Public consultation on human cloning launched

Hilary Bower, *London*

Government advisers in Britain have launched a public consultation process to tease out the acceptable uses of new cloning techniques.

The consultation document, prepared jointly by the Human Genetic Advisory Commission and the Human Fertilisation and Embryology Authority, draws a clear distinction between reproductive cloning (that is, creating genetically identical human beings) and "therapeutic" cloning, whereby early embryos could be created to

develop new treatments or to further scientific knowledge.

Under the 1990 Human Fertilisation and Embryology Act, the creation of cloned babies is forbidden in Britain and carries a criminal sentence. But the creation of human embryos up to 14 days old is permitted for research and therapeutic development. What the consultation process aims to discover is whether producing early human embryos by cloning rather than by other techniques raises new ethical issues.

Cloning by nuclear replacement reprogrammes an adult cell so that it becomes embryonic and has the potential to grow into any type of tissue. The 14 day limit could be sufficient time to identify, for example, stem cells from which a cloned organ or skin might be generated, suggest working party members. This would completely eliminate the risk of rejection. Other potential areas for therapeutic benefit include research on aging, cancer, infertility, congenital disease, and miscarriage.

However, the Human Fertilisation and Embryology Authority's chairwoman, Ruth Deech, emphasised that the authority would not grant licences for cloning whole human beings. "The sort of research we are talking about, which has yet to be carried out, would not involve going as far as making anyone pregnant. There are potential benefits of research involving therapeutic cloning technology where the end result will not involve creating genetically identical fetuses or babies."

The Human Genetic Advisory Commission's chairman, Sir Colin Campbell, said that the

public had to be involved in deciding where to draw the ethical boundaries. "Dolly the cloned sheep captured the imagination of many throughout the world. We have been told that this breakthrough will open both wonderful and the most terrifying possibilities, and people are understandably concerned about what the implications really are. It is important to sort out the scientific facts from the science fiction."

Working party members are concerned that a blanket ban on cloning could prevent research of therapeutic benefit. Sir Colin said: "We want to stop the wild and irresponsible notion of cloning whole human beings but allow procedures that in 5 to 10 years' time may lead to the curing of diseases."

Most European countries have statutes in place prohibiting embryo cloning, and the United States's Congress is currently considering legislation that would ban research aimed at human cloning. □

Cloning Issues in Reproduction, Science, and Medicine from fax 0171 271 2028 or at www.dti.gov.uk/hgac

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Cloning may be useful for creating skin for burn victims

UK "drink drive" limit may be cut

John Warden, *London*

The British government is seeking views on lowering the drinking limit for drivers to almost half its present level.

A consultation paper, *Combating Drink-Driving—Next Steps*, was launched this week by the transport minister, Dr Gavin Strang. It says that the govern-

ment is looking to lower the current legal blood alcohol limit of 80 mg/100 ml (17.4 mmol/l) to 50 mg/ml (10.9 mmol/l)—that is, from about two pints (1.14 litres) of beer to about one pint.

The present limit, introduced in 1967, takes insufficient account of drivers' impairment at levels below 80 mg/ml, even though there is much evidence internationally that impairment begins well below that for the average driver, the document states. A key question is whether a 12 month disqualification should apply at 50 mg/ml or whether it should be reserved for

drivers whose alcohol level is over 80 mg/ml.

The government also invites views on setting a lower legal limit for young or newly qualified drivers for a period after their driving test.

Drivers who habitually drink and drive present another problem. For high risk offenders convicted at 200 mg/ml or more and repeat offenders, the maximum punishment is already suitably high. As an additional procedure, if they fail a medical examination designed to detect a chronic drink problem they may be refused a new licence.

Another possibility is to increase the police's power to use breath tests. Short of totally unrestricted powers to stop vehicles, some improved enforcement seems worth considering, the paper states. Views are sought on whether the government should encourage the use of self testing breathalysers. Do they provide a useful warning or could they tempt drivers to drink up to the limit? □

The consultation document is on the internet (www.detr.gov.uk/consult.htm) or available by telephoning 0845 3000 715.