

Ad Hoc Interfaith Committee

C/o Marcia Riordan, Life, Marriage and Family Office,
PO Box 146, East Melbourne, Vic 3002

Tuesday 15th March 2010

The Honourable Peter Heerey QC
Legislation Review
National Health and Medical Research Council
GPO BOX 1421
Canberra ACT 2601
Review2010@nhmrc.gov.au

Dear Justice Heerey,

Review of the Operation of the Prohibition of Human Cloning for Reproduction Act 2002 and Research Involving Human Embryos Act 2002

1. Introduction

The Ad Hoc Interfaith Committee is a group of people of several different faiths who share common concerns about the issues raised in relation to research involving human embryos.

2. Human Embryos

We remain opposed to the use and the destruction of human embryos in research and opposed to the cloning of human embryos. We argue that there is now no justification for allowing either practice to continue.

None of the many cures for all kinds of diseases, that were promised as a result of embryonic stem cell research, has in fact eventuated. Such cures were not close in 2002 and are even less likely now. The development of

induced pluripotent stem cells (IPS)¹ has made the so-called "need" for access to embryonic stem cells redundant. IPS cells allow scientists to create the equivalent of cloned embryonic stem cells from adult stem cells. In addition, IPS cells are less likely to cause tumours and better able to be controlled.

As a result there is no longer any validity to the claim that cloned embryonic stem cells are required to provide a genetically identical match for a particular patient. There is no need to create and destroy human embryos to obtain embryonic stem cells. And so there is no need to use women's eggs to create such embryos for research.

3. We oppose the buying and selling of human eggs

3.1 Cloning

The cloning of embryos, whether human or animal, is a very wasteful process in terms of the large number of eggs required to produce a single cloned embryo. Such a large number of human eggs is not currently available, as few "spare" eggs are made available through IVF programs, and few women consent to egg donation. Under the current legislation women are not permitted to be paid for egg donation, but may only be reimbursed for their medical costs. However some lobbyists (for example, Prof. Loane Skene²) argue that the federal ban should be lifted given the shortage of human eggs. ie women should be paid as an incentive to encourage them to become egg donors and a source of eggs for research.

However, the harvesting of eggs is more complicated and invasive than the collecting of sperm, and few women are willing to undergo the procedure unless undergoing some form of reproductive treatment in the hope of achieving a child. While women usually produce only one egg per cycle,

¹ Kazutoshi Takahashi, Shinya Yamanaka, "Induction of Pluripotent Stem Cells from Mouse Embryonic and Adult Fibroblast Cultures by Defined Factors" *Cell* 126:4, 663-676 (25/8/2006)

² Loane Skene, 'Why Not Pay Women to Donate Their Eggs for Research?,' *The Age* (Melbourne), 17/11/2009

women undergoing IVF and egg donors are given fertility drugs in order to induce their ovaries to release multiple eggs per cycle, commonly around 10-20 eggs, which are then collected by a surgical procedure under general anaesthetic.

Inducing the ovaries to produce so many eggs at the one time can be extremely painful for the woman involved as each developing follicle can grow to be around the size of a golf ball. "Common side effects include: hot flushes, abdominal distension and discomfort, ovarian enlargement, blurred vision, nausea, vomiting, diarrhoea, bone pain, headaches, dizziness, pain, redness and itching at the injection site, breast tenderness and swelling, irritability and mood changes."³

In addition there is a risk that women exposed to fertility drugs may develop the far more dangerous ovarian hyperstimulation syndrome (OHSS) and require hospitalisation. Symptoms include unintended pregnancy, renal failure, intrauterine polyps, ovarian cysts, thromboembolism, respiratory distress, haemorrhage from ovarian rupture, and it can lead to infertility. The American Society of Reproductive Medicine reports that the occurrence of the more severe symptoms is not rare.⁴

At least 308 Australian women developed OHSS while undergoing IVF in 2004 and 257 (83%) had to be admitted to hospital as a result. In total, at least 1.3% of Australian women undergoing IVF procedures are known to have developed OHSS. There have been three deaths in Australia linked to

³ Marcia Riordan, 'Paying women for Egg "Donation" ' *Chisholm Health Ethics Bulletin* Spring 2010.

⁴ Katrina George, 'Women as Collateral Damage: A Critique of Egg Harvesting for Cloning Research, *Women's Studies International Forum* 31, no 4 (July -August 2008): 285-292. Also see *Fertility and Sterility* 80, The American Society of Reproductive Medicine, 2003 p1310

IVF programs⁵ Some researchers put the number of women who experience OHSS as a result of fertility drugs at between 0.3% and 10%.⁶

3.2 Selling Ineffective

In her submission to your enquiry, Sarah Chung, University of Toronto , reported in relation to buying eggs:

'There is also evidence to support that providing remuneration to donors will improve recruitment efforts and therefore, increase the number of eggs available for research. The Bedford Stem Cell Research Foundation in Boston recruited donors between the ages of twenty-two to thirty-five years of age. The women were paid \$4,000 US per procedure, which in the US, is an amount equivalent to that paid to donors for reproductive purposes. This financial compensation seems to have led to success in recruiting donors. In the years [2000-2005](#), there were 391 inquiries made by women interested in the program, and after screening potential donors, twenty-eight women underwent ovarian stimulation and twenty-three donors completed the program. The Foundation was able to acquire 274 eggs to be used for stem cell research.'

That would seem to indicate that very few eggs would be come available even if trade were permissible.

3.3 Exploitation of Women

Overseas experience shows that lucrative payments can induce women to become egg donors, in situations where they would not normally do so. It can

⁵ Marcia Riordan, 'Longing for a Child', *Respect Life Sunday* (Melbourne) (2007), Catholic Archdiocese of Melbourne, www.lmf.cam.org.au/index.php?option=com_docman&task=cat_view&gid=12&Itemid=51. The deaths were held to be anaesthetic related. Anaesthetic risks are increased by ovarian hyperstimulation syndrome. Two women died on the IVF program at the Avro Clinic, now the Concept Clinic, which was housed in the King Edward Memorial Hospital in Perth. In both cases there was respiratory failure, in the second case death was attributed to "therapeutic misadventure" according to the coroner's report. In both cases the women were undergoing laparoscopy. Dr Nicholas Tonti-Filippini, *Scrutiny of Acts and Regulations Committee Alert Digest 17/4/2007*. Also see the *National Perinatal Statistics Unit Report 2004*.

⁶ Op cit George, p286

adversely affect their health, and in some cases has cost them their lives. Young college students are often targeted and have been induced by payments of US \$15,000 to become egg donors. Calla Paperdemas, a 22 year old Stanford graduate, developed OHSS and suffered a massive stroke and brain damage after commencing egg extraction.⁷ Complications after IVF treatment have been blamed for the deaths of Jacqueline Rushton and Temilola Akinbolagbe.⁸

3.4 Long Term health risks unknown

Little is known about the long term health outcomes of women who have undergone egg extraction, despite the large numbers of women who have been involved, because very few studies of the long-term health risks of fertility drugs have been carried out⁹ Hence, the ability of women to make an informed decision and to give informed consent to egg donation is compromised.

It is irresponsible to encourage women, through providing significant financial incentive, to be involved in a procedure which is of no benefit to them, and which could compromise their health, possibly seriously, in order to provide eggs for use in research.

3.5 Commodification of women

To regard women's bodies (and hence their very selves) as a commodity , or as Katrina George puts it so clearly, to make them "collateral damage along the biotechnology superhighway" Is contrary to the principle of treating women as persons worthy of dignity and respect.

⁷ Op cit George p286

⁸ Ibid

⁹ Linda Guidice, Eileen Santa, Robert Pool (Eds) "Committee on Assessing the Medical Risks of Human Oocyte Donation for Stem Cell Research" 2007, *Assessing the medical risks of human oocyte donation for stem cell research: Workshop Report* Washington DC, National Academies Press.

As Clare O’Neil noted (*The Age*, March 4, 2011) in relation to commercial surrogacy, there is a basic societal belief that some things (especially those to do with motherhood) “simply should not be bought and sold”. Further, she points out that if women’s reproductive capacities are used for profit, it is certainly possible that “the revered role of women in pregnancy and motherhood would be diminished, leading to less social protections for mothers and babies”.

3.6 Exploitation of disadvantaged women

Women with few resources and opportunities may be induced by payment to become egg donors. While lobbyists may claim that preventing women from being paid for egg donation restricts their autonomy, it is clear that women with the least opportunities and little education are most likely to be exploited by those with powerful interests in obtaining material for research.

Payment for eggs is simply a form of payment for organ or tissue donation, which is illegal in most jurisdictions and prohibited by ethical guidelines in Australia. There is already evidence that the trade in organs does not lift the poor out of poverty. In 2006 over one third of the male adult population of a small island in the Philippines had sold a kidney. Reportedly, despite being paid \$1500 to \$3000 Australian dollars for their kidneys, their economic status did not improve. On the basis of the evidence, the Government of the Philippines has since banned the trade in human kidneys and halted medical tourism for that purpose.

3.7 Blood and Tissue donation

Our blood and organ donation system currently works on a voluntary basis. Organs are allocated on urgency, need and time waiting, which is a fair system. As soon as payments are introduced, ability to pay becomes a factor, resulting in inequity.

Payment also creates perverse incentives. The current system relies on a donor's honesty in disclosing any potential lifestyle or health risks. If financial

gain were to become the purpose of donation rather than altruism, it is likely that some donors would be reluctant to disclose all relevant information. Currently there is significant social capital in a voluntary system, which would be undermined by allowing trade in women's eggs.

People of faith have a long history of opposition to the exploitation of the poor and vulnerable. Even were there to be no long-term consequences for women in egg donation we would remain opposed to any such trade, as exploitative and demeaning for women. The Federal ban on payments for egg donation should be upheld.

4. Cybrid formation

We are opposed to violating the human-animal divide by forming cybrids which combine a human cell with an animal egg. Not only are there scientific risks involved, there is an intrinsic issue in forming an entity of doubtful status having both human and animal genes. In the formation of a cybrid, the animal mitochondria are retained containing some genetic material. Further, the formation of a cybrid in that manner would have to be given the same moral status as a human embryo given the preponderance of human genes. Human-animal cybrid formation is a practice which the Australian Parliament has in the past strongly rejected on the basis of overwhelming public opposition.

We remain opposed to any form of human cloning and destructive embryo research.

We are pleased to have had the opportunity to make a submission and would welcome the opportunity to meet with the Committee.

Yours sincerely,

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Marcia Riordan

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On behalf of the following:

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