

BILLS DIGEST

**HUMAN ASSISTED REPRODUCTIVE TECHNOLOGY BILL 1996
SUPPLEMENTARY ORDER PAPER 2003 No 80
[Member's Bill - Dianne Yates]
*[Supplementary Order Paper – Hon. Lianne Dalziel]***

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<p style="text-align: center;">HUMAN ASSISTED REPRODUCTIVE TECHNOLOGY BILL 1996 SUPPLEMENTARY ORDER PAPER 2003 No 80</p>

Date of Bill's introduction: 27 June 1996

Member: Dianne Yates

Responsible for SOP: Hon. Lianne Dalziel

Date of Release of SOP: 14 May 2003

PURPOSE

The Bill was introduced in 1996 with the aim of providing guidance for medical practitioners and protection of the rights of children, birth mothers, and donors in light of the lack of legal standards governing human reproductive technology in New Zealand, the increasing number of private infertility services clinics being established here, and overseas experience and legal frameworks.

The Bill proposed to provide a legal framework for restrictions and controls on assisted reproductive technology in New Zealand, and would regulate the provision of reproductive research, infertility services, and surrogacy.

The Bill is before the Health Select Committee and as introduced is described in Bills Digest No 211.

The Assisted Human Reproduction Bill 1998 was introduced by the then Government.

This Bill is also before the Health Select Committee and as introduced is described in Bills Digest No 470.

The main aims of the Supplementary Order Paper (SOP) are to:

- replace the original Bill with new provisions;
- place prohibitions on reproductive cloning (other than “established procedures”);
- enable therapeutic cloning (called “assisted reproductive procedures”, “procedures” or “human reproductive research”) to be carried out with the agreement of ethics committees;
- enable ethical standards for the guidance of ethics committees to be established by an advisory committee; and
- prescribe certain offences.

BACKGROUND

Human cloning¹

Cloning refers to processes of manipulating nature to produce an organism which is a genetic copy of another organism. There are presently two basic methods of cloning—nucleus substitution and embryo splitting².

Nucleus substitution (also known as somatic cell nuclear transfer)

This is the method which was used to produce Dolly the sheep, and which is anticipated to be attempted by the scientists who have announced their intention to clone human beings. Basically, it involves taking an egg cell, removing the cell's nucleus (which contains almost all of the genetic material), and replacing it with another cell nucleus. This other nucleus may be taken from any somatic cell, such as a skin cell or liver cell. (In the case of Dolly the sheep, the cell was taken from the sheep's mammary gland.) Scientists then apply an electric current, which causes the enucleated egg and its new nucleus to fuse and develop into an embryo. At this stage the embryo can be transplanted into the gestational mother, who may or may not be the source of the original egg cell or the somatic cell.

Because the nucleus contains most of the DNA of an organism, the cloned embryo and any resulting baby would be substantially genetically identical to the person from whom the somatic cell was taken. However, it would also have a very small amount of DNA attributable to the mitochondria in the egg cell, as mitochondria occur outside the cell nucleus and would not be removed when the nucleus is substituted.

What is unique about cloning by nucleus substitution is that there is no need for fertilisation of the egg, as this occurs in the process of sexual reproduction. Most human cells contain 46 chromosomes, made up of two strands each consisting of 23 chromosomes. However, sex cells are different. A female egg cell contains only 23 chromosomes, as does a male sperm cell. When an egg is fertilised by sperm, the female chromosomes pair up with the corresponding male chromosomes, giving the resulting baby a unique genetic identity. With human cloning by nucleus substitution, this combination does not occur, because a cell nucleus already containing the full complement of 46 chromosomes is inserted. Thus, there is no need for fertilisation of the egg. This method is also known as fusion.

Embryo splitting

This technique involves fertilising an egg with sperm, and dividing the newly formed embryo to form two or more individuals. This is the mechanism that occurs naturally in the case of identical twins. It can also be performed in the laboratory. The resulting individuals will be genetically identical to each other, but not a clone of either parent. This method is also known as fission.

¹ *Research involving Embryos and Prohibition of Human Cloning Bill 2002*, Parliament of Australia, Bills Digest No 17 2002-03,

<http://www.aph.gov.au/library/pubs/bd/2002-03/03bd017.htm#Background>

² Ibid

Reproductive cloning

In reproductive cloning, a cloned embryo—whether produced by somatic cell nuclear transfer or by embryo splitting—would be implanted in a woman to develop until birth. This technique, as applied in animals, has already produced cloned whole sheep, rats, cows, and rhesus monkeys and is prohibited by the bill.

Therapeutic cloning human embryonic stem cell research

This technique involves cloning human embryos not for the purpose of allowing them to develop until birth, but to extract certain cells—the so-called ‘embryonic stem cells’—from them and grow them into tissues for the development of therapies for adults suffering from certain diseases. The embryos are created by nucleus substitution using nuclei from an adult patient. Thus the stem cells are clones of the patient, and have the potential to grow into any type of tissue for disease treatment. The removal of stem cells results in the destruction of the embryos.

A second scientific breakthrough, conceptually distinct from cloning technology, is the isolation of human embryonic stem cells, which first occurred in 1998. Embryonic stem cells are pluripotent cells, which means they have the capacity to turn into any cell type in the adult body. They are extracted from an early human embryo at the blastocyst stage of development (approximately 5-7 days after fertilisation). The removal of cells destroys the capacity of the embryo to continue to grow and develop. Embryonic stem cells, once extracted, can be grown in culture and can replicate seemingly indefinitely. Thus, the isolation and extraction of stem cells from a single embryo can lead to the creation of thousands of identical stem cells, known as an ‘embryonic stem cell line’. Embryonic stem cells are currently used for research. Because they have the ability to develop into a diverse range of specialised tissues and organs, the hope is eventually to be able to use embryonic stem cells to grow human tissues and organs which can be transplanted into humans for the treatment of disease.

The use of embryonic stem cells involves cloning only in the sense of the multiplication of cells, a process which occurs naturally in the human body. Embryonic stem cells could, however, have their nuclei removed and replaced with the nuclei from human somatic cells. This combination of technologies has potential benefits as it would enable cells to be grown which are genetically identical to the patient, which would dramatically reduce the risk of tissue or organ rejection, and remove the need for powerful immuno-suppressant medication. There is some scientific speculation that this therapeutic cloning technique may be superseded in the future by other methods which avoid cloning and the destruction of embryos³.

Arguments for therapeutic cloning

The key issue in relation to embryonic stem cell research is that it involves the destruction of embryos.

³ Ibid

Researchers argue that embryonic stem cell research has the following beneficial applications⁴:

Basic research

Cloning techniques would greatly facilitate basic research aimed at understanding matters such as cell division and early human development. This research may provide important clues into things such as the origin of birth defects, and the way alterations in cell division are involved in producing cancer and the ageing process. Research on embryonic stem cells is much more attractive than the current research on animals, because sometimes animal models have differences which make transferring results into humans difficult or speculative.

Discovering new growth and differentiation factors

Cloning techniques may help to identify proteins which can be given to people as treatment to regenerate damaged tissues.

Developing new medicines and treatments

Genetic modifications made to diseased cells may lead to treatments or cures for diseases such as Alzheimer's or Parkinson's. Using embryonic stem cells promises a higher accuracy rate, reduces the number of animals required in research and testing, and may lead to the faster development of pharmaceutical treatments.

Developing cell-based tissues and organs for transplantation

Some degenerative diseases cannot be treated pharmaceutically, but require replacement of damaged cells. Embryonic stem cell lines could eventually be used to develop cells, tissues or even organs for transplantation, although the research is currently not this far advanced. This type of treatment has potential to provide, for example, skin grafts for burns victims or bone marrow for cancer patients.

Arguments against therapeutic cloning

The main concern over embryonic stem cell research involves the use and destruction of human embryos in the process of extracting the stem cells. Although the embryos are at a very early stage of development, some argue that the early embryo has the equivalent legal and moral status of a baby or an adult. The key to this argument is thus the time at which 'personhood' or a 'soul' is acquired.

In response, scientists argue that this is not so, because cells within an embryo may form the baby or the supporting tissue such as the placenta or the amniotic sac. Further, a large number of early embryos will fail to develop for natural causes even if implanted. Finally, scientists argue that the embryos from which stem cells are extracted are embryos which are going to be discarded or destroyed in any event, because they are surplus to the IVF program.

⁴ Ibid

It has also been argued that adult stem cells can be used successfully in research rather than embryonic stem cells.

Ethical views

“The debates about bioethics occur in a context of philosophical and religious reflection about the nature of human life, from its commencement to its conclusion, and the respect due to human life as such. Modern international human rights principles, beginning with the Universal Declaration of Human Rights of 1948, attach fundamental significance to the human being and respect for his or her dignity as such. Such principles themselves reflect longstanding debates amongst philosophers and scholars of every cultural tradition in the world”⁵.

“On the basis of religious beliefs, there is a broad range of positions on the status of the embryo and on the permissibility of using the embryo for any form of research (including stem cell therapeutic research)”⁶.

“The theological basis of these positions itself varies, and it must also be borne in mind that these religious traditions also have a range of views within them. In general, though, it is possible to identify a position which represents an area of broad agreement within that tradition”⁷.

“For example, in the case of Islam, the use of embryos for therapeutic or research purposes may be acceptable provided that it takes place before the point at which the embryo is ensouled, i.e. from the 40th day after fertilization”⁸.

“Some branches of Christian thought (in the Protestant tradition) regard full human status as something which is acquired gradually, and which might therefore not be present in the early embryo. Protestant theology, however, is very diverse, and it is more difficult to find a single source of authority on this issue to which reference might be made. It is, in fact, part of the Protestant ethos that moral questions are determined by the individual conscience, and there is therefore room for a variety of stances on this point. Protestant thought, therefore, may accept that this is an issue on which Christians may have very differing views, with these differing views being compatible with Christian beliefs”⁹.

“In Judaism, the Biblical and Talmudic law holds that the full status of a human being is not present at the moment of fertilization, but is acquired after a period of post-implantation development. An important feature of Jewish thinking in this area is that embryos outside the womb, in analogy to gametes,

⁵ *The Use of Embryonic Stem Cells in Therapeutic Research*, Report of the International Bioethics Committee on the Ethical Aspects of Human Embryonic Stem Cell Research, UNESCO, Paris, 2001, p. 6: http://www.unesco.org/ibc/en/reports/embryonic_ibc_reports.pdf

⁶ Ibid., p. 6.

⁷ Ibid., p. 6.

⁸ Ibid., p. 6.

⁹ Ibid., p. 7.

have no legal status unless parental intent gives them life potential by implantation and pregnancy. An embryo made for IVF treatment and maintained *in vitro* without potential for implantation could therefore be donated and used for therapeutic research. This would be in line with the life-saving duty, which is a strong one in Judaism”¹⁰.

The Catholic position

“The most strongly argued opposition to the use of embryos for therapeutic or research purposes is to be found within the Roman Catholic tradition. In the Catholic view, a human being comes into existence at the time of fertilization, and the embryo is therefore considered as a human individual having the right to its own life. An individual embryo should therefore be given the opportunity to develop into a mature human being. It is an implication of this position that it is necessary to strictly control the fertilization of ova *in vitro*, and it is impermissible to use supernumerary embryos for therapeutic purposes. This is because the life of that embryo is sacred and it cannot be ended by any human agency”¹¹.

The Catechism of the Catholic Church sets out the consequences of this position:

“The inalienable right to life of every innocent human individual is a constitutive element of a civil society and its legislation:

‘The inalienable rights of the person must be recognised and respected by civil society and the political authority. These human rights depend neither on single individuals nor on parents; not do they represent a concession made by society and the state; they belong to human nature and are inherent in the person by virtue of the creative act from which the person took his origin. Among such fundamental rights one should mention in this regard every human being’s right to life and physical integrity from the moment of conception until death’¹².”

International conventions

The Universal Declaration of Human Rights of 1948 (Art. 3) and the International Covenant on Civil and Political Rights of 1966 (Art. 1) proclaim the right to life in general. Others more specifically proclaim the right to life of the conceived child, e.g. the American Convention on Human Rights of 1969 (Article 4), which stipulates that: “every person has the right to have his life respected. This right shall be protected by law and, in general, from the moment of conception”.

The Group on Ethics in Science and New Technologies to the European Commission

(EGE) adopted a view that “ethically unacceptable” the creation of embryos with donated gametes for the purpose of deriving stem cells was “ethically

¹⁰ Ibid., p.7.

¹¹ Ibid., p. 7.

¹² *Catechism of the Catholic Church*, Official edn for Australia and New Zealand, St Paul, Homebush, NSW, 1994, para. 2273, p. 548.

unacceptable”, and the creation of embryos by somatic nuclear transfer was “premature”.

The law of other countries¹³

As at 2001, Research on human embryos was permitted in some countries (with varying degrees of supervision), while expressly prohibited in others.

In *Ireland*, Article 40, par. 3, of the Constitution implicitly prohibits research on the embryo by stating the right to life of the “unborn child is equal to that of the mother. In *Germany*, the Law of 13 December 1990 on Embryo Protection regards as an offence the fertilization of an ovum for purposes other than its reimplantation in the donor; it takes the same position on the fertilization of a larger number of ova than can be implanted. The situation is similar in *Austria*, where Law No. 275 of 1992 authorises the creation of embryos only for reproductive purposes. In Hungary (Law No. LXXIX of 1992) and *Poland* (Law of 7 January 1993 as amended on 30 August 1996), the life of the unborn child must be respected and protected from its conception. In *Norway*, the Law No. 56 of 5 August 1994 prohibits research on embryos and bans their use for any purpose other than reimplantation in the donor. In *Tunisia*, the National Medical Ethics Committee has stated its opposition to all experimentation on the embryo which is regarded as a “potential person” (Opinion No.1 of 12 December 1996) and also to any form of cloning (Opinion No. 3 of 22 May 1997). In *Switzerland*, the Constitution (1999) prohibits the use of medically assisted reproduction for research purposes and the fertilization of more ova than are capable of being immediately implanted (Art. 119, 2c).

In *Australia*, the law varies between different States and Territories and, in some, the subject is not regulated by law. For such cases, the Australian National Health and Medical Council has formulated guidelines (The Ethical Guidelines on Assisted Reproductive Technology, par. 6) which, although not legally binding, are influential.

In the *United Kingdom*, since 1990 the Human Fertilisation and Embryology Act authorises the use of supernumerary embryos for restricted research purposes - in particular concerning reproductive medicine and for the diagnosis of genetic and chromosomal disorders - and the production of embryos for these purposes. On 22 January 2001, the House of Lords passed a law (already approved in December 2000 by the House of Commons), which permits the cloning of human embryos to derive stem cells, thus allowing the possibility of therapeutic cloning. In *France*, Law No. 94-654 of 1994, which prohibits embryo research, is currently under review. In accordance with the opinions delivered by the National Ethics Consultative Committee (4) and the Conseil d’Etat (5), the draft bill permits the production for research purposes of stem cell lines from supernumerary embryos and therapeutic cloning. In November 2000, *Japan* adopted a law prohibiting

¹³ The information on the legal position in selected countries is taken from *The Use of Embryonic Stem Cells in Therapeutic Research*, Report of the International Bioethics Committee on the Ethical Aspects of Human Embryonic Stem Cell Research, UNESCO, Paris, 2001, pp. 3 - 6.

reproductive cloning and prescribing the adoption of guidelines, which should permit the use of stem cells derived from supernumerary embryos. In the *Netherlands*, the law prohibits the production of embryos for research purposes, with many exceptions including research into stem cells obtained from supernumerary embryos. The situation is similar in *Belgium*.

An unusual approach: The United States

In the United States of America, although the Federal financing of such activities is prohibited, the authorization of research on the embryo is left to the discretion of each State.

On August 9 2001, President Bush in an address to the nation announced his administration's position on federal funding for embryonic stem cell research. In his address he canvassed some of the ethical issues involved in embryonic stem cell research, and also noted the potential that stem cells may have to help improve the lives of those who suffer from diseases from Alzheimer's to diabetes. President Bush identified two fundamental questions:

"First are these embryos (that are to be destroyed in the stem cell research) human life and therefore something precious to be protected? And second, if they're going to be destroyed anyway, shouldn't they be used for a greater good, for research that has potential to save and improve other lives?"

President Bush noted that in the answer to these questions, he came across widespread disagreement. In shaping his conclusions, the President noted:

"I'm a strong supporter of science and technology, and believe they have the potential for incredible good...I also believe human life is a sacred gift from our creator. I worry about a culture that devalues human life...As a result of private research, more than 60 genetically diverse stem cell lines already exist. They were created from embryos that have already been destroyed, and they have the ability to regenerate themselves indefinitely, creating ongoing opportunities for research. I have concluded that we should allow Federal funds to be used for research on these existing stem cell lines, where the life and death decision has already been made. This allows us to explore the promise and potential of stem cell research without crossing a fundamental moral line by providing taxpayer funding that would sanction or encourage further destruction of human embryos that have at least the potential for life."¹⁴

President Bush also announced the creation of a President's Council on Bioethics to consider all of the medical and ethical ramifications of biomedical innovation¹⁵.

MAIN PROVISIONS

¹⁴ See the White House website: <http://www.whitehouse.gov/news/releases/2001/08/20010809-2.html>

¹⁵ President George W. Bush, *President Bush Calls on Senate to Back Human Cloning Ban*: Remarks by the President on Human Cloning Legislation, The East Room, April 10, 2002.

Prohibition on certain actions

It is prohibited by the Bill to:

- artificially form, for reproductive purposes, a cloned embryo (for the purposes of this item, a cloned embryo is not formed by splitting, on one or more occasions, an embryo that has been formed by the fusion of gametes¹⁶);
- artificially form, for reproductive purposes, a hybrid embryo;
- implant into a human being a cloned embryo or a foetus that has developed from a cloned embryo;
- implant into a human being an animal embryo or foetus;
- implant into a human being a hybrid embryo or a foetus that has developed from a hybrid embryo;
- implant into an animal a human embryo or foetus; and
- implant into an animal a hybrid embryo or a foetus that has developed from a hybrid embryo (*Part 1, Subpart 1, Clause 7(1), Schedule 1*).

Comment

The first three prohibitions relate to the cloning of human beings “for reproductive purposes”. There is no prohibition on cloning which is an “assisted reproductive procedure” or is for “human reproductive research”. In other words therapeutic cloning is allowed by the Bill subject to the agreement of an ethics committee (see below).

Prohibition of certain imports or exports

The Bill provides that every person commits an offence who exports or imports a gamete, any kind of embryo or foetus, or a being, knowing that it has been formed by one of the prohibited actions listed above (*Part 1, Subpart 1, Clause 7(2)*).

Prohibition on possession

The Bill also provides that every person commits an offence who possesses a gamete, any kind of embryo or foetus, or a being, knowing that it or they have been formed by one of the actions listed above (*Part 1, Subpart 1, Clause 7(3)*).

Penalty

¹⁶ The Bill provides that the term “Gamete” means:

- an egg or a sperm, whether mature or not; or
- any other cell (whether naturally occurring or artificially formed or modified) that contains only one copy of all or most chromosomes and is capable of being used for reproductive purposes (*Clause 5, definition of “gamete”*).

The Bill provides that a person who commits an offence is liable on conviction on indictment to imprisonment for a term not exceeding five years or a fine not exceeding \$2000,000, or both (*Part 1, Subpart 1, Clause 7(4)*).

Additions to prohibitions

The Governor-General may, by Order in Council made on the recommendation of the Minister, amend the list of prohibited actions in Schedule 1 by adding, but not deleting or amending, a further description of an action. Sections 5 to 10 of Regulations (Disallowance) Act 1989 do not apply to such an order. These sections, generally, enable the House of Representatives, by resolution, to disallow any regulations or provisions of regulations, amend any regulations or revoke any regulations, and substitute other regulations (*Part 1, Subpart 1, Clause 8*).

Comment

Section 4, however, applies. This provides that regulations must be laid before the House of Representatives within 16 days of their being made.

Development of embryos outside human body

The Bill creates the following offence in relation to an embryo¹⁷ that:

- has been artificially formed (whether in New Zealand or elsewhere); and
- is outside the body of a human being.

The Bill provides that every person commits an offence (maximum term of imprisonment two years or a fine not exceeding \$100,000 (or both)) who, knowing that the embryo has been developing for more than 14 days following its formation, intentionally:

- imports the embryo into New Zealand or exports the embryo from New Zealand; or
- does anything to cause the further development of the embryo outside the body of a human being (*Part 1, Subpart 1, Clause 10(1), (2) and (5)*).

Any day during which the development of the embryo is “suspended” is not counted.

Comment

This means that within 14 days of its creation, the developing embryo must be destroyed or “suspended”. It cannot be planted into the body of a human being because of the prohibitions set out in Clause 7 and Schedule 1). The term “suspended” is not defined in the Bill. Presumably, suspension of development could be achieved by freezing.

¹⁷ includes a zygote (i.e. a cell formed by the union of two gametes) and a cell or group of cells that has the capacity to develop into an individual: but does not include stem cells derived from an embryo.

Offence of allowing an embryo to develop outside a human body

Every provider¹⁸ and every person responsible for an activity approved by an ethics committee commits an offence (carrying a liability on summary conviction to a fine of up to \$50,000) who fails to take all practicable steps to ensure that the embryo does not continue to develop outside the body of a human being at any time after the fourteenth day following its formation. The fourteen days do not include days during which the development of the embryo is suspended (*Part 1, Subpart 1, Clause 10(3), (4), and (6)*).

Comment

The embryo must be destroyed within 14 days of its creation as it is prohibited under Clause 7 and Schedule 1 to place it in a human body unless its development is “suspended”.

Surrogacy

The Bill provides that a surrogacy arrangement is not of itself illegal, but it is not enforceable by or against any person. However, it is an offence to give or receive consideration in respect of surrogacy agreements (with defined exceptions) (*Part 1, Subpart 1, Clause 12*).

Activities and the ethics committees

The Bill defines “assisted reproductive procedure” or “procedure” to mean a medical, scientific, or technical procedure performed for the purpose of assisting human reproduction including a procedure performed for that purpose that involves:

- the creation outside the human body of an embryo;
- the storage, manipulation, or use outside the human body of a human gamete or embryo; or
- the use outside the human body of cells derived from an embryo.

The SOP defines “human reproductive research” as research that uses or creates a human gamete, a human embryo, or a hybrid embryo.

The SOP also enables any assisted reproductive procedure, treatment, or application to be declared an “established procedure” by Order in Council made by the Governor-General on the recommendation of the minister of Health. Such “established procedures” are excluded from the definition of “assisted reproductive procedure” or “procedure” set out above and so exempted from the offence set out below.

The SOP provides that every person commits an offence who performs an assisted reproductive procedure or conducts human reproductive research

¹⁸ a person, who, in the course of a business (whether or not carried on with a view to making a profit), performs, or arranges the performance of, services in which donated cells are used and included as successor provider (*Clause 5, definition of “Provider*).

without the prior approval in writing of an ethics committee (and may be liable to a fine of up to \$50,000). The Bills sets out the procedural and substantive matters in obtaining and giving this approval (*Part 1AA, Clause 5(1), definitions of “assisted reproductive procedure” or “procedure”, and “established procedure”, Clause 5(3); Part 1, Subpart 2, Clauses 14 – 30*).

Approval of assisted reproductive procedure

An ethics committee, generally appointed for the purpose by the Minister, may give its written approval for the performance of assisted reproductive procedures by a nominated person or for the conduct of human reproductive research by a nominated person provided that the ethics committee “is satisfied that the activity proposed to be undertaken under the approval is consistent with relevant guidelines or relevant advice issued or given by the advisory committee” and subject to any conditions it thinks fit (*Part 1, Subpart 2, Clause 17*).

Advisory committee

The Bill establishes an advisory committee appointed by the Minister of Health. The advisory committee must include one or more members:

- with expertise in assisted reproductive procedures;
- with expertise in human reproductive research;
- with expertise in ethics; and
- who are Maori with expertise in Maori customary values and practice and the ability to articulate issues from a Maori perspective.

The function of the advisory committee is, broadly, to provide advice, and develop guidelines on “established procedures”, “assisted human reproductive procedures” and “human reproductive research”. An ethics committee must operate in accordance with these guidelines (*Part 1, Subpart 2, Clause 28; Part 1, Subpart 3, Clauses 31 – 39*).

Comment

The Bill provides no guidance as to which ethical view of cloning is to be adopted by the advisory committee. The ethics system to be implemented will therefore, for all practical purposes, be dependent on the particular ethical views of the individual members appointed to the advisory committee

Information about donors

The SOP sets out in more detail the requirements on fertility service providers to collect, retain, and provide access to information about donors and donor offspring. It also expands the requirements on the Registrar-General of Births, Deaths and Marriages to retain and provide access to information about donors and donor offspring. These provisions are similar to those set out in the Assisted Human Reproduction Bill 1998 (the provisions are described in some detail in *Bills Digest No 470 (Part 4, Clauses 40 – 61)*).

