



**PROHIBITION OF HUMAN CLONING FOR  
REPRODUCTION & THE REGULATION OF HUMAN  
EMBRYO RESEARCH AMENDMENT BILL 2006**  
**Second Reading Debate**  
**4 December 2006**

[Ms GRIERSON](#) (Newcastle) (8.09 p.m.)—I rise today to speak on the [Prohibition of Human Cloning for Reproduction and the Regulation of Human Embryo Research Amendment Bill 2006](#). I support the bill and the hope it offers for many Australians. Firstly, I would like to commend Senator Patterson for her work in presenting this private member's bill so that we can finally deal with the recommendations of the Lockhart review, which were released in December last year. I would also like to commend Senators Webber and Stott Despoja for their work in putting forward other proposals and all senators who contributed thoughtfully to improve this debate. Listening to the speakers so far in the debate in the House of Reps, I know that most members of the House are also approaching this legislation with careful consideration.

Although the public may not always appreciate it, given the theatre of question time shenanigans and personality based reporting on the nightly news, members of parliament do take their responsibilities seriously. They come to Canberra from all around this great nation to deliberate on issues and to make laws based on those deliberations, but absolutely none of us come to this place equipped with all the knowledge we are going to need on all of the issues that we are going to face. Our backgrounds are diverse. I was a principal, several here are lawyers, some are doctors and others are from diverse employer and employee backgrounds. Our professional and work backgrounds shape how we approach issues, as do some of our religious and ethical beliefs and perhaps our family history and personal experiences.

But as far as I know none of us here are biomedical scientists or experts on human cloning or embryo research. It is not our job to be scientists; it is our job to make sure that our scientists have the ethical and legal framework in which to responsibly and safely pursue vital medical research for the benefit of all the people of this nation. So on this issue, like on many of the issues that come before us, expert advice is correctly sought.

When the time came for the review of the act that the legislation before us today is to amend, we did call in the experts. The review was conducted by the late John Lockhart, a former justice of the Federal Court of Australia, and the review committee included a clinical ethicist, a specialist gastroenterologist, a clinical neurologist, a neuroscientist, a lawyer and an ethicist. Not only was this a committee of experts, but it also received over 1,000 submissions. It held public hearings in every state and territory, held facilitated consultations and undertook site visits. It was a comprehensive review to determine whether there had been developments in the technology, scientific research, potential therapeutic applications and community standards surrounding the issues covered by the original act. The committee unequivocally found that there had been. At the time of the review report's release, Justice Lockhart said:

*The Committee has concluded that, based on its wide consultations, there is a need for an augmentation of the current system to allow research, within a rigorous ethical framework, into emerging scientific practices that will assist in the understanding of disease and disability.*

It made 54 recommendations, and most of these recommendations are reflected in the legislation we have before us today.

As Justice Lockhart's statement suggests, a rigorous ethical framework is being maintained. The legislation will retain existing prohibitions on: placing a human embryo clone in the human body or the body of an animal; importing or exporting a human embryo clone; creating a human embryo by fertilisation of a human egg by human sperm for a purpose other than achieving pregnancy in women; creating or developing a human embryo by fertilisation of a human egg by human sperm which contains genetic material provided by more than two persons; developing a human embryo outside the body of a woman for more than 14 days; making heritable alterations to a human genome; collecting a viable human embryo from the body of a woman; creating or developing a chimeric embryo; developing a hybrid embryo beyond 14 days; placing a human embryo in an animal, a human embryo into the body of a human other than into the female reproductive tract or an animal embryo in a human; and importing, exporting or placing in the body of a woman a prohibited embryo. That is an extensive list of prohibitions.

But let us be clear: this bill specifically prohibits human cloning for reproductive purposes. We will not see cloned babies being born. This bill also prohibits hybrid embryos being developed beyond 14 days. We will not see unformed part-human creatures being born. So we have strong prohibitions and protections remaining in place. These prohibitions and protections will never satisfy some of those people who are running scare campaigns on this issue, trying to whip up fear in the community. But I do believe that these prohibitions and protections will satisfy those people who have rationally addressed this issue and raised those concerns.

As with the last time these issues came before the parliament, I have received a large number of representations from my constituents both for and against this legislation. While I do not agree with all of them, I respect the views of all the people of Newcastle, and I thank them for taking the trouble to contact me. However, I have to say straight up that, having considered the evidence, having considered the expert advice, having considered the opinions of my constituents and, indeed, having searched my own conscience, I do not believe the risks are so great that we have to abandon this worthwhile line of scientific research.

People have said that this line of research is unethical. I do not believe that it is. I believe that it is more unethical for us to abandon these lines of research. I believe it would be unethical to give up on potential cures for disease, to give up on the hope that many people living with disease and disability rightly have for a cure or reversal of their condition.

I recall that only last month many members in this place hosted children from their electorates who are living with juvenile diabetes. I met with a young ambassador from Newcastle, a young girl who was living with the disease. This brave young person faces a daily regime of insulin injections and blood glucose level monitoring while rigorously following a healthy diet and exercising regularly. The message from the kids who came to Parliament House that day was that they would rather have a cure for diabetes than a million dollars. It was a message of hope, and I guess it was a plea to us. We should not give up on that hope. Juvenile diabetes is one of those diseases and disabilities, along with others such as spinal cord injury, motor neurone disease, Rett syndrome and Parkinson's disease, for which we should be looking for cures in every possible direction. This bill allows us to do that.

Under the new laws, scientists must apply for a licence from the National Health and Medical Research Council to: use excess assisted reproductive technology embryos; create human embryos other than by fertilisation of a human egg by a human sperm, and to use such embryos; create human embryos by a process other than fertilisation of a human egg by human sperm containing genetic material provided by more than two persons, and use such embryos; create human embryos using precursor cells from a human embryo or a human foetus, and use such embryos; undertake research and training involving the fertilisation of a human egg, up to but not including the first mitotic division, outside the body of a woman for the purposes of research or training; and create hybrid embryos by the fertilisation of an animal egg by human sperm, and develop such embryos up to, but not including, the first mitotic division provided that the creation or use is for the purposes of testing sperm quality and will occur in an accredited ART centre. The uses of embryos under such licences may only be authorised for development up to 14 days. In no circumstances may any embryo be developed outside the body of a woman beyond 14 days.

So what we are putting in place is a regime that the experts have recommended is the best regime to ensure our scientists can investigate new techniques and possibilities in a strongly regulated framework. Our scientists will now be able to investigate cures for disease by using embryonic stem cells rather than just adult stem cells. This is one of the key changes being proposed in this legislation.

This parliament asked the Lockhart committee to recommend any changes we needed to make to keep up with technological advancements, and this is one of those areas. The Lockhart review concluded:

*... based especially on the evidence of experts working directly in one or both fields of stem cell research ... that further research involving both adult and embryonic stem cells is required to improve knowledge and to develop effective disease treatments.*

Well, bring it on. While acknowledging that some advances had been made using research into adult stem cells—and some of those have been at the University of Newcastle—the report found that those advances are going to be much more limited than the advances possible if we look at embryonic cells as well.

What the review is saying is that we should not be limiting our avenues of research. This is a position upon which patient advocacy groups agree. I am proud to be a co-convenor of the Parliamentary Friends of Dementia, and in that role I work closely with Alzheimer's Australia. This is an advocacy group that works extremely hard in raising awareness of dementia. Alzheimer's Australia regularly comes to Canberra to lobby for more research into how to combat this disease which will in the future greatly affect more and more of our ageing population. Alzheimer's Australia has released a position paper in support of the Lockhart recommendations, particularly supporting the maintenance of the strong regulatory framework while allowing our scientists to use the most promising avenues of research.

Neurodegenerative disorders, Parkinson's disease, Huntington's disease and motor neurone disease, all of which can result in dementia, are known to be among the most promising candidates for stem cell based therapies. Motor neurone disease is currently being studied with some success using therapeutic cloning techniques in the UK. Under this legislation our scientists will be able to pursue this therapeutic cloning, also known as somatic cell nuclear transfer. The process involves the transfer of the nucleus from an adult cell into an empty egg in order to generate embryonic cells.

The Coalition for the Advancement of Medical Research Australia, CAMRA, another patient advocacy group, says that this research has enormous potential medical benefit in genetic diseases, diseases of old age and serious injuries. CAMRA therefore supports the ban on reproductive cloning but supports therapeutic cloning. So does the Australian Academy of Science,

which represents Australia's leading scientists. The academy says that while adult stem cells have the advantages of proven safety and the absence of immune rejection, embryonic stem cells have the advantage of being able to make every kind of cell in the body and to multiply indefinitely. It has therefore arrived at the conclusion that both forms of research need to proceed to maximise the chances of developing medical applications.

The academy also points out that a number of prominent stem cell scientists have left Australia, unfortunately, to work in less restrictive environments overseas. Australia should be encouraging our top scientists to stay here. It is in Australia's national interest that our brightest minds are working on projects in Australia. The current ban on therapeutic cloning prohibits our scientists from being involved in some of the most cutting edge research on the globe, and is a perverse incentive for them to leave this country. This is a loss for our scientific community, our national interest and, most of all, the patients who are looking to these researchers in the hope of a cure.

It is not just the scientists who support the legislation before us today. In the course of its review, the Lockhart committee was asked to examine public attitudes to these issues and found a growth in acceptance of the use of human stem cells derived from embryos and from adults. Between 2002 and 2005, the percentage of Australians who approve or strongly approve of human stem cells being derived from embryos increased from 53 per cent to 65 per cent. For adult stem cells, the increase was from 70 per cent to 78 per cent. Support for human cloning remained at eight per cent over the same period.

This clearly shows that the public is aware of the difference between cloning for reproductive purposes and cloning for therapeutic purposes. They understand that the joys, heartache and responsibilities of parenting are a very different debate and that this bill in no way detracts from parenthood or the sanctity of human life. It also shows a majority in favour of research involving both embryonic and adult stem cells. A Research Australia poll released last month also shows majority support for both forms of research. The legislation before us, then, fairly reflects community attitudes on this issue; it reflects the opinion of the scientists in this field; it reflects the considered view of the Lockhart committee of experts; and it reflects the majority view of senators in that place.

Some have suggested the closeness of the Senate vote means that we should be wary of passing this legislation or that we should send it back to the Senate for further consideration. I cannot agree. In our democracy, one vote is all that is needed. We cannot claim that a close vote in the Senate means that the result is somehow invalid or that it does not reflect the will of that place. There have been plenty of close votes since the coalition gained its majority in the Senate. We did not send back the industrial relations laws, the Welfare to Work legislation or the Telstra sale just because the vote was

close. I wish we could but we cannot, because that is the nature of our democracy. I wish we could have had another election back in 1998 when Labor won a majority of votes but not a majority of seats. We cannot. Everyone in this place is here as a result of our strong democratic processes. We all accept this process, as do the Australian people. Our democracy is strong, and a conscience vote such as this often brings out the best in our parliamentarians.

This conscience vote has also allowed many members to share their personal and often private experiences. This is right and necessary. This is the human way forward and always improves our decisions. After all, every decision we take here in some way impacts on this country and on every Australian. It is important that Australians know that, just like them, our friends or perhaps our families or we as individuals have experienced the hardships and tragedies that impact on human lives. In my own life, mental illness has run a dreadful course with some of my dearest family members. I have shared the pain of friends whose much adored children live with schizophrenia. I have felt the heartache of mothers-to-be in my close circle faced with the choice of termination on the knowledge that their much wanted baby will be born with a serious, life-affecting condition. As a principal, I have watched so many children and their families courageously deal with severe disabilities and afflictions. I have tried to aid many constituents who suffer the burden of caring for loved ones with dementia and all types of medical afflictions or those who need special support because of their own medical condition. In all conscience, I could not live with myself if I did not give my strongest support to advancing the medical research that may one day free them from this suffering and anguish.

Once again, I thank all my colleagues who have made thoughtful and sensible contributions. I would like to leave this debate with one simple message, and that is a message of hope. It is my great hope that we pass this legislation; it is my very great hope that, once we do, our best scientists will pursue those avenues of research that are currently not open to them; and it is my very great hope that, when they do, we will see breakthroughs and discoveries that will lead to cures for some of the most problematic diseases and disabilities that our people face—spinal cord injury, juvenile diabetes, Parkinson's disease, motor neurone disease, muscular dystrophy, heart disease, osteoporosis, leukaemia, Rett syndrome and burns complications. The list is so long. Many people living with these diseases and disabilities have nothing else except hope, and that is what this legislation is all about: hope. I commend this bill to the House.