

6 May 2005

Christopher Cox  
Scientific Development & Bioethics Division  
Department of Health  
Room 651c  
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Dear Mr Cox,

Thank you for your letter of 24 March 2005 requesting the Council's comments on the recommendations of the recent House of Commons Science and Technology Select Committee report on Human Reproductive Technologies and the Law.

The Nuffield Council on Bioethics examines ethical issues raised by new developments in biology and medicine. Established by the Nuffield Foundation in 1991, the Council is an independent body, funded jointly by the Foundation, the Medical Research Council and the Wellcome Trust.

Comments on the Select Committee recommendations that are relevant to the Council are provided at **Annex A**. In particular, we would like to highlight the recommendations that we have made in previous publications on prenatal diagnosis or preimplantation genetic diagnosis, and embryonic stem cell research. We would also like to reiterate our concerns about the formation of a National Bioethics Commission.

The Council has decided to assess the impact of its 1993 Report *Genetic screening: ethical issues* in the context of scientific, clinical and regulatory advances which have taken place in the past 12 years. A follow-up Discussion Paper will be published in autumn 2005, which may provide useful information on this topic for the Government's review.

We would be pleased to discuss these issues with you in more detail.

Yours sincerely



Professor Sandy Thomas  
Director

**Chairman**  
Professor Sir Bob Hepple QC, FBA

**Deputy Chairman**  
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Dr Alan Williamson FRSE

**Director**  
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## ANNEX A

1 Select Committee recommendation:

*The onus should be on those who oppose sex selection for social reasons using PGD [prenatal genetic diagnosis] to show harm from its use. However, the use and destruction of embryos does raise ethical issues and there are grounds for caution. The issue requires greater analysis than has been afforded it by the HFEA and we urge greater efforts to establish the demographic impacts across all sectors of society and the implications for the creation and destruction of embryos in vitro before new legislation is introduced. On balance we find no adequate justification for prohibiting the use of sex selection for family balancing. (Paragraph 142)*

The Council has not previously considered the issues surrounding sex selection for social reasons using PGD. However, the Council has considered the use of PGD for purposes other than serious diseases in its 2002 Report *Genetics and human behaviour: the ethical context*. Relevant passages are provided below, which we hope may be of some use to you when considering the Select Committee's recommendations.

"Law and clinical practice support the use of genetic information to provide informed choice for prospective parents. But professional and public opposition has been voiced, for a variety of reasons, to the use of non-clinical attributes such as the traits considered in this Report in testing and selection. There seems to be a consensus in clinical genetics and in public opinion against use of PGD or prenatal diagnosis (PND) in order to select babies on the basis of non-clinical characteristics. **In the case of PND, we share this view. Setting aside the contested issue of the ethics of abortion on social grounds, which is outside the scope of this Report, we take the view that the use of selective termination following PND to abort a fetus merely on the basis of information about behavioural traits in the normal range is morally unacceptable.**" (Paragraph 13.65)

"But the issues raised by the use of PGD are different. Whereas selective termination following PND is applied to a fetus that has already implanted and is developing in the womb, PGD is used to select which embryos to implant. Thus, PGD does not precede the termination of a potential human life, but precedes instead the choice as to which embryo, among those created by IVF, is to be given a chance of developing into a human being. And in this context, it is not so clear that it is morally unacceptable to make this choice on the basis of genetic information about the traits that are the focus of this Report." (Paragraph 13.66)

"It might turn out that there are possibilities for modest applications of PGD in relation to the traits considered in this Report which would not seriously undermine the present relationship between parents and their children. **While not entirely persuaded by this conservative line of argument, we do accept that, at present, the case for permitting prenatal selection based on the identification of genetic predispositions for enhanced abilities remains to be made. We recommend, therefore, that the technique of preimplantation genetic diagnosis, which is currently restricted to serious diseases and disorders, should not be extended to include behavioural traits in the normal range such as intelligence, sexual orientation and personality traits.**" (Paragraph 13.78)

*Genetics and human behaviour: the ethical context* is available to download at: [www.nuffieldbioethics.org/go/ourwork/behaviouralgenetics/introduction](http://www.nuffieldbioethics.org/go/ourwork/behaviouralgenetics/introduction).

2 Select Committee recommendation:

*We believe that the research on human embryos can be undertaken without compromising their special status but that this research should have proper ethical oversight as set out in Chapter 8 and 9. We further conclude that, where necessary, embryos can be created specifically for research purposes. (Paragraph 50)*

The Council considered the issues surrounding stem cell use in the Discussion Paper, *Stem cell therapy: the ethical issues* (2000). The Council recommended:

“While there are sufficient and appropriate donated embryos from IVF treatments for use in research, we consider that there are no compelling reasons to allow additional embryos to be created merely to increase the number of embryos available for ES [embryonic stem] cell research or therapy. However, we suggest that this issue be kept under review.” (Paragraph 27)

*Stem cell therapy: the ethical issues* is available to download at:

<http://www.nuffieldbioethics.org/go/screen/ourwork/stemcells/introduction>

3 Select Committee recommendation:

*We believe that the Government is correct that smaller advisory committees with specific briefs would be more effective. Nevertheless, we favour the rationalisation of these committees where there is clear overlap and human genetics and embryology fall into this category. We recommend the formation of a single commission to develop policy issues relating to the assisted reproduction, embryo research and human genetics. (Paragraph 352)*

With regard to the Government’s review of arms length bodies, the Council wrote to Lord Warner in June 2004 setting out its concerns about the formation of a National Bioethics Commission. National commissions are clearly useful to governments when there is a need for advice on short term issues of narrow scope. National Commissions appear less useful when longer term or in depth work is required to consider complex topics which are still on the horizon. In particular, the work of national bioethics commissions tends to be heavily politicised. The Government ultimately concluded that the current distributed system remains the best option as it provides for specific bioethical issues to be addressed by dedicated groups who are able to concentrate on the relevant field in question. We would be pleased to discuss this matter with you further if it would assist you in the creation of the recommended commission for assisted reproduction, embryo research and human genetics.