The proposal that health authorities should review their facilities for the investigation and treatment of infertility is a very good one. I hope that the Minister, in his reply, will be able to reassure us that, if the proposal is accepted, the funding for such infertility clinics, run by health authorities, will not be at the expense of women's health budgets in other directions, which have already been cut considerably over the past two or three years.

It is obvious that, as proposed in the report, a licensing board is needed to regulate the therapeutic use of IVF, artificial insemination by donor and embryo donation. That makes good sense. I echo the hope that was expressed earlier in the debate that the board will be composed of as many lay members as possible, because that is important.

I share the view of those who say that surrogacy should not be on a profit-making basis. That should be outlawed. But without a lot more thought and discussion I would hesitate before saying that no one should be able to take part in a surrogacy arrangement. It would be going too far too soon to say that a fourth party—a doctor, a nurse or someone who is supporting the three people principally involved—should be liable to prosecution, as suggested in the report. We should be cautious before including that proposal in any legislation.

The other main controversial issue is the regulation of research. I do not share the view of some Conservative Members that life begins with the embryo, or with the conceptus, as my hon. Friend the Member for Torfaen more correctly calls it. There should be an eventual limit to and some control of research. We all have nervous feelings about the kind of research which could take place. Nevertheless, having thought about it deeply, I am convinced that it would be wrong to limit research to 14 days or even to 40 days. There should be a separate licensing authority to control that research and enable it to be done in the interests of society and humanity. That is what research has done so far.

I welcome the report because it has opened up discussion of the subject. I hope that we shall have much more discussion before we take any further steps.

12.16 pm

Sir Hugh Rossi (Hornsey and Wood Green): My right hon. Friend is to be thanked for having commissioned the Warnock inquiry. There are cynics who will say that no Government Department ever sets up a committee of

inquiry without being fairly sure of what it is likely to find. For that reason, I thank my right hon. Friend for the way in which he introduced the debate and for saying that he would keep an open mind on the subject.

There is undoubtedly a large volume of public concern over the way in which human embryos are being treated which has been commented upon increasingly in the press. Lord Denning said in another place that medical men can at present do as they like with embryos. They can buy them, sell them, kill them, freeze them, and, as my hon. Friend the Member for Reading, East (Dr. Vaughan) said, they can even implant them in gorillas. There is no law to stop them. That is abhorrent to the vast majority of people in our society, as was shown in the MORI poll taken this summer.

In that context, I welcome three of Warnock's principal recommendations. The first is that the human embryo should receive some protection under the law—save that I would substitute "full protection" for "some protection". The second is that the unauthorised use of an in vitro embryo should be a criminal offence. The third is that a new statutory licensing authority should be set up to regulate infertility services which involve in vitro fertilisation or artificial insemination and related research. I agree with my right hon. Friend that lay involvement is essential, and I welcome his statement to that effect.

I urge the Government to legislate without delay on those matters to bring to an end the abuses which are the cause of so much public concern and distaste. I welcome my right hon. Friend's statement that he will consider making controls in anticipation of legislation.

However, I am unable to support some aspects of the Warnock report, and I would detain the House beyond 10 minutes if I were to list them all. If I say that I start, as with several of my hon. Friends, from the premise that the human embryo is a human being from conception—not a "potential human being" as posited by Warnock, but a "human being with a potential for full development"—hon. Members will readily conclude where my differences with Warnock lie.

It is interesting that, no matter how closely one reads the Warnock report, nowhere is there a denial that a human embryo is an individual human being from the moment of conception. Nor does it deny that human life begins at conception. Indeed, it spells out in paragraph 11.19 that from conception there is but continuous and well-charted development. From that premise, it becomes impossible to accept recommendation 12 that a human embryo may be used as a research subject for up to 14 days after fertilisation. As many hon. Members have said, nothing happens at the 14th day to justify the recommendation. The embryo does not change at that point from a pin head of jelly to a human being. The reference to the primitive streak is merely to take a convenient signpost in the process of development at which to reach a compromise with those who press for experimentation regardless of anything else.

Significantly the report does not say that from conception an embryo already has the full genetic code to lead to its ultimate maturity. That is the most important factor of all. Hence, the essential question to be asked is whether it is permissible to carry out experiments on human beings for the benefit of others. Whether there is a limit of four, 14 or 40 days is irrelevant; the difference is simply in what one can see, not in what is.

[Sir Hugh Rossi]

Other far-reaching consequences flow from the recognition of the embryo as a human being. As Lord Denning said, if it is but a thing it can be owned, sold, and bought. If it is not a thing but a human being it belongs to no one. Instead it has rights as a human being. Above all else, it is a completely defenceless human being and, therefore, has the right to full protection from the rest of the community and its laws. It has the right to live, to develop, to grow, to be born, to become a child and to be brought up in a family knowing its mother and father. It has the right not to be dissected, not to be mutilated, not to be traded for the gratification of another human being, not to be frozen, not to be planted into the body of an animal or made into a half animal and half man. Those are the basic issues with which we are faced, and no amount of rationalisation by those who wish to justify experimentation can escape from them.

I appreciate that I have raised what the Warnock report calls moral questions,

"that involve not only a calculation of consequences but also strong sentiments."

I believe that it goes far beyond that. We are concerned essentially with the legal definition of human life; from the way we define that flow all consequential rights and duties. Not every scientist or doctor may be wholly satisfied that life begins with conception, but complete scientific consensus is not a necessary basis for law. A basis for law is the consequence of that law upon our society and upon the rights and duties of its individual members. We define the legal beginning of human life otherwise than I have suggested at the peril of society as a whole.

12.25 pm

Mr. Robert Maclennan (Caithness and Sutherland): The speed of developments in this area have made imperative the intervention of Parliament in the control of embryological study. The Government were right to set up the Warnock committee to advise us on how to approach such difficult moral, scientific and legal questions. The Secretary of State was right to advise the House at the beginning of the debate that hon. Members should approach these matters in a spirit of humility, recognising that although decisions will have to be made by us, partly as matters of conscience and partly as matters of judgment, we must respect the views of those who do not share our standpoint.

I looked with hope to the report of the Warnock committee for guidance that would be so convincing that Parliament could legislate in this area with a sense that all the relevant issues had been considered carefully and that the conclusions and recommendations of the committee were underpinned by strong arguments. The committee claimed that its recommendations were supported with strong argument, but many of them—especially those in the more controversial areas—are not underpinned by strong argument.

The report is shot full of unstated premises, which may be common but which none the less are controversial. To take one example, there seems to be an assumption that AID is not only widely practised but that it is morally acceptable to society, and that an expansion of the practice would be desirable and would, in due course, remove some of the difficulties faced by children who are

the product of AID. Another unstated premise is that the substitution of a natural parent by a donor in the process of conception is a treatment of infertility. It is constantly referred to as such, but it is not a treatment for infertility. At best, it may be a psychological consolation for one or more of the partners to a marriage that they have a child who is genetically related to one partner. However, this cannot properly be described as the treatment of infertility.

There are also a number of arbitrary recommendations in the report. I pick these out, admittedly in a random way, because the report does not give us the foundation on which we should legislate, and one has to illustrate this point by example. For example, it is suggested that a child who results from AID should be told certain facts about the donor. The two facts that it is recommended should be made known to the child when he attains the age of majority are his ethnic origin and his genetic health. There is no argument anywhere in the report as to why those two facts alone should be revealed, or why any much more wide-ranging information should not be revealed. That is a defect and a falling short on the report's stated intentions.

The report makes a recommendation that embryos may be stored for up to 10 years. However, nowhere in the report is there any argument in support of that recommendation, and a recommendation does not carry any weight without arguments to support it. The report suggests that with AID no one donor should father more than 10 offspring, and speaks of the dangers of possible genetic difficulties resulting from too many donations. The figure of 10 appears likewise to have been plucked from the air and is unsupported by any argument. On all the tricky and difficult decisions to which the committee has addressed itself, it does not support its conclusions with compelling arguments.

The report recognises in its introduction that the public would very much like these matters to be decided by reference to some principles, and that is a correct observation. The House finds it easier to legislate on such a sensitive subject by reference to principles, but we face the major difficulty that there is no common agreement as to what those principles should be. The Warnock committee, having presumably taken that view, failed to attempt to spell out any principles at all.

My intervention today is necessarily brief, as I hope that the House will have an opportunity to return to these matters in more detail when, as I hope, the Government introduce legislation to deal with them. Those of us who wish to influence legislation should declare, as far as we can, our principles. The first principle that I advance is that both partners in the marriage should be in as equal a genetic relationship to the offspring of that marriage as is possible. If there is a genetic imbalance in the relationship to the offspring, there is a potential danger not only to the relationship of the husband and wife to each other, but of the offspring to the two partners of the marriage. The Warnock committee acknowledged that that was a problem, but did not seem to form a view as to what should be the law that flowed from that recognition.

The second principle is a much more difficult one to enunciate with any degree of moral certainty, and that is the point at which life begins. It is undoubtedly the case that the whole process of development and the whole potentiality of development from the moment of conception is a continuous one, interrupted by scientifically recognisable stopping points on the way. The

difficulties of legislation to recognise the right of life as beginning on any of those stopping points are very real, and I do not take an absolute view on this. However, Parliament has to take a view and therefore has to take one that is most easily defensible.

Although I recognise the force of what the hon. Member for Oldham, West (Mr. Meacher) said about individuation, I nevertheless believe that the moment of conception is probably a better starting point, and accords more with the public's moral perceptions. I shall have to deal in summary only with the three major issues upon which the committee made recommendations because of the time limit. However, I accept its views about surrogacy almost in their entirety—

Mr. Deputy Speaker (Mr. Harold Walker): Order.

12.35 pm

Mrs. Jill Knight (Birmingham, Edgbaston): I sometimes think that it would be a good thing if the Service Committees had placed on the wall of every hon. Member the saying, "Hard cases make bad laws." Of course it is hard not to have a child when one badly wants one, and the longer one is childless the more desperate one becomes. But it would be a very bad law indeed if, blinded by tears for the barren, we legalised Warnock's proposals.

For this House to allow experimentation on human embryos would be a terrible step—even if it was only for 14 days after fertilisation. Scientists and, indeed, some hon. Members, are already clamouring for more time than that, and no one can possibly avoid the conclusion that if scientists are allowed human embryos for 14 days it will not stop there.

Questions buzz round my head like bees. Who would monitor the age of the embryo? We can be sure that only experts could do it. Have we got so many medical experts that we can spare teams of them to go round monitoring the age of embryos or will there be embryo inspectors? Would the scientists have to fill in a form to say that the embryo was the right age? Would the matter be left entirely to them? If so, would there be swoops at dead of night to see whether the embryo was 14, 15 or 16 days old? I wonder whether the fridge will be cleared out every so often. I do hope so. How can we possibly justify giving rights to 15-day-old embryos while denying them to 14-day-old embryos?

Would the scientists really down scalpels at 11.55 pm on the 14th day? Of course not. I have heard attempts made to justify that rule by the suggestion that the little thing may feel pain after 14 days. Well, good gracious me, if that is the only problem, why not anaesthetise them, then they would not feel pain? We could then go on, as the hon. Member for Barking (Ms. Richardson) wanted, to 40 days, six months or whatever. It would be impossible to enforce the time restriction.

Experimentation would undoubtedly go wider and wider. Once we accept that human life can be sacrificed in the name of medical science we are lost. To create human life especially for experimental purposes is fearsome. Much has been said about the number of people outside the House who strongly disagree with Warnock's proposals on that point. I draw the attention of the House to the opinion of the Royal College of General Practitioners. Its president said:

"GPs are in a unique position to balance the debate between public and medical specialists. Our view is that experimentation would be to the detriment of society, overwhelming any progress

made. Too many problems are involved when you start blurring the time at which you decide the embryo should be given full status."

It seems such a calculating business to flush an egg out of a woman, to obtain sperm from a man, and to mix the ingredients in a test tube before shoving it into the deep freeze. It is a bit like a housewife buying a packet-mix from a supermarket store, cooking it all up and then popping it in the freezer to save time at the weekend. As Lord Denning said in the other place—

"Is that compatible with human dignity?" — [*Official Report, House of Lords*, 31 October 1984; Vol. 456, c. 541.]

Warnock prides itself on having taken an unemotional view on the matters placed before it. I am all for calm judgment but if the day has really dawned when we can feel no emotion about such things as fertilising an animal egg with human sperm or inserting a human embryo into a female animal, we have created a world that is utterly opposed to God's law. I am thankful that Warnock considers that it should be against the law to place a human embryo into an animal. However, the committee seems to consider that it is perfectly all right to mix up animal eggs and human sperm, so long as the process is subject to licence. The idea of a joint animal and human embryo created and used for medical experimentation is totally repugnant, and Warnock is wrong to assume that such developments could be stopped somewhere along the line. Let us not forget the sorcerer's apprentice, the man who rode the tiger and the story of Pandora's box. Once one breaches the principle that human life is sacred, there will be no stopping that line of development. There will be no final barriers, because it is almost impossible to say where the final barriers should be.

What of the children born as a result of such abnormal practices? Nowhere in the whole report does Warnock give any consideration to the life of the child who is being created. We look in vain for a recommendation that, before a child is artificially produced, some consideration should be given to its probable upbringing. Before a child is placed for adoption, the most searching and careful inquiries are made into the life that the child will have and the people who are to be allowed to receive him. Have they enough money? Are they loving people? Is it a good home? These matters are most carefully scrutinised if a child is to be adopted. In contrast, the Warnock committee is concerned only with the adults. Anyone who decided on a whim to have a child should be allowed to have a child in this way, never mind what kind of life that child might have. Single women, single men, and homosexual and lesbian couples, could all be accommodated from the test tube. There is only the somewhat weak caveat that "as a general rule it is better for children to be born into a two-parent family".

The emphasis everywhere in the report is on the wish of the adults. Not a thought is given to the child so frigidly and coldly created by science. Yet children are God-given, not man-made.

Questions about the life of the child must be buzzing around all our minds. The adopted child has the right now, under a law passed in this House, to find out about his parents and to go and see his mother. Why should a similar right not be given to a child born in this way? But how on earth are all the facts to be known? The hon. Member for Caithness and Sutherland (Mr. MacLennan) says that there are two facts which such a child should have the right to know. An adopted child has the right to know much more than that, but if a child is born as a result of in vitro

[Mrs. Jill Knight]

fertilisation, we may not even know what his antecedents are. It is wrong that adopted children should be treated so differently from children born by these methods.

How will children react when they find out that mummy never even knew daddy, that no love or human emotion was involved at their beginning, and that they had done a pre-womb stint in a cold store? What awful nightmares a sensitive child will suffer when he learns that?

What about the medical need to know one's family background? The child may need to know whether he may have inherited heart disease, or short-sightedness. How could he find out? It has been accepted that a great many children will never be told the truth about their beginnings. Children will be brought up living a lie. I tremble to think of the likely effect on them.

What will happen if a child developed by such methods is born with a handicap, is ugly, stupid or bad? I can imagine the parents' reaction. They would say, "Of course, this is not our child at all really. It's stupid and can't do anything but it was never ours in the first place." All sorts of dangerous questions are involved.

"O what a tangled web we weave,
When first we practise to"

conceive.

12.45 pm

Mr. Frank Field (Birkenhead): I am happy to be speaking within the 10-minute limit because I am not sure that I can add a great deal to the debate. As it has progressed I have become more, not less, confused. That is not because of contributions by hon. Members, but because it is difficult to think coherently about the issues.

The Secretary of State said that he hoped that the debate would produce a coherent moral stance from the House of Commons. The Secretary of State's wish will certainly be unfulfilled. All that hon. Members are giving him is a check list of what they would and would not support in legislation. I do not want to do that. I prefer to examine the weakness of the moral position of those who oppose my view and the weakness of my own moral position.

The only hon. Member who has spoken so far who has thought consistently through accepting donation by third parties is my hon. Friend the Member for Barking (Ms. Richardson). She said that once one accepted the principle of donation there was no logical reason why one should not accept the principle of surrogacy, provided that no payment is involved. My hon. Friend did the House a service by thinking through to where we may land ourselves once we concede the principle of donation.

My own position is weak. If we were considering a Bill today, I should vote against any experiments on embryos. Many others would vote likewise. However, I accept that we are debating the issues today only because experimentation has already taken place. The advance of fertilisation outside the womb has taken place only because we have allowed that experimentation. I see the weakness in my position.

In a pluralistic society we have no agreed moral principles to bring to bear on the issue, but we have to draw a line. My view is that although we have already allowed experiments, I cannot support experiments beyond this point of time.

12.49 pm

Mrs. Anna McCurley (Renfrew, West and Inverclyde): From what we have heard today there is an urgent need to regulate and legislate roughly within the framework of the Warnock report. Some aspects, like commercial surrogacy, can easily be isolated and acted upon more immediately. Further aspects require detailed study before legislation can be accomplished.

I am disturbed by the dilemmas highlighted in Warnock. I wish that I had the consolation of a standardised moral view. Perhaps my upbringing in the Church of Scotland, which demands an intellectual purism, is against me now. It denies me that comfort, but I must be in the majority in finding it difficult to square my views on abortion, for instance, with my repugnance of the creation in vitro of embryos for trading, experimentation and killing off. There should be a consistent principle in my mind, but there is not, because I see the logic of having a time when abortion is necessary, though that is destroying human life. I understand that abortion is the destruction of human life and there is the balance that tells me that experimentation has the same effect. There should be a consistent principle in law to avoid problems arising later, but that will involve a lengthy exercise.

I shall not condemn the Warnock committee's report. Indeed, I congratulate the committee on its heroic effort. There are those who castigate it for an academic lack of passion, yet we challenge its moral views. I suspect that there is no balance in moral views. If we try to balance them, we only weaken or dilute.

I appreciate that infertility is perhaps the most shattering experience for any woman who partners and loves someone. I am lucky that I have been able to bear a child. This debate must highlight the compassion that our society has for the childless. Much of what we say today should be tempered by the other side of the coin which tells us that as much as possible should be done by providing consultation and advice centres, for example, for those who are in that unfortunate position. We should look for options to some of the rough stuff that we read about in the Warnock committee's report. Therapeutic techniques are important, and that is where our finances should go if we have the sympathy and compassion for the infertile that we profess.

We are facing a terrible dilemma. We are told that we have the right to have children, but that the world is overpopulated. Should we be encouraging people to have children, which basically and technically they cannot have, in a world that we can hardly afford to feed? We know very well from recent problems in the Sudan and Ethiopia how difficult it must be for large families in those areas. At the same time, we want healthy children in our society, and in some ways that can depend on the experimentation which goes on to assist procreation and additions to the population.

The limits on embryo experimentation should be strict. I doubt whether it is necessary to produce embryos in vitro at all when there are sufficient pathological specimens readily available. I suspect that we are not being very honest with ourselves, and perhaps the Warnock committee has not been very honest with us. I believe that Britain and other European countries have gone well beyond the experiments that we are discussing. I know that in Sweden 20 years ago a foetus was kept alive in a tank

for 15 weeks before being injected with formaldehyde. If that happened 20 years ago in a so-called civilised country, I begin to wonder what is happening behind the closed laboratory doors in this country today.

The medical profession must put its house in order. Regulation, as well as legislation, is essential. It made my blood boil to read the statement that ethics must alter with technology. That smacks of Hitler's Germany. It was in response to that sort of view that Aldous Huxley wrote "Brave New World" in the late 1940s. Hon. Members may remember that in that book the savage killed himself because he could not stand the sort of life that existed on the earth—the unnatural existence, with cloning and experimental breeding.

Family life is important and we must preserve it. The difficulties involved in experimentation help to undermine the basic family unit which keeps this country going and on which all our legislation and moral principles are based.

In February, I attempted to introduce a Bill to outlaw commercial surrogacy clinics. I believe that the child matters more than even the wishes and desires of potential parents. I want children to be brought into a world of caring parents. We know that children who are born naturally are often not brought into such a world and that some couples who desire children through surrogacy would be very good parents. However, they are parties to the sale of children and, as has already been mentioned, we abolished slavery at least a century ago.

The child is stigmatised, because, whatever we say, he or she is initially illegitimate. The psychological damage caused to that child could be incalculable and might lead to all sorts of complications in his or her later family life.

Above all, the foul commercial element that is involved in the clinic not 50 miles from London, which already has six children in utero, must be outlawed as speedily as possible. It was reported to me that the person who runs the clinic, who is not a qualified doctor and has merely had some form of nursing training, has said what pleasure it gives her to see the joy that results from what is done at the clinic.

We are here not to condone one person's highly eccentric forms of pleasure, but to protect society, and we should do that. I hope that we shall shortly give all these matters urgent consideration and introduce legislation.

Several Hon. Members *rose*—

Mr. Deputy Speaker: Order. The next speech will also be bound by the 10-minute rule.

12.58 pm

Mr. John Hume (Foyle): I shall not need 10 minutes, Mr. Deputy Speaker, because I take a simple view on this matter. One's attitude to the Warnock report depends on one's basic view about whether a human embryo is a life. If one believes that, the Warnock report becomes unnecessary and can be put in the waste paper basket.

I believe that an embryo is a human life. Therefore, I do not advance to the next principle, which is that, for the first time, medical science should experiment on a human being not for the good of that human being. Man should not become the slave of science rather than vice versa.

A few years ago there was a magnificent and successful campaign in the House and in the media on behalf of thalidomide children. The principle established by that campaign was that an unborn child had certain rights—

rights to be protected against injury from drugs or from anything else. If it has the right to be protected against injury from drugs, it has the right to be protected from experimentation and death.

If we do not accept the principle that an embryo is a human life, we find ourselves in a confused position—as Warnock did. He sets out to lay down moral principles, yet not one moral principle is stated in the report. He simply states a set of rules with no underlying principles. One example of the committee's confusion is that underlying the whole report is the feeling that the committee had a certain queasiness about the subject and that, therefore, it must genuflect towards certain liberal and social values—

Mr. Abse: Apart from the general confusion of the hon. Gentleman's views, he seems to have gender confusion. Warnock is a lady. Perhaps the hon. Gentleman will not add to the confusion—

Mr. Deputy Speaker: Order. The hon. Member for Torfaen (Mr. Abse) has already addressed the House at some length, and the 10-minute rule still applies.

Mr. Hume: I accept the correction of the hon. Member for Torfaen (Mr. Abse). I was thinking not of the gender of the author but of the report itself. The report declared that the embryo of the human species must have some protection in law. What protection does the committee propose? For every day of its 14 days existence it will be experimented upon, and, at the end of that time, it will be put out of existence. What sort of protection is that?

It is not often that there is total agreement between the hon. Member for Antrim, North (Rev. Ian Paisley) and myself. Successive British Governments have, over the years, sought to find areas of agreement between us. Now that they have found such an area, they must act upon it and introduce the necessary laws.

1.2 pm

Mr. Peter Thurnham (Bolton, North-East): I declare an interest as the foster parent of a severely handicapped child who was advertised as needing parents. There are many such unwanted children—up to 20,000. Anyone with personal experience of children with such difficulties would not wish to minimise those difficulties but would wish to do everything possible to reduce the chance of children being born with such terrible handicaps.

I have been following the debate with close interest. I can testify to the strength of public feeling on the issue. Last month I held a public meeting with a panel of experts, and it was oversubscribed as soon it was announced. Some 200 people attended, with more than 300 people applying. I heard a full range of views.

The crux of the matter is events at fertilisation which, as my hon. Friend the Member for Antrim, North (Rev. Ian Paisley) said, is a mysterious and wonderful moment. If it was not, we would not all be here today. But that magic, mysterious wonderful moment is not a perfect process. Those who believe that human life automatically starts from fertilisation must face the fact that not all embryos are human. Accidents occur and embryos are conceived that are not human. My hon. Friends the Members for Castle Point (Sir B. Braine) and for Antrim, North must face that fact.

I received a letter this week from Patrick Steptoe on that very point. He says that the fertilisation of eggs is not a

[Mr. Peter Thurnham]

perfect mechanism which takes place immaculately every time. An accident could cause an embryo, capable of development and of implantation, which under most circumstances could not be regarded as human. An accident, not just a deliberate act, could cause 69 chromosomes or even 92. Such an embryo would represent a new species if it survived.

If we accept that such embryos are not human, and that only some embryos are human, we cannot automatically demand the status of human beings for all embryos from the moment of fertilisation. This is a fundamental fact. Not all embryos are human. The issues are not black and white. Therefore, we must have some process which distinguishes between embryos which are human and those which are not.

I cannot support the case that we should wilfully implant in a womb an embryo which we know is not human. We must reject species which are not human or which would cause problems, cancers and other growths in the mother.

Mr. Dykes: Will my hon. Friend suggest when he thinks humanness begins?

Mr. Thurnham: This is the kernel of the matter, because we have to look at embryos to see whether they are human. That being so, I accept that embryos should be examined to establish that they are normal human beings. Only then should we agree to their implantation and development as human beings.

Research and experimentation must be strictly controlled and aimed at establishing that embryos are normal human beings and not aberrations. In any case, there is a natural process of rejection in the womb itself.

I comment briefly on some of the other recommendations in the Warnock report. I reject the buying and selling of embryos and their long-term storage. Storage should be for short periods only, extendable by agreement of both parents. Surrogate IVF should be limited to couples who can have their own genetic children.

I call for early legislation, and I was pleased to hear my right hon. Friend confirm that he had in his mind interim legislation at least on some of the more straightforward aspects. On some of the others, I hope that the House is not in a mood to pass the sort of legislation which years ago called for a man with a red flag to walk in front of every car. I look forward to early interim legislation, and I call upon my right hon. Friend to take action in this respect.

1.7 pm

Mr. Harry Cohen (Leyton): In my view this is not an anti-abortion issue, and it is wrong that those who believe that it is have tried to hijack the debate for their own obsessive purposes. It is not an anti-abortion issue. It is a pro-fertility, pro-children issue, and that is how it should be looked at. We cannot throw away this opportunity to deal seriously with the deep unhappiness of unwanted childlessness.

The criterion in forming my view about the deliberations of the Warnock report is that of the greater good that its recommendations afford our society. I will have no part in any lobby or any argument whose recommendations will in practice discriminate, punish or prolong the needless misery of childlessness.

The issues investigated by the Warnock committee that I wish to discuss fall broadly into two main groups. The first is those concerned with aspects of medical practice and scientific research into infertility. The second is those concerned with accountability and control of such practices.

Infertility is a male problem as well as a female one. At the moment no one can answer a childless man when he asks, "Can I father a child?" The only ultimate test is penetration of an ovum by sperm. In a few laboratories sperm from infertile men are being used to test their ability to fertilise ova which have been donated voluntarily by women undergoing sterilisation. This is an important part of a prognostic investigation into male infertility. In my opinion it is preferable to attempted trans-species fertilisation. In any case there are limitations on what can be learnt from the fertilisation of a hamster's egg.

The donation of ova by women for the tests has been made possible by the popular response of women. More than 40 per cent. of the women approached have agreed to the donation of an egg. However, there should be guidelines on the collection of ova from women, with written consent being obtained from them and with no exploitation involving money. There must also be strict regulation of the drugs used before that surgical operation with the first criterion being to protect the women.

If sympathy with the infertile informs our criteria, research of this nature is permissible to help overcome male infertility. In those circumstances, I cannot agree with the view that insists that once the ovum is penetrated in this way it has the same status and rights as you and me, Mr. Deputy Speaker. If we are to follow that endless reductionism, it is true to say that everything is alive—one cell, one sperm, one ovum. However, I go along with the Warnock committee's recommendations which set the 14 day limit on conceptus research and limits the nature of such research. Contrary to the report, I oppose testing toxic substances on embryos. As Warnock points out, however, voluntary regulation of aborted material has worked to the enormous benefit of pregnancy treatment. Therefore, why cannot statutory regulations via a licensing body work equally well for embryos derived from in vitro fertilisation?

Research into the following areas offers infertile women better diagnosis and treatment. The first aspect is spontaneous abortion. About 60 per cent. of normal pregnancies and almost 90 per cent. of in vitro fertilisations are spontaneously aborted. There is a lack of information on how to reduce that risk of abortion in infertile women. The spontaneous abortions are largely caused by abnormalities and stunted development in the foetus. Research is needed to establish the precise conditions to maximise the chances of viability through full-time pregnancy. Success would mean less emotional trauma for the would-be mother and a reduction in needless medical expense and time in post-abortion care.

Secondly, early detection of embryo abnormality and methods to perfect re-implantation screening of in vitro embryos would reduce the unhappy consequences of the present system of late screening and subsequent abortion.

Thirdly, research is needed into the origins and treatment of conditions that endanger the life of the newborn child. A number of conditions that arise uniquely in the early human embryo can threaten its survival. Research into the detection and origins of the therapy for malignant tumours and chromosome abnormalities in early

embryos is justifiable when post-natal detection is too late to save the life of the child. Much benefit will come to society with the reduction in the unhappiness associated with infertility. For those reasons, I believe that a limited and highly controlled amount of experimentation is permissible and beneficial to society.

Another aspect involves accountability and control. The Warnock committee provides a good framework for controlling the practice of in vitro fertilisation and embryo transfer. However, the report is unsatisfactory in four other respects. First, medical practice must be contained within the NHS where proper controls can be ensured. There are many other examples in society where such controls cannot be made effective in private institutions. It is unethical to encourage profit making from human unhappiness arising from infertility. Once fully established within the National Health Service, highly priced offshore deals will lose their appeal.

Secondly, high technology has been accepted as the only focus of anxiety by Warnock. I believe that that is a mistake. There is a danger of high technology taking priority over other health care. The Warnock committee was probably blinkered by its obsession with "high tech". We should support initiatives in alternative medicines and therapies which may well be more effective and less medically contentious and expensive.

The third aspect relates to the licensing body. That was recommended by Warnock and is to include lay as well as medical and scientific representatives. I welcome that but hope that the representation is more open than that on the Warnock committee. That committee did not include representatives from women's organisations such as the Women's Institutes. Women and women's organisations should have a voice on fundamental issues such as those affecting their rights to choose to have children.

My fourth point is about social control. An element of social control is embedded in the Warnock recommendations. I object to forcing the infertile to fit into traditional family structures by restricting access to the new technology to couples. The married couple are not to be regarded as the only recipients of medical treatment. Treatment should be available to single men and women, who can already adopt and foster children. There is no place for the encouragement of dubious social judgments in medical family planning.

Once those unsatisfactory features have been dealt with Warnock can contribute to the well-being of society through the elimination of the misery of infertility.

1.17 pm

Mr. William Cash (Stafford): Apart from the natural revulsion which I share with every person with whom I have discussed these developments, I have neither seen nor heard any evidence to suggest that anyone has the faintest idea where they will lead or what condition of life is in prospect for those who are selected for survival or those who are born of such persons.

This is experimentation gone mad. Why 14 days? Upon what basis can a distinction be drawn between those selected for survival and those to be destroyed? Those selected for survival are selected before the end of 14 days. It must be assumed that they will have life, for otherwise they would have no purpose for the researcher. The justification for destruction cannot be sustained on any logical basis, let alone the moral dimension.

Already in this country, at least 50 human embryos have been created and grown specifically for research. The implications of that for future legislation, for criminal law and for ethics are grave. Can we, in our so-called civilised society, condone, whether under licence or not, in any circumstances the development of human-animal hybrids — humanoids — the development of fully grown "unbeings" for the extraction of spare parts for surgery, or the use of surrogate mammals for human reproduction? I say, emphatically, no. Whether or not those scientific developments are sustainable now, the inexorable movement towards them will surely accelerate, and the proposed licensing authority will be pushed further and further down the slippery slope.

The nightmare creation of a super race, and with it the super prole, seems to be near at hand. With an ever-expanding world population, will not the temptation for future unscrupulous politicians to use the technique of cloning and the mechanism of sex and genetic selection, as a means of eliminating or containing unproductive, unwanted surplus people, become irresistible? We cannot and must not avoid that question or, indeed, any of the other questions raised by the new techniques. There will be those—there are already, including the hon. Member for Oldham, West (Mr. Meacher)—who dismiss all such matters as futuristic and implausible, but serious and respected medical experts tell us that it is within reasonable contemplation, and that the so-called successful experiments have only just begun.

I accept that the Warnock report specifically and rightly condemns certain practices, including commercial surrogacy — which is not the central issue — and recommends that they be made criminal offences. My view is that most, if not all, of the developments under review could be, and probably are, covered by the criminal law in a long line of cases from Bracton to Blackstone and down to the present day.

With regard to the administrative machinery proposed in the report, I have to admit that I was glad to note the proposal for a licensing authority. It is clear that that is the centre of gravity of its recommendations. I do not have the time to examine every aspect of what that would entail, but, particularly in the light of my concluding remarks, I invite the House to consider the potential precedents for legislation in this area — provisions taken from the Medical Acts and from the Medicines Act 1968, and the arrangements which are made to deal with the medical and ethical procedures under those Acts and within the General Medical Council and the British Medical Association.

The proposed licensing authority would be given power to determine ethical matters, although how it would fit in with parallel ethical and disciplinary committees and their standards needs much clarification. So do the unsatisfactory current Medical Research Council guidelines and related guidelines on the subject. We have to remember that the Medical Research Council began to engage in this kind of research only after the Steptoe-Edwards programme had been initiated in 1978.

I note that in the conclusions of the report there is reference to areas within which guidance must come from sources other than Parliament. I take that to refer to self-regulation within the medical profession, whose members include the protagonists of those very developments.

[Mr. William Cash]

On the subject of self-regulation, I remind the House of what Dr. Michael Thomas, who was then the chairman of the BMA ethical committee, said in 1982 when the inquiry was first under way:

"We must say to the public, 'you cannot leave us without moral guidance on this; you cannot turn your back on this issue and leave us with the responsibility . . . the medical profession is not the guardian of public morals'."

The problem is that, under the conclusions of the report that there should be a licensing authority, the advice upon which it would proceed—even with the recommended substantial lay representation—would turn on that of the medical experts, as is already the case under the Medical Acts and the Medicines Act 1968. The lay representatives would be at a hopeless disadvantage, quite apart from other pressures to extend the area of research, and despite the Nuremberg code of 1947, following the Nazi atrocities and subsequent declarations on the subject.

As for the role of Parliament, I would refer a criminal law solution to the open door of a licensing authority. Legislation is required, but how that may be drafted and devised has yet to be settled, although the sooner that is achieved the better; the fewer anomalies there are, the easier it will be. If Parliament decided to go down the criminal law route, which I would prefer, irrespective of the international dimensions of the problem, it would terminate the violations of humanity as a matter of criminal law.

How will the House arrive at a measured and responsible decision? Will it be by White Paper and Bill in the immediate future? The responsibility lies with Parliament, not with the medical profession, but Parliament must be properly informed. That could be achieved by a Select Committee with full opportunity to hear evidence from experts on both sides of the subject, and I believe that that is necessary.

The Warnock report is an inadequate basis on which to proceed, even after consultations upon it have been concluded by the end of December. We owe it to future generations to have a proper debate in Parliament. If a private Member's Bill were introduced this Session to cover the ground, and if it resolved the matter in terms of criminal law, which I would prefer—such a Bill need not be lengthy—that would dispose of the matter in relation to urgent public policy. In such circumstances I would advocate a Special Standing Committee instead of a Select Committee to ensure that we consider the Bill properly and consider the legal and moral imperatives implicit in it with the care that the subject deserves.

In conclusion, I quote the words of the great judge, Lord Radcliffe:

"The civilisation, of which the English law is one form of expression, has been built with labour and sacrifice beyond record upon the structure of certain beliefs as to the nature of man and his purpose in society."

However we proceed, the eyes of the world will be upon us. Therefore, let us ensure that, for the sake of our national integrity, we act upon those beliefs and do the right thing, in this case, for the right reason.

1.26 pm

Mrs. Ann Winterton (Congleton): I have listened to the debate carefully and with great interest, and I am grateful for the opportunity of contributing to it, albeit briefly. Those hon. Members in the Chamber today who,

like me, are fortunate to be blessed with happy home lives and children will be just as concerned as I am about the problems of married couples who are unable to conceive for one reason or another. However, as many hon. Members have said, no one has an absolute right to have a child, whether she is fertile or not. The condition of childlessness is not an illness in the accepted sense of the word.

The publication of the Warnock report has paved the way for full discussion on the many complex issues raised by the accelerating developments in human reproduction. The conclusions of the committee pose legal, moral, psychological and social questions about surrogacy, artificial insemination and the storage, use and disposal of human semen, ova and embryos.

The technique of in vitro fertilisation started simply as a means of circumventing incurably blocked fallopian tubes in women faced with the tragedy of infertility. It has been estimated that as many as one in five couples may be infertile or sterile; therefore, one would have expected the Warnock committee to have made some recommendations on how to tackle the root causes of the problem. The committee admits that there is a need for research, but misses a golden opportunity to give guidance on how to overcome what could be called the "sterility crisis".

In vitro fertilisation as a means of treating infertility has many brave moral implications and is also an extremely expensive treatment. Many hon. Members have stressed the need for such treatment to be available to all who need it, not just to those who can afford it, but we must also pick our priorities in the NHS. We shall never have enough resources to provide for everyone all that they believe they should have.

Nowadays great emphasis is placed on preventive medicine, and it would have made much more sense for the Government to conduct investigations into the causes of the increasing numbers of infertile and sterile couples, and then to prevent the problem before it occurs.

In recent years there has been an increase in the number and variety of sexually transmitted diseases. Many of them can leave women, particularly young women, infertile.

Chlamydia, which is now one of the most common and serious of the sexually transmitted diseases, can lead to infection of the fallopian tubes, requiring their removal. Others can lead to pelvic inflammatory disease, which may leave young women sterile or infertile. Much of the sex education material that goes to schools minimises the risks to young people who engage in early and promiscuous sexual relations. In one such book, they are told:

"catching VD is just rotten luck."

How misleading and irresponsible such literature is, especially when young people are told at the same time to have sexual intercourse as long as they practise contraception.

All this ignores the fact that most forms of contraception such as the pill do not prevent the spread of sexually transmitted diseases. For example, the use of the coil—the intra-uterine device—can itself lead to pelvic inflammatory diseases and to ectopic pregnancies. These, together with abortion, can pose a serious threat to a young woman's ability to have a baby later on when she wishes to do so.

The Government should ensure that the consequences attached to promiscuous sexual intercourse should be made clear to young people in any sex education that they

may receive in schools. This would be a constructive, major contribution to curbing some of the causes of infertility. I was horrified to find out that 90 per cent. of cases of infertility are due to preventable causes. That is a statistic of which the House should take notice in the context of this debate and the issues revolving around in vitro fertilisation.

It also amazes me that there was no mention in the Warnock report of the advisability of launching a campaign warning of the real and dreadful dangers of sexually transmitted diseases to the young. The Health Education Council, which is so voluble on the dangers of smoking, for example, is deafeningly silent on the subject. The widespread use of contraceptive drugs and devices by young women that can have serious long-term effects on their fertility, the spread of sexually transmitted diseases and the consequences of abortion will continue to grow as long as sexuality and conception are removed from their true context of love, marriage and family life.

One of the most disturbing aspects of the Warnock report is that nowhere in it is marriage mentioned—it speaks only of couples. I take up the point made by the hon. Member for Leyton (Mr. Cohen), who mentioned couples. He spoke of heterosexual couples, but there is also the problem whether, in the future, lesbian and homosexual couples can acquire a baby by surrogacy or other means. This is deplored by most hon. Members.

Acting according to the best interests of the child is the first priority. Most can accept in vitro fertilisation and artificial insemination by a husband as methods of overcoming infertility. Those methods can be justified, and will not upset the natural order of things, because they do not threaten the bonds of the conventional family unit. However, the practices of the artificial insemination by donor and egg donation adds a new dimension that is unacceptable, bringing as both do, the intrusion of a third party to distort family life.

Many hon. Members will no doubt be interested in an article that I saw only today, which talks of the establishment of sperm banks elsewhere in the world, and what might happen if AID were available to all and sundry, which has already happened in the United States, the article says:

"A sperm bank superbaby was born in 1982 to Dr. Alton Blake, aged 40, who was impregnated with an embryo fertilised with sperm from a Swiss sperm bank where the donors are said to be intellectual geniuses. Baby Doron"—

would hon. Members believe—an anagram of donor—"has an IQ twice normal. At four months he was found conducting records of Mozart and Chopin and was able to drink from a glass when most babies are only able to do this from about a year onwards."

Do we really want to set up that sort of organisation? What kind of sick society do we live in when such things happen?

For example, how could Warnock recommend that children born as a result of artificial insemination by donor, egg or embryo donation should be registered as if the couple were in every way the legitimate father and mother, when they most certainly are not? What about the implications for inheritance? We have already heard that the whole law of our country would have to be changed. Every adopted child has the right to know about his natural parents, but not the AID child. His origins are cloaked in secrecy and even deception.

The most worrying aspect of the report is the recommendation concerning experimentation on the

human embryo. Indeed, that has been reflected in the contributions of many hon. Members who have spoken most eloquently on the subject. I believe that human life begins at conception, and a law should be introduced to protect the embryo, just as it does the child. The embryo could not then be bought or sold, and it could not be destroyed or experimented with. Many people feel a deep concern that we are tampering with the most fundamental principles and nature of life.

It is interesting to note the differences of opinion within the medical profession as to when experimentation should be allowed. All of us might reflect on the fact that the profession has been proved wrong in the past on many major matters. Scientists do not necessarily know what is best for us. Many people feel genuine unease and concern because they do not want such matters decided by so-called experts.

We are here not to take the narrow view but to look at the problem from everyone's point of view and to reflect the fears and concerns of the people of this country. Like many others, I hope that the Government will act quickly, because we need curbs, not tomorrow, or next year, but now. I hope that the Government will legislate now, positively, to protect innocent and totally defenceless human life.

1.37 pm

Mr. John Ward (Poole): Those who have sat through the debate will agree that the application of the 10-minute rule has been more than amply justified. I found the short, sensitive and relevant contributions of my hon. Friends, the Members for Reading, East (Sir G. Vaughan) and for Hornsey and Wood Green (Sir H. Rossi) of more use in clarifying my mind over the issues than some of the longer contributions made before 11.30 am.

When listening to my hon. Friend the Member for Reading, East, I have heard not only the voice of the expert but the voice of a man sensitive to the problems facing humanity. We are trying to grapple with a problem facing humanity as a whole, and with the difficulties involved in genetic engineering. But I join my colleagues in hoping that, however agonising a decision we may ultimately have to make, there will be speedy legislation. Everyone knows that the scientist is a curious man and his curiosity is not always related to the good of the human being or race.

I believe that even the medical profession is sometimes guilty of trying to shock for reasons of self-publicity. In this field where human emotions are so much involved, we must consider carefully, and act directly in the interests of our constituents and humanity as a whole.

This is an international problem, and I hope that we shall hear more about international co-operation. It would be of little use for us to pass legislation affecting this country if the whole system could be side-stepped by some whizz kid on another continent.

I have not yet heard what I consider to be a reasonable defence of surrogate motherhood for commercial gain. It may have been practised for years for other reasons. Those involved have usually been closely related, and I make no comment on such cases. However, where personal gain and vast sums of money are involved, we are trafficking in human lives. We should consider the problems that could arise. A handicapped child could be produced. There might be problems connected with inheritance. Such problems would far outweigh the good of enabling

[Mr. John Ward]

an infertile couple to have a child. I realise that I am rushing in and making moral judgments, but I believe that that is what we are here for. Ultimately, the good of the child—at whatever stage of its development—must be put above all other considerations.

I should also like to refer to the proposals on the use of embryos in experiments. Somewhat to my surprise, I have received more letters, round robins and petitions on this subject than on any other subject that has aroused concern since I became a Member. Many caring people agree with many of the sentiments expressed by my colleagues today. They, too, feel that we stand at the door, with a slippery slope before us, when we experiment on humans but not for the benefit of the human on whom the experiment is conducted.

On the radio this morning I heard a discussion with a Scottish doctor who has apparently—and I am delighted to hear it—been successful in rebuilding the heart of a very young child. He said that it was the first success after seven failures. When challenged on the ethics of his action, he said that it was his duty to give viable life to that child and that that was his sole purpose in carrying out that treatment. I can accept that, but I cannot accept the conducting of experiments on human beings in the full glare of television and radio publicity—experiments in which the media seem almost to take a ghoulish delight. I suppose that the media are entitled to report what is happening, but I believe that sensitivity has been completely lacking in reports of such experiments, one of which has been referred to today. If, despite an attempt to save his life, it becomes clear that a person is not going to live, he should at least be allowed to die with dignity, even if he is a very young child.

I know that some of my colleagues wish to take part in the debate, and I hope that my brevity will not be taken as a sign that my feelings are less deep than those of some other hon. Members. I appeal to the Government to take on board the fact that there is great concern about the matters that I have mentioned, and especially about the fact that surrogate motherhood could become a booming business before action was taken. Even if it is only a holding operation, we should legislate on the matter in the near future. I appeal again for a free vote in the House on what is an important matter of personal conscience.

1.45 pm

Mr. John Watts (Slough): Today's debate is possibly one of the most important that we shall have this Session. It concerns our attitude to human life. I have no doubt that members of the Warnock committee worked long and hard, but I regret that in many respects the report reveals an attitude to human life which can be described only as casual and which I find deeply offensive.

The language in the report illustrates my meaning. It contains references to a "storage authority" and the phrase "spare embryos" is used. They are spare only in the sense that human life has been created but is not needed in the quantity in which it has been created. At a time convenient to the earthly deities who created it, it can be disposed of or put into storage for up to 10 years until someone finds a use for it.

The report strives to find a justification for experiments on embryos. The distinction made between so-called "spares" and the creation of embryos for the specific

purpose of experimentation is bogus, as is the notion that there is some magic about the 14-day limit. Other hon. Members have dealt with that and I shall not repeat their arguments, with which I agree.

I see no moral distinction between the use of a so-called spare and the creation of an embryo specifically for experimentation. I see no moral distinction between allowing experiments up to 14 days and not thereafter, whether it is up to 40 days or two months. Like many other hon. Members, I believe that the only starting point for human life is the point of conception. I am not a scientist and I do not pretend to have a deep understanding of the technicalities, but as a layman I have heard no argument that convinces me that any other starting point or unique point exists in the creation and development of the human being other than the point of conception. One's views follow logically from that.

The reaction of the House and the Government to the report is clear. As my hon. Friend the Member for Congleton (Mrs. Winterton) said, there is urgent need for legislation to outlaw any experimentation on human embryos and to provide full protection for all human embryos.

1.48 pm

Mr. Patrick Nicholls (Teignbridge): The common thread of the debate concerns morality. We cannot say that it is not up to us to pass judgments on morality because that is exactly why we are here. Whether the condition of the people is best elevated by Socialism or Conservatism is a matter for infinite debate, but the fact that the elevation of the people is a noble end in itself is beyond debate.

The hon. Member for Torfaen (Mr. Abse) described eloquently the misery caused by childlessness. He asked by what moral right we should deny the technology that would relieve that condition. We all want that condition to be relieved, but if it is relieved by killing human life at whatever stage in its development it cannot be correct.

I concede that to create a being in vitro and to place it back in the womb of a woman who wishes to conceive it through her husband in wedlock is permissible. However, when a string of embryos is produced with the hope of producing the same result and, as the hon. Member for Torfaen said, the best one is chosen and the rest are disposed of—presumably they go down the plughole—that seems to be the language of the master race. I do not wish to cause offence by saying that I was surprised to hear that language from that source.

We must address ourselves straightforwardly to the question of when human life begins. It says something about the Warnock committee that every time it comes up against a hard problem it tries to split the difference. It is a classical and elegant example of squaring a circle every time one is found. The best example is to be found in paragraph 11.19, which states:

"there is no particular part of the developmental process that is more important than another . . . Thus biologically there is no one single identifiable stage in the development of the embryo beyond which the in vitro embryo should not be kept alive."

That is true enough as far as it goes, but there is a stage which precedes the developmental process, which positively initiates it, which is fertilisation. Fertilisation as an exercise in science, logic and morality is obviously a unique event. If that is the point at which human life starts, I cannot understand how we can justify experimenting on embryos, whether they are byproducts or whether they are created for that purpose.

The impression is gained from reading the Warnock report that if a woman wants to conceive she should be allowed to do so, that that is fine and that we should produce spare embryos. Again, it is suggested, in effect, that if it is a good idea to investigate genetic disorders, we should start experimenting on spares. When we finish with them, presumably they can be flushed down the lavatory or put down the plughole, it matters not. In short, every time we conceive of an idea which is good in itself, we can forget completely about morality. I find that approach repugnant and I hope that it will not form the basis of any legislation.

There are two other examples that I can give to the House where the Warnock committee has decided to split the difference. First, there is the example of the child who was born by AID. Such a child is not to be entitled to know his ancestry but an adopted child is so entitled. What is the reason for that in logic and morality? Perhaps it is a matter for the AID child. I suppose that flowers in the refrigerator on father's day will have to be consolation enough.

I find it beyond belief that I can pick up the Warnock report and find that the Committee disapproves of the process whereby the semen of a dying or dead husband, who might have given a donation of his own semen before he underwent radiation treatment for a cancer from which he subsequently died, is disapproved of, yet the possibility cannot be ruled out that a lesbian couple might decide to go in for parenthood and receive the anonymous donation of someone who, for all we know, might have fallen down the steps and broken his neck on the way out of the hospital after giving the donation.

The trouble with the Warnock report is that it has so frantically tried to find consensus that in the end it has compromised on principle. I like to think that the House will have no part in that.

1.54 pm

Mr. W. Benyon (Milton Keynes): In spite of the stature of its members and the clarity and brevity of its prose, the Warnock committee seems not to have addressed itself to the central question, which is the nature and status of the human foetus. Paragraph 11.9 of the report states:

"Instead of trying to answer these questions directly we have therefore gone straight to the question of how it is right to treat the human embryo."

The committee dodged the moral issue because of the difficulties. However, Parliament cannot dodge that issue. We are at a watershed and I agree with the hon. Member who said that the three most recent cataclysmic events have been nuclear fission, landing a man on the moon and the subject of this debate. So great has been the advance in recent years and so rapidly is the research programme moving that the law must come into play quickly. That was the point behind my intervention in the speech of my right hon. Friend the Secretary of State. Speed is of the essence and action must be taken by the Government. It cannot be left to private Members' legislation.

The key question in this incredibly difficult matter is when life begins. No amount of jargon and no number of legal treatises can save each one of us from having to make our own judgment. The hon. Member for Torfaen (Mr. Abse) has made his judgment; we must all make our own judgments. Nobody can get out of it.

The legal aspect was dealt with in another place by Lord Denning, who said:

"I would suggest that the only logical point at which the law could start is that the child, the human being, starts at the moment of conception and fertilisation."

He added:

"I would hope the judges would hold that from that moment there is a living, human being which is entitled to protection just as much as the law protects a child." — [Official Report, House of Lords, 31 October 1984; Vol. 456, c. 542.]

Leaving aside religious teaching—although that is important for me—the position outlined by Lord Denning is the only logical position. That has been accepted in recent decisions, including the decision in the thalidomide case. The abortion legislation, which many of us think is imperfect, has also made the point that the child is worthy of protection at all stages.

I do not see how anyone can maintain that somewhere between conception and birth, the embryo—that is a horrid term—becomes a human being. I take the unequivocal view that human life begins at conception. I thought that that was also the Christian view, but it seems that the ecclesiastical trumpet is giving forth a somewhat uncertain sound.

The Warnock report concentrates on the problems of infertility. Everyone sympathises with couples who wish to have children but cannot. This is an emotive subject, but it is dangerous to allow our desire to help such people to further processes that are morally and socially wrong. I have no hesitation in accepting IVF when only a husband and wife are involved and when the fertilised egg will be implanted in the mother. However, I cannot go beyond that; surrogacy, AID, freezing and the rest are repugnant. Research is especially repugnant, because so much of it is irreversible. Once experiments get into what is technically known as the gene pool, there is no way of drawing back.

I greatly admire the medical profession, but it loves to play God while not wanting the responsibilities of being God. It is significant that we are discussing this matter in 1984. I read the report with a growing sense of dread which culminated when I read the appalling term "storage authority". Really! This is indeed the brave new world.

We have reached a watershed and Parliament has a heavy responsibility. We must act quickly and decisively before terrible changes overtake us.

1.59 pm

Mr. Peter Bruinvels (Leicester, East): The report is tailor-made for anyone who wants the embryo as a guinea pig. I recently presented a petition to the House on behalf of 2,200 of my constituents who were unanimous in their condemnation of experiments with human embryos. They considered that there was no respect for the humanity of the embryo.

We know from the Warnock report that there is no definition of the status of an embryo. For the first 14 days, a scientist might consider it to be an interesting cluster of cells, ready to be viewed under a microscope, to satisfy the whims of scientists. Yet on the 15th day, it becomes a legal entity. That is entirely wrong. As Lord Denning said in another place, the legal rights of the unborn should begin from conception. He hoped that judges would consider that, from then onwards, the embryo would be entitled to protection by the law just as much as the law protects a child. Indeed, there should be no difference because an embryo is a living being.

The whole report appears to be void of sound legal advice. Many people are listed as taking part in the committee, but there are no legal definitions in the report.

[Mr. Peter Bruinvels]

It simply suggests that an embryo is not the same as a human being—and I cannot agree with that. There should be protection from the time of conception because a living being is being created. It should be protected through birth and into adult life. The attitude towards human life shown in the report is ethically unsound. No one should be allowed to tamper at any time with a human being.

Other countries researching into genetic disorders do not carry out research on human embryos, so why should Britain? We have heard about Downs syndrome, but know very well that experiments abroad do not use embryos—so why should we? Doctors will be given the right to use in vitro fertilisation to create and select more embryos. That right will allow them to play around with more eggs than are necessary for the mother's womb. Such experimentation is disconcerting. When any poor or abnormal developments are found in an embryo, it will be chucked out. That is sick. I do not see why anyone should have the right to do that. I recognise that they want the perfect embryo, but what gives them the right to judge?

The Church's view is clear that the destruction of any human embryo is the killing of a human life. Some human embryos may be frozen for 10 years. We do not know the effects of 10 years in a deep freeze—will the embryos be good or bad? They could be storing a disease or deformity for future generations that may corrupt the world.

Louise Brown was a success as a test tube baby, but we must remember that she will always be an experiment. Mixing the inter-species fertilisation with humans and animals is disgusting. A human mixed with a hamster seems ridiculous. As we see in paragraph 12(3), human sperm may fertilise hamsters' eggs, but I do not think that that is right. It cannot further research. The committee did not address itself properly to research. We do not need such research. The only people interested in that sort of creation are those who satisfy themselves by going to a fairground stall to see such creations. It is not right and should not be allowed.

I ask my right hon. Friend to define legally the entity of the human embryo. It could be sold, frozen and experimented upon. What chance has it—and it is a living body of a human being—if it is damaged because it is frozen? In 10 years a child might be born in a terrible state. Is that really fair?

Infertility is obviously of great concern to many of us. I am one of the young Members of Parliament, and I do not yet have children. I appreciate that some people will have trouble in trying to have children. I am not heartless—I think that they should have fertility treatment. But I would advocate artificial insemination only by the husband, not by anyone else. If we go the other way we go down a dangerous road and give preferential rights to what I would call illegitimate embryos. They become real children, muck up the law of inheritance and disrupt the whole position even over ethnic strains. There are problems because clones could be created, as we saw in the film "Boys from Brazil". Do we want that to happen here?

Surrogate motherhood—womb leasing—is not on. It should be outlawed, and most hon. Members appear to agree. Any contract that is made between the surrogate mother and the husband of the childless couple could turn

out to be very difficult in practice. I cannot see how it could be enforced: for example, I ask for a white baby but instead I receive a black one. Is that a breach of contract?

Who wants multiple fertilisation? With 75 per cent. of the public opposed to the production of human embryos for research and experimentation we parliamentarians have a responsibility for future generations. Experimentation on embryos is unnecessary and presents a serious threat to mankind. I urge my right hon. Friend to consider this very carefully.

2.5 pm

Mr. Frank Dobson (Holborn and St. Pancras): We face some very difficult choices, and some hon. Members have displayed a remarkable confidence in their command of ethics and morality to which I and many other hon. Members could not aspire. We more humble souls, confronted with these dilemmas, must wrestle with the conflicting arguments and our consciences as honestly and humbly as we can.

To this task I bring no special skills. All I can do is to draw on my own limited experience, illuminated, or possibly blurred, by my own ethical and political convictions. I have also consulted as widely as I have been able over the past few months and, because I am a man, I have tried particularly to seek the views of women.

My principal relevant human experience of what we are discussing is that I am married. My wife and I chose to have children and, fortunately for us, no powers beyond control—God, nature or providence—stood in our way. We now have three healthy children. Whatever may happen in the future to us or to them, their births were a source of the most profound joy, fulfilment and wonder to their mother and to me. Trying to bring them up is a more mixed blessing, but so far the joys and rewards outweigh the worries and difficulties.

It is part of my political creed that I wish for everyone the opportunity to share in the privileges, pleasures and satisfactions which have been made available to me. But at present infertility denies the joy of childbirth to as many as one in 10 couples who wish to have children. This denial is no petty irritation. It can cause great suffering, sour the most loving relationships, embitter the happiest of people and make others vulnerable to the quacks who batten on human misery. We owe it to our fellow citizens, both men and women, to do all that we can to help those who wish to have children.

At present we do little. We do not know how many people are getting advice or treatment for infertility. We do not even have a firm national figure of how many people are infertile. We know that infertility has a low priority in our medical affairs. Family planning clinics are often most vulnerable to cuts when health authorities are looking for economies. Hospital waiting lists for gynaecological treatment at present total nearly 100,000 women.

Infertility of both women and men can be affected by poor general health, bad living conditions and poor diet. We know—or we ought to know—that much infertility results from hazards encountered at work, yet no systematic national campaign has been mounted to identify and eliminate such hazards to reproductive health. This has been left to the valiant efforts of campaigning groups, predominately women's groups, and also to the TUC and individual trade unions.

The General, Municipal, Boilermakers and Allied Trades Union produced an excellent document for its members, listing the processes and substances that may be hazardous to the reproductive health of either sex. That one leaflet puts to shame the efforts, or lack of effort, of successive Governments in this sphere.

I believe that whatever happens with Warnock today, or in the future, we should decide now that our national duty is to mount a campaign to ensure that we have a healthier society generally and, as part of that healthier society, that avoidable infertility is ended. It is in that context that we should look at the high technology end of the spectrum dealing with human infertility on which the Warnock report concentrated.

We are provided with opportunities for alleviating the miseries and problems that infertility inflicts on individuals and society and, at the same time, letting loose upon society the forces that could do more harm than good. I cannot help feeling that Mary Shelley's spectre of Dr. Frankenstein's monster impinges heavily on our subconscious when we address ourselves to the problem of embryology, causing a fear of and revulsion against the possible products of the ruthless pursuit of knowledge for its own sake or the application of medical techniques to create monsters or superhumans. We should rightly be on our guard, and, as lay people, state that we have a right to a say in these matters; that they should not be left to a self-selected, scientific, predominately male, elite.

That said, I must say that I support the use of in vitro fertilisation for people to whom it can give the chance to have children. Having accepted that, we face practical dilemmas. Everyone who says that he accepts IVF faces those same practical dilemmas. Medical techniques at present produce more eggs and embryos than are needed for implantation in the mother. To use the material not needed for implantation to seek to improve the success rate of IVF and the prospects of combating infertility and genetic malformations is acceptable, subject to certain safeguards. They include the consent of the women concerned and the most rigorous outside scrutiny and regulation. Logically, I must accept experiments on eggs freely donated by women who have them removed during sterilisation or other medical treatment. Therefore, I broadly support the Warnock report's proposals for controlling experimentation. However, I have considerable reservations about the extension of those controls to cover artificial insemination by husband or by donor.

Surrogate motherhood is another point that arises from the advance of fertilisation techniques. I feel that Warnock goes too far in seeking to outlaw it altogether. In certain circumstances, it seems to me that surrogacy for love can offer help to people who might not otherwise obtain it. As the hon. Member for Poole (Mr. Ward) pointed out, surrogacy has gone on for centuries and is going on now. That is surrogacy for love. Surrogacy for money is a different matter. I, and I think every hon. Member, utterly reject the alien concept of womb leasing — the exploitation of human misery for gain — which has developed in the United States. I cannot understand why some people are so surprised by its development in the United States, because a society where human blood and human tissue are bought and sold every day is not likely to jib at womb leasing. These ethically unacceptably practices inevitably arise from having a commercial

system of medicine. Unlike Warnock, I believe, for those reasons, that we should outlaw the purchase or sale of sperm, eggs or embryos.

That brings me to another aspect touched upon in this debate by my hon. Friend the Member for Torfaen (Mr. Abse). Our infertility services should be supplied by and within the National Health Service to everyone who needs them. That is the only way they will be available to everyone, regardless of wealth. The way in which some of the pioneers of in vitro fertilisation made their reputation in the National Health Service, at the Oldham general hospital and the Royal Free hospital, and then did a bunk into the private sector to the Bourne hall clinic and the Cromwell hospital disturbed me greatly. It must be recognised that their actions contributed to the doubt that many people have about the capacity of doctors to reach ethical decisions in this particularly difficult sphere.

Hon. Members have mentioned many issues today, and I do not have much time left to comment upon them. My view is that to some extent the proposals in the Warnock report would give too much power to doctors to make decisions when many of those decisions could be left to women. Doctors should not be able to determine which women will have fertilisation techniques made available to them. Therefore, we must all carefully consider every aspect of the report.

One aspect that does not appeal to me is the prospect of sex selection. To permit or encourage sex selection solely because people would prefer a boy or a girl is something that we should resist as strongly as we can.

I welcome the opportunity given by the report and the debate to discuss the matter. I feel, however, that some hon. Members have come to the debate with strongly formed ideas. I suppose that I have contributed one or two myself, but on the problem of working out and wrangling our way through to a morally satisfactory solution to these dilemmas, we shall have to continue to listen to one another and be prepared to modify our views. If we study the evidence given to the Warnock committee, we will observe that some of the organisations that gave evidence have, since the committee reported, changed their views. That is to be welcomed in this difficult sphere.

We are all seeking a way through. I am a fan of one of the most well-known people to have ever occupied the House of Commons—Oliver Cromwell—who, in one of his less acerbic moods, said:

“To be a seeker is to be of the best sect after that of a finder—and so shall all humble seekers be in the end.”

I hope that we shall find our way through to a satisfactory solution. We shall only do so if we genuinely seek it and do not thrust our preconceived opinions down people's throats.

2.17 pm

The Minister for Health (Mr. Kenneth Clarke): This is the first time that I can recall in many years of debating against the hon. Member for Holborn and St. Pancras (Mr. Dobson) when I have risen to my feet to find that I agree entirely with his peroration, but indeed I do today. That rather sums up the mood of the debate.

In a week during which people have been debating the status and standing of Parliament, today, the general public have been looking to us to give some leadership and guidance through a moral maze that faces us as we realise

[Mr. Kenneth Clarke]

that scientific and medical advances have thrown up new problems for our law and the whole system of ethics, with which we must grapple urgently and reach a decision.

It is already clear that there will be a wide range of opinion across the Floor of the House, as there is outside, regardless of the ordinary party affiliations. There will be some strange alliances and strange disagreements before the many debates are over.

The role of Front Benchers, as has been said on both sides of the House, is sometimes to express personal opinions, but if I express personal opinions they will be almost by accident because it seems to me that the Government's role is to assist Parliament and the public in to reaching conclusions on these issues as quickly as possible and then to facilitate them. The Government's main contribution so far has been the report and this debate.

It was in July 1982—somewhat later than the hon. Member for Torfaen (Mr. Abse) would have wished—but ahead of most of the public controversy and concern, that my right hon. Friend set up the committee. The report has been produced remarkably quickly, given the task that we set Dame Mary Warnock and her colleagues. Today's debate is an important step in the consultation and consideration of action that has to follow upon the publication of the report.

I should like to defend Dame Mary Warnock and her colleagues against some of the criticisms which have been made of them. I do not think that any hon. Members intended to attack them but at times moral fervour carried one or two of my hon. Friends into an apparent dismissal of the report.

I do not think that we should assume that the members of the committee had preconceived opinions or came from the same background or that they found their task an easy one. In the foreword the committee pointed out that the reality of its position was that the personal feelings and reactions of its members were as diverse as those presented in the evidence to them. The membership of the committee comprised every range of opinion, and it is remarkable that the committee came so near to unanimity on so many difficult issues. As paragraph 3 of the foreword states:

"Whatever our original feelings and reactions, we have all found that our feelings changed and were modified as work progressed and as we examined the evidence in more detail."

My right hon. Friend and I have been immersed in the subject for longer than some hon. Members but not as long as others who have spoken today. I share the feelings of the hon. Member for Leyton (Mr. Cohen). Like anyone else in politics, I long ago had to clarify my thoughts on issues such as abortion, and I thought that I would be able to clarify rapidly where I stood on all the issues in the report, but that has not been the case. My views are not only becoming modified, I am finding greater difficulty in arriving at certainty on some of the issues than I at first expected. Probably most other hon. Members have had the same experience. That leads to the consideration of how far we have to strive to reach the maximum agreement that will enable us to carry with us as many right-thinking members of society of all views as we can in putting together legislation or any other guidance.

The achievement of the Warnock committee was that it was able, even with its diverse views, to put together laboriously a report which could be put to the public.

Inevitably, this House has gone in the opposite direction. In the debate, most hon. Members have shown strong feelings of considerable depth and tended to advocate their own feelings. In a sense, they have taken apart the agreement reached in the report. Indeed, many hon. Members have denounced the conclusions of the report. As we take the matter further, we shall have to strive to get nearer to some sort of consensus, so that we can establish guidance and protection for members of the public.

Sir John Biggs-Davison *rose*—

Mr. Clarke: I apologise to my hon. Friend for not giving way but I have very little time.

We live in a pluralist society. Therefore, no individual ever finds that all the laws and professional rules entirely coincide with his own opinions. What is needed here is a set of laws and rules which the right-minded majority of society will accept, given that we approach the problem with tolerance of the range of views and life styles in a country such as our own.

Like my hon. Friend the Member for Renfrew, West and Inverclyde (Mrs. McCurley), I envy those who have come to the debate with firm religious or other opinions. I also understand that for them it is difficult to accept other points of view. I am sure that there are laws in this country that they would rather not have, but that they realise they must accept them in a society such as ours.

It was the problems of infertile mothers or the infertility of some women that led doctors and scientists into the area initially. A range of views were expressed. I listened to the vehement campaigning of the hon. Member for Torfaen and to the almost equally strong support of the rights of parents put forward by the hon. Member for Wolverhampton, North-East (Mrs. Short) and, again, the hon. Member for Leyton.

No one can take too simple a view about the problems of infertility, and no hon. Member did. It is no good saying that childless couples can adopt children, because that ignores the profound emotional problems of those who suffer from infertility. However, with respect to the hon. Member for Torfaen, it is not enough to say that the European Convention on Human Rights says that one has a right to found a family. He did not say it, but it could be deduced from his statement that almost any means of achieving that end would be tolerable. I prefer the compassion expressed by my hon. Friend the Member for Renfrew, West and Inverclyde and by the hon. Member for Holborn and St. Pancras (Mr. Dobson) to the crusading verve of the hon. Member for Torfaen.

To take the simplest case, there are couples who are biologically capable of reproducing themselves and their genes, but who need some medical assistance or intervention to enable them to do so. Few would say that any medical intervention to produce a child is unnatural or wrong, although the Warnock committee discovered one or two who did. But once we accept that there is a facility to help someone to have a child with whom she has a genetic connection, the next question to ask is within what bounds should that person and those who assist her be kept? That must be decided by society, and I agree with my hon. Friends who said that the child's interests must also be considered. Indeed, it could be argued, as the Warnock report did, that the child's interests should be paramount.

I hoped that there would be at least one simple issue in the debate, and the general view seemed to emerge that commercial surrogacy is an unattractive possibility looming on the horizon. If it is decided that legislation on that subject is required, I am not sure whether the drafting of the legislation would be as simple as some might imagine. It may be difficult to decide who has committed what offence in what circumstances. Many hon. Members, including the hon. Member for Barking (Ms. Richardson) and the hon. Member for Birkenhead (Mr. Field), had reservations about unpaid surrogacy in the exceptional circumstances where a couple are capable of having a child, but the wife cannot bear one, and a sister or another surrogate offers to bear the child for her. I have no clear views on that matter, but I agree with my hon. Friend the Member for Renfrew, West and Inverclyde that it would be useful to keep in mind the primacy of the interests of children, bearing in mind everything that might go wrong in the process, even if it is carried out among three people who know each other and who have the best intentions.

I have left to the last three minutes, probably fortunately for me, the most controversial issue, which is the use of human embryo not only to help fertilisation techniques and to assist infertile couples, but for the purpose of research. As the hon. Member for Holborn and St. Pancras said, if we allow in vitro fertilisation, present techniques will automatically produce surplus embryos. Therefore, doctors must decide what to do with those embryos, which poses many dilemmas.

I hope that I do not run the risk of sounding patronising if I say that, as someone who has listened to the entire debate, there was a tendency for those on each side to parody the views of those with whom they disagreed. No one said that the end justifies the means or that the demands of medical research and science are paramount. As my hon. Friend the Member for Birmingham, Edgbaston (Mrs. Knight) said, no one is entitled to end human life in the interests of medical research, and that has not been contemplated.

However, it is impossible to sweep aside the anxieties expressed by my hon. Friend the Member for Bolton, North-East (Mr. Thurnham), who said that research on spare embryos could be extremely significant in treating handicapped children, such as those with Downs syndrome. A problem with science is that one can never be certain. A scientist can never tell what he will discover. Partly, he is going in to areas that he does not know, and we have to have rules.

On the other hand, nobody is saying that a human embryo is just another example of human tissue. Whether we all agree with the view of the hon. Member for Foyle (Mr. Hume) that it is a human being, and that is the end of it, and whether we give it all the rights that my right hon. Friend the Member for Hornsey and Wood Green (Sir H. Rossi) so passionately set out, with what he regards as full protection, or whether we do not find it so easy to agree with them, we all agree that we should treat it with respect and that it is not just another sample. Therefore, one has to decide to what extent it is legitimate to carry out research upon it while treating it with respect, and whether bounds can be set within which research can properly be tolerated. Those bounds cannot just be left to the medical and scientific establishment, and that was the view of every hon. Member who spoke.

It being half past Two o'clock, the motion for the Adjournment of the House lapsed, without Question put.

BUSINESS OF THE HOUSE

Ordered,

That, at the sitting on Monday 26th November, notwithstanding the provisions of paragraph (1)(b) of Standing Order No. 3 (Exempted business) the Motions in the name of Mr. Secretary Walker relating to the Coal Industry may be proceeded with, though opposed for three hours after the first Motion has been entered upon, and Mr. Speaker shall then put any Questions necessary to dispose of proceedings on those Motions, if not previously concluded.

That, at the sitting on Monday 26th November, proceedings on the business selected in pursuance of paragraph (2) of Standing Order No. 6 (Arrangement of public business) shall, if not previously concluded, lapse at Seven o'clock and shall be counted as a half day as provided by that Order.—[Mr. Peter Lloyd.]

Lambeth (Unemployment)

Motion made, and Question proposed, That this House do now adjourn.—[Mr. Peter Lloyd.]

2.30 pm

Mr. John Fraser (Norwood): I wish to raise the issue of the most deplorable figures for unemployment that Lambeth has known, and to condemn the Government, who are the author of that catastrophe.

If anybody wishes to study the consequences of free market economics, monetarism and what I am sure that the Minister would be proud to call the capitalist system, he needs only to walk about 100 metres from the mother of Parliaments to begin his course in the London borough of Lambeth. Lambeth stands on the doorstep of one of the richest capital cities in the world and yet it has been reduced to a wretched state of poverty and despair. From time to time that has led to individual and sometimes collective violence. Everybody knows that we had an outbreak of riots in Brixton in 1981. We all know that Lord Scarman found that one of the contributory causes to and one of the background reasons for that mass and expensive outbreak of violence was the social conditions of Lambeth. However, since the Brixton riots in 1981, unemployment has gone up by 50 per cent. The position is deplorable.

Numerically, Lambeth has the greatest male unemployment, the greatest single female unemployment, the highest total of all-round female unemployment and the greatest single total unemployment in London. If we look at the categories in terms of percentages, we have the third highest level of unemployment of males, of single females and of totals throughout the Greater London region. In October, the official figure for the number of unemployed in Lambeth was 24,847 people, on Manpower Services Commission statistics. That is an increase of approaching 400 per cent. since the Government took office in 1979. It means that of the population, from babies to pensioners who are wondering whether their local post office will be closed, only one in 10 works as a percentage of those who are what is called economically active.

That figure of 24,847 unemployed is only the official statistic which has come about after the Government changed the method of collecting unemployment statistics about a year ago. The unofficial figure is higher and more likely to be accurate, and is calculated by the employment division of the town planning department of Lambeth borough council. It is more accurate because the statistics take into account those who fail to appear on the official statistics because they do not claim unemployment benefit. Those figures, taking into account those who are in reality unemployed but who are not registering for benefit, give an unemployment total of 27,583 people—8 per cent. up on unemployment in October 1983.

These figures are unofficial, but they do not lack credibility. If one translates them into levels of unemployment for men and women, they give us a rate of unemployment for males in Lambeth of 25.4 per cent. That means that more than one man in four is out of a job in my borough. For women, the figure is 15 per cent. That percentage rate of unemployment in Lambeth is almost exactly twice as high as the overall rate of unemployment throughout London, and 50 per cent. higher than the national rate of unemployment.

Lambeth is especially raw and vulnerable. Yet what contribution do we get from the Government? Yesterday

they proposed to abolish one of our biggest employers, the GLC, which is one of the greatest providers of employment in its own right as a county authority as well as being responsible for the provision of leisure facilities on the South Bank, which is part of my borough, although not part of my constituency.

The memorandum to the Bill introduced by the Government proposes that one effect of abolition would be 8,000 redundancies. I accept that they will not all occur in Greater London or in my borough, but under the Bill a substantial part of the Government's programme for London involves the creation of redundancies.

The overall figures that I have given are bad enough—they are appalling—but the figures for the young unemployed in Lambeth are catastrophic. I would not have believed the figures and would have thought that they were someone's black propaganda if I had not seen them for myself in the publication of the MSC.

The number of full-time education school leavers now unemployed in Lambeth is 3,562. At least, that is the number of those claiming benefit. I shall put that into context.

Recently I spoke to my local education office and it told me that in Lambeth about 2,000 children a year left our schools to seek employment on the labour market. But the figure for unemployed full-time school leavers is 3,562. In other words, it is almost twice as high as the yearly total of people leaving school to seek employment, despite the fact that 926 school leavers in the constituency are on the youth training scheme. The figures would amount to about two and a half years supply of school leavers in the borough if it were not for the youth training scheme.

The figures are a catastrophe and even underestimate the dimensions of unemployment. A good many people, even young people, do not register for benefits and so do not appear in the figures. Those catastrophic—it is not too strong a word—figures also disguise the fact that about two out of three black school leavers in my borough are likely to be unemployed. I cannot be sure of the exact figures, because for the past two years the Government have ceased to collect them on ethnic unemployment, but going back to the position in about 1982 I should say that it is likely that about one in two white school leavers and two out of three black school leavers are unemployed.

The Government's response is only 583 vacancies for about 27,000 people looking for jobs. Between March 1983 and March 1984 there was a 50 per cent. rise in the number of those aged 20 years or under who are unemployed. During that time young male unemployment rose by 84 per cent. But there is yet another facet of the despair, disillusion, poverty and deep sense of grievance that the situation creates. I refer to the duration of unemployment. The unemployed of Lambeth are not browsing round the labour market deciding whether they want jobs and changing from one job to another, but are in a sort of economic detention camp.

In July 1984, 9,500 of Lambeth's unemployed, or 41 per cent. of the total number unemployed, had been out of a job for 12 months or more. Indeed, 4,500, or 20 per cent. of the total, of those officially unemployed, had been out of a job for more than six months. From my experience as a Minister in the Department of Employment I know, as the Minister will know, that the longer someone is unemployed the more chance they have of remaining unemployed. That has two further effects. It adds to the sense of grievance, rejection and hopelessness among

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PRIME MINISTER

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Top Copy: ~~legal procedure~~
10/83 Insolvency law reform

H Committee

At its meeting last week H Committee considered three subjects.

Insolvency Law Reform

Several members of the Committee shared your doubts about the strictness of the automatic disqualification provision, and Mr. Tebbit has been asked to think again.

Warnock Report

The Committee agreed the publication of the Warnock Report, under cover of a bland statement from the Secretary of State which will not commit the Government to any particular view. The possibility of professional self-regulation, instead of a statutory body, will be considered as part of the consultation exercise.

Creag Meagaidh

Mr. Younger had circulated a paper about an application which had been made to the Forestry Commission for planting an environmentally sensitive site in the Highlands, Creag Meagaidh. The Nature Conservancy Council are fighting (with support from the Environment Secretary) this proposal on the grounds that it would adversely affect a site of Special Scientific Interest. The Committee was unable to reach agreement, and has called for a further assessment of the true value of the site.

D.B.
13 July, 1984.



CABINET OFFICE

From the Minister of State

Lord Gowrie

MANAGEMENT AND PERSONNEL OFFICE

Great George Street
London SW1P 3AL
Telephone 01-233 8610

Steve Godber Esq
PS/Secretary of State for Social Services
Department of Health and Social Security
Alexander Fleming House
Elephant and Castle
London SE1

10 July 1984

Dear Steve,

sub
11/7

Lord Gowrie has seen a copy of your Secretary of State's paper on the handling of the Warnock report. He will not be attending Wednesday's discussion at 'H' Committee, but he has asked me to register his interest, through his responsibility for "quango" policy, in subsequent consideration of the report's proposal for a new statutory body.

You may also just wish to note that the Prime Minister will be concerned with the machinery of government aspects of the proposals. Her approval would of course need to be sought to any proposal to give a new body of this kind executive functions. The precise division of responsibility between Ministers and the new body would need particularly careful consideration.

It would be helpful if you could ensure that both this office and that of Sir Robert Armstrong (who advises the Prime Minister on machinery of government matters) receive copies of any relevant Ministerial correspondence. The contact at official level is Mrs E C Flanagan, Machinery of Government Division, Cabinet Office.

I am copying this letter to David Barclay at No 10, to Private Secretaries of members of 'H', and to Richard Hatfield in Sir Robert Armstrong's office.

Yours

Sonia

MISS S C PHIPPARD
Assistant Private Secretary

41 JUL 1984





10 DOWNING STREET

cc: DHSS WO D/Treas. 5H
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From the Private Secretary

9 July, 1984

Warnock Report

The Prime Minister has seen a copy of the Social Services Secretary's paper for H Committee on the Report of the Warnock Committee (H (84) 22).

The Prime Minister recognises that it may be difficult to avoid the establishment of a new statutory body, as proposed by the Committee, to license and inspect infertility services employing the new techniques, as well as any use of human embryos in research. Nevertheless, she would be grateful if the Committee could give some consideration to the alternative possibility of professional self-regulation in this area, in accordance with the precedent set by the Genetic Manipulation Advisory Group.

I am sending copies of this letter to the Private Secretaries of the other members of H Committee, and to Richard Hatfield (Cabinet Office).

DAVID BARCLAY

Miss Janet Lewis-Jones,
Lord President's Office

5H

PRIME MINISTER

Warnock Report

The Warnock Committee on Human Fertilisation and Embryology has submitted its report. The Social Services Secretary has circulated a paper to H Committee recommending publication as soon as possible, to be followed by a period of consultation lasting until the end of the year.

This is an emotive and difficult subject. Among the issues covered in the report are artificial insemination, test tube babies, surrogate motherhood, and research on human embryos.

The main recommendations are annexed at 'A'. Those on anonymity of donors, screening for genetic defects, and the legal status of children born as a result of artificial techniques, seem likely to command general support. But the majority view that research on artificially produced human embryos should be permitted in controlled circumstances will be fiercely opposed, not least by the churches, who resent not having had a place on the Committee. Robin Nicholson in his note at 'B' supports the majority view on the grounds that a ban on embryo research, in which this country leads the world, would deprive humanity of important medical and social benefits.

There is no need for the Government to reach a view on any of this before consultation - indeed, it would be perilous to do so.

But there is one key issue where the initial presentation could affect the outcome. The Warnock Committee recommended the establishment of a statutory body.

to licence and inspect all infertility services where the new techniques are used, and also any use of human embryos in research. The alternative possibility, which Robin Nicholson for one prefers, would be professional self-regulation along the lines of, say, the Genetic Manipulation Advisory Group.

Agree to invite H Committee to consider including self-regulation, as an alternative to a statutory body, in the consultation document?

Yes - but it will be difficult to leave such crucially

Content, subject to colleagues, for the report to be published and for consultation to proceed?

important matters -

such fundamental matters to self-regulation

although note Robin Nicholson's view

EMS

6 July 1984

CONFIDENTIAL

ANNEX A

SUMMARY OF RECOMMENDATIONS

1. In all, the Inquiry make over sixty recommendations but the key one is that there should be a statutory body to license and inspect all infertility services where the new techniques are used and also any use of human embryos in research. This body would also provide on-going advice to Government about future developments in this field.

2. The Inquiry recommend that the statutory body should also be responsible for ensuring that the criteria of good practice which they recommend for the control of infertility services are implemented. These criteria include:

the anonymity of semen and egg donors;

the screening of donors for genetic defects;

the limitation to a maximum of ten children born as a result of donations from any one individual.

3. A number of legal changes are recommended in relation to the new treatments for infertility, notably:

that the AID child should be the legitimate child of the marriage where the husband has consented to the AID;

that legislation should provide that in every case where a woman has given birth to a child she should be regarded as the mother of that child regardless of whether the birth resulted from egg or embryo donation.

4. Although the Inquiry are not unanimous on the possible use of human embryos in research, all members are agreed that any such use must be regulated by law. Those who accept research consider that it must be strictly controlled by the statutory body. They recommend:

an absolute limit of fourteen days after fertilisation as the maximum age to which embryos may be grown in vitro;

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that any use or handling of human embryos without a licence for the purpose to which the embryos are put should be prohibited;

that certain types of research should be prohibited for example, trans-species fertilisation should not be allowed to proceed beyond the two-cell stage of development;

that the transfer of a human embryo to the uterus of another species should not be undertaken in any circumstances;

that the statutory body should have power to decide what types of research might be undertaken using in vitro human embryos, but that this should only be permitted where the information could not be obtained from research involving other animal species.

They recommend that any use of human embryos outside the above criteria should be a criminal offence.

5. A number of recommendations are made in relation to the collection of statistical information on existing infertility services and the rationalisation and development of infertility service provision within the National Health Service.

6. There is one method of treatment for infertility, namely surrogate motherhood, which all but two members of the Inquiry wish to see prohibited. To this end, the Inquiry have recommended a complete ban on provision of this type of treatment either by commercial, non-profit making agencies or individual doctors.

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COMMENTS ON THE
REPORT OF THE GOVERNMENT INQUIRY INTO HUMAN FERTILISATION AND EMBRYOLOGY

1. I have now seen the report of the Inquiry chaired by Dame Mary Warnock. For ease of reference I attach as Annex 1 a summary of its recommendations and as Annex 2 a guide prepared by DHSS on the issues and terms involved. In general the report is a cautious and measured approach to an emotive area. The "life"lobby's claims that it is unduly permissive are, in my view, unwarranted. The report's approach is practical rather than philosophical; it does not address questions such as "when does life begin"* but founds its recommendations upon practices already generally accepted by the public, such as contraceptive techniques and artificial insemination. But I shall confine my further comments to those recommendations relating to the conduct of research.

2. I support the view of the majority of the Committee of Inquiry that research on human embryos should continue, subject to effective controls and monitoring. It would be tragic if unjustified controls were to prevent this country from retaining the lead in yet another area of research where it has done the pioneering work and which has tremendous social benefits. The following advances are believed to be attainable if experimentation on early embryos is allowed:

- a. To improve infertility treatment and fertility control
- b. To prevent or rectify genetic defects

Going beyond the area of direct benefits to the embryo studied or to its parents:

- c. To screen against potential "thalidomides"

* This may seem a simple approach to the issue, but biology does not, unfortunately, give a helpful answer. Life does not begin at conception since the sperm and eggs are living cells, already alive in advance of fertilisation. All that can be said is that a genetically novel kind of cell comes into existence at fertilisation and that this cell has the potential, if it is successfully implanted in the lining of the womb, for becoming a human individual. It does not have that potential if it is not implanted.

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d. To improve understanding of cellular and developmental processes and hence understanding of inherited genetic disease, and perhaps also causes of cancer and other diseases.

3. If it is accepted that research on embryos must continue, three main issues need to be considered: (i) for how long is it reasonable to keep an embryo; (ii) the origins of embryos used for research; and (iii) how the research should be regulated.

4. The time limit proposed for keeping an embryo for experimental purposes is 14 days. This is around the stage that the embryo becomes implanted in the wall of the uterus - a stage prevented by some forms of contraception. This recommendation coincides with the advice of the Medical Research Council, the Royal College of Physicians and the British Medical Association. The Royal College of Obstetricians and Gynaecologists suggests a limit of 17 days, when early neural development begins. The recent report of a Working Party of the Council for Science and Society (Chairman Professor G R Dunstan) proposes a much longer period, 6 weeks, on the grounds that this would still be before the onset of functional activity of the nervous system and thus before an embryo could experience pain. The Inquiry therefore errs on the side of caution. The 14-day limit would exclude such important experiments as the grafting of embryonic stem cells into damaged adult organs to attempt their repair: for such experiments the embryo would need to survive for about 17 days. The time limit now proposed reflects current public attitudes and it is quite probable that these attitudes will change. AID was for some years considered to be an undesirable practice, and IVF when first practised was disapproved of, even by the profession. Now both techniques are generally regarded as acceptable. If the 14-day time limit were to be accepted by Government I hope that it would not be regarded as immutable, but would be kept under review.

5. Embryos for research have two different origins. Some are "spare" embryos, in excess of the number to be implanted in IVF. Others are produced from spare eggs and semen with the sole intention of using them for research. While the Inquiry recommended that research should be permitted on spare

embryos, a minority did not accept the use of deliberately generated embryos. If the minority view were to prevail, the scope and value of research that could be undertaken would be greatly limited. The "best" embryos are implanted into the mother and the spares tend to be less good. And, as techniques become more successful, fewer spare embryos will be available for research.

6. The recommendation that a new statutory authority, with an inspectorate, should be set up to regulate and to grant licences for research (as well as infertility services) is the one that causes me difficulty. My reservations are as follows:

(i) the law would be unenforceable. In the case of animal experiments, Home Office inspectors can monitor the type of research being undertaken, the health and housing of the animals etc. In the case of embryos, inspectors would be reduced to inspecting research workers' notebooks and the size of the microscopic bodies that experimenters chose to reveal to them.

(ii) The degree of expertise required by inspectors would in any case be likely to make them parti pris.

(iii) At the moment there are only some six teams doing research in this area, and there is no immediate prospect of an escalation.

(iv) The real sanction against unethical experiments would be the inability to publish the results or, should there be the slightest hint that ethical guidelines had not been observed, to gain further support from funding bodies.

7. I therefore believe that professional self-regulation would be preferable. The Genetic Manipulation Advisory Group (GMAG) was a good example of the success of this type of control. When GMAG was set up, widespread concern about genetic manipulation was threatening the conduct of scientific research and the exploitation of that research in this country. There is now confidence that the risks are being properly

assessed and contained, and in consequence some of the leading research in the world in this area occurs in Britain. A comparable mechanism could be employed in the case of IVF. The report does not, however, consider alternative, non-statutory means of regulation - although it does mention in passing that Medical Research Council guidelines for the use of foetal material have worked well. I believe non-statutory options should be explored before a Government response is prepared. I would therefore urge that Ministers, in receiving the report, should not commit themselves to setting up a statutory body to regulate research, and that they should, for the moment, do no more than open the debate.

LIST OF RECOMMENDATIONS OF THE INQUIRY

a. Licensing Body

1. We recommend the establishment of a new statutory authority to regulate both research and those infertility services which we have recommended should be subject to control.

2. We recommend that the licensing body promulgates guidance on which areas of research, apart from those precluded by law, would be likely to be considered as ethically unacceptable in any circumstances.

3. We recommend that there should be substantial lay representation and that the chairman must be a lay person.

b. The New Techniques

4. We recommend that artificial insemination by donor should be available to couples on a properly organised basis. To achieve this we recommend that provision should be subject to the licensing arrangements described in Chapter Thirteen.

5. We recommend that the service of IVF should continue to be available subject to licensing and inspection in the same way as we have recommended with regard to the regulation of AID.

6. We recommend that egg donation be accepted as a recognised technique in the treatment of infertility, with the principles of good practice we have already considered in relation to other techniques applied; these include the anonymity of the donor, a limit of ten children born from each donor, openness with the child about his genetic origins, the availability of counselling for all parties and informed consent.

7. We recommend the technique of embryo donation by lavage should not be used at the present time.

8. We recommend that the form of embryo donation involving donated semen and egg which are brought together in vitro be accepted.

9. We recommend that it should be accepted practice that donated embryos and gametes should be offered to those at risk of transmitting hereditary disorders.

c. Principles of Provision

10. We recommend that all practitioners offering the services that we have recommended should be subject to control, and all premises used as part of any such provision, including the provision of fresh semen and banks for the storage of frozen human eggs, semen and embryos should be licensed by the licensing body.

11. We recommend that counselling should be available to all infertile couples and third parties at any stage of their treatment both in the private sector and as an integral part of NHS provision.

12. We recommend that the formal giving of consent in writing by both partners should as a matter of good practice always be obtained before the treatment begins. A consent form should be used and thoroughly explained to both partners.

13. Our recommendation, following the English Law Commission is that it should be presumed that the husband has consented unless the contrary is proved.

14. We recommend a gradual move towards a system where donors should be given only their expenses.

15. We recommend a limit of ten children who can be fathered by one donor.

16. We further recommend that the NHS numbers of all donors be checked by the clinic where they make their donations against a new central maintained list of NHS numbers of existing donors which must be held separately from the NHS central register.

17. We therefore recommend that where trans-species fertilisation is used as a diagnostic tool, it shall be a condition of granting a licence that development of any resultant embryos should be terminated at the two-cell stage.

18. We recommend that the sale or purchase of human eggs, semen or embryos should only be permitted under conditions laid down by the licensing body and unauthorised sale or purchase should be a criminal offence.

d. Availability of NHS Services

19. We recommend the establishment of a working group at national level made up of central health departments, health authorities and those working in infertility, to draw up detailed guidance on the organisation of services.

20. We recommend that each health authority or board should review its facilities for the investigation and treatment of infertility and consider the establishment of a specialist infertility clinic providing a service separate from routine gynaecology. There should be close working relationships with specialised units, including genetic counselling services, at regional and supraregional level. We recommend that infertility patients should be seen separately from other types of gynaecological patient wherever possible.

21. We recommend that consideration be given to the inclusion of plans for infertility services as part of the next round of health authority strategic plans.

22. We recommend that funding should be made available for the collection of adequate statistics on the incidence of infertility and the provision of infertility services.

23. We recommend that IVF should continue to be available within the NHS.

24. We recommend that the first task of the working group whose establishment we recommend in 2.18 should be to consider how best IVF can be organised within the NHS.

e. Research

25. We recommend that research conducted on human in vitro embryos and the handling of such embryos should be permitted only under licence. We recommend that any unauthorised use of an in vitro embryo would in itself constitute a criminal offence.

26. We recommend that no live human embryo derived from in vitro fertilisation may be kept alive, if not implanted beyond fourteen days after fertilisation, not including any days during which it may have been frozen, nor may it be used as a research subject after that time. We further recommend that it shall be a criminal offence to handle or to use as a research subject any live human embryo derived from in vitro fertilisation beyond that limit.

27. We recommend that spare embryos may be used as subjects for research.

28. We recommend that as a matter of good practice no research should be carried out on any spare embryo without the informed consent of the couple for whom that embryo was generated, whenever this is possible.

f. Legal Changes.

29. We recommend that the AID child should in law be treated as the legitimate child of its mother and her husband where they have both consented to the treatment.

30. We recommend that the law should be changed so as to permit the husband of a woman who has conceived by AID to be registered as the father. We recommend that if the parents so wish the father's name may be followed in the birth register by the words 'by donation'.

31. We recommend a change in the law so that the donor will have no parental rights or duties no relation to the child.

32. We recommend that on reaching the age of eighteen the child should have access to basic information about the donor's ethnic origin and genetic health (4.21) and that legislation be enacted to provide the right of access to this.

33. We recommend that legislation should provide that when a child is born to a woman following donation of another's egg the mother giving birth should, for all purposes, be regarded in law as the mother of that child, and that the egg donor should have no rights or duties in respect of the child. We recommend that if the parents so wish, the mother's name may be followed in the birth register by the words 'by donation'.

34. We recommend that the legislation proposed in paragraphs 4.26 and 6.8 should cover children born following embryo donation.

35. We recommend that legislation should provide that for all purposes in law the woman giving birth to the child should be regarded as its mother as against the genetic mother where the two differ.

36. We recommend that it be provided by statute that all surrogacy agreements are illegal contracts and therefore unenforceable in the courts.

37. We recommend that legislation be introduced to render criminal the creation or the operation in the United Kingdom of agencies whose purposes include the recruitment of women for surrogate pregnancy or making arrangements for individuals or couples who wish to utilise the services of a carrying mother; such legislation should be wide enough to include both profit and non-profit making organisations. We further recommend that the legislation be sufficiently wide to render criminally liable the actions of professionals and other individuals who assist in the establishment of a surrogate pregnancy.

38. We recommend that the embryo of the human species should be afforded protection in law.

39. We recommend that legislation be introduced to regulate the use of human embryos and to establish a new statutory body to license research.

40. A majority of the Inquiry recommend that the legislation should provide that research may be carried out on any embryo resulting from in vitro fertilisation, whatever its provenance, up to the end of the fourteenth day after fertilisation, but subject to all other restrictions as may be imposed by the licensing body.

41. We recommend that trans-species fertilisation, involving the use of human gametes, should be a criminal offence, except in the context of the assessment and alleviation of infertility subject to the control of the licensing body.

42. We therefore recommend that the placing of a human embryo in the uterus of another species for gestation shall be a criminal offence.

43. We recommend that all potential types of 'Do-It-Yourself' sex selection kits should be brought within the ambit of the Medicines Act.

TECHNIQUES FOR THE ALLEVIATION OF INFERTILITY

1. Artificial Insemination

The term artificial insemination (AI) is used to refer to the placing of semen inside a woman's vagina or uterus (womb) by means other than sexual intercourse.

a. Artificial Insemination by Husband (AIH)

The procedure by which a woman is artificially inseminated with her husband's sperm is known as AIH (artificial insemination by husband). The technique is used for some couples who cannot otherwise achieve sexual intercourse, for example where the husband is severely physically disabled or where the technique may enhance the chances that a subfertile man may procreate a pregnancy.

b. Artificial Insemination by Donor (AID)

AID - artificial insemination by donor - may be used when investigations have shown the husband to be sterile or to have significantly reduced fertility or it may be used for the avoidance of hereditary diseases when these are carried by the male. In this procedure the woman is inseminated with sperm from a donor.

2. In Vitro Fertilisation (IVF) (the test tube baby technique)

IVF is the technique whereby an egg or a number of eggs is recovered from a woman/^{and} fertilised with her husband's semen outside the body. If the fertilisation is successful the embryo is transferred to the mother's uterus with the intention that it will implant in the same way as an embryo fertilised in vivo and that a normal pregnancy will be achieved. The technique is used to treat women who can produce eggs and have a normal healthy uterus but have blocked or diseased fallopian tubes, so that the egg cannot pass from the ovary to the uterus in the usual way.

3. Egg Donation

Egg donation helps those women who cannot themselves produce an egg and also those who would be candidates for IVF except that in their case, egg collection is impossible. A mature egg is recovered from a fertile woman donor, for example during sterilisation, and is fertilised in vitro, using the semen of the husband of the infertile woman. The resulting embryo is then transferred to the uterus of recipient woman. If it implants she may then carry the pregnancy to term.

4. Embryo Donation

Embryo donation may take two forms. One involves the donation of both egg and semen. The donated egg is fertilised in vitro with donated semen and the resulting embryo implanted in a woman who is unable to produce an egg herself and whose husband is subfertile.

The second method does not involve removing the egg by surgical intervention. Instead the egg is released naturally from the ovary at the normal time in the donor's menstrual cycle. At the predicted time of ovulation she is artificially inseminated with semen from the husband of the infertile woman (or from a donor if the husband is also infertile), in the expectation that fertilisation will occur. Some three to four days later, but before the start of implantation, the donor's uterus is "washed out" and any embryo retrieved is then transferred to the uterus of the infertile woman. If the embryo implants successfully the recipient carries the pregnancy to term.

5. Surrogacy

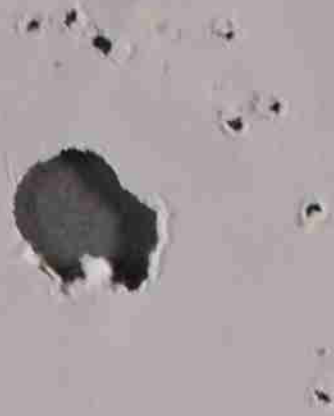
Surrogacy is the practice whereby a woman carries a child for another with the intention that the child should be handed over after birth. The use of artificial insemination and the recent development of in vitro fertilisation have dispensed with the need for sexual intercourse in order to establish a surrogate pregnancy. The most likely type of surrogacy arrangements are:

1. surrogacy involving artificial insemination, where the woman who carries the pregnancy also provides the egg, and she is inseminated with semen from the male partner of the commissioning couple, who intend to bring up the child after it is born.
2. Surrogacy using in vitro fertilisation where both egg and semen come from the commissioning couple, and the resultant embryo is implanted in the uterus of the woman who is to carry the pregnancy.

The technique could be the only way to alleviate the infertility of certain couples, for example where the woman has no uterus.

6. Scientific Research

There are certain possible uses for human embryos in the field of scientific research. Some of these uses and techniques, such as the detection of abnormal genes in an embryo or the identification of an embryo's gender at a very early stage, may become realities in the fairly near future. However the possible techniques that arouse most public concern, such as ectogenesis (the growing of a human embryo for the whole of pregnancy in an artificial womb) or the transfer of a human embryo to the uterus of another species for gestation, are not likely to be developed in the foreseeable future.



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CONFIDENTIAL

MR BARCLAY

DNB
6/7

5 July 1984

WARNOCK REPORT ON HUMAN FERTILISATION AND EMBRYOLOGY

1. This is a long and interesting report, full of recommendations. The principal conclusions are that:

- i. subject to certain controls and exceptions, doctors should be allowed to help heterosexual couples (married and unmarried) give birth to children by:
 - artificially inseminating the woman either with her male partner's sperm, or with the sperm of another man;
 - removing eggs from the female partner or from another woman and fertilising these eggs in a test-tube with the male partner's sperm or with the sperm of another man, so that the resulting embryo can be placed in the female partner's uterus;
- ii. where any such form of artificial birth takes place, the child should 'belong to' the woman who eventually has the pregnancy and to her male partner - not to any other man and/or woman who has donated eggs and/or sperm;
- iii. the practice of 'surrogacy' - in which one woman carries a child for another with the intention to hand it over at birth - should be banned by law;
- iv. scientists should be allowed to conduct experiments on test-tube embryos up to 14 days old, regardless of whether these embryos are created as a by-product of techniques i. and ii. or specifically for the purposes of research;
- v. a statutory authority, chaired by a layman but with scientific members and support staff, should be set up to oversee all activities in this field, to issue licenses, and to advise the government.

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2. Some of the reasoning by which the committee arrives at these recommendations is intellectually suspect. Why, for example, is it assumed throughout - largely without argument - that pregnancy, rather than conception, is the key to parenthood? Why is there no serious consideration of the problems arising when doctors use these techniques on behalf of a couple who have a record of child abuse? (The single paragraph devoted to this topic (2.7) is a showpiece of sloppy argument). And why is there no discussion of the radical social implications of a refusal to distinguish between married and unmarried couples?

3. Points of this sort will be made by many commentators: there is nothing definitive about the report.

4. For that reason alone, the government would be very unwise to accept the report's recommendations without allowing time for public debate. And there are other reasons for abstaining from comment at this stage: Robin Nicholson points out that a statutory licensing authority is not the only option, and that the government needs time to consider others; moreover, popular opinion is likely to be divided, with strong views both for and against the report, so that the government may well make numerous enemies if it takes a decision before listening to the debate.

5. It would, however, be equally unwise to suppress the report. Many of the conclusions are already widely known; there is considerable interest in the media; and a refusal to publish will fuel accusations that the government is authoritarian.

We therefore recommend that the Prime Minister should agree to the publication of the report, but that she should urge colleagues to abstain from committing the government to any definite view or action at this stage. The bland statement suggested by Norman Fowler will suit this purpose admirably.

Oliver Letwin

OLIVER LETWIN

CONFIDENTIAL

LIKELY POINTS OF CRITICISM

Among the points of criticism which may be raised in the public debate are:

Composition of the committee: Although Mary Warnock says in the foreword, "Rightly you chose a membership which encompassed not only the many professions ... but the many religious traditions within society," the Churches were not asked to nominate representatives to the committee. The Catholic Church is particularly strong in its criticism of the way the committee was, in the words of one spokesman, "rigged".

When does life (or personhood) begin? The report's evasive and vague approach to this central question will be heavily criticised.

Causes of infertility: The report admits that the techniques it describes can help little more than 5% of infertile couples. But it fails to mention sexually transmitted diseases, abortions and use of intra-uterine contraceptive devices and abortifacient pills, all of which cause high percentages of temporary or permanent infertility. The committee's failure to insist on the compilation of proper data on the causes and incidence of infertility will be criticised, as will its failure to comment on the possibility of a well-researched programme of public education.

Remedies for infertility: The report scarcely considers some of the less morally dubious or biomedically dangerous methods which would have a greater success-rate as well as being cheaper and safer than test-tube fertilisation. For instance, a recently-developed technique, similar to test-tube fertilisation and suitable for the same types of infertility, but without its moral or medical dangers, is low tubal ovum transfer. The committee received evidence of this and other techniques, but will be criticised for failing to consider their advantages.

Medical dangers of test-tube fertilisation: The committee's treatment of these dangers will be criticised as skimpy. For example, the report underestimates the ratio of deaths to live births and the risk of foetal abnormality; and it fails to mention that the use of drugs which produce multiple ovulation for test-tube fertilisation may cause the formation of ovarian cysts, a further cause of infertility.

Ethics : NAT HEALTH. FEB '82.

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Await DITSS submission

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W.0447

28 June 1984

MR DAVID BARCLAY, No 10

WARNOCK REPORT ON HUMAN FERTILISATION AND EMBRYOLOGY

- I attach some comments on the Warnock report. I understand that its handling will be discussed at a forthcoming meeting of H and that the Prime Minister will receive a copy with the H papers. I would therefore be grateful if you could feed in my comments (copied also to Miss Lewis-Jones) at an appropriate stage.

RBN

ROBIN B NICHOLSON
Chief Scientific Adviser

CONFIDENTIAL



nat Health

DEPARTMENT OF EDUCATION AND SCIENCE
ELIZABETH HOUSE, YORK ROAD, LONDON SE1 7PH
TELEPHONE 01-928 9222
FROM THE SECRETARY OF STATE

W 8/6

Miss K Barton
Private Secretary to
Sir Kenneth Stowe KCB CVO
Department of Health and Social Security
Alexander Fleming House
Elephant and Castle
LONDON SE1 6BY

7 June 1982

Dear Miss Barton,

APPOINTMENTS IN CONFIDENCE

IN VITRO FERTILISATION: ENQUIRY INTO MEDICAL ETHICS

We received a copy of Sir Kenneth Stowe's letter to Sir Robert Armstrong of 20 May containing proposals for the Chairmanship of the above enquiry.

This letter is to confirm that my Secretary of State is content for Mrs Mary Warnock to be appointed as Chairman.

Copies of this letter go to the Private Secretaries to the Secretaries of State for Scotland, Wales and Northern Ireland, the Lord Chancellor and Sir Robert Armstrong.

*Yours sincerely,
Imogen Wilde*

MRS I WILDE
Private Secretary

FILE
APPOINTMENTS IN CONFIDENCE

RM



10 DOWNING STREET

From the Private Secretary

4 June, 1982

IN VITRO FERTILISATION: ENQUIRY INTO MEDICAL
ETHICS

The Prime Minister has seen your Secretary of State's minute of 3 June. She is content for him to appoint Mrs Mary Warnock to chair this enquiry.

I am copying this letter to Muir Russell (Scottish Office), Adam Peat (Welsh Office), Mike Hopkins (Northern Ireland Office), Imogen Wilde (Department of Education and Science), Michael Collon (Lord Chancellor's Office) and David Wright (Cabinet Office).

W. F. S. RICKETT

Brendan O'Gorman, Esq
Department of Health and Social Security

PRIME MINISTER

IN VITRO FERTILISATION: ENQUIRY INTO MEDICAL ETHICS

The Home Secretary in his letter of 29 April gave H Committee's approval to the setting up of an enquiry on the implications of developments in the field of human fertilisation.

I have been giving urgent thought to the Chairmanship of this enquiry, which will be important and intellectually difficult, raising complex social and moral issues. Four other enquiries have been set up by various medical bodies, including the BMA. I have reached the view that Mrs Mary Warnock would be the most suitable person to chair our enquiry. She is an experienced and capable Chairman of proven ability and we think that that is an important attribute where such a breadth of interests and complexity of issues will need to be resolved. I feel that Mrs Warnock has the capacity to steer the enquiry to a successful conclusion. I attach a note which summarises her background. Mrs Warnock's name has been cleared with Sir Robert Armstrong and with interested colleagues in the usual way.

Other names that we considered on our short list were:-

Mr James Sutherland (62) Solicitor. Former Vice-Chairman of the Glasgow Eastern Health Council.

Lady Wagner (54) Chairman of Barnardo's.

Sir Norman Lindop (61) Ex-Director of Hatfield Polytechnic and Ex-Chairman of Council for Professions Supplementary to Medicine and Data Protection Committee.

Prime Minister 1
Content for Mr Fowler to
appoint Mrs Warnock to
chair this enquiry?
Yes

Wm
3/6



If you are content with Mrs Warnock as Chairman, I shall approach her to see whether she is willing to take on this task. I am copying this minute to George Younger, Nick Edwards, Jim Prior, Keith Joseph and to the Lord Chancellor.

3 JUN 1982

N F

Mrs Mary Warnock (58)

Philosopher Senior Research Fellow,
St Hugh's College, Oxford. Former
Headmistress of Oxford High School
1966-72. A former Tutor in Philosophy,
she published a History of Moral
Philosophy. A member of the Royal
Commission on Environmental Pollution
1974-78 and former member of the IBA.
Chairman of the Advisory Committee on
Animal Experiments and of Committee
of Inquiry into Special Education
1974-78. Has 5 children.



*With the Compliments of
the Private Secretary to
the Permanent Secretary*

DEPARTMENT OF HEALTH AND SOCIAL SECURITY
Alexander Fleming House
Elephant and Castle
London, S.E.1.



LM
SK

DEPARTMENT OF HEALTH & SOCIAL SECURITY
Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522 ext 6981

From the Permanent Secretary

Sir Kenneth Stowe KCB CVO

Sir Robert Armstrong KCB CVO
Cabinet Office
70 Whitehall
LONDON
SW1A 2AF

20 May 1982

APPOINTMENTS IN CONFIDENCE

Sir Robert

IN VITRO FERTILISATION: ENQUIRY INTO MEDICAL ETHICS

You will have seen from the Home Secretary's letter of 29 April that H. Committee's approval has been given to the Secretary of State for Social Services setting up an enquiry on the implications of developments in the field of human fertilisation. The enquiry will be under the co-sponsorship of the Scottish and Welsh Offices, the Lord Chancellor's Department and the Department of Education and Science. (Northern Ireland have an interest but will not be co-sponsors).

We have been giving urgent thought to the Chairmanship of this enquiry, which will be important and intellectually difficult, raising complex social and moral issues. Four other enquiries have been set up by various medical bodies, including the BMA. We have reached the view, which Mr Fowler supports, that Mrs Mary Warnock would be the most suitable person to chair our enquiry. She is an experienced and capable Chairman of proven ability and we think that that is an important attribute where a such a breadth of interests and complexity of issues will need to be resolved. We feel that Mrs Warnock has the capacity to steer the enquiry to a successful conclusion. I attach a note which summarises her background.

Other names that we considered on our short list were:-

Mr James Sutherland (62) Solicitor. Former Vice-Chairman of the Glasgow Eastern Health Council.

Lady Wagner (54) Chairman of Barnardo's.

E. R.

Sir Norman Lindop (61) Ex-Director of Hatfield Polytechnic and
Ex-Chairman of Council for Professions Supplementary to Medicine
and Data Protection Committee.

Before my Secretary of State puts this proposal to the Prime Minister,
I would be glad to know whether you and other addressees agree with our
recommendation. I am copying this letter to the Private Secretaries of
the Secretaries of State for Scotland, Wales, Northern Ireland, Department
of Education and Science and to the Lord Chancellor.

You are.

Ken.

Mrs Mary Warnock (58) Philosopher Senior Research Fellow, St Hugh's College, Oxford. Former Headmistress of Oxford High School 1966-72. A former Tutor in Philosophy, she published a History of Moral Philosophy. A member of the Royal Commission on Environmental Pollution 1974-78 and former member of the IBA. Chairman of the Advisory Committee on Animal Experiments and of Committee of Inquiry into Special Education 1974-78. Has 5 children.



Nat Health ^{WM} 50/4

QUEEN ANNE'S GATE LONDON SW1H 9AT

29 April 1982

Dear Norman

IN VITRO FERTILISATION: INQUIRY INTO MEDICAL ETHICS

* Thank you for your letter of 4 April about the proposal that a Committee should be set up to consider the implications of recent developments in the field of human fertilisation and to advise Ministers on any safeguards which might be required.

You will have seen the comments which the Prime Minister, the Lord Chancellor and the Lord Advocate have made on the qualifications of the Chairman of the Inquiry. You will also, no doubt, be considering the Lord Privy Seal's proposed extension of the terms of reference to refer specifically to ethical matters; it would be helpful to our colleagues if you could report your conclusions on that in due course. Subject to that, and to any other points which colleagues may raise in addition to those already made, you may have H Committee's approval for what you propose.

I am sending copies of this letter to those to whom you copied your letter of 4 April.

Yours
Norman

The Rt. Hon. Norman Fowler, MP.



30 APR 1982





Wh 29/4

Nat Health

DEPARTMENT OF EDUCATION AND SCIENCE

ELIZABETH HOUSE, YORK ROAD, LONDON SE1 7PH

TELEPHONE 01-928 9222

FROM THE SECRETARY OF STATE

The Rt Hon Norman Fowler MP
 Secretary of State for Social Services
 Department of Health and Social Security
 Alexander Fleming House
 Elephant and Castle
 London
 SE1 6BY

29 April 1982

Sean Norman

IN VITRO FERTILIZATION: POSSIBLE INQUIRY INTO MEDICAL ETHICS

Thank you for sending me a copy of your letter of 4 April to Willie Whitelaw on this subject.

I agree with your proposal to establish a Committee to look into this subject, and I have no comments on the draft terms of reference or on the proposed membership. I would certainly endorse the need for some scientists whose work is in these fields to be included in the membership.

Your third paragraph mentions a number of bodies who have established working parties in this field. I would like to mention, in addition, the Medical Research Council, who have their own Advisory Group on this subject (membership and terms of reference attached) and with whom I hope the Committee, if it is established, might make contact at an early stage in their work. It might also be possible for the Medical Research Council to contribute in some way to the servicing of the Committee, if you would like that.

I am not clear whether you envisage my involvement as one of the Committee's sponsors (if I accept your invitation) to be on the same level as that of the Secretaries of State for Scotland and Wales or on a slightly lower level.

Perhaps this could be spelt out further between our officials. But in general I would be content to be one of the Committee's sponsors.

I am copying this letter to the Prime Minister, the other members of H Committee, the Lord Advocate and Sir Robert Armstrong.

Ernie Kain

MRC'S ADVISORY GROUP TO REVIEW POLICY ON RESEARCH ON IN VITRO FERTILISATION
AND EMBRYO TRANSFER IN HUMANS : MEMBERSHIP

Chairman :	Professor G S Dawes
Members :	The Rt Rev the Bishop of Durham
	Professor C A Finn
	Professor M C Macnaughton
	Professor R F Mahler
	Professor P E Polani
	Professor A C Turnbull
	Dr Cicely Saunders
SHHD Observer	Dr F Davidson
DHSS Observer	Dr J Metters

TERMS OF REFERENCE

To consider ethical aspects of research on in vitro fertilisation and embryo transfer in humans and to determine on ethical grounds whether or not to advise the Medical Research Council to proceed with consideration of research proposals in either or both of these areas.

29 APR 1982

9876543210

Wm 27/4

Y SWYDDFA GYMREIG
GWYDYR HOUSE
WHITEHALL LONDON SW1A 2ER
Tel. 01-233 3000 (Switsfwrdd)
01-233 6106 (Llinell Union)



WELSH OFFICE
GWYDYR HOUSE
WHITEHALL LONDON SW1A 2ER
Tel. 01-233 3000 (Switchboard)
01-233 6106 (Direct Line)

Oddi wrth Ysgrifennydd Gwladol Cymru The Rt Hon Nicholas Edwards MP *From The Secretary of State for Wales*

28 April 1982

J. Willie

I am writing to support the suggestion put forward by Norman Fowler in his letter to you of 4 April that we should establish a committee to consider the implications of recent developments in the field of human fertilisation.

I am content with the terms of reference which he has suggested and would like to be jointly involved as a Health Minister in the appointment of the committee. I have already asked my officials to give consideration to the question of possible Welsh representation on such a committee. I have also seen Michael Jopling's letter of 26 April and agree with the point he makes about the timing of an eventual report.

I am copying this letter to Norman Fowler and to recipients of his letter.

J. es
Wm

The Rt Hon William Whitelaw CH MC MP
Secretary of State for the Home Department
Home Office
50 Queen Anne's Gate
LONDON

229 APR 11 1982



Prime minister 2

WA 28/4



HOUSE OF LORDS,
SW1A 0PW

mf

27 April 1982

Dear Norman;

In Vitro Fertilisation: Possible Inquiry into Medical Ethics

I understand the reasons you give in your letter of 4th April for seeking to exclude controversial problems in medical ethics from the scope of the Committee's terms of reference. Nevertheless, for the reasons I gave in my letter of 25th February to the Prime Minister, I do not think that these questions can properly be excluded, and I accordingly agree with Janet Young's suggestion in her letter of 21st April that the terms of reference should be extended to cover ethical matters.

I am sending copies of this letter to those who received your letter of 4th April.

yrs:

L.H.

The Right Honourable
Norman Fowler, M.P.,
Secretary of State for Social Services.



Copy to:
 PS/Mr Mackay
 PS/US of S
 PS/S440
 Miss Pollock
 Mrs Duncan

WV 21/4
 VCB
 HCB

SCOTTISH OFFICE
 WHITEHALL, LONDON SW1A 2AU

The Rt Hon Norman Fowler MP
 Secretary of State for Social Services
 Department of Health and Social Security
 Alexander Fleming House
 Elephant and Castle
 LONDON
 SE1 6BY

27 April 1982

Dear Norman,

IN VITRO FERTILISATION: POSSIBLE ENQUIRY INTO MEDICAL ETHICS

Thank you for sending me a copy of your letter of 4 April to Willie Whitelaw.

We are content with the line of your proposals for a Committee appointed on the basis you suggest and serviced by your Department, to consider the implications of recent developments in the field of human fertilisation. The terms of reference you suggest seem entirely appropriate to the particular issues of difficulty in this field; and I am glad to note that they are wide enough to enable the Committee to consider the implications of various techniques which are now available to overcome problems of infertility.

I have also seen James MacKay's letter to you of 22 April suggesting that he need not be formally involved in the appointment of the Committee: our domestic arrangements within the Scottish Office will ensure that his views are reflected in the Scottish names we suggest for membership of the Committee.

As to membership, I would like provision to be made for the appointment of two people from Scotland - probably one to cover medical interests and another knowledgeable about family law. I appreciate that it is not easy to get within a relatively small committee the right spread and balance of membership to reflect all the different interests. My officials are at present exploring possibilities for Scottish representation and I have asked them to discuss the detailed pattern of membership for the Committee with your officials before I put forward any nominations from Scotland.

I am sending a copy of this letter to the recipients of yours.

Yours sincerely,
 C. G. G. G.

27 APR 1982

10 11 12 1 2 3 4 5 6 7 8 9

FROM: THE RT HON MICHAEL JOPLING MP

bc The Prime Minister



Government Chief Whip
12 Downing Street, London SW1

Prime Minister 2
wh
26/4

26th April 1982

IN VITRO FERTILISATION: POSSIBLE ENQUIRY INTO MEDICAL ETHICS

Thank you for sending me a copy of your letter of 4th April to Willie Whitelaw about establishing a Committee of Enquiry.

While I am happy to go along with your suggestion, I would recommend strongly that their Report is so timed as not to emerge until after the next General Election.

I am copying this to the recipients of yours.

The Rt Hon Norman Fowler MP
Secretary of State for Social Services
Department of Health and Social Security
Alexander Fleming House
Elephant and Castle
London SE1 6BY

National Health



Nat Health

Lord Advocate's Chambers
Fielden House
10 Great College Street
London SW1P 3SL

Telephone: Direct Line 01-2120515
Switchboard 01-212 7676

WM
22/4

The Rt. Hon. Norman Fowler, M.P.,
Secretary of State for Social Services,
Department of Health & Social Security,
Alexander Fleming House,
Elephant and Castle,
London SE1 6BY

22nd April 1982

In Vitro Fertilisation: Inquiry into Medical Ethics

Thank you for copying to me your letter of the 4th April to the Home Secretary. I agree with the approach which you suggest, although I am inclined to agree with the Lord Chancellor that it is not necessary to have a judge as chairman of the inquiry.

I am of course very interested in the legal aspects of the subject, and the Scottish Law Commission will no doubt be interested, but while I appreciate your suggestion that I should be one of the sponsors, I think that the Scottish interest in the legal implications will be sufficiently covered by the association of the Secretary of State for Scotland with you.

Copied to the recipients of your letter.

MACKAY OF CLASHFERN



Answer Fowler's response via 22/4

N at Health

Management and Personnel Office

Whitehall London SW1A 2AZ

Telephone 01-273 } 4400
GTN 273 }

21 April 1982

The Rt Hon Norman Fowler MP
Secretary of State for Social Services
Alexander Fleming House
Elephant and Castle
LONDON
SE1 6BY

Dear Norman,

IN VITRO FERTILISATION: POSSIBLE ENQUIRY INTO MEDICAL ETHICS

I was glad to see from your letter of 4 April to Willie Whitelaw that you are satisfied that there is a strong case for a broadly based enquiry into issues associated with human fertilisation and embryology. I also welcome your plan to include in the enquiry people with a theological background, and your intention to cover a fair spread of religious beliefs. With this particularly in mind, I wonder whether it might be right to express the enquiry's remit as including 'consideration of relevant legal and ethical matters.' This would put beyond doubt what we intend. It would help indicate from the outset that the Government recognises the serious issues which these new techniques pose for many sections of religious opinion, not least for Roman Catholics.

The Public Appointments Unit here will of course be happy to continue assisting with the identification of possible members of the enquiry (and its chairman, if it is decided not to seek a judge).

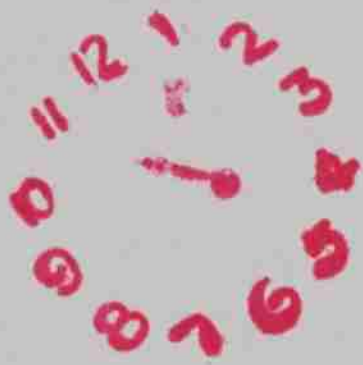
I am copying this letter to the recipients of yours.

Yours etc

Baroness

BARONESS YOUNG

22 APR 1982



2



*In Vitro
Health*

10 DOWNING STREET

From the Private Secretary

8 April 1982

In Vitro Fertilisation: Possible Inquiry into
Medical Ethics

The Prime Minister has seen Mr. Fowler's letter to the Home Secretary of 4 April. She has commented that the Lord Chancellor will no doubt wish to comment ~~about~~ the suggestion that the chairman of this inquiry should be a judge. Her own view is that this inquiry does not call for a judge as chairman.

I am copying this to Michael Collon (Lord Chancellor's Office), Brendan O'Gorman (Department of Health and Social Security), Christine Duncan (Lord Advocate's Department) and to David Wright (Cabinet Office).

W. F. S. RICKETT

RW

Andrew Jackson Esq
Home Office



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE LONDON SE1 6BY
TELEPHONE 01-407 5522 EXT

The Rt Hon William Whitelaw CH MC MP
Secretary of State
Home Office
50 Queen Anne's Gate
LONDON
SW1

Prime Minister 2

Mr Fowler seeks a committee agreement to his proposals for an inquiry into the implications of in vitro fertilisation.

The H-C will have to be consulted about a judge. Personally I do not think this is a matter which calls for one or two

1982 5/4

IN VITRO FERTILISATION: POSSIBLE ENQUIRY INTO MEDICAL ETHICS

You will have seen my minutes of 20 February and 4 March to the Prime Minister. I am now satisfied that there is a strong case for establishing a Committee with an outside Chairman and members to consider the implications of recent developments in the field of human fertilisation and to advise Ministers on any safeguards which might be required.

The initial use of techniques for fertilising human eggs outside the womb was to help couples who could not otherwise conceive. This has proved relatively uncontroversial. The techniques could also be used to remove an egg from one woman and to implant it in a different woman after fertilisation; there is also the possibility of storing, or even of manipulating the fertilised egg before implantation. These further developments raise difficult moral and legal questions - the rights of a child vis-a-vis its genetic and its biological parent; the responsibilities and liabilities of those handling human embryos; the circumstances in which an embryo developed in vitro might be kept or destroyed; and so on. Public concern about these issues has been focussed by recent reports in the press and on television, and there have been repeated calls - both inside and outside the House - for a Government enquiry. Public interest is likely to be kept alive by fresh announcements from the various teams working in this area.

The British Medical Association, the Royal College of Obstetricians and Gynaecologists, the Council of Churches and the Council for Science and Society have all established working parties in this field but none are sufficiently broadly based or sufficiently representative to be regarded as a source of authoritative advice to Government. In my view, only an official enquiry can fill the bill. Its Report would be the subject of consultation in the usual way before the Government reached its own conclusions.

Possible terms of reference of such a Committee would be:-

"To consider recent and potential developments in medicine and science related to human fertilisation and embryology; to consider what policies and safeguards should be applied, including consideration of relevant legal matters; and to make recommendations."

E. R.

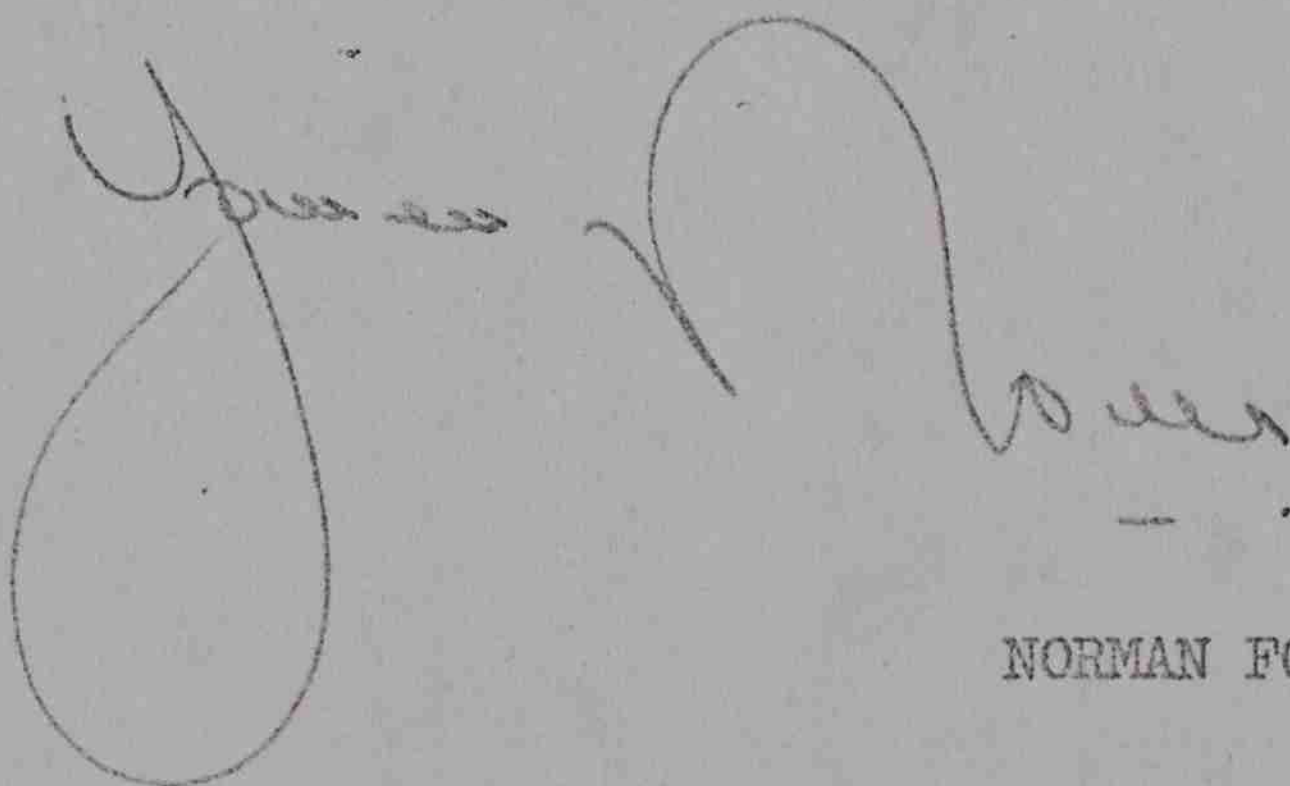
These are fairly tightly drawn to exclude other controversial problems in medical ethics - criteria for death, care of handicapped infants, abortion - which have also been the subject of public concern in recent months. A wider remit would make the task both much larger and much more controversial; it would also be much less acceptable to the medical profession.

The Chairman might be legally qualified - perhaps a judge from the Family Division - or lay; the members would include doctors, scientists, lawyers, persons with a background in marriage counselling and in theology as well as four or five non-experts. I feel it would be important to ensure a fair spread of religious beliefs among the membership. The work of the Committee might take 18 months to 2 years.

I would expect the Secretaries of State for Scotland and Wales to be jointly involved as Health Ministers, in the appointment of the Committee. The Secretary of State for Northern Ireland might also wish to be involved, though these issues might prove particularly divisive in the Province. In view of the scientific and the legal aspects of the subject, the Secretary of State for Education and Science, the Lord Chancellor and the Lord Advocate might also wish to be sponsors.

There are no resource implications, except for the cost of the Committee and its servicing which would be met from my Department's allocations.

I am copying this letter to the Prime Minister, to the members of H Committee, to the Chancellor of the Duchy of Lancaster, to the Lord Advocate and to Sir Robert Armstrong. I would welcome colleagues' comments and their agreement to the establishment of the Committee. In view of the level of public interest, it would be desirable to make an announcement of this decision and, if possible, the name of the Chairman as soon as possible. I hope to have suggestions for the latter in the near future.

A handwritten signature in dark ink, appearing to read 'Norman Fowler', with a large, stylized flourish on the left side.

NORMAN FOWLER

13 APR 1982

12 3 4 5 6 7 8 9 10 11

13

National
Health

WM
3/13



SCOTTISH OFFICE
WHITEHALL, LONDON SW1A 2AU

Prime Minister

POSSIBLE ENQUIRY INTO MEDICAL ETHICS

I have seen Norman Fowler's minutes of 20 February and 4 March to you and also Quintin Hailsham's letter of 25 February and Janet Young's minute of 4 March about the desirability of establishing a committee to enquire into issues being raised about in vitro fertilisation.

There are clearly a number of important and far-reaching issues now arising as a result of modern techniques being used to deal with fertility problems; and I would certainly support an enquiry into the various issues which arise in this field. I think it would be much too wide however to have a general enquiry into medical ethics at large (as might be implied by the headings of the various minutes and letters in this series of exchanges). I would, like Janet Young, take the view that any committee should be asked to concentrate on fairly specific issues or a definite field, for example what I have referred to above as the implications of modern techniques to deal with fertility problems.

Although no problems have arisen in this area in Scotland so far, I certainly think it desirable that Scotland should be represented on such a committee. I would therefore wish my Department to be associated with Norman Fowler's in the detailed consideration of the exact scope of the enquiry.

I am sending a copy of this minute to Norman Fowler and those to whom he copied his minute of 20 February.

Cy.

30 March 1982

RECEIVED
MARCH 11 1982

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nat Health

5 March 1982

Possible Inquiry Into Medical Ethics

The Prime Minister has seen the Chancellor of the Duchy's minute of 4 March, and has noted the points she makes.

I am sending a copy of this letter to David Clark (DHSS) and David Wright (Cabinet Office).

M A PATTISON

Jim Buckley, Esq.,
Chancellor of the Duchy of Lancaster's Office.

5 March 1982

In Vitro Embryos : Possible Inquiry

The Prime Minister has seen your Secretary of State's minute of 4 March. She has noted the handling arrangements for today's Private Member's Motion on the subject.

I am sending a copy of this letter to David Wright (Cabinet Office).

M A PATTISON

Brendan O'Gorman, Esq.,
Department of Health and Social Security.



Chancellor of the Duchy of Lancaster

PRIME MINISTER

POSSIBLE ENQUIRY INTO MEDICAL ETHICS

I have seen Norman Fowler's minute of 20 February, and Quintin Hailsham's letter of 25 February, following Mrs Williams' letter to you supporting the need for an enquiry into medical ethics.

I agree with Quintin that it is important to examine and clarify the important moral and theological issues arising from in vitro fertilisation, as well as the legal and medical questions. And, despite our policy of keeping the number of non-departmental public bodies under control, I would not oppose the suggestion that a high-powered advisory committee should be set up to do this job. But I do hope that its terms of reference could be limited to specific issues of which in vitro fertilisation is an example. It is, after all, part of our policy that such bodies should if possible be set up to discharge defined tasks within a limited timescale. A general, standing, Commission on Medical Ethics might well be tempted to range very widely, and might lose sight of the issue which is worrying us.

I am copying this minute to Norman Fowler and to the other recipients of his minute.

Tank Young

BARONESS YOUNG
4 March 1982

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4 5 6 7 8 9

4 MAR 1982

PRIME MINISTER

IN VITRO EMBRYOS : POSSIBLE ENQUIRY

In my minute of 20 February I referred to the issues arising from in vitro fertilisation and suggestions for an enquiry, and explained that I did not think that further action should wait on the advice which has been sought from medical bodies. I am grateful for the Lord Chancellor's comments, which I will take into account.

I have in fact now heard from the General Medical Council that they would have no objection to a multi-disciplinary public inquiry, and would be prepared to take part if we wished.

Mr Abse gave notice on 1 March of a private member's Motion which is second order for debate this Friday: it asks for an "interdepartmental interdisciplinary advisory committee" to report on the social, medical, legal and ethical issues involved in the creation of in vitro embryos. It is possible that the Motion will not be reached. If it is, I propose that the Parliamentary Under Secretary of State (Mr Geoffrey Finsberg) should say that the Government does consider that an enquiry into this matter is required, but has not yet reached conclusions on the best form that such an enquiry should take; however, it is clearly desirable that it should be multi-disciplinary in character; the views expressed in the debate will assist the Government in considering its constitution and scope. A firm commitment at this stage to an "interdepartmental committee" or on Mr Abse's proposal that half of the members should be women, would not I think be appropriate.

I am copying this minute to colleagues, as before, and to the Secretary of the Cabinet.

4 March 1982

N F

Prime Minister

To be aware of the proposed handling of Mr Abse's motion.

Pl see also hady Young's comment - below - on the enquiry idea.

MAP
4/3



PLATE NUMBER

- 4 MAR 1982

12 11 10 9 8 7 6 5 4 3 2 1

In my report of 20 February I referred to the demand on the part of the in vitro fertilization and adoption for an enquiry, and explained that I did not think that further action should be taken at the present time which has been a matter of some concern. I am sorry that the Lord Chancellor's Committee, which I will take into account.

I have to say that I have to say that the fact that they would have no objection to a multi-disciplinary enquiry, and would be prepared to take part in it.

It has been pointed out that a private member's motion which is a good order for debate is a matter for the "interdepartmental inter-ministerial advisory committee" to report on the social, medical, legal and ethical issues involved in the creation of in vitro embryos. It is possible that the motion will not be reached. I do not know that the Parliamentary Under-Secretary of State (Mr Geoffrey Thomas) should say that the Government has considered that an enquiry into this matter is required, but has not yet reached a conclusion.

On the last point that was an enquiry about it, however, it is clearly desirable that it should be multi-disciplinary in character. The views expressed in the debate will assist the Government in considering its constitution and scope. A first commitment at this stage to an "interdepartmental committee" on the subject is desirable. It is the hope that the members should be chosen, and I think be comprehensive.

I am sorry that it is not possible to call a meeting of the committee of the cabinet.

National Health

*Kay
Shaw
10/13*

1 March 1982

Possible Enquiry into Medical Ethics

The Prime Minister has seen the Lord Chancellor's letter of 25 February. She was grateful for his comments, which will obviously need to be taken carefully into account as the Secretary of State and his colleagues consider the form of such an Enquiry.

I am sending a copy of this letter to David Clark (Department of Health and Social Security).

M A PATTISON

Michael Collon, Esq.,
Lord Chancellor's Office.

Jan



Prime Minister

2

HOUSE OF LORDS,
SW1A 0PW

25 February 1982

Dear Margaret.

Possible Enquiry into Medical Ethics

I have read a copy of Norman Fowler's letter to you about a Royal Commission on Medical Ethics, suggested by Mrs. Williams.

I have also read a copy of the answer which he has suggested that you should send to Mrs. Williams. It is a temporising answer and I agree with the line taken. But in due course a substantive answer will be required and, when we reach that point, I hope that the moral and theological implications of the subject will not be overlooked. In particular, the Roman Catholic Church teaches that every fertilised ovum has a human soul and to destroy it amounts to murder in their moral theology. Without underwriting this view any Enquiry must take account of its existence and this must have a bearing on the membership and the terms of reference. Moreover, the legal problems to which Norman refers are many and important, involving a reappraisal of such concepts as adultery and legitimacy and associated property rights (succession to titles etc.). I agree with Norman that we must proceed with very great care.

I am sending copies of this letter to Norman Fowler and to those named in the last paragraph of his letter.

Yrs:

The Right Honourable
The Prime Minister

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26 FEB 1982

MG

Mike,
Too late!
25/2



GR
PPS ?

Oren

DEPARTMENT OF HEALTH & SOCIAL SECURITY

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

From the Secretary of State for Social Services

Mike Pattison Esq
Private Secretary
10 Downing Street
London SW1

25 February 1982

Dear Mike ✓

Keep with yrs. I think all
this now needs to be handled
in C.F.

POSSIBLE ENQUIRY INTO MEDICAL ETHICS

The attached note should have been enclosed with my
Secretary of State's minute of 20 February. I am
sorry that it was not and hope that this has not
caused any problems.

MFD
26/2

I am also taking this opportunity to circulate
Shirley Williams' letter of 10 February and your
letter of 12 February to the other recipients of the
minute of 20 February.

yours ever

Brendan

BRENDAN O'GORMAN

ENC

NOTE

THE TECHNIQUES ASSOCIATED WITH TEST TUBE BABIES THAT ARE NOW BEING CALLED
IN QUESTION

a. Surrogate Mothers

Techniques used when the intention is that a fertilised human egg is to be re-implanted into the womb of a woman - other than its natural mother. This process is now technically possible, and would result (as in the case of cattle and sheep) in a woman bearing a child of which she was not the genetic mother. In the press this has been reported as "Surrogate" motherhood, or of "womb leasing". There are medical ethical arguments both for and against this procedure.

b. Cloning

This process is not yet technically possible in humans but involves the replacement of the genetic material of a fertilised human egg by genetic material of any person. In effect the creation of a number of genetically identical individuals.

c. Fertilisation of Human Eggs when there is no intention of allowing these to develop

The purpose here would be to use the developing embryos for research purposes.

d. The freezing of human early embryos

This technique would be used either to enable the embryo to be unfrozen and re-inserted in its mother's womb at a later date, or for research.

e. Trans-species fertilisation experiments

Here human eggs (or sperm) are fertilised by the sperm (or eggs) of another animal. This technique can be used to investigate some forms of infertility.

f. The ultimate development of a human embryo in the laboratory, just to see how far development can proceed

It is suggested that some scientists will try to do this to satisfy their own curiosity.



10 DOWNING STREET

THE PRIME MINISTER

25 February 1982

Thank you for your letter of 10 February about issues of medical ethics.

Recent medical developments do have far reaching implications and the Government has already sought the views of the British Medical Association, the Medical Research Council, the General Medical Council and the Royal College of Obstetricians and Gynaecologists on the specific question of in vitro fertilisation.

Because these issues are of more general public concern, I have already indicated, in my reply to Mr. Leo Abse on 10 February, that the Government will consider whether a wider examination is required. Both the scope and the form of such an examination need careful thought and we are considering these questions urgently.

(SGD) MARGARET THATCHER

The Rt. Hon. Shirley Williams, M.P.

Prime Minister

Mr Fowler accepts the need for some form of public enquiry over test-tube babies, etc. He suggests the attached reply to Mrs Williams, acknowledging this but leaving the details for later. MAP 24/2

Prime Minister

POSSIBLE ENQUIRY INTO MEDICAL ETHICS

In her letter of 10 February to you, Mrs Williams is suggesting a Royal Commission on medical ethics to consider the issues arising from in vitro fertilisation and other recent advances in medical techniques. Leo Abse is making a similar case. A note on the issues is attached. The Department's position until now has been that it was best to have the views of the medical bodies concerned - the General Medical Council, the British Medical Association, the Medical Research Council and the Royal College of Obstetricians and Gynaecologists - before reaching conclusions on the nature of any wider enquiry. My officials have written to these bodies stressing the need for urgency but, given the nature of the issues, it is unlikely that formal responses will be forthcoming for some months. But the fact is that the issues go way beyond purely medical questions, and involve much wider considerations, as well as very specific and detailed legal problems. It may well be, therefore, that further action should not wait on these bodies: there are indications that the profession themselves share this view.

I have asked my officials to prepare advice on the form that a wider enquiry might take, and on its scope. If some form of committee is established, there will undoubtedly be pressure from some sources for it to consider questions such as the care of severely handicapped babies or to look at wider issues such as abortion. It is therefore important that we think carefully about precisely what type of body might be set up, and about terms of reference.

For the present, therefore, I suggest a holding reply to Mrs Williams along the lines of the attached draft. I hope to have more specific proposals for colleagues to consider within the next three or four weeks. Meanwhile, I am copying this minute to the Lord Chancellor,



the Lord President, the Chancellor of the Duchy of Lancaster,
the Home Secretary, the Secretaries of State for Education,
Scotland, Wales and Northern Ireland, the Attorney General,
the Lord Advocate and the Paymaster General.

20 February 1982

N F

Please type
for box
transmit

DRAFT LETTER FROM PM TO SHIRLEY WILLIAMS

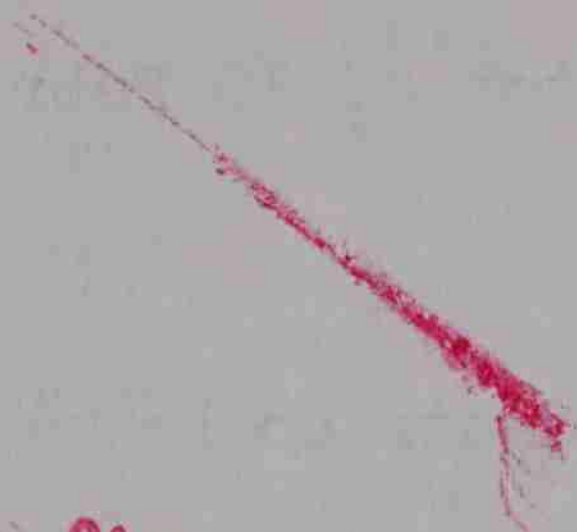
Thank you for your letter of 10 February about issues of medical ethics.

Recent medical developments do have far reaching implications and the Government has already sought the views of the British Medical Association, the Medical Research Council, the General Medical Council and the Royal College of Obstetricians and Gynaecologists on the specific question of in vitro fertilisation.

Because these issues are of more general public concern, I have already indicated, in my reply to Mr Leo Abse on 10 February, that the Government will consider whether a wider examination is required. Both the scope and the form of such an examination need careful thought and we are considering these questions urgently.

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10 DOWNING STREET

From the Private Secretary

12 February 1982

Dear David

I enclose a copy of a letter to the Prime Minister from Mrs Shirley Williams, MP, arising out of the current debate about in vitro pregnancies.

As we mentioned to your Parliamentary branch today, the Prime Minister's initial view is that some form of independent inquiry into these ethical issues will be necessary, in view of the growing evidence of public concern.

I should be grateful if you could arrange for the Prime Minister to have your Secretary of State's advice on this point, and if you could also let us have a draft reply for her to send to Mrs Williams. If matters are likely to be long-drawn out, a holding reply will be necessary, but it seems to us that Ministers will need to reach a firm view quite quickly given the round of publicity.

Yours ever

Mike Paterson

D.J. Clark, Esq.,
Department of Health and Social Security.

11 February 1982

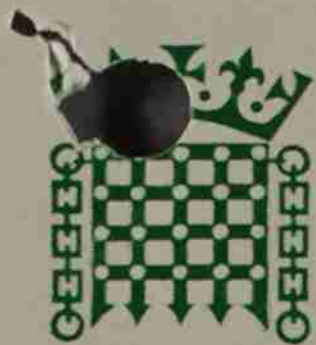
I am writing on behalf of the Prime Minister to thank you for your letter of 10 February.

I shall of course place this before the Prime Minister and a reply will be sent to you as soon as possible.

MAP

The Rt. Hon. Shirley Williams, MP.

From: Rt Hon Shirley Williams MP



HOUSE OF COMMONS

LONDON SW1A 0AA

10 February 1982

Rt Hon Margaret Thatcher MP
10 Downing Street
SW1

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Dear Prime Minister,

I would like to support the arguments that are being put to you for a commission on medical ethics,

The recent developments in embryology, genetic engineering and replacement surgery engender a whole series of critical questions to be resolved in the field of medical ethics and law. The nature of the family, of inheritance and even of individual identity are not least among these questions.

In 1972, I was privileged to be a member of a working party sponsored by the British Association for the Advancement of Science, chaired by Walter Bodmer, now Professor of Genetics at the University of Oxford. The working group produced a study which was published under the title of 'Our Future Inheritance: Choice or Chance' published in 1974 by Oxford University Press, which explored the ethical issues arising even at that early stage from the advances of the biological sciences and of medical technology.

I believe that legitimate public concern would justify a Royal Commission on this range of issues. The lack of guidelines, indeed even of clear legal definitions, is disturbing to the public and the professions alike. A commission would enable those with varying knowledge and experience to contribute to a significant assessment of the issues and to make recommendations for the future - and its members should be drawn not only from scientists and the medical profession, but also from those with understanding of the law, theology and education. The commission would need to consider how far our traditional values and codes of behaviour remain relevant in the face of these new scientific and technological developments.

I hope you will give the proposal your careful consideration.

Yours sincerely
A handwritten signature in cursive script, appearing to read 'Shy Williams'.

SHIRLEY WILLIAMS

