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21 February 2008

Dear Ms Trujillo and Mr Savva,

Thank you for your letter of 22 January to Alan Johnson about the Human Fertilisation and Embryology Bill. Unfortunately, due to the amount of correspondence he receives, Mr Johnson is unable to answer every letter personally. I have been asked to reply.

The Government appreciates that this is a very important subject on which many people hold very strong and widely differing views. It may be helpful if I set out the intended purpose and effect of the Bill.

The Bill was introduced into Parliament in November. Prior to this, it was subject to pre-legislative scrutiny by a Parliamentary committee (then known as the Human Tissue and Embryos Bill). There was also a public consultation in 2005 and a White Paper published in December 2006.

The Bill introduces provisions that allow embryos to be tested and selected, so as to avoid passing on serious medical conditions. Where families are at risk of a particular inherited condition, provisions in the Bill enable embryos to be tested for the gene that would cause this condition, regardless of whether they would have otherwise required fertility treatment. Where someone has an inherited genetic condition but did not wish their embryos to be tested for the condition, they would not be obliged to do so.

If, following testing, there were some embryos that were affected and some unaffected, affected embryos could not be chosen in preference to those unaffected. However, if only affected embryos were available, the people seeking treatment could choose to use those.

Embryo testing, sometimes known as preimplantation genetic diagnosis (PGD), involves removing one or two cells at the eight-cell stage and testing these for the presence of a gene known to result in an abnormality. The Bill introduces five purposes for which embryos can be tested. One of these purposes is where there is an inherited condition that could be passed on to a resulting child.

This can only be done where the particular abnormality to be tested for could result in

a significant risk that a person with the abnormality will have or develop a serious physical or mental disability, a serious illness or any other serious medical condition.

The Human Fertilisation and Embryology Authority (HFEA) would have to be satisfied that a given condition met the criteria in the Bill and that there was a significant risk that a person would have or develop a serious condition. The HFEA currently produces guidance in its Code of Practice about the criteria that should be taken into account when considering the appropriateness of PGD for any given condition.

Genetic testing is only carried out if a couple request it. It is not routinely carried out on embryos created for IVF, so where a couple did have an inherited condition that they did not want to test for whilst seeking treatment for infertility, this would not be imposed on them.

Provisions were included in the Bill to prevent people specifically testing embryos in order to select those with a specific condition or to specifically choose a gamete donor because they had a particular condition.

I hope this reply is helpful.

Yours sincerely,



Dora East
Customer Service Centre
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