

## Introduction

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In Britain, during the 1970s, the research team of Edwards, Steptoe and Purdy carried out a series of investigations into the *in vitro* fertilization (IVF) of human embryos which led, in 1978, to the birth of the first baby conceived outside a woman's body.<sup>1</sup> This achievement was widely publicized and quickly emulated by medical scientists around the world. By 1984, more than one hundred IVF clinics had been established in such scientifically developed countries as Australia, Austria, Belgium, Canada, Finland, France, Germany, Holland, Israel, Japan, Sweden, Switzerland and the United States.<sup>2</sup> In Britain, the number of IVF centres and the number of scientists engaged in research on human IVF embryos expanded rapidly. By the early 1990s, there were seventeen locations in the UK where projects in embryo research were under way and sixty-eight clinics employing IVF and related techniques for purposes of assisted human reproduction. In 1990, 1,443 women gave birth in Britain with the help of these techniques.<sup>3</sup> By the early 1990s, an estimated 20,000 'test-tube babies' had been born around the world, about one third of them in the USA.<sup>4</sup>

The immediate exploitation of major technical advances is normal in present-day medical science.<sup>5</sup> In this respect, the rapid growth of embryo research and assisted reproduction in Britain and elsewhere after the first IVF birth was not exceptional. In various other ways, however, the development of this area of scientific activity was unusual. This was particularly so in the UK.

In the first place, scientific research on human IVF embryos became the focus, in Britain, of intense public scrutiny which lasted throughout the greater part of the 1980s.<sup>6</sup> Secondly, although embryo research and assisted reproduction continued to expand during this period, research on human embryos was repeatedly attacked on moral grounds in Parliament and in other public settings. Despite enthusiastic support from the scientific

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community and from the medical profession, the continuation of embryo research was vigorously resisted by many ordinary people as well as by numerous special-interest groups. As a result, research of this kind came close to being banned by Act of Parliament and its future remained uncertain until the end of the decade.<sup>7</sup> Thirdly, even though research on human IVF embryos did eventually receive parliamentary approval, this approval was accompanied by a series of specific legislative restrictions on the scope of such research, by the establishment of elaborate mechanisms of external control over the conduct of those engaged in embryo research and by the introduction of severe penalties for infringement of the procedures set up to regulate the use of human embryos for purposes of scientific experimentation.<sup>8</sup>

The examination of the rights and wrongs of embryo research in Britain during the 1980s was highly unusual in the degree to which it subjected a particular branch of scientific inquiry to sustained, collective appraisal. The topic of research on human embryos generated a cumulative exchange of views which involved Members of Parliament, scientists, doctors, academics, the clergy, journalists, a wide range of interested organizations and pressure groups, and members of the population at large.<sup>9</sup> The public debate over embryo research led people to assess the morality of scientific research in its approach to such fundamental concerns as birth, death, disability and respect for human individuals. In the course of the debate, people's hopes and fears about this area of scientific investigation and their conflicting ideas about the place of the life sciences in present day society were publicly formed and displayed as they struggled to respond to the challenge posed by embryo research, and by the associated technology of controlled human reproduction.

In 1990, embryo research emerged from this long public review with recognition in law as a legitimate area of scientific inquiry. However, embryo research also emerged as a special scientific case; that is, as an area of experimental investigation which was generally regarded as permissible and as clinically valuable, but which was deemed to be sufficiently dangerous to require careful regulation from outside in order to ensure that it did not develop in ways inimical to the interests of the wider society.<sup>10</sup> In this study, I shall explore how scientific research on human IVF embryos came to be defined in Britain as a special case in need of special treatment and special safeguards.

In the chapters that follow, I shall show how public consideration of embryo research gave rise to controversy and to prolonged confrontation. I shall describe the dynamics of the struggle over embryo research, and the social and cultural origins of support for, and opposition to, such research.

I shall show how the battle over embryo research is reflected in the uneasy balance between endorsement and restriction that is a central feature of the legislation that eventually ensued. I shall also examine some of the cultural tensions that have been left behind by the public debate as well as the mechanisms of social control that were set up to deal with such tensions, and to guide the development of embryo research into the next century.

The first move towards sustained public debate over embryo research was taken in 1982, when the Department of Health and Social Security appointed a committee of inquiry, with the moral philosopher Mary Warnock in the chair, to 'examine the social, ethical and legal implications of recent, and potential developments in the field of assisted [human] reproduction'.<sup>11</sup> The report of the Warnock Committee was presented to, and discussed by, both Houses of Parliament in 1984. The Warnock Report dealt with a wide range of subjects; from the storage of artificially fertilized human ova to the administration of infertility services and the acceptability of commercial surrogacy.<sup>12</sup> The parliamentary debates that followed, however, as well as the wider public debate, came to be dominated by the question of whether or not research on human embryos was morally defensible and whether or not such research should be allowed to continue. This remained the most prominent, and by far the most controversial, topic of discussion arising from the Warnock Report. It was not finally resolved until Members of Parliament voted on the Government's Human Fertilization and Embryology Bill in 1990. In this study, the debate over embryo research will be my main concern. Other issues related to IVF and assisted reproduction will be considered only insofar as they bear on the public appraisal of such research.

The reception given to the Warnock Report in 1984 showed that many people, in Parliament and in society at large, were deeply disturbed to find that there was no law dealing with research on human embryos and no formal procedures whereby scientists could be made accountable for their use of human embryos. In response to these concerns, the Government promised, at the end of the first phase of parliamentary debate, that legislation would be introduced to cover activities of this kind. Henceforth, it was clear to all concerned that the future of embryo research would ultimately be decided by Parliament. As a result, public attention was drawn to the series of parliamentary debates held intermittently between 1984 and 1990 in which research on human embryos was the major topic.<sup>13</sup> These debates provided the central focus for the various pressure groups whose members wished to influence the legislative process. They were also the main stimulus for wider public discussion of embryo research.

Parliamentary appraisal of embryo research lasted for six years and

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included a period set aside explicitly for public consultation. There was, therefore, ample opportunity for the full range of public views and expert testimony concerning such research to find its way into the parliamentary forum. Consequently, in this study, I shall rely heavily on the verbatim record of parliamentary debate contained in Hansard. I shall use the parliamentary record as a lens through which to observe the struggle to determine how this area of British science would be allowed to develop.<sup>14</sup>

One obvious limitation of the formal parliamentary record is that it contains relatively little information about the lobbying, the private pacts or the informal discussions that occur whenever controversial issues are under consideration. Fortunately, these background negotiations were of particular interest to the scientific press and, to a lesser degree, to newspapers catering for a less specialized audience. Furthermore, the major lobbies concerned with embryo research made regular use of the press in their attempts to sway public opinion on this issue and to bring pressure to bear upon Members of Parliament. I have, therefore, compiled a body of additional material from the news sections of *Nature* and from the pages of *New Scientist* which documents at least some of these background activities.<sup>15</sup> I have also systematically examined a collection of newspaper cuttings covering the last six months of debate during which the Government Bill dealing with embryo research was passing through Parliament.<sup>16</sup> These three bodies of documentary material plus various official reports on matters related to embryo research<sup>17</sup> furnish the evidence for the findings to be presented in this study.

In the chapters that follow, I have tried to provide an accurate description of the struggle that took place as various groups of people with differing social and ideological commitments came together to determine the future of embryo research in the UK. I have tried faithfully to represent the views and actions of all those involved in this struggle, whether they were in favour of such research or opposed to its continuation. I have organized my discussion around a series of related themes which were regarded as important by participants and which were repeatedly addressed in the course of parliamentary debate. Thus, after reviewing the cultural context of the debate and summarizing the main sequence of events, I examine, in turn, the topics of political ideology, parliamentary lobbying, the mass media, gender, religion, science fiction, and the ethical regulation of embryo research. In each chapter, I compare and contrast participants' varied statements on a given topic in order to reveal the rhetorical structure of the debate and to build up an increasingly complex, multi-layered representation of the evolving contest. Although, in the last chapter, I look briefly at recent developments in the USA, the text concentrates primarily

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on the details of the debate in Britain. I have tried to use these details to construct a rich, yet clear and coherent, narrative which is accessible to a wide range of readers with quite different intellectual and practical interests.<sup>18</sup>

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## The background to the debate

Several of the major factors that determined the context in which the debate over embryo research took place can be traced back to the 1960s. This distinctive period in British public life also provides a useful point of contrast which helps to reveal more clearly why research involving human embryos became the focus of such vigorous controversy in the very different circumstances of the 1980s. In the first part of this chapter, I shall show how a combination of legislative reform and demographic change during the 1960s helped to create a potential demand for the reproductive techniques that grew out of such research in the 1970s. I shall then describe how the legislative reforms and the moral climate of the 1960s gave rise to a lasting political reaction which established the basis for organized opposition to embryo research in the 1980s.

### **The reform movement of the 1960s**

In the second half of the 1960s, there was a wave of permissive legislation in Britain dealing with various matters of conscience. Because these matters lay outside the scope of the formal policies of the political parties, the new legislation was introduced by individual Members of Parliament in the form of Private Member's Bills. Between 1965 and 1969, five major Bills were passed which were intended to make the law less morally oppressive in relation to capital punishment, censorship of the theatre, homosexuality, divorce and abortion.<sup>1</sup> These legislative changes, apart from those dealing with capital punishment, were generally welcomed among the population at large. They were presented by their supporters as an expression of a natural need periodically to dismantle the antiquated morality left over from the past.<sup>2</sup>

This surge of legal reform, however, was not without its opponents. In

Parliament, these opponents were located mainly within the Conservative Party. Whereas most Labour and Liberal Members were in favour of the new legislation, Conservative Members were strongly inclined to be hostile.<sup>3</sup> The legislation was successfully enacted because the Labour Party was in power at this time, with a large parliamentary majority after the 1966 general election, and because the Labour Government was sympathetic both to the specific aims of the legislators and to the spirit of reform evident among Labour backbenchers.<sup>4</sup> The Abortion Act of 1967, although it had widespread public support and was finally approved in Parliament by a ratio of two to one,<sup>5</sup> was to become a particular focus of organized opposition in the years ahead and was, thereby, to influence the development of, and the public response to, research on human embryos.<sup>6</sup> It is necessary, therefore, to look more closely at the introduction of the new legislation on abortion.

Before the passage of the 1967 Act, few doctors in Britain were willing to undertake abortions openly. Thousands of women who wanted abortions were either refused permission or were too frightened even to raise the issue with their doctors.<sup>7</sup> At the same time, countless illegal 'back-street' abortions took place and fifty or more women died annually as a direct result of badly performed 'operations' carried out by untrained persons.<sup>8</sup> In these circumstances, a substantial number of people saw the existing legislation as excessively restrictive, as out of touch with contemporary notions of family planning and as damaging in its consequences.

The case for making legal abortion more accessible was presented with increasing urgency throughout the 1960s by a well-organized lobby, guided by the Abortion Law Reform Association (ALRA), which had recently been reinvigorated by an influx of young activists.<sup>9</sup> This lobby argued that the infant mortality rate had dropped to a level where it was no longer necessary for women to give birth at all costs in order to ensure that an adequate number of children survived to adulthood; that the spread of efficient contraceptive methods had encouraged and enabled women to take greater control of their own reproductive processes; that medical advances had made abortion a safe and painless operation when carried out in a proper clinical context; and that many ordinary, married women wanted to use, and should be allowed to use, abortion as a second line of defence against unwanted pregnancy.<sup>10</sup>

The introduction of the drug thalidomide into Britain in the early 1960s and the ensuing birth of a number of badly deformed children added weight to the arguments for reform of the abortion law. As a result of the public controversy over, and public condemnation of, thalidomide, abortion was taken out of the context of 'immorality and unmarried girls' and placed

firmly in that of public health. With more and more sophisticated drugs becoming available, married women all over the country became concerned at the possibility of falling victim to a similar tragedy. Quite suddenly, in the wake of the thalidomide affair, the reformers were able to claim realistically that theirs was no longer a minority movement but an expression of general public opinion.<sup>11</sup>

It was in this atmosphere of widespread concern that the 1967 Abortion Act was introduced and given overwhelming support from the reformist Labour benches. The Act made abortion legal in situations where it was deemed to be necessary in order to preserve the physical or mental health of a pregnant woman or to avoid the birth of a seriously handicapped child. The Act allowed consideration of a pregnant woman's social environment and of the effect of a pregnancy on any existing children. Abortion was also held to be legal if it was safer for a woman than continuation of the pregnancy. During the 1970s, early abortion carried out by qualified medical personnel became increasingly safer than childbirth. This meant that the grounds for abortion under the Act were to become ever more inclusive.<sup>12</sup>

The 1967 Abortion Act greatly increased women's ability to use abortion, both inside and outside marriage, as a means of reproductive control. In 1969, the first full year after the Act came into effect, 50,000 legal abortions were notified in England and Wales for British women. By 1983, the number had risen to 127,000. In 1971, the proportion of abortions carried out on single women was 47 per cent; in 1983, this proportion had increased to 58 per cent.<sup>13</sup>

In the same year that the new law on abortion was enacted, the Cambridge embryologist Robert Edwards made contact with Patrick Steptoe, a gynaecologist and expert in laparoscopy at Oldham General Hospital. By the time that the provisions of the Act were fully in operation, these two men, in collaboration with their technical assistant Jean Purdy, had begun a joint programme of research and clinical practice and had succeeded in fertilizing human eggs outside a woman's body.<sup>14</sup> The long-term aim of Edwards and his colleagues was to develop reliable techniques of fertilization and reimplantation of fertilized ova which could be used to overcome certain kinds of human infertility. The idea of employing sophisticated methods of *in vitro* fertilization in this way had been present in scientific circles since the 1930s.<sup>15</sup> But it was not until the 1960s that, in view of recent scientific and technical advances, the clinical use of IVF on human subjects came to seem an imminent possibility.<sup>16</sup>

There is no evidence to suggest that Edwards, Steptoe and Purdy were in any way responding to, or influenced by, the arguments of the pro-abortion lobby during the 1960s in favour of women's reproductive rights. They



seem, rather, to have been following up a newly created scientific opportunity to achieve a long-standing therapeutic goal. Nevertheless, the justification offered for their scientific activities closely paralleled the central moral claim of the pro-abortion movement. Whereas the pro-abortionists were asserting the right of fertile women to use science-based techniques to avoid bearing unwanted children, Edwards and his partners were seeking to develop techniques that would allow infertile people to assert the complementary right to bear children when they did want them.<sup>17</sup> Both the lobbyists and the scientists engaged in embryo research were strongly in favour of active intervention in the biological processes of human reproduction on the grounds that such intervention could improve the quality of family life and, in particular, that of women's lives.

During the 1970s, the legislative success of the pro-abortion lobby was to have unanticipated consequences which, in conjunction with underlying demographic trends, helped to increase the potential demand for a technological solution to the problem of childlessness within marriage. In the first place, the passage of the 1967 Abortion Act led to an immediate rise in the abortion rate. This, in turn, had the effect of reducing the supply of children available for adoption. In 1966, there were approximately 25,000 adoptions. The number had dropped to 13,000 by 1977 and continued to fall into the 1980s.<sup>18</sup> It seems that this decline was due partly to an increase in the use of contraception and to a growing unwillingness among single mothers to part with their children.<sup>19</sup> But the impact of the Abortion Act is evident in the fact that, within two years of its implementation, one third of the voluntary adoption agencies in Britain had closed.<sup>20</sup> The adoption of 'unwanted' children had been the customary solution to the problem of infertility within marriage. The 1967 Abortion Act contributed to making this solution less readily available than in the past.<sup>21</sup>

Both abortion and adoption have been associated historically with motherhood outside marriage. Until the 1960s, when attitudes began to soften, motherhood outside marriage was generally regarded in Britain as immoral. Because unmarried women were excluded from legitimate motherhood, most of them were obliged to remain infertile. Those who became pregnant and were unable or unwilling to marry were faced with a choice between illegitimacy, adoption and illegal abortion. This pattern of social demarcation and control operated within a society where, owing to differential rates of mortality and migration, there were many more women than men. In mid-Victorian England, roughly one woman in three was unmarried and, hence, morally required to remain sexually inactive. This demographic imbalance continued after the decimation of the male population in the First World War and did not finally disappear until the early 1960s.<sup>22</sup>

Involuntary infertility, therefore, was a major feature of British society before the 1960s. However, only that relatively small proportion of infertility that occurred among married people was seen to be a problem. The widespread infertility among women unable to marry was generally regarded as part of the natural order of things and as something to be accepted without comment.<sup>23</sup>

During the 1960s, the balance between men and women of marriageable age was finally re-established. As a result, the proportion of women able to marry increased considerably. Since the 1960s, 90 per cent of women have married by the age of thirty; and 90 per cent of men by the age of forty.<sup>24</sup> One major consequence of this dramatic increase in the proportion of married women in British society has been a significant social relocation of involuntary infertility from the unmarried to the married population.

Some clinicians and commentators have claimed that rates of biological infertility among British women have increased significantly since the 1960s as a consequence of environmental influences and of the growth of medical intervention in the reproductive processes occurring within women's bodies.<sup>25</sup> Other observers have rejected these claims or have judged them to be unproven.<sup>26</sup> However, even if rates of biological infertility have remained constant over this period, the increased frequency of marriage will have ensured that many fewer women will have been forced to endure the culturally invisible infertility previously required by spinsterhood, whilst many more women will have experienced infertility within marriage. This means that, since the 1960s, many more women than in the past will have been subject to the social pressure to reproduce that is brought to bear particularly on the female partner in an infertile marriage, and will have experienced the emotional turmoil induced by the failure to respond successfully to this pressure.<sup>27</sup> The difficulties facing such people have been increased by the sharp decline in the number of children available for adoption following the passage of the Abortion Act.

This was the situation that was beginning to take shape during the early 1970s as Edwards, Steptoe and Purdy began, for the first time, to reimplant human IVF embryos in a small number of infertile patients drawn from the gynaecological department of Oldham General Hospital.<sup>28</sup> Edwards and his partners were aware from their work in the hospital that the problem of infertility was being made worse by the fall in the adoption rate. They also sensed that, once people came to believe that a science-based remedy for infertility was available, the demand for their services would grow rapidly. Because they were dealing with married couples, Edwards and his colleagues were confident about their own moral position. They argued that their clients had an unquestionable right to become parents; and they