LETTER FROM WESTMINSTER

Lords worry over Warnock

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The last debate in the Lords before parliament was prorogued was on the Warnock report on in vitro fertilisation. It provided the opening shots in a public debate that will run and run. While it would be wrong to take the peers who spoke as representative of public opinion in general the speeches did raise many of the issues that will dominate the debate in the months to come.

There was a strong demand for a moratorium on research on human embryos—a two year period was advocated in the minority report. But Lord Glenarthur, junior Health Minister, said that it would be premature to have one while the government was still engaged in the consultation period and while so many interests had still to comment. He would not give any indication of the government's intentions, which in the circumstances was only to be expected. But quite clearly the emphasis placed by many peers on the need for urgent legislation is something that will be taken into account. The whole topic is so contentious that it is the sort on which ministers tend to drag their feet. There are no votes in action. So far as the Lords were concerned it seemed to be common ground that there was a need for a statutory authority to license test tube baby research and to license other treatment for infertility to be set up as soon as possible.

Lord Winstanley, a Liberal peer and a doctor, said that it should be set up rapidly, while the Bishop of Chelmsford said that there had been warnings against hasty legislation but action was needed to ban the sale of semen and outlaw surrogacy.

Lord Denning said that a statutory authority was needed to regulate things because at the moment there was no law on the matter. "Medical scientists and medical men can do as they like with what I believe are human beings," he said. "There is no regulation at all. Buy or sell, kill, freeze, and the like. Medical men do as they like without any control. These are dangers to our society." In his view medical science was outstripping itself because it had not sufficient regard for the great ethical, moral, and religious structures which underlie our society. It must be regulated by a proper licensing authority in a proper way.

Lord Coleraine wanted a moratorium on all experimentation with the human embryo until legislation could be introduced. The Bishop of Norwich, backing a moratorium, claimed that the speed of research was so fast that we were "moving into a Pandora's box which when opened will not be shut." Lord Rawlinson of Ewell, a former attorney general, said that he rejected Warnock. "I am revolted by its proposals which accept embryos as useful stuff for scientists to experiment on, proposals which clothe conduct I believe no man is entitled to do in the trivial commonplace language of regulation, rule, parliamentary order in council, which I reject because I believe they are an affront to the Catholic and the whole Christian concept of life."

The Earl of Halsbury, a former member of the Medical Research Council, said that events were outdistancing the report and only a moratorium could enable society to regain control before vested interests built up and demanded the maintenance of the status quo. He claimed that already hundreds of human embryos were on ice or in liquid nitrogen, and the hundreds would become thousands while the people sat and debated the report. The Earl of Lauderdale saw it

as urgent to get the licensing authority into being: he believed that the public would revolt against the debasement of human generation to stud farming methods.

To Lord Robertson of Oakridge a moratorium would be better than stumbling into a minefield. Lord Milverton, a vicar, said that it was repulsive to ask a man to give his sperm for the creation of a child when he would have nothing to do with the child when it came into existence. He too backed a moratorium, because what had already begun could not be allowed to continue without proper safeguards. Warning that the tortoise of the law would have to tread carefully, Lord Meston said that the law should be a tortoise and not an ostrich burying its head. "We have to face it, these techniques are here to stay," he added.

A dusty answer on occupational health

Although the green paper on future development of primary care will not appear until the spring, Mr Kenneth Clarke, the Minister for Health, has indicated that ministers are against extending the role of general practitioners into occupational health. Replying to Dr Roger Thomas, Labour MP for Carmarthen, who had asked what the government's reaction was to a proposal by the Lords select committee on science and technology that the role of general practitioners in occupational health should be expanded, Mr Clarke said: "Many doctors providing primary care are not equipped educationally, or otherwise, to undertake occupational health, and their patients are, by and large, those whose homes rather than places of work are within the practice area."

He also said that the likely effect on a general practitioner's basic workload had to be taken into account. If the volume of occupational health work were to become so great that it affected his capacity to provide primary care services that would obviously cause concern. But the government did back the view of the Health and Safety Commission that the Royal College of General Practitioners should consider the extent to which occupational medicine should be a discipline in general practice.

Care in the community too costly

Mr Clarke is due to give evidence later this month to the social services select committee, which is investigating treatment of the mentally handicapped and the mentally ill. That ought to bring the committee's investigation to an end, and Mrs Renée Short, Labour MP for Wolverhampton North East, hopes that it will not take too long to produce the report. It looks as if the all party committee's findings will not altogether please ministers, who have been placing great emphasis on care of the mentally handicapped in the community. The investigation has taken the committee to many mental hospitals, and the extent to which it would be possible to take handicapped people into the community without the provision of immense support services seems to be limited. The cost and the burdens placed on doctors would be heavy indeed. The care in the community policy has been seen as a means of saving money because it would enable the closing down of the huge Victorian institutions that are a drain on resources. The message is that ministers are not going to like the committee's report when they see it. But that is nothing new.