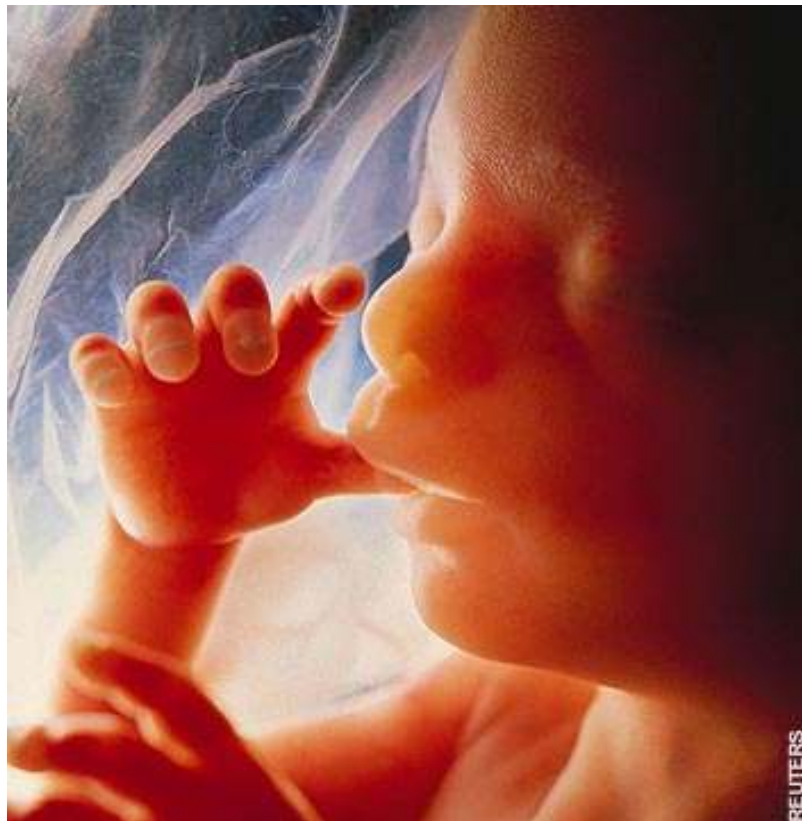




Information and Action Pack on the Human Fertilisation and Embryology Bill



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Choose Life Not Death. Choose Light Not Darkness.
The Human Fertilisation and Embryology Bill
The Campaign

This is a critical moment in the History of our Nation. The Human Fertilisation and Embryology Bill is a complete affront to God and strikes at the heart of His created order, devaluing human life and dignity. This Bill will be debated in the House of Commons in late April or early May this year. We believe that aspects of the Bill which offend God could be thwarted if Christians became involved in the political process at this time and applied pressure to their MPs and Government to Choose LIFE.

The most high profile part of the campaign (but not the only part) is to reduce the upper time limit of abortions in the UK. The upper time limit is the latest week of pregnancy in which most legal abortions can take place, currently 24 weeks.

However, this pack also explains the other issues within the Human Fertilisation and Embryology Bill which we must campaign on.

All the documents in this pack can also be found on the CCFON website:

- www.ccfon.org

Updates and important information on meetings, rallies, debates and parliamentary votes will also be posted on the website.

Should you have any queries about the Pack itself, please contact Andrea Minichiello Williams on 07712 591164 or at andrea@ccfon.org.

What does it mean to value life?

(Issues surrounding the Human Fertilisation and Embryology Bill)

The Human Fertilisation and Embryology Bill, which has been debated and voted on in the House of Lords and will now be discussed in the House of Commons, threatens individual, family and societal life more than any other piece of legislation for decades. The threats can be categorised into three main areas:

1. Threat to human dignity: animal-human hybrids

The government proposes to create animal-human hybrid embryos so that they can be used for embryonic stem cell research. We are urging Parliament to retain boundaries between the species, and to uphold human dignity by voting against these unnecessary and unethical proposals. The Government originally planned to ban the creation of hybrids, but caved in under pressure from the scientists supporting such research.

It has recently become even more obvious that embryonic stem cell research is unnecessary, as new research in the US and Japan published last November has shown that adult skin cells can be reprogrammed to function in the same way as embryonic stem cells. This has led to many scientists, (including the creator of 'dolly the sheep') abandoning embryonic stem cell research. Instead of these proposals, it is imperative that increased investment in ethical therapies using adult and umbilical cord blood stem cells should now be made

2. Threat to the family: 'spare-part' children and fatherless families

There are proposals to liberalise the law regarding so-called 'saviour siblings'. This involves destroying healthy embryos because they are not a tissue-match for their sick sibling, and creating children who are a match so they can be used as a source of treatment for their sibling. We are urging Parliament to ban the use of saviour siblings, and to invest more heavily in umbilical cord blood banking as an ethical alternative.

The Bill also removes the requirement to consider the potential child's need for a father when giving IVF treatment. This is in order to enable greater flexibility in providing IVF treatment to single women and lesbian couples. However, research shows that children with fathers, in stable families, are healthier, happier, and do better in education and employment. We uphold the God-given ideal for families.

3. Threat to human life: liberalising abortion law

The HFE Bill lays the 1967 Abortion Act open to amendment. Since the legalisation of abortion 40 years ago there have been over 6.7 million abortions in this country. Currently almost one in four pregnancies end in abortion. Despite this, there is a concerted move amongst MPs, abortion providers and medical institutions to legalise abortion on demand by ending the requirement for two doctors' signatures, allowing nurse-led medical abortions in GP surgeries with completion at home, barring pro-life doctors from seeing women with unplanned pregnancies and extending the Act to Northern Ireland. We are urging Parliament to reject all these proposals and to support reasonable restrictive amendments like reducing the upper time limit, ending discriminatory abortion of the disabled, and providing balanced evidence-based counselling, which is independent of the abortion providers.

What has happened so far?

The Bill has been debated and voted on in the House of Lords and will now be debated in the House of Commons. In the Lords, a powerful lobby of medically qualified peers and science institutions supporting the Bill, together with the government whip, meant that all attempts to amend the Bill were defeated. Amendments lost so far include:

- A ban on the creation of animal-human hybrids - lost by 96 to 268
- A test to curb the use of hybrid animal-human embryos - lost by 41 to 197
- A ban on the use of saviour siblings - lost by 62 to 180
- Restricting saviour siblings to cases of life-threatening disease - lost by 121 to 162
- An amendment calling for the 'need for a father' for IVF children - lost by 93 to 165
- An amendment to end abortion up to birth on the grounds of disability - lost by 22 to 89

The Bill will be debated and voted on in the Commons before passing back to the Lords for final ratification. With royal assent it will then become law. As this is a Government bill it has the full backing of the Government who are determined to get it through.

What can we do?

It is not too late to influence events in the House of Commons. MPs take letters and visits from constituents very seriously and most are profoundly uninformed or misinformed about the contents and effects of this Bill. Christians have a real opportunity to influence the way MPs will vote on these crucial issues.

Furthermore the Government has promised that it will offer a conscience vote on abortion which is why it is so important that every MP is lobbied.

How to lobby MPs

1) Writing to MPs

This can be done by post, by e-mail, or by fax. Correspondence with your MP should be factually accurate, present a clear argument, and show consideration of the issues involved.

Aspects of the Bill to write to your MP about are listed below and information on these issues can be found in 'Responses to the Bill and possible amendments' in this pack. Example letters contained in the pack can be used to give you an idea of the sort of thing to write to MPs. Make letters individual by focusing on the aspects of the Bill you feel most strongly about.

Aspects of the Bill to write to your MP about

Please urge your MP to **support** one or more of the following amendments to the Bill:

- Ban on animal human hybrids
- Ban on saviour siblings
- Requirement to consider the need for a father for IVF children
- Ban on human reproductive cloning and genetic modification in human reproduction
- Lowering of the 24 week upper limit for abortion
- Ending of abortion up to term for disabled babies
- Properly informed consent about risks and alternatives for women seeking abortion

Please urge them to **oppose** one or more of the following amendments:

- The use of banked human tissue for therapeutic cloning without the knowledge or consent of the donors
- Removal of the requirement for two doctors' signatures to certify abortion
- Abortions to be performed by nurses and other health professionals
- Relaxation of current rules relating to 'approved premises' to allow GP surgery and home abortion
- Removal of the right for doctors with any objection to abortion to see patients with unplanned pregnancies
- Extension of the Abortion Act to Northern Ireland

How to write

- Focus just on one or at most two issues that you are most concerned about
- Be polite, concise and to the point
- Limit your letter to one, or at very most two, sides of A4
- Tell them who you are. Include your profession or other personal information to support your opinion, for example if you are a parent and are writing of the issue of need for a father, or if you were adopted or have adopted children, etc.
- State that you are a member of their constituency
- When opposing any measure in the Bill make reference to ethical alternatives
- Put your arguments in your own words
- Don't be afraid to mention your faith but emphasise also the very strong arguments available

Emails, Letters, Fax details

Email addresses of all MPs can be found on the website <http://www.theyworkforyou.com/> (This website has a page dedicated to each MP, and there is a link to their contact details on the right hand side of their page.)

MPs can be reached in Westminster by post by putting their name, and then '*House of Commons, London, SW1A 0AA*'.

Emails, Letters, Fax details

Replies from MPs

If your MP replies to you indicating where they stand on the issues you have written to them about, we would be grateful to know so that we can keep a record of it. Please forward replies from MPs to Simone Lamont:

Email: simone@ccfon.org

Phone: 020 7407 6157

Address: LCF, 8 Marshalsea Road, London, SE1 1HL

Also, if your MP is prolife or sympathetic to our position, please encourage them to attend Parliament to vote! It is vital that they do this. Also ask them to apply pressure within their party leadership and membership.

2) Visiting your MP at their constituency surgery

Face to face visits are the most effective way of communicating the strength of feeling we have about these issues. MPs have a 'surgery' in their local constituency once or twice a week (almost always Fridays and Saturdays) where members of their constituency can go and raise concerns they have. The following information may help those who want to visit their MPs.

- a) **Confirm who your local MP is.** A simple way of doing this is to visit <http://www.aliveandkickingcampaign.org> and type in your postcode. Alternatively, look up the details in your local phone book, or phone the House of Commons switchboard (020 7219 3000) and ask them for the information. It is important to know who your MP is because it is only your local MP who is allowed to represent your view on an issue in Parliament.
- b) **Find out when your MP's surgery is held and contact them to arrange a meeting.** Email addresses for MP can be found at:
<http://www.theyworkforyou.com/>. Find out what day of the week their surgery is held, and then make an appointment. Alternatively, phone the Commons switchboard (020 7219 3000).
- c) **Ask your MP where they stand on these issues and how they have voted on them in the past (particularly abortion and upper time limit).** If your MP indicated where they stand on the issues please email us to let us know so we can keep a record of it. You can email us at simone@ccfon.org, or call on 0207 4076157.
- d) If your MP is prolife or sympathetic to our position, please encourage them to **attend Parliament to vote** - it is vital that they do this. Also ask them to apply pressure within their party leadership and membership.

As a rough guide, it is likely that Labour MPs will vote for the Bill, especially if they are whipped (not given a free vote). Therefore Labour MPs are a key priority for lobbying. Labour and Liberal Democrat MPs are also a key priority for lobbying as many are in marginal seats.

Speaking to MPs about the Human Fertilisation and Embryology Bill

1. **Pray** before you go to the meeting!
2. **Take** along a print out of the *Responses to arguments for the Bill and amendments* in this pack with you.
3. Start the meeting **positively** and be polite.
4. Explain your **concerns** about the Bill in your own words, using the information in this pack to help guide you on the issues.

3) Other Action Points

- **Find out where your MP stands on abortion and lobby them.** Visit <http://www.aliveandkickingcampaign.org> and look up your MP using the MP database on the website to view your MP's previous voting history and current voting intentions on abortion. There are some MPs whose opinions on abortion we do not know. If your MP is one of them please write or visit their surgery asking them specifically where they stand on abortion, and let us know their response. Please forward MPs responses to voting@aliveandkickingcampaign.org or 020 7407 6157.
- **Write to the Prime Minister Gordon Brown at 10 Downing Street, London, SW1A 2AA, or email him at BROWNG@parliament.uk.** In letters to the Prime Minister, **PLEASE ASK HIM TO PERMIT FREE VOTES** (to withdraw the whip) on every part of the Bill. As this is a Government Bill, Labour MPs are usually 'whipped' to vote for the Bill so that it can be passed through Parliament. On ethical and moral matters MPs are usually allowed to vote according to their conscience and given a 'free vote'. However, the Government has not indicated that they will give free votes on this Bill, even though the provisions within it are ethical and moral matters.
- **Sign petitions:**
 - Asking the Government to allow free votes on the embryology and fathers components of the Human Fertilisation and Embryology Bill:
<http://petitions.pm.gov.uk/embryovote/>
 - Not to deny children the right to a father:
<http://petitions.pm.gov.uk/ChildsFather/>
 - Urging Parliament to support amendments that will help to reduce the number of abortions and to oppose amendments that will liberalise the law:
<http://www.aliveandkickingcampaign.org/petition>

- **Hold a meeting** in your church to inform fellow Christians and mobilise them to pray. Invite your MP to the meeting and show the short 'Time To Draw The Line' video about the Bill, which can be viewed at <http://www.youtube.com/watch?v=WOHc-vjgYh4>
- **Watch the 'virals'** that have been made to raise awareness about the Bill and the issues it raises. A viral is a short video which grabs people's attention and links them to another website. It is called a viral because the idea is that it will spread by people forwarding it on to their friends. If you want to send the virals to others simply copy these links into an email and forward them:

For the good of the company

<http://www.youtube.com/watch?v=xJNxOkUE1pc>

Just a block of wood?

<http://www.youtube.com/watch?v=KjTAsPoVMak>

Responses to provisions within the Bill and amendments

1. The creation of animal human hybrid embryos

If this Bill becomes law, it will legalise the creation of animal human hybrids embryos for research purposes, removing the special status and dignity of the human embryo. There are different types of animal human hybrids, one is 'true hybrids' which involves fertilising a human egg using animal sperm, or an animal egg using human sperm. Another type is cytoplasmic hybrids ('cybrids') which are produced by cloning (cell nuclear replacement) technology. However, all types of hybrid embryos are unethical and strike at the very heart of what it means to be human.

In proposing the creation of animal human hybrids, the UK is stepping even further out of line with the practices of other countries, both in Europe and further afield, where such practice remains illegal. We have already breached the European Convention on Human Rights and Biomedicine by allowing the creation of embryos for research. There were plans to ban animal human hybrids because of public concern, but the government caved in to pressure from ideologically driven scientists and the financially driven biotechnology industry.

The House of Lords passed an amendment to the Bill, changing the name of 'animal human hybrid embryo' to 'human admixed embryo': this was an attempt to de-stigmatise what is actually being created and try to make it more palatable. This re-naming process has occurred before when the term 'embryo' was changed to 'pre-embryo'.

The creation of animal human hybrids is unnecessary. Human embryonic stem cell research has failed to produce any treatments or cures in the last 17 years, and it is likely that hybrid embryos will be equally as unsuccessful. New research has shown that adult skin cells can be reprogrammed to act like embryonic stem cells, removing the need to experiment on embryos, including animal human hybrid embryos.

Additionally, umbilical cord blood stem cells have been successfully used in treatment of diseases, including helping to obtain bone marrow matches for children suffering from Leukaemia. In total 85 diseases have been successfully treated using cord blood stem cells and there is the potential to treat more.

We are urging MPs to vote against unnecessary and unethical proposals to permit the creation of all types of animal human hybrids, and instead to invest in ethical therapies using adult and umbilical cord blood stem cells.

2. Saviour siblings

The Bill allows the pre-implantation testing of IVF embryos so that embryos that are a tissue match for an existing sick child can be chosen and others, which are not a match, destroyed. A child that is a tissue match can then be created for the purpose of using their tissue to treat the ill sibling. This is already allowed when umbilical cord blood could treat an existing child who has a life threatening disease. The new Bill extends this to a child with a serious medical condition (not defined in the Bill), and stipulates that other tissue could be used. Experts have been talking about the possibilities of creating children to supply organ transplants (such as a kidney) for their siblings. In the Lords, the Government changed this to say that “other tissue” does not include any “whole” organ of the resulting child. However, this still leaves open the possibility of part of an organ of a child being used and any other tissue. This is concerning not only because this process would involve the destruction of perfectly healthy embryos who simply do not ‘match’ their sibling, but also because it involves the creation of ‘spare part children’. The danger is that these children will be seen a commodity, and there are obvious difficulties about balancing the rights of the so-called “saviour” child with the medical needs of the child’s sibling.

3. The ‘need for a father’ for IVF children

The Bill removes the need for IVF providers to take into account the child’s need for a father when considering an IVF application. The House of Lords amended the Bill so that the need for a child to have ‘supportive parenting’ is considered instead, which may include same sex couples. This completely removes any value placed on the unique and different impact that mothers and fathers have on their children’s lives and denigrates both the role of a mother and the role of a father in claiming that either can be fulfilled just as well by a member of the opposite sex, providing they are ‘supportive’. The repercussions of this would have devastating effects on families and the welfare of children.

4. Ban on human reproductive cloning and genetic modification

Under the Bill, only ‘permitted’ embryos may be placed in a woman’s womb. Permitted embryos must be made by a natural sperm from male testes fertilising a natural egg from female ovaries.

However, scientists predict that it will soon be possible for embryos to be created using artificial sperm and eggs (gametes) created from stem cells, know as artificial gametes. These may be created in various ways including cloning techniques. Using artificial gametes to create an embryo and placing it in a woman would allow same sex couples to produce their own genetic children, or even one person producing their own child. In order to

safeguard against the use of artificial gametes to create children, a positive prohibition should be included in the Bill, making it absolutely clear that embryos created from artificial gametes are banned.

The Bill makes it illegal to change a child's genetic characteristics, which are found in their DNA. However, it provides an exception to this by allowing cloning techniques (cell nuclear replacement) to be used to prevent some genetic diseases (e.g. mitochondrial diseases).

Parliament should put in place adequate safeguards to ensure that any form of human reproductive cloning is prohibited.

5. The use of banked human tissue for therapeutic cloning without the knowledge or consent of the donors

It is expected that the House of Commons will debate an amendment to the Bill which would allow scientists to use donated human cells in order to create cloned embryos and animal-human embryos, without the consent of the donor. This would mean that clones or hybrids could be created from the cells of donors without their knowledge or consent.

6. Lowering of the 24 week upper limit for abortion

It is wrong to take innocent human life at any stage, and support for reducing upper limits does not mean acceptance of earlier abortion, but the following reasons explain changing professional and public perceptions of the humanity of the baby in the womb:

4D ultrasound pictures have shown the baby 'walking in the womb'. These images have engaged with the public's intuition that late abortion is wrong.

Improved neonatal survival – many more babies born at 24 weeks or a little earlier now survive. A foetus at 23 weeks and 6 days can legally be aborted for what are in reality social reasons, while in the same hospital, health professionals strive to save a baby born pre-term at the same gestation. The difference is that one baby is not 'wanted' while the other is.

Foetal viability is changing. Although mortality and morbidity remain relatively high, in the best resourced units survival has improved steadily year-on-year for extremely preterm infants born at 24 weeks' gestation or less. The government relies on old studies for survival and outcome data, but by their very nature, such long-term studies represent the outcome following a now outdated standard of care – EPICure, for example, tells us about infants born in 1995.

Foetal awareness - there is also mounting medical evidence (ignored recently by a Commons inquiry) that the foetus may be aware of pain at less than 20 weeks and this adds to the disquiet a growing number feel about late abortion. At the very least, society should give the foetus the benefit of any doubt.

Parliamentary, public and professional opinion favours reduction:

63% of MPs support a reduction in the 24-week upper age limit (2005)

Nearly two-thirds of the public want the 24-week limit reduced (2005)

More than three-quarters of women support a reduction (2005)

65% of GPs would welcome a reduction (2007)

7. Ending of abortion up to term for disabled babies

Currently the law provides for abortion up to birth if 'there is a substantial risk that if the child were born it would suffer from physical or mental abnormalities as to be seriously handicapped'. The mere existence of this provision is highly controversial because of the way it discriminates against the disabled and makes sweeping assumptions about quality of life and of the value of life. We take the view that it should be repealed.

Additionally, when considering reviewing this provision it should be noted that it is not being implemented properly. There is no definition of 'abnormalities as to be seriously handicapped' and a lack of medical regulation in this area has led to abortions being performed for minor abnormalities, including cleft lip and palate, webbed fingers and extra digits. Medical improvements mean that many abnormalities are now far less significant in the degree of handicap they cause. These developments mean that Parliament should review the whole question of abortion for foetal abnormality.

8. Properly informed consent about risks and alternatives for women seeking abortion

There are many consequences to abortion including effects on women's mental and physical health. Not all women are informed of all the facts, including the alternatives such as adoption. Organisations that carry out abortions do provide guidance for women requesting an abortion, but in practice not all women receive guidance, and when it is given it can vary widely. In addition, this guidance, and especially that produced by the Royal College of Obstetricians and Gynaecologists (RCOG) has attracted strong criticism because it not based on the latest evidence and has been produced almost entirely by employees of the abortion industry.

Statutory guidance ought to be set in place so that all women receive the same information about the possible effects of abortion, and this should be supplied independently of the abortion service.

There is now ample evidence of the detrimental effect abortions can have on women's mental physical health. Physical health consequences include haemorrhaging, uterine perforation, uterine rupture, cervical trauma and post-abortion infections. Social and psychiatric consequences include depression, sleeping problems, flashbacks, anniversary syndrome (an increase of symptoms around anniversary dates of conception, abortion or due date), and anxiety over infertility.

A recent New Zealand study found a significantly higher rate of mental illness in women following abortion than those who kept their pregnancy. Other studies have found that women who have abortions are much more likely to commit suicide within a year of the event.

There is also an established link between abortion and preterm delivery and growing evidence of a link between abortion and breast cancer.

9. Removal of the requirement for two doctors' signatures to certify abortion

The Select Committee on Science and Technology reported on the Scientific Developments relating to the Abortion Act 1967. In this report the Committee advised the Government to remove the requirement for two doctor's signatures as it causes delays for those seeking an abortion and because doctors do not execute this responsibility properly, therefore, it has become a sham. If this requirement were to be removed it would effectively allow 'abortion on demand'.

The requirement for two doctors' signatures was put in place because abortion is still technically an illegal act and involves the taking of a human life. It was to ensure that the doctors involved in making the decision 'police' each other. It was never intended as a statute to protect a pro-abortion philosophy, rather it was intended to allow for the possibility of a legal abortion in extreme circumstance. This safeguard has been abused and should be rectified not removed.

10. Abortions to be performed by nurses and other health professionals and relaxation of current rules relating to 'approved premises' to allow GP surgery and home abortion

The Select Committee on Science and Technology also recommended that nurses should be allowed to carry out medical abortions (taking drugs to end the pregnancy), and that

women should be allowed to abort at home. These proposals would liberalise abortion, making it more accessible and 'user friendly' which would lead to an increase in the number of abortions. This should be resisted as there are already over 600 babies aborted daily in the UK.

The proposals also raise the issue of the safety of medical abortions. They are not as safe as is assumed and not always effective. Women who take medication to abort their baby often experience side effects. Complications can also occur resulting in hospitalisation.

Allowing a woman to take medication to abort at home with these risks is effectively returning to 'back street abortion', which was the reason given for the law's introduction.

All abortions, surgical and medical, have potential risks and therefore amendments to liberalise abortion must be rejected.

11. Removal of the right for doctors with any objection to abortion to see patients with unplanned pregnancies

There is a 'Conscience Clause' in the Abortion Act which allows professionals with genuine ethical and moral objections a legal right to abstain from involvement in the abortion. Extremist liberalisers are now seeking to bar professionals who might want to claim conscientious objection rights from providing information, support, and counselling to women considering whether or not to have an abortion.

Tamie Downes, a Christian GP in Cornwall, was reported last year to the General Medical Council by pro-abortion activists for her approach to counselling patients with crisis pregnancies. With her help eight women had changed their mind about having an abortion and were very grateful for her input. The case was immediately dropped by the GMC as having no substance, but it illustrates the tactics of the so-called pro-choice movement who seemingly wish to deny a properly informed real choice to women. Women with an unplanned pregnancy are usually in crisis and deserve the space, time, information and support necessary to make a properly informed decision, not just to be placed on the abortion conveyor belt.

Click on the link below to read an article about Tamie Downes in the Daily Mail:

GP who made eight women think again

http://www.dailymail.co.uk/pages/live/articles/news/news.html?in_article_id=452319&in_page_id=1770

Those who wish to bar doctors with conscience objections appear not to recognise that they too have personal beliefs, an ideology, a worldview, which inevitably must be a potential source of bias. Professionals have insight into their own motivations, are subject to regulatory bodies and codes of conduct, and are perfectly capable of counselling objectively. These totalitarian proposals must be resisted.

The dangers of not giving adequate counselling to women in distress has been illustrated recently by the tragic story of a woman who committed suicide after aborting her twins.

12. Extension of the Abortion Act to Northern Ireland

The 1967 Abortion Act has never applied to Northern Ireland. It has long been a goal of the pro-abortion movement to extend it there. By clear majority, the people and politicians there do not want it. The people of Northern Ireland should not have abortion foisted on them by MPs in Westminster who do not represent their interests.

Example Letter

Ban on animal human hybrids

Dear

Re: Human Fertilisation and Embryology Bill

I am very concerned that the above Bill proposes to legalise the creation of animal human hybrid embryos for research purposes. This process would involve cloning human tissue into animal eggs (creating cytoplasmic hybrid embryos) and fertilising a human egg using animal sperm, or an animal egg using human sperm (creating true hybrid embryos). Treating human life in such a way de-values what it means to be human and removes the special status and dignity of the human embryo.

It is unethical and unnecessary. Human embryonic stem cell research has failed to produce any treatments or cures in the last 17 years, and it is likely that hybrid embryos will be equally as unsuccessful. In November 2007, two separate groups of scientists announced success in reprogramming adult skin cells so that they behaved just like embryo stem cells. Consequently, many researchers are abandoning human embryonic stem cell research in favour of ethically non-controversial 'adult' stem cells, derived from non-embryonic sources.

Other ethical methods of research which have been successful in the treatment of diseases include umbilical cord blood stem cells. In total 85 diseases have been successfully treated using cord blood stem cells and there is the potential to treat more.

In proposing the creation of animal human hybrids, the UK is stepping even further out of line with the practices of other countries, both in Europe and further afield, where such practice remains illegal. We have already breached the European Convention on Human Rights and Biomedicine by allowing the creation of embryos for research.

I urge you to support amendments to ban the creation of animal human hybrid embryos, to retain boundaries between the species and to uphold human dignity.

Example Letter

Ban on Saviour Siblings

Dear

Re: Human Fertilisation and Embryology Bill

I am very concerned that the above Bill proposes extending the circumstances in which so called “saviour siblings” can be created through the use of IVF and pre-implantation diagnosis. I would strongly urge you to vote for an amendment to the above Bill, when it comes before the House of Commons later this month, that will ban the creation of so called “saviour siblings”.

Please choose one or more of the arguments below to help you compose your letter:

- The process of creating a “saviour sibling” involves the creation and destruction of large numbers of otherwise healthy embryos that do not fit the criteria.
- The design and creation of a child as a “saviour” for another is using that child as a means to an end.
- A conflict of interest may arise within a family between the best interests of the sick child and that of the “saviour” child, and the interests of the “saviour” child could never be adequately safeguarded.
- If the “saviour” child is not ultimately able to save the sibling, he or she may feel a failure.
- If “saviour siblings” are to be used for their bone marrow, or even part organs, this would represent a gross infringement of their human rights, in that legal consent would be impossible in a child under the age of about 14 years.
- The concept of creating a child that could potentially be used as a source of part organs or other tissue to save another child is not something that should ever be contemplated in a civilised society.
- The creation of a “saviour sibling” is a poor treatment option in that it takes a minimum of nine months to implement, and probably significantly longer, if it is possible at all. The emotional strain on the family concerned may be extreme.
- The regular storage of umbilical cord blood could produce a bank that would render umbilical cord blood from saviour siblings unnecessary.

- If “saviour siblings” are to be contemplated at all, it should only be in cases where the disease for which the cure is sought is life-threatening.

Example Letter

Requirement to consider the need for a father for IVF children

Dear

Re: Human Fertilisation and Embryology Bill

I would like to register my concern that the above Bill, to be debated in the House of Commons later this month, proposes the removal of the requirement that clinics providing IVF treatment services take into account the need of any child that may be born as a result of assisted reproduction “for a father”, in deciding whether or not treatment should be provided. I strongly urge you to support the amendment that ensures that this requirement will be retained.

Please choose one or more of the arguments below to help you compose your letter:

- There is evidence that clinics do currently take their obligation to identify a potential male role model in the wider family seriously when considering giving treatment to single women, such that the clause is of value in practice as well as in terms of the underlying principle it upholds.
- The removal of the clause will send the message from government that it does not value fatherhood and that fathers are dispensable and not needed by children.
- The guiding principle should be the welfare of the resulting children, and not whether or not this requirement is considered “offensive” by a small minority of adults.
- The Government’s most recent official research into marriage and the family, the Focus on Families survey published in October this year by the Office of National Statistics, concluded that marriage beats all other living arrangements in terms of its benefits to adults and children. Regardless of economic background, children living with their married parents were the healthiest and stayed longer in the education system.
- There is a broad range of evidence indicating that the role of the father is of great significance to a child’s welfare, playing a unique role complementary to that of the mother. Children who live apart from their father or who have no contact with a father have worse outcomes in childhood and adulthood across a range of indices.

- Father-absence is also linked with early sexual experience and teenage pregnancy, even after control for other factors.¹
- Some studies suggest that the love of a father is as influential upon the development of a child as the love of a mother.²
- This change in the law should not be advocated unless it has clear benefits for the welfare of children.
- Single-sex partnerships should not be treated as procreative units. This runs contrary to God's creation design for men and women, and the perfect complementarity of the male and female as the bedrock of family life.

¹ Ellis, B.J et al, 'Does Father Absence Place Daughters at Special Risk for Early Sexual Activity and Teenage Pregnancy?', *Child Development* Vol 74 No.3 May/June 2003, pages 801-821

² Rohner, R P and Veneziano, R, 'The Importance of Father Love: History and Contemporary Evidence', *Review of General Psychology* Vol 5(4), 2001, pages 382-405

Example Letter

Ban on human reproductive cloning and genetic modification in human reproduction

Dear

Re: Human Fertilisation and Embryology Bill

I am writing to you as I am concerned that the above Bill does not include sufficient safeguards prohibiting the future creation of embryos using cloning techniques and artificial gametes.

Under the Bill, only 'permitted' embryos may be placed in a woman's womb. Permitted embryos must be made by a natural sperm from male testes fertilising a natural egg from female ovaries.

However, scientists predict that it will soon be possible for embryos to be created using artificial sperm and eggs created from stem cells, known as artificial gametes. These may be created in various ways including cloning techniques. In order to safeguard against the use of artificial gametes to create children, a positive prohibition should be included in the Bill, making it absolutely clear that embryos created from artificial gametes are banned.

The Bill makes it illegal to change a child's genetic characteristics, which are found in their DNA. However, it provides an exception to this by allowing cloning techniques (cell nuclear replacement) to be used to prevent some genetic diseases (e.g. mitochondrial diseases). This opens the door to permit use of cloning and I urge you to support amendments to the Bill which ensure that any form of human reproductive cloning is prohibited.

Example Letter

Lowering the upper time limit for abortion

Dear

Re: Human Fertilisation and Embryology Bill

I am writing to urge you to support an amendment to the above Bill that will reduce the upper time limit for women having an abortion.

Since the upper time limit for abortion was set at 24 weeks in 1990, there have been many developments that have changed public perceptions of the humanity of the baby in the womb. These include reports of improved neonatal survival, with more babies born at 24 weeks and surviving, and 4D ultrasound pictures showing the baby 'walking in the womb' as young as 12 weeks. This indicates that abortion at 24 weeks terminates the life of a child that is viable.

There is also mounting medical evidence that the foetus may be aware of pain at less than 20 weeks. A foetus at 23 weeks and 6 days can legally be aborted for what are in reality social reasons, while in the same hospital, health professionals strive to save a baby born pre-term at the same gestation. The difference is that one baby is 'wanted' while the other is not.

A review of the upper time limit for abortion is necessary and I urge you to support a reduction of the upper time limit to 20 weeks or less.

Example Letter

Ending abortion up to term for disabled babies

Dear

Re: Human Fertilisation and Embryology Bill

I am writing to urge you to support an amendment to the above Bill that will end abortion up to term for disabled babies. Currently the law provides for abortion up to birth if 'there is a substantial risk that if the child were born it would suffer from physical or mental abnormalities as to be seriously handicapped'. This provision discriminates against the disabled and makes sweeping assumptions about quality of life and the value of life, and should be repealed.

It should also be noted that currently this provision is not being implemented properly. There is no definition of 'abnormalities as to be seriously handicapped' and a lack of medical regulation in this area has led to abortions being performed for minor abnormalities, including cleft lip and palate, webbed fingers and extra digits. Medical improvements mean that many abnormalities are now far less significant in the degree of handicap they cause. These developments mean that Parliament should review the whole question of abortion for foetal abnormality.

Example Letter

Properly informed consent about risks and alternatives for women seeking abortion

Dear

Re: Human Fertilisation and Embryology Bill

I am writing to urge you to support an amendment to the above Bill that will require women seeking abortion to be given full information about the alternatives to abortion, and the short and long-term risks associated with the procedure. I understand that the Bill is due to be debated in the House of Commons in March.

In a modern society where information is so freely available it is vital women are given a clear explanation of all the options that are open to them. They should be told of the medical and psychological effects of abortion and of alternatives to abortion including adoption and be given the time, space and support needed to make their decision without coercion.

Please vote to ensure that doctors must provide balanced, evidence-based information, independently of the abortion service, that gives women a properly informed choice, along with the offer of counselling. This will help women to be able to make a fully informed decision.

Example Letter

The use of banked human tissue for therapeutic cloning without the knowledge or consent of the donors

Dear

Re: Human Fertilisation and Embryology Bill

I would like to register my concern regarding the above Bill, to be debated in the House of Commons at the end of this month, that proposals to allow scientists to use donated human cells in order to create cloned embryos and animal-human embryos, without the consent of the donor, may be put forward. Amendments of this kind would mean that clones or hybrids from the cells of donors could be created without that donor's knowledge or consent, which is clearly unethical and I urge you to oppose any amendments which would allow this.

Example Letter

Removal of the requirement for two doctors' signatures to certify abortion

Dear

Re: Human Fertilisation and Embryology Bill

I would like to register my concern regarding possible amendments to the above Bill to remove the requirement for two doctors' signatures to certify abortion.

It is said by those in favour of removing the requirement for two doctor's signatures that it causes delays for those seeking an abortion and that doctors do not execute their responsibility properly, therefore, it has become a sham. However, if this requirement were to be removed it would effectively allow 'abortion on demand'.

The requirement for two doctors' signatures is actually to ensure that the two doctors 'police' each other to make sure that the requirements of the Abortion Act are complied with. This safeguard has been abused and should be rectified not removed. I urge you to oppose any amendment that would seek to remove this provision in the Abortion Act 1967.

Example Letter

Abortions to be performed by nurses and other health professionals and the relaxation of current rules relating to 'approved premises' to allow GP surgery and home abortion

Dear

Re: Human Fertilisation and Embryology Bill

I would like to register concern in relation to the above Bill, regarding possible amendments to the Abortion Act 1967 that may be laid allowing nurses and other health professionals to carry out medical abortions, and for women to abort at home. These proposals were recommended to the Government by the Science and Technology Select Committee's report on the Scientific Developments relating to the Abortion Act 1967, and would liberalise abortion, making it more accessible and 'user friendly', leading to an increase in the number of abortions. This should be resisted as there are already over 600 babies aborted daily in the UK.

The British Medical Association is also opposed to allowing nurses to perform abortion and a recent poll of GPs showed overwhelming opposition to abortions being performed in GP surgeries.

The proposals also raise the issue of the safety of medical abortions. They are not as safe as is assumed and not always effective. Women who take medication to abort their baby often experience side effects. Complications can also occur resulting in hospitalisation.

Allowing a woman to take medication to abort at home with these risks is effectively returning to 'back street abortion', which was the reason given for the introduction of the abortion law in the first place.

All abortions, surgical and medical, have potential risks and I urge you to oppose amendments that liberalise abortion.

Example Letter

Removal of the right for doctors with any objection to abortion to see patients with unplanned pregnancies

Dear

Re: Human Fertilisation and Embryology Bill

I would like to register concern in relation to the above Bill, regarding possible amendments to the Abortion Act 1967, which may be laid to remove the right for doctors with any objection to abortion to see patients with unplanned pregnancies.

Medical professionals with genuine ethical and moral objections have a legal right to abstain from involvement in abortion. Extremist liberalisers are now seeking to bar professionals who might want to claim conscientious objection rights from providing information, support, and counselling to women considering whether or not to have an abortion. This is unfair and unnecessary and will mean that women who are genuinely ambivalent about abortion will be barred access to doctors who will be able to help them make an informed decision.

Everyone has personal beliefs, ideologies, and worldviews which inevitably are a potential source of bias. Medical professionals have insight into their own motivations, are subject to regulatory bodies and codes of conduct, and are perfectly capable of counselling objectively. Totalitarian proposals to remove the right for doctors with objections to abortion to see patients with unplanned pregnancies must be resisted, and I urge you to oppose such amendments.

Example Letter

Extension of the Abortion Act to Northern Ireland

Dear

Re: Human Fertilisation and Embryology Bill

I would like to register concern in relation to the above Bill, regarding possible amendments to the Abortion Act 1967, which may be laid to extend the Abortion Act to Northern Ireland.

The 1967 Abortion Act has never applied to Northern Ireland and, by clear majority, the people and politicians there do not want it. The people of Northern Ireland should not have abortion foisted on them, and I urge you to reject amendments to extend abortion to Northern Ireland.