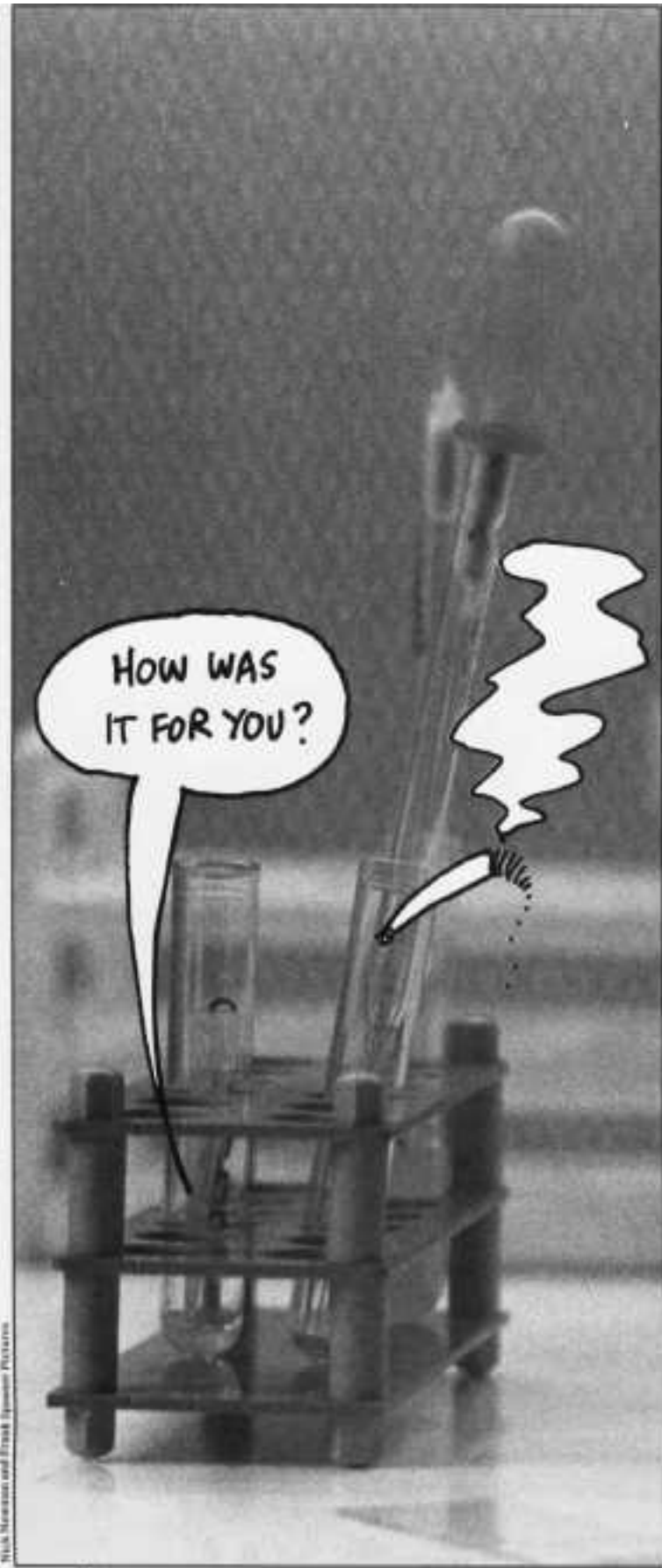


Wendy Savage examines the embryo bill

Fertility Rights



The birth of the first 'test-tube' baby, Louise Brown, in Oldham in 1978 was rightly heralded as an astonishing and important breakthrough for science. The late Patrick Steptoe, then a district hospital gynaecologist with no academic department or facilities to support him, had pioneered the use of the laparoscope in gynaecology. His interest in infertility, enhanced by this new tool, led to his collaboration with the biologist Robert Edwards, and, working quietly outside the academic mainstream, their 1978 success was a bombshell to the profession.

The media heralded the birth of Louise as miraculous. The considerable social, medical and ethical questions arising from the new technology did not start to be discussed until some time later. The committee chaired by Mary Warnock, which was the government's response to this debate, began to take evidence in 1982. By the time they produced their report in 1984, in-vitro fertilisation was widespread and surrogacy had become a reality. An interim voluntary licensing authority was established to oversee IVF research and treatment.

The Human Fertilisation and Embryology Bill currently going through parliament is long overdue. The creation of an embryo, with its potential to become a living child and future citizen, cannot be left entirely to the medical profession to decide upon. There must be legislation to protect the public from unscrupulous doctors, and to establish the legal rights of the artificially conceived child. Legal cases in the USA have shown the complexity of the legal and emotional issues involved over the ownership of preserved embryos, or the child of a surrogate mother. In the wake of the US legal tussle over 'Baby M', the bill proposes to consolidate the common-law position here which outlaws surrogacy contracts.

While there will be debate about the details of registration of clinics, maintenance of registers and restriction of IVF services to married couples, the most controversial element will be Clause 11. Unusually, on this clause MPs will be able to vote according to their conscience on whether embryo research should be banned altogether or else made legal up to 14 days.

Sincere and strong views that embryo research is morally wrong are held by a minority of the population and an unknown number of MPs. Mary Warnock's committee suggested the 14-day upper limit for research, before tissues have differentiated and the primitive neural streak from which the brain develops is formed. Scientists anxious to find ways of detecting chromosomal abnormalities, so that couples at risk of transmitting severely handicapping diseases can be reassured, are broadly in favour of this limit.

The idea that in this scientific, legal and ethical minefield, one could introduce time limits for abortion is ludicrous. Yet it appears that abortion amendments may be selected at either the committee or report stage of the bill.

The major issue underlying the Human Fertilisation and Embryology Bill is choice: the choice to try and have a child using medical technology when natural methods fail, the choice to prevent the birth of a handicapped child, the choice to use science to advance knowledge and improve the quality of life. Making choices about such fundamental questions is rarely easy. The issues around embryo research - the prevention of handicap and the possibility of genetic manipulation - cannot be decided by doctors alone, but neither should the legal framework be drawn up on a paternalistic basis. Let us hope that the 94% of MPs who are men will respect the views of the majority of the population and allow women the right to choose to use the benefits of embryo research - or abortion - if they need them. •

Wendy Savage