

HUMAN REPRODUCTIVE TECHNOLOGY AMENDMENT BILL 2003

Consideration in Detail

Resumed from an earlier stage of the sitting.

Clause 11: Section 14 amended -

Debate was interrupted after Mrs C.L. Edwardes had moved amendments.

Mrs C.L. EDWARDES: Before we broke for question time the minister had responded on the basis that the amendment that he was putting forward in the Bill would make the position stronger than that on the eastern seaboard. The examples he gave identified that several States do not have such legislation. The Reproductive Technology Council annual report shows that very clearly. It is still in the process of determining its framework. The amendment being put forward by the Government is to allow pre-implantation diagnostic testing. It basically refers to a serious genetic abnormality or disease. The Minister for Health admitted that it can include deafness and blindness. If it is to include deafness and blindness, I believe that this Parliament has the ability and the right to provide that the community does not determine that human embryos should succumb on the basis that they may develop into a deaf or blind person. The Minister for Health said that we are not talking about characteristics. So far we are not talking about the ability to have designer babies with blue eyes who will grow to be six feet six inches tall etc.

The Government's amendment quite clearly allows parents, with the approval of the Reproductive Technology Council, to exclude human embryos that will become a deaf or blind person. I do not believe that that is acceptable to the community or to most members of this Parliament. I do not believe that we should allow that arrangement to continue without a very firm statement from this Parliament to the Reproductive Technology Council indicating that that is not what is intended by this amendment. The Parliament is talking about serious genetic abnormality or disease that would pose a grave threat to the life of a person, and that cannot be significantly reduced by current medical treatment or other means or would pose a grave threat of severe physical suffering and that suffering is unable to be significantly relieved by current medical treatment or other means.

I suggest that this Parliament make a very clear decision and send a very clear message to the Reproductive Technology Council that it does not support human embryos being allowed to succumb on the basis that they will become a deaf or blind person. Other diseases and abnormalities may be able to be treated medically and/or suffering can be relieved. Some diseases cannot be treated or relieved today but they will be able to in the next two to 10 years as a result of the advance of medical technology. I therefore urge the Minister for Health and members of this place to accept my amendment to the Government's amendment. My amendment places a constraint on the Reproductive Technology Council, provides a definition and clear guidance to the council, and does not allow the council to go over the line into an area with which we do not agree.

Mr M.P. WHITELEY: I will have difficulty deciding how to vote on this amendment; in fact, I am having difficulty dealing with the whole Bill. I want to outline some concerns, some of which have been outlined by others. I have a grave concern with the Bill because it refers to "serious genetic abnormality or disease" but does not go any further by way of a definition of those words. I have that concern because of all the reasons that have been outlined by other members. The member for Southern River outlined an extreme position when he talked about the argument that some researchers are putting forward that they can identify a cluster of genes that identify a predisposition to attention deficit hyperactivity disorder. I have problems with that. After all, ADHD is a collection of behaviours. Whether it is different or a disorder is a vexed question. The member for Southern River gave an extreme example of what in the eyes of some medical researchers constitutes a serious genetic abnormality. I accept that is an extreme example. I would be surprised if any genetic ethicist would consider that ADHD should fall into that category; nonetheless, at an abstract level it could.

I will give members a more practical example. About one in 180 Australians are predisposed to suffer from a condition called haemochromatosis, which is genetically identifiable. Its consequences are very serious if it goes untreated in the long term. The treatment of it is relatively simple. If it is diagnosed early enough, a person simply goes through a process of blood letting. Its consequences are relatively minor if it is diagnosed early. Nonetheless, it can be argued that, untreated, it has serious implications and is a serious genetic abnormality. Even a condition as potentially treatable as haemochromatosis could fall under the definition of a serious genetic abnormality or disease. The examples of deafness and blindness have already been mentioned. I have those definitional problems. On the other hand, when compared with the amendment, I would almost prefer the approach outlined early in the speech of the member for South Perth, whereby the member for Kingsley initially sought to specify the various conditions that would be regarded as being serious enough to fall into that category of serious genetic abnormality. I would almost prefer that approach. I feel that that identification ultimately has

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to happen somewhere. All I have heard about that so far in the debate was from the minister when he started to outline the process, in which a panel of 10 people chosen by the minister identified the particular conditions. I would like him to run over that again for my benefit, as I would like to hear a little more about that. I can understand the arguments for this, and I do not enter this debate with any certainty in my mind. However, the process of identifying conditions needs to be specified. That is my concern about the amendments proposed by the member for Kingsley. My concern with the legislation proposed by the minister is that at face value it does not address that very serious definitional question. I would be interested if the minister could run over that again for my benefit.

Mr J.A. McGINTY: I would like to comment on a couple of things. Firstly, one of the problems with the member for Kingsley's amendments is that the definition of serious genetic abnormality or disease focuses on the person rather than the embryo. Philosophically, people might well think of an embryo as a person. However, that is not the case at law.

Mrs C.L. Edwardes: We are talking about an embryo coming to term and becoming a person.

Mr J.A. McGINTY: That is right, but the emphasis is on the disease or abnormality that will be suffered by the person, presuming that person is born sometime thereafter.

Mrs C.L. Edwardes: We picked up on that. We considered that issue. Once the embryo comes to term, we are dealing with a person's life, not the life of the embryo. The embryo would be tested for the disease or abnormality that the person might have.

Mr J.A. McGINTY: That definition excludes the situation in which the embryo itself might suffer from a serious genetic abnormality that might be lethal at the embryonic stage. The member's focus on the person rather than embryo excludes that. That might well reflect a philosophical view that an embryo is a person but it does not reflect the legal position. A woman might have a significant number of miscarriages because of a serious defect in the embryo. Under the member's definition, that could not be screened.

Mrs C.L. Edwardes: I do not agree. It could be.

Mr J.A. McGINTY: The definition focuses on the person rather than the embryo. An embryo that never becomes a person is excluded under that definition. It is a drafting technicality.

Mrs C.L. Edwardes: I think you are splitting hairs.

Mr J.A. McGINTY: I think that is the effect of it. I simply make that point. My notes say that a particular case might be that of a woman who has had repeated unexplained miscarriages. If she is an older woman with increased risk of chromosome damage, it could be recommended that the woman's embryos be tested for chromosomal abnormalities that are preventing the normal development of the embryo. As the embryo may never be born alive, the parameters set out in the proposed definition cannot be applied. It is a problem with the way in which the amendment is cast. I will not take it any further than that at this stage.

The next point I make is that the requirement that the threat to life or physical suffering is unable to be "significantly relieved by current medical treatment or other means" does not allow for consideration of the physical, emotional and financial costs that might be involved in medical treatment. An example is a major operation or extensive chemotherapy that may provide the possibility but not the certainty of keeping alive a child with cancer. The proposed definition would not allow testing for the genetic risk of cancer. It may be unreasonable to require a parent, particularly a parent who has already lost a child to the same hereditary condition, and a child to go through the roller-coaster of such a treatment option rather than allowing for pre-implantation testing for the condition.

The other point I make is that the one of the goals of the provisions of the Bill is to provide consistency of scope for decision making between pre-implantation testing of embryos and prenatal testing. I make this point very clearly for the members present. A pregnant woman can be tested for everything for which an embryo can be tested. For whatever reason, a woman who has undergone prenatal testing might decide to terminate the pregnancy. That is allowed under Western Australian law. That testing process is allowed once a woman becomes pregnant - I think it is normally done between about eight and 14 weeks - and could detect an abnormality that could lead to a termination. In my view, there should be consistency; that is, pre-implantation testing and testing when pregnant ought to be allowable on a similar basis.

Mr M.P. WHITELY: I would like to hear more from the minister.

Mr J.A. McGINTY: There are no legislative parameters for prenatal testing. In other words, there is nothing to say that a woman who is pregnant cannot undergo tests for a particular condition or disease. It is open slather under the law of the land as it stands. A woman who wishes to test for the existence of certain hereditary

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conditions can do so and, under the law of Western Australia, it is the choice of that woman whether to continue the pregnancy.

Mr M.P. Whitely: Could a woman be implanted with a 10-day-old embryo and, six weeks later, undergo genetic testing and have an abortion if she so chose?

Mr J.A. McGINTY: Exactly. Testing that is not allowed pre-implantation is allowed post-implantation. I think there needs to be consistency with the sorts of tests that are allowed. It would be far more undesirable and traumatic for a woman to undergo prenatal testing after implantation, discover a defect, abnormality or disease and decide to undertake a termination. Given that is allowed by the law, I think that it is far better to allow pre-implantation testing or screening - whatever members want to call it - of an embryo if there is a serious risk of hereditary disease or things of that nature. As I have indicated, no legislative parameters have been set for prenatal testing. Decisions are made by the family involved, in consultation with its doctor and genetic counsellor. A decision about whether to request genetic testing of an embryo is also a decision made by the family concerned, and genetic testing cannot be done without its consent. The requirement that the Reproductive Technology Council approve any pre-implantation genetic testing within the parameters set out in the Bill ensures that testing cannot be conducted if it has been requested for trivial reasons. To go beyond these already strict parameters will put at risk the quality of the decisions that it is appropriate for the Reproductive Technology Council to make in the light of that latest scientific and medical information. A woman who was denied the opportunity for pre-implantation genetic testing for a particular serious genetic condition would be left in a position in which she could have the embryo implanted and tested, and then terminated at 14 or 16 weeks. That seems to me to be a nonsense, frankly, particularly when the legislation does impose a restraint, which is well spelt out; namely, that there be a significant risk of a serious genetic abnormality or disease. That is what will condition pre-implantation testing. However, that same limitation will not apply to post-implantation testing. We need to be consistent, otherwise we force people to undergo a more difficult and destructive procedure in order to arrive at that particular end result.

Mr P.G. PENDAL: The weakness of the argument that the Minister for Health has just used in response to the member for Roleystone is that it runs counter to the intention of his own amendment. The minister tried to draw an analogy between the lack of reasons for genetic testing when a woman becomes pregnant in the normal way by saying that because in that case there are no restrictions, by extension there should be no restrictions if a woman becomes pregnant through an IVF procedure. However, does the minister realise that he is sponsoring an amendment that will undo that intention? If the minister really wanted to be consistent with the argument that he has just put to the member for Roleystone, this clause would not even be in the Bill.

Mr J.A. McGinty: That is right.

Mr P.G. PENDAL: Then why is it in the Bill? The argument that the minister has just run with the member for Roleystone is actually quite disingenuous. It is also, frankly, not very honest, because if that is the argument that the minister wants to put, we would not have the Government's amendment in the first place. It comes down to whether we should adopt the more open-slasher approach of the amendment that the Minister for Health has moved or the less open-slasher approach of the amendment that the member for Kingsley has moved. We should not waste time on this nonsense that we are somehow putting the Sonjas of this world on the same basis as women who fall pregnant in the formal fashion. That is not what the Government's Bill is doing. The Sonjas of this world would be entitled to say to the minister, what is good for the goose is good for the gander. Therefore, let us get back to the frank discussion that was in process and put aside what the minister has just said, because it is a nonsense.

I am constantly amazed in debates of this kind, particularly when they are led by someone with the background of the Minister for Health, about the way in which established human rights principles are set to one side and all of a sudden do not mean anything. I want to refer to some evidence that was given to the inquiry that was conducted by the Senate when the federal Bill went through that House. Dr Katrina Hallen pointed out to that inquiry that there is a body of human rights law specifically relating to human experimentation that states that voluntary consent by the subject of the research is absolutely essential. She stated further -

The human rights perspective is that the rights of the subject must prevail over the interests of science.

That is a bit for the books in this debate. She went on to state -

Scientific experiments must be designed for the benefit of the subject, not for the destruction of the subject, even if the destruction of the subject may benefit another group of human beings.

These are human rights arguments. However, these human rights arguments have been neatly extracted by the Minister for Health - a person who in other circumstances would put himself forward as an advocate of human rights in Australia - and somehow do not seem to wash when he is the person who is sponsoring the changes.

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Mr J.A. McGINTY: I would like to hear more from the member for South Perth.

Mr P.G. PENDAL: That is pretty good of the minister, since I am trying to give him a lathering! I must say that despite the minister's generous act to me just now, this would certainly be the first occasion in this House in which the minister has been willing to set aside human rights arguments. These arguments apply not just to this debate. They are set out in well-established international covenants and precedents. These human rights arguments are all the more reason that we should support the amendment moved by the member for Kingsley so that we can give the Sonjas of this world what they want and also pull back and reset some of the parameters. I refer first to the International Covenant on Civil and Political Rights. This covenant was signed in 1966, so we are talking about not 40 or 50 years ago but relatively modern times. Article 6(1) of that covenant states that sentence of death shall not be carried out on pregnant women. This situation has actually occurred in recent times in one of the African nations. What that article is telling us is that the embryo is important and is given recognition by not only religious and spiritual authorities but also international law and covenants, and human rights advocates. I am not making this up to support my stance. I am drawing on well-established international practice and providing more reasons the member for Kingsley's proposal to be placed into the Bill ahead of what the Minister for Health has in mind. Principle 1 of the Nuremberg Code brings it home a bit more closely. It states that the voluntary consent of the human subject is absolutely essential - not just a bit important or desirable, but absolutely essential. That means that the person involved should have the legal capacity to give consent. It does not talk about other people giving consent on that person's behalf. If we are to set aside all of that international law and all of those internationally-accepted principles of human rights, we should at least do it with some sense of principle, rather than the open slather that the Minister for Health is proposing.

On those grounds alone, the Minister for Health should seek refuge in the amendment moved by the member for Kingsley. As I said last night and this morning, members are aware that Parliament will pass some form of amendment to the current legislation along the lines sponsored by the minister. This relates to testing that shows up a serious or substantial genetic abnormality. We know that the numbers will allow that to happen. Therefore, where is the downside for the beneficiaries of that change in an amendment along the lines of that moved by the member for Kingsley? To people who will be the subject of the processes outlined in this debate, there will be no downside as a consequence of the amendment. It would send the message the member for Kingsley has referred to on many occasions throughout the debate; namely, that a person who will be deaf is no less a person, and that a person who might be blind will certainly confront a serious problem but will be no less able to enjoy a quality of life. A diabetic may be another example. I have received, as have other members, approaches along those lines. For those reasons, the minister must under no circumstances divert the argument, as he did in response to the member for Roleystone. Instead, the House should support the amendment of the member for Kingsley.

Mr J.A. McGINTY: This will be my final contribution on the amendment.

Mr M.P. Whitely: I want to raise one other matter.

Mr J.A. McGINTY: I make these points first.

I refer to decision making in respect of genetic testing of embryos. The decision about whether to request the test is made by the woman and her family. The Reproductive Technology Council must approve any genetic tests before they are undertaken, and the council can do so only if there is a significant risk of a genetic abnormality or disease in the embryo. Approval may be a general approval - that is, an approval to allow tests for specified conditions to be tested without individual applications to the council - or approval may be for embryos created for a particular person to be tested for a particular purpose or condition.

A decision about whether a genetic abnormality or disease is serious will be made by the Reproductive Technology Council, although it is expected that opportunity will be provided for persons seeking approval for testing to provide information in support of the application, including details of the impact the abnormality or disease would have on those persons. That is reasonable.

The decision on whether to proceed with the implantation of an embryo that has been tested will be made by the woman concerned. The Bill does not allow the genetic testing of embryos for people not eligible to access IVF. That is a very important point upon which I ask members to reflect for a moment. The only circumstance in which an embryo can be tested pre-implantation is if the woman is eligible for the IVF program. That is confined to infertile women, couples or those at risk of passing on a genetic abnormality or disease to a child. Only those people are eligible for IVF, and can have embryos tested, under the law of the State. Concern was expressed in the debate about everyone in the community having access to embryo testing; that will not be the case. Only those on an IVF program will be able to have their embryos tested.

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Those not on the IVF program already have access to prenatal testing. The Government seeks a greater measure of consistency with testing. Prenatal genetic testing is widely available in Western Australia, with no specific restrictions on the conditions that can be tested for. Allowing testing of embryos prior to implantation avoids putting IVF patients who are at serious risk of passing on a genetic abnormality or disease into the difficult position of making a decision about terminating a pregnancy after prenatal testing at approximately 12 to 14 weeks gestation.

I make the following comments about the risks associated with genetic tests. Genetic testing usually involves the removal of one or two cells from an IVF embryo in-vitro. I just found out that in-vitro also means in glass, so it applies while the embryo is in the test tube.

Mr P.G. Pental: If you had listened to the Latin teacher at school, you would have learnt that at school.

Mr J.A. McGINTY: The member and I both learnt that at the same school, and I should have remembered it; the memory is not that good.

This is done as early as three days after fertilisation when the embryo consists of only eight to 10 cells. Data shows that the risk of embryo damage is extremely low, and the removed cells can be tested for genetic or chromosomal disorders. There is no evidence that babies born after genetic testing suffer any malformations as a result of the procedure, and the reproductive register was established for the specific purpose of allowing long-term studies into IVF to be undertaken. I thought it was important to place those issues on the record as part of this debate so that we have a better knowledge of what is involved.

Mr M.P. WHITELEY: I have one query regarding the National Health and Medical Research Council committee that will set the guidelines about what constitutes a serious genetic abnormality or disease. I appreciate the argument the minister made earlier, and I accept the reality that there is a choice in testing. Regardless of the results of testing, there is still a choice to implant. The consequence of not implanting is that another embryo that would otherwise have been destroyed will not be implanted. I am conscious of the practical implications of this aspect. I seek some assurance of the process by which the body referred to by the minister - I believe it is the NHMRC committee - determines what constitutes a serious genetic abnormality or disease.

Mr J.A. McGinty: That will be done by the state Reproductive Technology Council, not the national body.

Mr M.P. WHITELEY: What is the role of the national body?

Mr J.A. McGinty: It is to licence research on excess embryos.

Mr M.P. WHITELEY: And the state body -

Mr J.A. McGinty: Has to approve the genetic testing on those embryos.

Mr M.P. WHITELEY: Does it set the parameters on what can be tested?

Mr J.A. McGinty: The state body sets the parameters on what can and cannot be tested.

Mr M.P. WHITELEY: How is that body made up?

Mr J.A. McGINTY: I have a list here of the members of the Reproductive Technology Council. As prescribed in legislation, it comprises a range of people from different interest groups. I read the membership out earlier. I am happy to provide a copy if that would help the member.

Mr M.P. Whitely: I appreciate that.

Ms M.M. QUIRK: I intend to support this amendment. It is of some concern to me generally that we may embrace a culture in which genetic screening will encourage the mindset that anything short of perfect is unacceptable. For this reason, I support the amendment. The proposed amendment at least specifies and limits the circumstances in which testing can be undertaken. Discussion is needed on this matter, and I am sorry that more public dialogue has not taken place.

The minister mentioned that testing was restricted to those who are eligible for IVF. Is it for those already on the IVF program? There is a slight distinction that the minister will appreciate.

Mr J.A. McGinty: The answer is both. You cannot test until you have gone on the program. It is both.

Ms M.M. QUIRK: Did the minister say it is for people physically on the program, not those who are eligible to go on the program?

Mr J.A. McGinty: The only way to get an embryo tested is to be on the program.

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Ms M.M. QUIRK: A person might be eligible to be on the program, but have no intention of going on it. That is the distinction.

Mr J.A. McGinty: However, you still need the embryo to test and that must be created in vitro, so you must be on the program to have an embryo to test. However, you would be eligible even if you were not on the program.

Ms M.M. QUIRK: In effect, the minister is saying that it is for all those who participate in the program. However, it is not for someone who is eligible to go on the program who can, for example, do it through some other means.

Mr J.A. McGinty: No; that is right.

Ms M.M. QUIRK: I commend those members who have reflected seriously on this matter. I believe that perhaps there has not been enough dialogue within the community about what I consider to be a brave new world of technology and the challenges that lie ahead. There are some legitimate concerns about this practice within the community. I think the amendments to some extent address those concerns and at least give a bit more precision to what has been proposed.

Mrs C.L. EDWARDES: In summarising this aspect of the amendments that I have moved, the Minister for Health has given no reason that members should not support my amendments.

Mr J.A. McGinty: I did my best.

Mrs C.L. EDWARDES: He has not given a reason to convince us not to define a serious genetic abnormality or disease. In fact, he has reinforced the need for those parameters, because the minister has said that a blind or dumb person who is identified through that embryo can be succumbed. We believe that, as a Parliament, we should put forward some clear guidelines to the Western Australian Reproductive Technology Council.

I have been asked to split my amendments. I sought the consent of the House to deal with them together. Can they now be split for the vote for those people who have been convinced by the minister's argument that "significant" is a scientific term and therefore should remain in the Bill and for those who wish to support parameters for the definition of a serious genetic abnormality or disease? Is that possible, Madam Deputy Speaker?

The DEPUTY SPEAKER: As leave was sought to deal with the amendments as one, leave also can be sought to put them as separate questions.

Mrs C.L. EDWARDES: I seek the leave of the House to put those amendments individually.

Leave granted.

The DEPUTY SPEAKER: We are dealing with the amendment to page 13, line 28 of the Bill in the name of the member for Kingsley on page 21 of the Notice Paper.

Amendment put and a division taken with the following result -

Ayes (12)

Mr P.W. Andrews	Mrs C.L. Edwardes	Mr P.D. Omodei	Ms M.M. Quirk
Mr D.F. Barron-Sullivan	Ms K. Hodson-Thomas	Mr P.G. Pendal	Ms S.E. Walker
Mr A.J. Dean	Mr W.J. McNee	Mr J.R. Quigley	Mr J.L. Bradshaw (<i>Teller</i>)

Noes (32)

Mr C.J. Barnett	Dr J.M. Edwards	Ms A.J. MacTiernan	Ms J.A. Radisich
Mr M.J. Birney	Dr G.I. Gallop	Mr J.A. McGinty	Mr E.S. Ripper
Mr M.F. Board	Mr B.J. Grylls	Mr M. McGowan	Mr D.A. Templeman
Mr J.J.M. Bowler	Mr S.R. Hill	Ms S.M. McHale	Mr M.W. Trenorden
Mr A.J. Carpenter	Mr R.F. Johnson	Mr N.R. Marlborough	Mr T.K. Waldron
Dr E. Constable	Mr J.C. Kobelke	Mr A.D. Marshall	Mr P.B. Watson
Mr J.H.D. Day	Mr R.C. Kucera	Mr B.K. Masters	Mr M.P. Whitely
Mr J.B. D'Orazio	Mr F.M. Logan	Mr A.P. O'Gorman	Mr R.N. Sweetman (<i>Teller</i>)

Amendment thus negatived.

The DEPUTY SPEAKER: Members, we are now dealing with the next amendment in the name of the member for Kingsley on page 21 of the Notice Paper; that is, to insert the words at page 13, after line 33.

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Mrs C.L. EDWARDES: While the House is still in some turmoil, I will clarify the next amendment to be voted on because a few people were not sure of the previous amendment. The amendment that we are now voting on seeks to insert proposed new subsection (2c), which defines a serious genetic abnormality or disease as one that poses a grave threat to the life of a person that cannot be significantly reduced by current medical treatment, or that poses a grave threat of severe physical suffering that is unable to be significantly relieved by current medical treatment or other means.

Amendment put and a division taken with the following result -

Ayes (16)

Mr P.W. Andrews	Mr A.J. Dean	Mr R.F. Johnson	Mr J.R. Quigley
Mr D.F. Barron-Sullivan	Mr J.B. D'Orazio	Mr J.C. Kobelke	Ms M.M. Quirk
Mr M.F. Board	Mrs C.L. Edwardes	Mr P.D. Omodei	Ms S.E. Walker
Mr J.J.M. Bowler	Ms K. Hodson-Thomas	Mr P.G. Pendal	Mr J.L. Bradshaw (<i>Teller</i>)

Noes (25)

Mr C.J. Barnett	Mr S.R. Hill	Mr A.D. McRae	Mr T.K. Waldron
Mr M.J. Birney	Mr R.C. Kucera	Mr N.R. Marlborough	Mr P.B. Watson
Dr E. Constable	Mr F.M. Logan	Mr A.D. Marshall	Mr M.P. Whitely
Mr J.H.D. Day	Ms A.J. MacTiernan	Mr B.K. Masters	Mr R.N. Sweetman (<i>Teller</i>)
Dr J.M. Edwards	Mr J.A. McGinty	Mr A.P. O'Gorman	
Dr G.I. Gallop	Mr M. McGowan	Mr E.S. Ripper	
Mr B.J. Grylls	Ms S.M. McHale	Mr M.W. Trenorden	

Amendment thus negated.

Clause put and a division taken with the following result -

Ayes (30)

Mr C.J. Barnett	Mr S.R. Hill	Ms S.M. McHale	Mr D.A. Templeman
Mr M.J. Birney	Mr R.F. Johnson	Mr A.D. McRae	Mr M.W. Trenorden
Mr M.F. Board	Mr J.C. Kobelke	Mr N.R. Marlborough	Mr T.K. Waldron
Dr E. Constable	Mr R.C. Kucera	Mr A.D. Marshall	Mr P.B. Watson
Mr J.H.D. Day	Mr F.M. Logan	Mr B.K. Masters	Mr M.P. Whitely
Dr J.M. Edwards	Ms A.J. MacTiernan	Mr A.P. O'Gorman	Mr R.N. Sweetman (<i>Teller</i>)
Dr G.I. Gallop	Mr J.A. McGinty	Ms M.M. Quirk	
Mr B.J. Grylls	Mr M. McGowan	Mr E.S. Ripper	

Noes (12)

Mr P.W. Andrews	Mr J.L. Bradshaw	Ms K. Hodson-Thomas	Mr P.G. Pendal
Mr D.F. Barron-Sullivan	Mr J.B. D'Orazio	Mr W.J. McNee	Mr J.R. Quigley
Mr J.J.M. Bowler	Mrs C.L. Edwardes	Mr P.D. Omodei	Mr A.J. Dean (<i>Teller</i>)

Clause thus passed.

Mr P.G. PENDAL: I ask for some guidance. I believe that clause 21 is consequential on the amendment I moved previously.

Mr J.A. McGinty: That is right.

Mr P.G. PENDAL: In that case, I do not intend to move the amendment to clause 21 standing in my name on the Notice Paper.

Clauses 12 to 35 put and passed.

Clause 36: Part 4B inserted -

Debate interrupted, pursuant to standing orders.