Parents should have right to choose sex of child, say MPs

Clare Dyer *legal correspondent, BMJ*

Parents should be allowed to use preimplantation genetic diagnosis to choose the sex of their children to "balance" their families, a committee of MPs concluded last week in a report from which half its members dissented.

The House of Commons Science and Technology Committee also said that the laboratory production of chimeras in which animal and human cells are mixed for research purposes should be legal, as long as they were destroyed within 14 days and implanting them in a woman was banned.

The report on human reproductive technology and the law said opposition to reproductive cloning was based "more on taboos than coherent argument." An indefinite absolute ban, assuming the technology was in the future shown to be safe, effective, and reliable, would not be considered rational without "principled arguments."

The 10 member committee is chaired by Dr Ian Gibson MP, a former university dean of biology. The five members who dissented—Paul Farrelly, Kate Hoey, Geraldine Smith, Bob Spink,

and Tony McWalter—said in a statement: "We believe the report is unbalanced, light on ethics, goes too far in the direction of deregulation, and is too dismissive of public opinion and much of the evidence. Had all of us been able to have been at the final session, sadly as it stands we would have been forced to vote against adoption of the report."

The committee recommended that the Human Fertilisation

and Embryology Authority be "abolished in its present form and replaced by a regulator focused solely on maintaining the highest technical and management standards in clinics and laboratories."

It called for stronger parliamentary and ethical oversight, with clinical decision making and technical standards devolved to patients and professionals.

Requirements on clinics to consider the welfare of any potential child and the need for the child to have a father should be scrapped, and sperm and egg donors should be allowed to remain anonymous, it said. Legislation to remove donor anonymity, which the report said was based on "inadequate and misleading" evidence, is due to come into force this week (1 April).

The report called for a joint committee of peers and MPs to review developments in relation to abortion since the 1967 Abortion Act and for a new bioethics committee drawn from both houses of parliament to consider legislation when necessary in the light of technological advances.

Michael Wilkes, chairman of the BMA's ethics committee, said: "We are particularly opposed to proposals which would allow parents to select the gender of their children for social reasons." □

An endoscopic image showing the genitals of a human fetus in vitro at nine weeks, with the so called "indifferent phallus" which could develop into either a penis or clitoris

ALEXANDER TSARANSKI/SPFL

Inquiry into Human Reproductive Technologies and the Law can be found at www.publications.parliament.uk

Walk-in centres fail to take pressure off emergency services in England

Zosia Kmietowicz *London*

New schemes such as walk-in centres that were developed with the aim of taking the pressure off emergency services in England are not working, says a report from the House of Commons Committee of Public Accounts.

More people than ever attend accident and emergency services or seek emergency care from their GP, and although most patients are being seen within the target of four hours, emer-

gency services need to be modernised and more coordinated to meet patients' needs better, according to the report.

On an average day in the NHS 34 700 people attend accident and emergency departments and 11 700 need transfer by ambulance to hospital.

This demand has not changed since the creation of a range of open access services for minor injury and illness, says the

committee. Although these alternative services have been largely welcomed, they have mainly addressed a previously unmet need rather than taking pressure off existing services, the committee says.

The report praises the establishment of emergency care networks as "a promising development." However, these cross organisational and multidisciplinary groups lack the authority and funding to fulfil their remit to lead on the delivery of local emergency care, and this needs to change.

The report also recommends that the government defines a standard curriculum for emer-

gency care practitioners and emergency nurse practitioners, who are taking more and more responsibility for treating patients. Staff shortages need to be addressed, so that all patients are seen within four hours and are not kept waiting for specialist opinion or diagnostic tests, as currently happens.

Edward Leigh MP, chairman of the committee, said: "Shortages of specialist staff mean that key patient groups, such as older people and patients with mental health problems, are still waiting the longest." □

Improving Emergency Care in England can be seen at www.parliament.uk