

From the Rt Hon Alan Johnson MP
Secretary of State for Health



Your Ref: 01082903

PO00000375103

The Rt Hon Tessa Jowell MP
House of Commons
Westminster
London SW1A 0AA

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

Dear Tessa

12 JAN 2009

Thank you for your letter of 5 December on behalf of a number of your constituents about the Human Fertilisation and Embryology Bill.

You asked for an updated response since my letter of 23 September (our ref PO00000341796).

As you know, the Bill received Royal Assent on 13 November, becoming the Human Fertilisation and Embryology Act 2008 (the 2008 Act). This landmark piece of legislation was the outcome of five years of evidence-gathering, consultation, scrutiny and Parliamentary debate, during which the most profound ethical issues were addressed.

The 2008 Act was needed in order to take account of technological developments and changes in societal attitudes that have taken place since the 1980s. Without it, the legislative and regulatory system in the UK, which has served us very well, was at real risk of becoming outdated.

As you are aware, the provisions in the 2008 Act were debated extensively in both Houses of Parliament for a year. This included free votes on the issues of human admixed embryos, 'saviour' siblings, and the replacement of 'the need for a father' with 'supportive parenting'. The outcome is that the Act has the clear endorsement of Parliament.

The 2008 Act largely amends the Human Fertilisation and Embryology Act 1990. Its key provisions are to:

- ensure that all human embryos outside the body – whatever the process used in their creation - are subject to regulation;
- ensure regulation of human admixed embryos created from a combination of human and animal genetic material for research;

- ban sex selection of offspring for non-medical reasons – the Act allows sex selection for medical reasons only;
- recognise same-sex couples as legal parents of children conceived through the use of donated sperm, eggs or embryos – this enables, for example, the civil partner of a woman who carries a child following IVF to be recognised as the child's legal parent and so provides the child with two legal parents;
- require clinics, when taking account of the welfare of the child before providing fertility treatment, to include the child's need for 'supportive parenting' (rather than its 'need for a father'), hence valuing the role of all parents; and
- alter the restrictions on the disclosure of treatment data collected by the Human Fertilisation and Embryology Authority, in order to help enable follow-up research of infertility treatment.

The 2008 Act, in amending the Human Fertilisation and Embryology Act 1990, brings science and society together in a way that is fit for the 21st century. As a result, we have legislation and a regulatory system that strikes the right balance between maintaining proper controls and public confidence whilst allowing science to develop. The Act offers potential for the development of treatment for currently incurable conditions such as Parkinson's disease and Alzheimer's disease, and will help to ensure that the UK remains at the forefront in this field.

We aim to bring the majority of the provisions of the 2008 Act into force in October 2009, with the provisions relating to parenthood commencing in April 2009. Implementation will include laying a number of sets of regulations in Parliament, on which there will be public consultation.

I hope this reply is helpful.

Yours
Alan

ALAN JOHNSON