



*Changing Society to put the  
Hope of Christ at its Centre*

**Please Act Before**



**Human Fertilisation and Embryology Bill**

**Information and  
Action Pack**

House of Commons Update

**October 2008** v3

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## Update on the Bill

This is a critical moment in the history of our nation. The Human Fertilisation and Embryology Bill is an affront to God and strikes at the heart of His created order, devaluing human life and dignity. It 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:** the creation of animal-human hybrid embryos
2. **Threat to the family:** the creation of 'spare-part' children and fatherless families
3. **Threat to human life:** liberalising abortion law

The most high profile part of this Bill is the liberalisation of abortion law as this Bill opens the Abortion Act 1967 to possible amendments. It was nearly 20 years ago when abortion was last debated in Parliament and it may be a similar length of time before it is looked at again. In view of this fact, it is vitally important that we take notice of what is happening now. We are campaigning to tighten abortion law, including a significant reduction of the upper time limit, restricting abortion on the grounds of disability and providing the offer of standard information to all women seeking abortion, including an offer of counselling.

The Bill itself contains provisions to allow the creation of animal-human hybrid embryos and so called 'saviour sibling' children. It also abolishes the need for IVF providers to consider the child's need for a father. The details of these and other provisions of concern are included in this pack.

It is by the grace of God that this Bill is not already law. Debate and voting of the Bill in the House of Commons had been scheduled to be completed before the Parliamentary summer recess. However, unexpectedly, the final stages of the Bill in the Commons were postponed until after the summer recess.

The by-election in Glasgow East may have had a part to play in this as the constituency, one of Labour's safest seats in the UK, has large numbers of Roman Catholics who were notified by the church of the Government Bill, its anti-life provisions, and of the voting position of all the candidates on pro life issues. The Government had just suffered heavy defeat at the by-election in Crewe (which came a day after the move to block lowering the 24 week upper limit for abortion) and it is thought they wanted to avoid alienating public opinion further in the run up to another worrying by-election in Glasgow East, and so postponed the Bill. Interestingly, an SNP candidate who opposes abortion on demand and is extremely uncomfortable with embryo experimentation won the Glasgow East seat.

The by election in Glasgow is an encouragement as it shows that our voices and votes can make a difference.

The House re-convened from the summer recess on 6th October and it is expected that Report Stage of the Bill (the last stage of the Bill in the Commons when amendments can be debated and voted upon) will be on 22nd October, however, the Government have yet to confirm this, so now is the time to act.

After Third Reading, if passed, any changes made in the Commons have to be agreed in the Lords on a procedure known as “ping pong” until all changes are agreed by both Houses. After this short process of “ping pong”, a Bill normally receives Royal Assent and then becomes law. In practice, this means that the Report Stage in the House of Commons is likely to be the last chance to make any significant changes to this Bill.

We believe the aspects of this Bill that offend God could be thwarted if Christians became involved in the political process. It is not too late to influence events in the House of Commons. Reading this pack will inform you of the main areas of concern within the Bill and equip you to approach your MP, either by letter or visiting them. MPs take letters and visits from constituents very seriously and most continue to be profoundly uninformed or misinformed about the contents and effects of this Bill. Christians have a real opportunity to influence MPs to choose LIFE.

Furthermore the Government has promised that it will offer a conscience vote on abortion. It is, therefore, very important that every MP is lobbied.

We will call a Prayer Rally on the day of the Report Stage of the Bill. We will let you know the day as soon as the Government announces it. We will meet on that day outside Parliament in Old Palace Yard, Westminster, at 2.00pm. At 3.00pm we will march to 10 Downing Street where we will deliver a letter to Gordon Brown about abortion. Please support this rally by being ready for it, by letting others know about it as soon as we have a date and by attending and inviting family and friends to come also.

Above all, we place our trust in God and ask you to do the same, praying that the Lord will intervene and protect our nation from the destruction that this Bill will bring if passed.

All the documents in this pack can also be found on the CCFON website: [www.ccfon.org](http://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 at [andrea@ccfon.org](mailto:andrea@ccfon.org).

# Responses to provisions of and amendments to the Bill

## I. The creation of animal-human hybrid embryos

If this Bill becomes law it will legalise the creation of animal-human hybrid embryos for research purposes, thereby removing the special status and dignity of the human embryo. There are different types of animal-human hybrids. One type 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 technology – using an animal cell or egg and replacing its nucleus with a human cell nucleus, for example with a skin cell (somatic cell nuclear replacement). However, all types of hybrid embryos are unethical and strike at the very heart of what it means to be human by removing the species barrier between humans and animals.

By proposing the creation of animal-human hybrid embryos 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 human embryos for research purposes. The Government originally planned to ban animal-human hybrid embryos because of public concern, but it caved in to pressure from ideologically driven scientists and the financially driven biotechnology industry.

The given justification for creating animal-human hybrid embryos is that research on these embryos will produce treatments for diseases. However, the creation of animal-human hybrid embryos is unnecessary for this purpose. Human embryonic stem cell research has failed to produce any treatments or cures in the last 10 years, and it is likely that hybrid embryos will be equally unsuccessful. In contrast, new research has shown that adult skin cells can be reprogrammed to act like embryonic stem cells. This ethically acceptable research removes the need to experiment on embryos, including animal-human hybrid embryos.

Additionally, umbilical cord blood stem cells have been successfully used in the treatment of many 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 campaigned to ban the creation of animal-human hybrid embryos, but the House of Lords and the House of Commons both voted in favour of them. They were renamed 'human admixed embryos' by a House of Lords amendment, but other than the new name they remain exactly the same. We are now campaigning to restrict the use of embryos or hybrid embryos and urging MPs to vote for an amendment called the 'Hunt Test'. This amendment would ensure that anyone who wanted to create an embryo or hybrid embryo would have to prove that the research is needed, and that there is no reasonably practicable alternative available.

We are also supporting amendments necessary to ensure that there are no loopholes within the Bill that could be used in the future to further liberalise the use of hybrid embryos. These include amendments which recognise new types of hybrids so they can be regulated by the Bill, and an amendment which makes it an offence to place any human egg or sperm in an animal.

## **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. An embryo that is a tissue match can then be implanted in the mother so once the child is born their tissue can be used 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 bone marrow or 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 as a commodity, and there are obvious difficulties about balancing the rights of the 'saviour' child with the medical needs of the child's ill sibling.

The House of Lords and the House of Commons have both voted to permit 'saviour siblings'. However, amendments have been laid to restrict the type of cells that can be taken from a 'saviour sibling'. These include preventing cells being taken from bone marrow (as this involves invasive surgery), or other tissue which would cover organs.

## **3. The 'need for a father' for IVF children and female parenthood**

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 accommodates same sex couples. The House of Commons failed to overturn this amendment or reinstate the 'need for a father'.

This provision 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 will have devastating effects on families and the welfare of children.

Sadly, there are currently no amendments on this despite the impact this will undoubtedly have. Please pray that amendments are laid on parenthood which helps to raise the issue of the child's need for both a father and a mother.

## **4. Consent of the donors**

At the Public Bill Committee stage in the House of Commons, the Bill was amended to allow human cells to be taken from people, whose consent is presumed or is given by a third party, to create embryos or human admixed embryos. Children, the mentally ill or those who have previously donated cells for research will be those affected.

In the case of a child, consent may be provided by a parent; in the case of an adult who lacks capacity, a carer; and for existing cells no consent is to be required if the researcher cannot locate the relevant person and not doing such research would adversely affect science to a significant extent. Prior to the Public Bill Committee this provision was not included in the Bill, and researchers could only create embryos or human admixed embryos using cells from persons who had themselves given effective express consent.

These provisions are a gross assault on the human rights of the people concerned. When they were first put forward in the House of Lords the Government's initial response was that they may breach Human Rights. We believe this is correct; however the Government seem to have given way to scientific interests.

Amendments have been put forward to prevent, stop and remove from the current Bill the use of human cells without explicit consent (from children, the mentally ill or existing human cells) to create embryos or animal-human hybrid embryos for research purposes and to restore the original Bill position where only human cells from persons with express consent may be used to create embryos or animal-human hybrid embryos.

## **5. 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 factors help to 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, though, relies on old studies for survival and outcome data, which by their very nature represent the outcome of an outdated standard of care – EPICure, for example, tells us about infants born in 1995.

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

Public and professional opinion favours reduction:

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)

## **5.1 PRO-LIFE AMENDMENTS**

### **5.1.1 Ending of abortion up to birth for disabled babies**

Currently the law allows 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 the quality and value of the lives of people with disabilities. An amendment has been laid to reduce the upper time limit of abortion on the grounds of disability to 24 weeks in order to remove this discrimination.

It should be noted that the law is not currently being implemented properly in this area. 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. An amendment has been laid to prevent babies with Club Foot, Cleft Palate and or Cleft Lip from being aborted under the handicap ground for abortion.

### **5.1.2 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 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 content and quality. In addition, the guidance produced by the Royal College of Obstetricians and Gynaecologists (RCOG) has attracted strong criticism because it is 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 industry.

There is now ample evidence of the detrimental effects abortions can have on women's mental and 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 subsequent preterm delivery, and growing evidence of a link between abortion and breast cancer.



## **5.2 PRO-ABORTION AMENDMENTS**

### **5.2.1 Removal of the requirement for two doctors' signatures to certify abortion and abortion on demand**

There are proposed amendments to remove the requirement for two doctor's signatures to certify abortion. Included within an amendment which does this is the removal of the medico-legal requirement for abortions up to 24 weeks to consider that the risk of injury to physical or mental health is greater if the pregnancy continues than if there is an abortion. This effectively creates "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 included to ensure that the doctors involved in making the decision 'police' each other. The Abortion Act 1967 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 circumstances. We are supporting various amendments which counter the pro-abortion call for the removal of the two doctor rule.

### **5.2.2 Abortions to be performed by nurses and other health professionals and relaxation of current rules relating to the location where abortions are performed to include 'primary care' locations**

Due to the rate of abortion and because of increasing reluctance of doctors to be involved, there has been pressure from pro-choice groups to allow health professionals other than doctors to perform abortions, and for them to be carried out on premises which are not currently licensed.

While some nurses and midwives (and other health professionals) currently assist, only doctors can perform abortions. One amendment being proposed would liberalise the law so that (except in the case of medical emergencies) a nurse or midwife could perform the whole procedure..

Other proposed amendments change the location where abortions can be performed further liberalising abortion, making it more accessible and 'user friendly'. The amendment allows "...any location where a health care provider provides primary care under a contract with a commissioner of NHS Services." This amendment extends the locations at which abortions can be performed from hospitals and abortion clinics to polyclinics, GP surgeries and GP led health clinics.

There is a further amendment on more permissive locations for abortions which would allow abortions to be performed in any place or be carried out in any manner approved by the Secretary of State.

Both of these changes would lead to an increase in the number of abortions, in particular, medical abortions where drugs are taken and no surgery is required. This should be resisted as there are already 550 babies aborted daily in the UK.

The proposed amendments 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.

One amendment would allow the administration of the second drug taken for medicinal abortions to be under the direction of a nurse. It is unclear whether this means the nurse must be present whilst the second drug is administered, or whether it would allow the second drug to be given to the patient with completion off site, or the nurse simply telling the woman how to self administer. This amendment may allow a woman to take medication to abort at home. With the risks of a lack of a hospital location, this is effectively returning to 'back street abortion' - the reason given for the introduction of the Abortion Act 1967.

We are concerned about the life of the unborn child and we therefore want to see all amendments that will liberalise the law on abortion rejected. Additionally, we are concerned for the women who undergo abortions, because all abortions, surgical and medical, have potential risks. For this reason, amendments that remove abortion away from traditional hospital sites must be rejected.

### **5.2.3 Removal of the right of conscientious objection to providing contraception**

This amendment seeks to abolish the right of conscientious objection to the provision, prescription, dispensing or administration of every form of contraception or so-called contraception, including the morning after pill, by a registered health care practitioner (doctors, nurses/midwives), or a registered pharmacist unless a statute says otherwise. This would effectively bar those with such objections from working in any area of medicine which might involve contraception.

Those who wish to bar health care practitioners with conscience objections appear not to recognise that everybody has personal beliefs, an ideology or a worldview which is inevitably a source of bias. These restrictive and intolerant proposals must be resisted.

### **5.2.4 Criminalisation of pro-life pregnancy crisis centers**

This amendment seeks to criminalise advertising of pregnancy crisis information and advice services that is deemed 'deliberately misleading'.

'Misleading' advertising includes:

1. material that states the service provides abortion services or information regarding abortion services and this information is false, deceives someone, or is factually correct in stating either of these things, but is likely to deceive the average person, or
2. it gives false information about how to obtain an abortion, or it gives information that is true but likely to deceive the average person and
3. it causes (or is likely to cause) a woman to change her mind regarding the termination of her pregnancy

These provisions are extremely wide, and where everyone would agree that it is wrong to falsely advertise, these provisions state that even if advertising is 'likely to deceive the average person' then sanctions of a fine or a fine plus up to two years' imprisonment will be imposed. No definition is given of advertising that is 'likely to deceive the average person' and so this could be interpreted widely. It would seem that any pregnancy crisis service, pregnancy advice poster or advertising by pro-life organisations would be caught by this

clause unless they state clearly and prominently that they do not provide abortion services, or information as to how to obtain them.

Additionally, these provisions are not necessary because there is already an Advertising Standards Authority (ASA) to which misleading advertisements can be referred. Normally those who place misleading advertisements are not subjected to criminal prosecution; therefore the provisions within the above amendment seem unnecessarily heavy handed.

### **5.2.5 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 forced on them by MPs in Westminster who do not represent their interests.

# Amendments already passed in the House of Lords and the House of Commons.

In the **House of Lords**, a powerful lobby of medically qualified peers and science institutions supporting the Bill, together with the Government whip, ensured that all attempts to amend the Bill were defeated. Amendments lost in the Lords included:

- A ban on the creation of animal-human hybrid embryos—lost by 96 to 268
- A test to limit the use of animal-human hybrid embryos—lost by 41 to 197
- A ban on the use of saviour siblings—lost by 62 to 180
- Restricting the use of saviour siblings to cases of life-threatening disease—lost by 121 to 162
- An amendment restoring recognition of 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

In the **House of Commons** where the Bill has been debated and voted on up to Committee stage, votes that have taken place and lost so far are:

- Ban on animal-human hybrid embryos—lost 176 to 336
- Ban on ‘true hybrid’ embryos (the mixing of animal sperm with human eggs, or vice versa)—lost 223 to 228
- Ban on saviour siblings—lost 163 to 342
- Restoring the need for a father in IVF treatment—lost 217 to 292
- Restoring the need for father in IVF treatment by adding the ‘need for a father or male role model’—lost 222 to 290
- Lowering abortion limit from 24 to 12 weeks—lost 71 to 393
- Lowering abortion limit from 24 to 16 weeks—lost 84 to 387
- Lowering abortion limit from 24 to 20 weeks—lost 190 to 332
- Lowering abortion limit from 24 to 22 weeks—lost 233 to 304
- Informed Consent for women expecting disabled babies—lost 173 to 309

# Amendments to support

Amendments laid in the Commons which may yet be ‘moved’ for debate and voting. Please ask your MP to support these amendments:

- An amendment to lower the abortion upper time limit from 24 to 20 weeks.  
*This amendment has been laid by **Nadine Dorries MP.***
- An amendment to provide women with the offer of counselling, information and advice concerning alternatives to abortion before they make up their minds.  
*This amendment has been laid by **Angela Watkinson MP.***
- An amendment to lower the abortion time limit for disabled babies from up to birth to 24 weeks so that it is no longer discriminatory.  
*This amendment has been laid by **Ann Winterton MP and Sir Nicholas Winterton MP.***
- Restricting abortions on the grounds of disability to those where the child is so seriously handicapped that they would be incapable of having or achieving a recognisable quality of life.  
*This amendment has been laid by **Charles Walker MP.***
- Increasing the number of doctors signatures to 3 for abortions over 24 weeks.  
*This amendment has been laid by **Frank Field MP.***
- Accessibility to written materials for women considering abortion on the grounds of the child potentially being disabled, as well as counselling and support service referral.  
*This amendment has been laid by **Dr. Nick Palmer MP, Patricia Hewitt MP and Stephen Pound MP.***
- An amendment to prevent babies with Club Foot, or Cleft Lip and/or Palate from being aborted up to birth on the grounds of being seriously handicapped.  
*This amendment has been laid by **Nadine Dorries MP.***
- An amendment to require a doctor with training and experience in mental health to verify that a woman “requires” an abortion before one can be carried out on mental health grounds for abortions up to 24 weeks .This will only provide for serious medical risks, not temporary, moderate or mild ones.  
*This amendment has been laid by **Dr. John Pugh MP.***
- Extending from Scotland to England and Wales that conscientious objection to abortion can be proven sufficiently by swearing on oath.  
*This amendment has been laid by **Dr. John Pugh MP.***

- Making it an offence to place any human egg or sperm in an animal.  
*This amendment has been laid by **Dr. John Pugh MP.***
- Amendments concerning embryology matters including the “Hunt Test” so that embryos or animal-human hybrid embryos are only used when there is no reasonably practicable alternative.  
*Amendments have been laid by **David Burrowes MP.***
- An amendment that allows for the revocation of licences relating to the creation of animal-human hybrids.  
*This amendment has been laid by **William Cash MP.***
- A number of amendments to prevent, stop and remove from the current Bill the use of human cells without explicit consent (from children, the mentally ill or existing human cells) to create embryos or animal-human hybrid embryos for research purposes, and to restore the Bill to prior to the Public Bill Committee where only human cells from persons with express consent may be used to create embryos or animal-human hybrid embryos.  
*This amendment has been laid by **William Cash MP.***
- A Review Board acting as a watch dog body and guardian of the public interest for embryology matters (including ensuring the Hunt test is followed).  
*This amendment has been laid by **David Amess MP.***
- An amendment to restrict the situations in whichaviour siblings can be created and the types of tissue that can be taken from them so that this does not include bone marrow or other tissue and only stem cells from umbilical cord blood or the cord itself.  
*This amendment has been laid by **David Burrowes MP.***
- An amendment to close the human reproductive cloning loophole by prohibiting genetic modification so that the nuclear DNA which gives us our characteristics is not changed and also to prevent a somatic cell (such as an adult skin cell) being used as a cloning technique in the case of treatment for serious mitochondrial disease.  
*This amendment has been by **David Drew MP, Michael Meacher MP and David Taylor MP.***
- An amendment to seek to restore the ban on human reproductive cloning.  
*This amendment has been laid by **Dr. John Pugh MP.***

# Amendments to Oppose

Amendments laid in the Commons which may yet be 'moved' for debate and voting. Please ask your MP to vote against these amendments:

- Legalising abortion on demand and one doctor's signature.  
*An amendment to reduce the number of doctors signatures required for abortion to one on all grounds – effectively abortion on demand for abortions up to 24 weeks (the only requirement being that the abortion is carried out in accordance with the conditions and principles of good medical practice), has been laid **Evan Harris MP and Chris McCafferty MP.***
- Nurses and midwives to perform abortions.  
*This amendment has been laid by **Frank Dobson MP and Evan Harris MP.***
- Changing the location where abortions are performed.  
*These amendment have been laid by **Jacqui Lait MP.***
- Criminalising misleading advertisements on abortion by pregnancy crisis centers that do not offer abortion.  
*This amendment has been laid by **John Bercow MP.***
- Abolishing the right to conscientious objection for those involved with providing contraception.  
*This amendment was laid by **Evan Harris MP.***
- Legalising abortion in Northern Ireland.  
*This amendment has been laid by **Diane Abbott MP, Jacqui Lait MP, Evan Harris MP, Katy Clark MP, John Bercow MP, and John McDonnell MP.***

# How to contact your MP

## 1) **Write**

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 can be found in 'Reponses to the Bill amendments' in this pack. Example letters are included at the end of the pack and 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.

### **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 the very most two, sides of A4
- Tell them who you are. Include your profession or other personal information to support your opinion
- 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 also emphasise 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'.

### **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](mailto:simone@ccfon.org)

Phone: 020 7467 5427

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 views 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 MPs 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 the upper time limit).** If your MP indicates 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](mailto:simone@ccfon.org), or call on 0207 467 5427.
- 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 because many are in marginal seats.

## Speaking to MPs about the Human Fertilisation and Embryology Bill

**Pray** before you go to the meeting!

**Take** along a print out of the *Responses to provisions of and amendments to the Bill* in this pack.

Start the meeting **positively** and be polite.

**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. Here you can 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 [info@aliveandkickingcampaign.org](mailto:info@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](mailto: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 (other than on abortion), even though the provisions within it are ethical and moral matters.
- **Attend Prayer Rally on the day of the Report Stage of the Bill. We will give you the date as soon as the Government publishes the information.** The Prayer Rally will be at 2pm and then at 3pm we will march to 10 Downing Street to deliver a letter to Gordon Brown, finishing at 3.30pm. For more information go to CCFON website: [www.ccfon.org](http://www.ccfon.org)
- **Sign abortion petition:**
  - ∅ This petition urges 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>
- **Send a 'Passion for Life Postcard'** to your MP in September and encourage others to send them. Passion for Life are also campaigning on the Bill, their website address is: [www.passionforlife.org.uk/](http://www.passionforlife.org.uk/)  
To obtain postcards email [info@passionforlife.org.uk](mailto:info@passionforlife.org.uk)
- **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=xjNxEkUEIpc>  
**Just a block of wood?** <http://www.youtube.com/watch?v=KjTAsPoVMak>

# Example Letter

## *Restricting the use of animal-human hybrid embryos*

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 not only unethical, but also unnecessary. Human embryonic stem cell research has failed to produce any treatments or cures in nearly 10 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.

Since the House of Lords and the Commons have already voted for the creation of animal-human hybrid embryos, I urge you to support the 'Hunt Test' amendment which would restrict the use of hybrid embryos to situations only where it is necessary and there is no reasonably practicable alternative available.

# Example Letter

## *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, to restrict the type of cells that can be taken from the healthy child (the ‘saviour sibling’). The amendment ensures that cells from bone marrow (which would involve invasive surgery), or other tissue (which may include part organs) are not taken and restricts the stem cells to those from the umbilical cord blood or the cord itself.

*Please choose one or more of the arguments below covering why saviour siblings should be restricted 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. This is of particular concern if more intrusive techniques are used such as bone marrow or part organs rather than just less intrusive umbilical cord blood or the cord itself.
- 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 younger child.
- 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

## *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. 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.

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 not closing a loophole (in the less than complete description) in the Bill for future regulations which may potentially allow genetic modification of the nuclear DNA or cloning techniques (somatic cell nuclear replacement) to be used to prevent a genetic disease (the transmission of serious mitochondrial diseases). This opens the door to permit the use of cloning techniques in human reproduction and I urge you to support amendments to the Bill which ensure that any form of human reproductive cloning or techniques are prohibited and any loopholes closed.

# Example Letter

*The use of human cells to create animal-human hybrid embryos without the express consent of the 'donor'*

Dear

Re: Human Fertilisation and Embryology Bill

I would like to register my concern regarding the above Bill. During the Public Bill Committee stage in the Commons, the Bill was changed to allow human cells to be taken from groups of people, whose consent is presumed or given by a third party, to create embryos or animal-human hybrid embryos. Children, the mentally ill or those who have previously donated cells for research will be the groups affected.

In the case of a child, substitute consent may be provided by a parent; in the case of an adult who lacks capacity, a carer; and for existing cells no consent is to be required if the researcher cannot locate the relevant person and not doing such research would adversely affect science to a significant extent. Prior to the Public Bill Committee this provision was not included in the Bill, and persons could only give effective express consent themselves to the use of their human cells to create embryos or animal-human hybrid embryos.

This provision is unethical and is a gross assault on the human rights of the groups of people concerned. I urge you to vote for the removal of the provisions which allow the use of human cells of persons who cannot give consent for themselves.

# 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 the amendment to reduce the upper time limit to 20 weeks.

# Example Letter

*Ending abortion up to term for disabled babies and removing Club Foot and Cleft Lip/Palate as grounds to abort under disability*

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 birth 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 the quality and value of the lives of those with disabilities, 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 abnormalities such as Club Foot, Cleft Lip and Palate. Medical improvements mean that many minor abnormalities (Club Foot, Cleft Lip and Palate) 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. I encourage you to vote for amendments to restrict abortion on the grounds of disability and reduce the upper time limit for abortion on the grounds of disability to 24 weeks.



# Example Letter

## *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 offer women seeking abortion both counselling and full information about the alternatives to abortion, and the short and long-term risks associated with the procedure.

In a modern society where information is so freely available it is important that 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. They should also be given the time, space and support needed to make their decision without coercion by an offer of counselling.

Please vote to ensure that doctors must have a duty to offer 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

## *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. The delay argument is not supported. However, if this requirement were to be removed it would liberalise abortion.

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 and to safeguard women. 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.

I also urge you to support an amendment which seeks to require three doctors' signatures for abortions over 24 weeks. This would help in the case of disability abortions which may be allowed up to birth and may help to cut down on errors of judgment which have allowed for disability abortions for such conditions as Club Foot and Cleft Lip or Palate.

In terms of making the opinion of doctors given in good faith count, I would urge you to support an amendment which requires a doctor with training and expertise in mental health to verify that a woman "requires" an abortion before one may be given on mental health grounds. I believe that this was the original intention of this provision for abortions up to 24 weeks to properly consider the mental health risk, which has been subsequently watered down in practice.

Abortions up to 24 weeks require the doctors to give an opinion, in good faith, that the risk of injury to the woman's physical or mental health is greater if the woman continues with the pregnancy rather than aborts. Balancing these risks has been abused by arguing that the normal risk of child birth should be taken into account in such an assessment. This same amendment closes this loophole which may have been used to justify abortions and override the likely intentions of the Act.

## Example Letter

### *Abortions to be performed by nurses and other health professionals and the relaxation of current rules relating to location where abortions are performed*

Dear

#### Re: Human Fertilisation and Embryology Bill

I would like to register concern in relation to the above Bill, regarding amendments to the Abortion Act 1967 which will liberalise abortion law. Amendments include provisions to allow nurses, midwives and other health professionals other than doctors to perform abortions. There are also proposals for abortions to be carried out at other locations including GP surgeries, GP led health centres and polyclinics.

These amendments would make abortion more accessible and 'user friendly', leading to an increase in the number of abortions. This should be resisted as there are already just under 550 babies aborted daily in the UK.

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

These proposals will also promote the use of early medical abortions by the use of medication. There are, however, concerns over the safety of early medical abortions. They are not as safe as is assumed and are not always effective. Women who take medication to abort their baby often experience side effects. Complications can also occur resulting in hospitalisation. Being miles away from a hospital site at a GP surgery would mean that vital life saving time could be lost putting the woman at serious risk. Quoting numbers or percentages will not help the woman who may die as a result of not being at a hospital.

One amendment would allow the administration of the second drug taken for medicinal abortions to be under the direction of a nurse. It is unclear if this means that the nurse must be present whilst the second drug is administered and by implication for the whole of the treatment. Alternatively, if the nurse does not need to be present, the amendment could allow the second drug to be given to the patient with completion off site, or the nurse simply telling the woman how to self administer.

This amendment may then allow a woman to take medication to abort at home, which effectively is the return to 'back street abortion' – the reason given for the introduction of the Abortion Act 1967.

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

# Example Letter

## *Removal of the right of conscientious objection to providing contraception*

Dear

Re: Human Fertilisation and Embryology Bill

I would like to register concern in relation to the above Bill, regarding the amendment to remove the right of conscientious objection to providing contraception.

This amendment seeks to abolish the right of conscientious objection to the provision, prescription, dispensing or administration of every form of contraception or so-called contraception, including the morning after pill, by a registered health care practitioner. This would effectively bar those with such objections from working in any area of medicine which might involve contraception.

Those who wish to bar health care practitioners (doctors, nurses or midwives) or registered pharmacists with conscience objections appear not to recognise that everybody has personal beliefs, an ideology or a worldview which is inevitably a source of bias. These restrictive and intolerant proposals must be resisted.

# Example Letter

## *Criminalising advertisements for crisis pregnancy services on abortion*

Dear

Re: Human Fertilisation and Embryology Bill

I am writing to register my concern regarding an amendment to the above Bill which seeks to create a criminal offence for crisis pregnancy services who falsely or misleadingly advertise they provide abortion-related services when they do not recommend having abortions. The amendment is very wide and pregnancy crisis services, pregnancy advice posters or advertising by anti-abortion organisations would be caught by it unless they state clearly and prominently that they do not provide abortion services, or information as to how to obtain them. It seems this clause is specifically aimed at pro-life organisations in an attempt to prevent them from advising women in pregnancy crisis. The sanctions to be imposed are a fine or a fine plus up to two years' imprisonment.

Misleading advertisements can already be reported as a breach to the Advertising Standards Agency. I believe that it is wrong and heavy handed to try to make such advertising an imprisonable offence. I urge you to oppose this amendment which will curtail women's choice by controlling where women can seek advice about abortion.

# 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 forced on them, and I urge you to reject amendments to extend abortion to Northern Ireland.