HUMAN REPRODUCTIVE TECHNOLOGY AMENDMENT BILL 2007

Second Reading

Resumed from an earlier stage of the sitting.

MR J.E. McGRATH (South Perth) [3.00 pm]: I began my speech on the Human Reproductive Technology Amendment Bill before question time. I said that this issue has obviously been difficult for many members because of the moral and ethical matters that must be considered and weighed up against support for scientific processes. I also said that the opposition would never support human cloning, and I do not believe that anyone in this house would support it. I am satisfied that there are enough conditions in this legislation to prevent human cloning from taking place. I will support this legislation on scientific grounds, mainly because of a briefing I attended yesterday morning that was organised by the member for Dawesville. Members heard from Dr Barry Marshall, who is a Nobel prize winner, and Professor Peter Klinken, who is the director of the Western Australian Institute for Medical Research. This meeting was an opportunity for members who do not have a medical background to direct questions to these two people, who are at the forefront of the stem cell debate.

A question that has been asked in the public domain is why adult stem cells cannot be used. Professor Klinken said that cord blood stem cells are restricted in terms of numbers and the number of cells they can generate. In other words, there is a lot more potential for scientists to further their work by using embryonic stem cells. The scientists were asked about the benefits that might result because of the development of this area of science. Some of those benefits have already been mentioned in this place and include the better treatment of children with diabetes and the better treatment of motor neurone disease, Huntington's disease and Parkinson's disease. I was particularly interested in Professor Klinken's comments about the treatment of spinal injuries. He said that although it might never be possible to expect scientists to develop a magical treatment to cure quadriplegia, it might be possible to improve a quadriplegic's mobility by 10 per cent so that the person could use his or her hands. He said that it might be only a small increment, but it would be the difference between a person being able to live at home and being forced to live at the Shenton Park rehabilitation centre. It hit home to me that even a 10 per cent incremental improvement in some conditions would be enough to improve a person's quality of life.

It was pointed out also that scientists would use only excess IVF generated cells and that it would be illegal to pay money for embryos. That is very important. The legislation contains conditions and constraints that will protect us from people crossing the line in scientific research. Dr Marshall also talked about the need for Western Australia to keep up with the rest of the world in this kind of research. He said that other countries are crying out for people with the knowledge, brain power and expertise to conduct this kind of research. That is particularly the case in Asia. A research centre in Singapore is looking for people with scientific knowledge and scientific skills to work there. What a shame it would be if we lost someone like Dr Barry Marshall to another country.

Dr Marshall also categorically ruled out human cloning and said that that would never be a consideration as long as he was a scientist. We also heard from Dr Klinken, who said that if this Parliament did not support this legislation, Western Australia would become a net importer of knowledge and technology; in other words, we would have to go to other places in the world to get this knowledge and to hopefully use that knowledge to improve our situation in Western Australia.

This has been a difficult decision for me, just as it has been for so many other members of this place, but I think it is legislation that we should support, for all the right reasons. We should make sure that proper safeguards are put in place with this legislation. I agree with what the member for Cottesloe said yesterday: if there are any changes needed in the future - I believe there will be a review of the legislation in three years - this Parliament should put that review in place, because this is such an important area of research and we must always have a proper control of it. For all the reasons that I have mentioned, I will support the bill.

MR J.H.D. DAY (Darling Range) [3.06 pm]: We are considering the Human Reproductive Technology Amendment Bill 2007. The primary purpose of this bill is to allow research on human cells that are derived from embryos created through a laboratory procedure known as somatic cell nuclear transfer. It is important to appreciate that the bill does not allow for human embryos to be created for this purpose by combining an ovum and a sperm cell; in other words, in the usual way that in-vitro fertilisation might be achieved for reproductive purposes.

It is also important to appreciate that the bill does not allow cloning to occur for reproductive purposes; in other words, embryos that are created as a result of this particular procedure will not be able to be implanted for ultimate development through to a birth, even if that were technically possible. The potential is there but, as I

understand, it would be difficult to achieve. Even if it were attempted, it would certainly be very much prohibited by the legislation being considered.

Somatic cell nuclear transfer involves the transfer of a nucleus from a somatic cell; in other words, a non-reproductive cell, which is one that has the full complement of genetic material. The somatic cell is typically a skin cell; a stem cell that is identified from a skin sample. The nucleus is taken out of that somatic cell and introduced into a host cell, which is normally an ovum that has had its nucleus - and therefore its genetic material - removed. As was described in the briefing yesterday, the ovum can be thought of as a factory for the development of a line of cells that are genetically identical to the original cell that provided the nuclear material implanted within the ovum.

The legislation follows a review of commonwealth and state legislation that was undertaken in 2005. The legislation review committee was appointed by the federal government and, from my understanding, it also considered the relevant acts of the various state Parliaments. I think it is worth putting on the record the names of the members of that review committee. The committee was chaired by Hon John Lockhart, who recently died and was a retired Federal Court judge. The other members were Associate Professor Ian Kerridge from New South Wales, a clinical ethicist; Professor Barry Marshall from Western Australia, a specialist gastroenterologist and also described as a community advocate, who is also well known as a Nobel laureate; Associate Professor Pamela McCombe, a clinical neurologist from Queensland; Professor Peter Schofield, a neuroscientist from New South Wales; and Professor Loane Skene, a lawyer and ethicist from Victoria. It is fair to say that a reasonably diverse and well-qualified group of people were on the review committee that produced the report that led to the legislation that is being considered by us today, and that has been or will be considered in all Australian jurisdictions.

In essence, the review committee recommended that cloning for therapeutic purposes - in other words, when somatic cell nuclear transfer is involved - should be permitted, subject to strict controls. I refer to the executive summary of the report, which comes under the heading "Creation of embryos other than by fertilisation". The first part of that section makes reference to the representations that were made to the committee and the arguments that were put against why this form of research should not be approved. The executive summary reads -

> However, a human embryo clone created to extract stem cells is not intended to be implanted, but is created as a cellular extension of the original subject. The Committee therefore agreed with the many respondents who thought that the moral significance of such a cloned embryo is linked more closely to its potential for research to develop treatments for serious medical conditions, than to its potential as a human life.
>
> Furthermore, the production and destruction of such an embryo is not dissimilar to the production and destruction of excess ART embryos, which is permitted by the legislation and widely accepted by society. Thus, to permit one (production and destruction of ART embryos) but not the other (production and destruction of nuclear transfer and other bioengineered embryos) would be inconsistent and appear to attach more importance to the treatment of infertility than to the treatment of other serious diseases and conditions that could be helped as a result of this activity. In view of the wide range of diseases and conditions that stem cell research aims to help, and the burden of disease involved, the Committee has recommended that the creation of human embryo clones by SCNT should be permitted, under licence, for research, training and clinical applications.

I think that extract sums up the relevant section of the report. It puts into context the nature of the legislation that is being considered and the arguments in favour of allowing well-regulated stem cell research to be undertaken. As stated in the glossary of the Lockhart report, "stem cells" are defined as -

> Cells that have the capacity to both self-renew and **differentiate** into a variety of more mature and specialised cells through the process of cellular **differentiation**.

In other words, they are genetically identical to the original genetic material that was introduced into the ovum, as I described earlier, but there is the ability for replication to occur and for the cells to differentiate into a whole range of other types of cells and, therefore, tissue.

It is also relevant to note that in 2003, legislation passed through this and other Australian Parliaments to give approval to use embryos that are created in the more traditional way - that is, through in-vitro fertilisation - for research where they would have otherwise been disposed of. The point made in the report extract is that if it is acceptable to use embryos for research in that circumstance, it should be acceptable to use embryos created purely for the purpose of this research if they do not develop past 14 days and if they are created as a result of SCNT. I think most people in the community would take a somewhat different view of this compared with the so-called normally created embryo.

The argument has been put by some in this debate - it has certainly been put in the wider community - that it is equally valid and possible to use adult stem cells or stem cells that are derived from umbilical cord blood. Adult stem cells are cells that are taken from an individual, somebody who is developed. The report states that adult stem cells are defined as -

> **Stem cells** found among the specialised cells of a tissue (such as liver, kidney or brain). Adult stem cells can renew themselves and generate cells to repair the tissue where they are found. They can also generate a range of other cell types.

It is certainly possible to use adult stem cells in this sort of research. The argument has been put that we do not need to use embryonic stem cells when adult stem cells are available. The clear scientific advice that was put to us in the briefing provided by Professor Peter Klinken and Professor Barry Marshall yesterday and in other scientific information that is available that I have been able to find is that embryonic stem cells have a greater ability to differentiate into a wider range of other cells and tissues than adult stem cells. In other words, embryonic stem cells are described as being pluripotent whereas adult stem cells are described as being multipotent. Therefore, I do not think the scientific advice supports the argument that it is equally valid to use adult stem cells and therefore avoid the use of embryonic stem cells. The reality is that both forms of research should be pursued in an appropriately responsible way.

A report produced by a select committee of the House of Lords in the United Kingdom in 2002 addressed this issue. I will quote part of that report. Dr Jonas Frison of the Karolinska Institute in Stockholm said -

> My opinion is that adult stem cells are clearly different from ES -

That is, embryonic -

> cells, and that there are no scientific data suggesting the opposite. Although I believe everyone would agree that it would be very good if adult stem cells had the same potential as embryonic, this is unfortunately today only wishful thinking. I find it very important today to work on both embryonic and adult stem cells. This will ensure that potential therapies are not delayed.

The report went on to make a number of conclusions, namely as follows -

(a) **stem cells appear to have great therapeutic potential for the treatment of many disorders that are both common and serious and for the repair of damaged tissue;**

(b) **until recently most research on stem cells has focussed on ES cells from animals and the derivation of ES cell lines from them; cell lines from human ES cells have the potential to provide a basis for a wide range of therapies;**

(c) **recent research on adult stem cells, including stem cells from the placenta and umbilical cord, also holds promise of therapies; and research on them should be strongly encouraged by funding bodies and the Government;**

(d) **to ensure maximum medical benefit, it is necessary to keep both routes to therapy open at present since neither alone is likely to meet all therapeutic needs;**

(e) **for the full therapeutic potential of stem cells, both adult and ES, to be realised, fundamental research on ES cells is necessary, particularly to understand the processes of cell differentiation and dedifferentiation;**

(f) **future developments might eventually make further research on ES cells unnecessary. This is unlikely in the foreseeable future; in the meantime there is a strong scientific and medical case for continued research on human ES cells.**

That was written in 2002. Relatively, it might be regarded as quite a long time ago, as it was five years ago, but all the advice I have been able to pick up is still very much of the view that research involving embryonic cells and adult stem cells, and also cord cells for that matter, should be pursued if we are to obtain the best advantage medically and scientifically from the potential of this research. There is the potential for major advances to be made in the treatment of a range of diseases through this form of research; for example, better and more effective treatments for diabetes, Parkinson's disease, spinal cord injuries, cardiac muscle damage following heart attacks, motor neurone disease and also muscular dystrophy. I very well recall attending a forum on stem cell research that was held at the Joondalup campus of Edith Cowan University about three months ago. There were four speakers. They included Professor Lyn Beazley, who is the state's Chief Scientist and an eminent biological researcher in this state, and Dr Mal Washer, the federal member for Moore, who played a major part in achieving the passage of similar legislation through the federal Parliament. There was a general information forum, which I found very useful. There were quite a lot of people there. From the questions that were asked, it was clear that a large number of people were either suffering from Parkinson's disease or had a family member who suffered

from Parkinson's disease. They were very keen to ensure that this sort of research can be undertaken to hopefully get better treatment or ideally even a cure for what is a pretty terrible condition.

Reference has also been made in the debate to views expressed by various churches and church leaders. Those views do vary. I respect the fact that the Catholic Church and the Catholic Archbishop in Perth, for example, oppose this legislation on the basis that life is created as a result of the process that is involved, or at least a potential life, and that it should be regarded as sacrosanct and not used for research. I respect the fact that I have had a number of constituents contact me expressing that view as well. On the other hand, members of the Anglican Church have expressed views and do not necessarily share the same views as those of the Catholic Church. I am mindful, for example, of the view expressed by the former Anglican Archbishop of Perth Dr Peter Carnley that life does not begin until at least the implantation of an embryo in a uterus.

Mr J.A. McGinty: He has written a very good book in which he debates that very point. It was published this year.

Mr J.H.D. DAY: Is that *Reflections in Glass*?

Mr J.A. McGinty: You have obviously read it.

Mr J.H.D. DAY: I have not read it yet, but I certainly have it on my list to read. I recall when we had the debate on this issue four years ago that his views were referred to. I am sure it will be a very interesting book to read and I hope to do so. The current Anglican Archbishop, Roger Herft, circulated a paper that was prepared principally by Dr Lesley Borowitzka, who coincidentally has recently been installed as the Anglican priest in Roleystone in my electorate. Unfortunately, I was not able to attend her installation, because I was away at the time, but I noted that the paper was largely put together by her with assistance from others. I think that a couple of particular points are worth referring to in the paper that has been circulated. First, under the heading "Benefits", the comment is made -

> On the other hand, the use of stem cells to **treat currently untreatable, chronic and life threatening diseases is highly promising**. Should we deny people who are suffering the hope of a positive outcome, because we are worried about some future unforeseen wrong application of the technology? In the UK 223 medical charities and patients groups recently signed a letter supporting the continuation of stem cell research.

The next point reads -

> Australia has the scientific expertise to carry out this research and hopefully make the results and applications accessible to Australians. If we do not permit these researchers to do this research here, they will undoubtedly go overseas to places where this research is legal, making any positive therapies more difficult for Australians to access.

From the comments made in yesterday's briefing, there is no doubt that if this research is not able to be undertaken in Western Australia, either we may not be able to attract to the state promising new scientists who want to avail themselves of stem cell research, or we may not be able to keep some of the promising scientists who are here at the moment. In my view, that would be very unfortunate. That is not to say that we should allow ourselves to be subjected to threatening comments or blackmail. The comment made in the briefing yesterday was certainly not of that nature at all; it was a statement of fact that, if this research cannot be undertaken here, it is continuing to occur elsewhere, and people with the interest and the ability to become involved will head to other places to undertake it. We have world-leading scientists in Western Australia, two of whom I have already referred to.

[Member's time extended.]

Mr J.H.D. DAY: With appropriate controls, we should be able to ensure that those world-leading scientists are able to do whatever is possible to apply the benefits of this research to the relief of suffering and hardship for those suffering from genetically related diseases, some of which I have referred to. There is also potential for treatment of non-genetically related diseases and injuries. We should make use of this research in Western Australia, in an appropriately controlled way. Most Australians support this legislation and the ability to undertake research in this country. We should support the legislation for the same reason.

MR M.P. WHITELY (Bassendean - Parliamentary Secretary) [3.28 pm]: I have found debate on the Human Reproductive Technology Amendment Bill 2007 quite difficult, because it comes down to two equally valid but opposing considerations. The argument for supporting this bill is that it offers a unique opportunity to cure diseases and end human suffering. The argument against is that therapeutic cloning involves the creation of life, or at least the potential for human life, only for its inevitable destruction. The key question in the argument in favour of the bill is: what benefits are offered by therapeutic cloning? The key question in the argument against

is: where does life begin and, specifically, does the destruction of a 14-day-old embryo equate to the destruction of life or the potential for life?

The argument that this legislation offers unique opportunities for scientific research has some appeal, in that we have already legislated in this Parliament for access to excess embryos produced for in-vitro fertilisation, which offers opportunities for some of the research that could be carried out on this potential new source of embryonic stem cells. However, IVF embryos do not offer the same opportunities for research with access to a genetic base that we know has a predisposition to disease. I acknowledge that there are some unique benefits of access to sources of genetically identical embryonic stem cells that are not offered by adult stem cell research or IVF-based research. I acknowledge that this legislation may offer some unique benefits, but it is important when considering the arguments against this legislation that we refer to debate, only three short years ago, on legislation to enable access to excess IVF embryos. I supported that legislation at the time. I had some reluctance about supporting that legislation. However, it did not take a lot to convince me that I should support that legislation, because of the simple argument that the excess IVF embryos would succumb in any case. That argument was fairly pragmatic. In other words, those embryos that had not been implanted and led to a birth of a child would eventually succumb and not have their potential for life realised. I was, therefore, persuaded by the argument that because it did not involve the creation of excess embryos, and any embryos that were created would eventually succumb, some good should come out of it.

At the time, I supported the moratorium that temporarily precluded access to embryos created after the passage of that legislation. The idea behind that moratorium was to provide a disincentive to the creation of embryos specifically for their destruction; that is, the creation of embryos for the purpose of research rather than for the purpose of reproduction. That was a Clayton's moratorium, because after it ceased, nothing was put in place to prevent the creation of embryos for that purpose. However, it did at least acknowledge that the creation of embryos specifically for their eventual destruction, even though that destruction was done in the name of scientific benefit and medical research, was not a desirable outcome. I guess implicit in that moratorium in 2004 when we debated that legislation was the idea that there is something sacred about the destruction of an embryo that has the potential for human life. That is the key argument that has been used in opposition to this legislation.

Of course, opinions on the question of when life begins vary from the time of conception to when a life is sustainable outside the womb. I do not know the answer to that question. I do not have any religious convictions on that matter. I think the distinctions between embryo, foetus and baby are somewhat arbitrary. I think people's arguments about when life begins are sometimes based on the science of convenience. As I have said, I do not know when life begins. However, I believe that an embryo, no matter whether it is created naturally, or through IVF or cloning, contains the potential for human life. Both the member for Dawesville and the member for Darling Range have argued that cloned embryos are different from those conceived naturally or through IVF, because the key element of cloned embryos is that they are created for the advancement of science rather than for procreation. I am not convinced by that argument, because both IVF and cloned embryos have exactly the same potential for human life when implanted in the womb.

I find these questions difficult. The same key questions would have come up during the abortion debate, which I was not here for, and during the debate on experimentation with excess embryos, which I was here for. They have also come up during this debate on therapeutic cloning.

Some members might struggle to understand what I am about to say, but I see a distinction; that is, both the abortion issue and experimentation on excess in-vitro fertilisation embryos are about the destruction of existing embryos. I supported research on excess IVF embryos, although I would have liked that moratorium to stay in place, basically because I accepted the argument that they would succumb in any case. Had I been here for the abortion debate, I would have reluctantly supported the pro-choice argument. That would not have been because I do not value the potential for human life, but simply because I believe the alternative to legalised abortion is an unacceptable and barbaric way to treat women in crisis. It is a denial of their choice. Although I was not here for that debate - in many ways I am glad I was not because I would have found it a very difficult debate - I believe that I would have reluctantly accepted a pro-choice position.

However, in my mind, there is a clear difference in this debate with therapeutic cloning. It specifically involves the deliberate creation of the potential for human life for its inevitable destruction. To me, that is the key difference. I must weigh that against potential benefits, and I have acknowledged that a unique source of genetically identifiable embryonic stem cells may give some scientific benefits. Had I not been here for the 2004 debate and those memories not been so fresh, I might have taken a different attitude to this bill. If one of my children were suffering from some sort of debilitating condition, I may have taken a different attitude to this bill. As it is, I am not certain that I am taking the right stance. Nonetheless, it concerns me greatly that, in 2004, this Parliament put measures in place to prevent the creation of embryos for their inevitable destruction.

It may be that this bill will provide enormous benefits. However, I have enough experience and knowledge of general and medical science to know that sometimes the rhetoric is not matched by the reality. I am uncomfortable with the pace at which this area is developing. Given the short time frame from the vote we took in 2004 - when I clearly had reservations about the creation of human life for its own destruction and that there would be a backdoor method of doing it, which the Parliament acknowledged, and consequently put steps in place to restrict the creation of embryos - it is somewhat strange, only three short years later, to say that is what we are deliberately suggesting. Ultimately, I find both the arguments, for and against, quite persuasive. However, from my perspective, it is a step too far too soon, albeit I do not say that with any degree of certainty. I guess I will take some comfort from the fact that I will probably vote one way and the other side will win, so I can have a bob each way! These are difficult decisions. I do not come to them with any religious conviction, but that does not mean I do not have some belief in the sanctity of the potential for human life. Whilst there may be benefits - I may be wrong; the benefits might outweigh the negatives in the long term, although these are judgement calls and we cannot make these sorts of judgement calls with any certainty - at this stage I am uncomfortable with the pace at which this technology is developing. I am also uncomfortable with the fact that ethics are sometimes moulded to fit the political and scientific circumstances at the time. For those reasons, I will vote against the bill.

MS S.M. McHALE (Kenwick - Minister for Disability Services) [3.40 pm]: I will be very brief. A bill such as the Human Reproductive Technology Amendment Bill 2007 is laden with ethical and moral issues. My observation is that most members in this house have their mind made up on whether they will support or oppose this bill. I will support the bill. I have no intention of canvassing any of the ethical, moral or scientific issues because they were well canvassed by the Lockhart committee in 2005.

I will use my time solely to pay tribute to Jack Chilton who died earlier this year. Jack was a very close friend of mine and he died of motor neurone disease. Over five years I watched Jack and his family deal with motor neurone disease. I watched Jack die earlier this year. I watched him when he could not eat, breathe or talk. He slept in his wheelchair. He could not clean or toilet himself. When Jack was still able to talk, he pleaded with the community, as people have, to support this bill and support stem cell research. Ethically, he considered the issues. He died knowing that this legislation had not passed through Parliament. However, he died optimistic that this Parliament would see fit to support and pass this legislation. This legislation provides a rigorous licensing requirement and regulated framework for scientific research that is essential for the community.

Jack pleaded with me to give my vote to this legislation. He pleaded with the community to listen to the importance of the arguments around stem cell research. My vote on this bill will actually go to some social and community good. I certainly support this bill and pay tribute, once again, to Jack and Thelma and his family.

MS J.A. RADISICH (Swan Hills - Parliamentary Secretary) [3.42 pm]: I support the Human Reproductive Technology Amendment Bill 2007. I have listened to a great deal of the second reading debate and the contributions by my colleagues. I have re-read my speech on the 2003 bill which preceded this bill and which passed through this chamber. Although there are slight differences in this bill that have been brought about by the re-examination of the original bill, the foundation for my support for this legislation remains the same; that is, to provide hope.

I took particular note of the speeches by the members for Balcatta and Darling Range, as well as other members. The members for Balcatta and Darling Range both provided an extensive exposé of the technical aspects of the bill that can and do concern some members of the community. I concur with those members in their reasoning for essentially being able to sleep at night by reason of their being able to reconcile the difficulties of the potential consequences of legislation such as this.

Essentially, the overriding purpose of this bill is a fundamentally good one and provides hope to many people. As I said in my 2003 speech, that is the primary reason that I support this legislation. I do not have any family members who suffer from motor neurone disease, Parkinson's disease or similar diseases. However, I have met people throughout my electorate in my work as a member of Parliament who suffer from those diseases. Members know that I am very familiar with the consequences of cancer. All these kinds of devastating and debilitating diseases are still without cure. An argument against this legislation is that stem cell research has not provided the cure to these diseases to date, and that is true. However, medical researchers have made significant progress towards understanding the causes, trying to negate the symptoms and finding cures for these diseases. It has always been my position in this place to try to offer medical researchers all the tools they can possibly utilise to do the things they do best; that is, look for cures and preventive measures for these medical conditions. I acknowledge the roles that all members have played in this debate. I think the seriousness of this matter has been taken on board by all members, and members have shown a great deal of respect towards each other. Some rather divergent viewpoints have been presented, but members have by and large approached this serious legislation with the gravity it deserves. I am pleased to put forward my support for the bill.

MR M.J. BIRNEY (Kalgoorlie) [3.46 pm]: I was not necessarily going to speak on this bill, but I will say a couple of words. In doing so, I strongly urge my parliamentary colleagues to get behind this bill and support it. As protectors of the public interest, members have a profound obligation to support this bill. Even though it is yet to be totally proved that stem cell science can cure diseases, there is certainly a body of evidence to suggest that stem cells may in some small way contribute to finding cures for some of the most horrific diseases that people in the community suffer from. Cancer is the plague of the twenty-first century. I do not think there is a person in this chamber who does not know of somebody who is suffering from cancer. Although I realise that stem cells are more likely to contribute to cures for diseases such as diabetes, it is a fact that members have an obligation to at least explore the use of stem cells in the quest to find a cure for diseases such as cancer. It is heart-wrenching to see fit and healthy people degenerate over a very short time after sadly falling ill with afflictions such as cancer and other diseases. If members have an opportunity today to contribute in some small way towards finding cures for some of those terrible diseases, they have a moral obligation to take up that opportunity. I understand that some members have religious beliefs and that, in adhering to their beliefs, they are possibly of the view that they should not support this bill. I ask members with such beliefs to think about those people in the community who are suffering terribly with some of these horrific diseases, and to think about the opportunity they now have to help those people and to help others who may suffer from one of these diseases in the future. I urge members to get behind the bill. I do not think it conflicts with people's religious views; I think members actually have a moral obligation to support it. I have heard moral arguments being used against the bill, but I think we have a moral obligation to get behind this bill and provide an opportunity for our researchers to perhaps in future find some way to cure some of these terrible diseases.

I am very happy to place on record my support for the bill. I think it is perhaps somewhat overdue. I know that from time to time these sorts of bills engender a significant amount of public debate. Ultimately, we all have to stand and be counted, and I think that moment will come in the not-too-distant future - perhaps in a few minutes. I am pleased to say that I will support the aye vote in this debate.

MR D.A. TEMPLEMAN (Mandurah - Minister for the Environment) [3.49 pm]: I will make some very brief comments on the Human Reproductive Technology Amendment Bill 2007. When bills of this nature, in particular, are before members of Parliament, I, like other members who have already spoken and other members who are still to make a contribution, obviously take the implications of such bills very seriously. Indeed, it has been enlightening to listen in this place to the points of view that have been put in the debate in the past two days or so. I certainly appreciate the points of view that have been raised by various members of this place. I listened with interest yesterday to comments made by the members for Central Kimberley-Pilbara and Dawesville, and as the member for Kalgoorlie just said, various points of view have been put. However, I too believe that this bill will give great hope to many people in our electorates who are suffering or who have family members or loved ones who are suffering, and to many people who will potentially be struck down by diseases or ailments that will render great hardship to their lives and the lives of their families.

As has been said by many speakers, it is important that we seriously consider the implications of the bill. It is important that we acknowledge with great seriousness what the bill can and will do for many people now and into the future.

I also acknowledge and reflect on the comments made by - I was going to say the member for Ellenbrook -

Ms J.A. Radisich: Swan Hills.

Mr D.A. TEMPLEMAN: Yes, the member for Swan Hills. It is important to acknowledge with respect that the degree of debate in this place has been conducted very appropriately. Although we in this place will not all agree with each other, we respect the fact that we hold these opinions and the fact that we have points of view that we bring to the debate. Those points of view are based on many influences, not only potentially religious influences, but also personal ones. Indeed, many of us are swayed by the stories and real-life examples that are presented to us as members of Parliament by constituents and their families.

I will also be supporting this bill, and I am happy to place that on record, as it is an important bill for many people. It is a bill that I believe this Parliament should support and ensure passes through the house so that the important elements of research that have been discussed can be realised into the future.

MR M.P. MURRAY (Collie-Wellington - Parliamentary Secretary) [3.53 pm]: I will make a brief comment on the bill itself. Our world is continually evolving and we must move forward. Why not use technology like that referred to in the bill to help others when it is available? I understand the concerns and beliefs that some members have, and I respect those concerns and beliefs. I have listened to all the arguments. However, I believe this bill presents us with an opportunity. Some correspondence I have received even suggests that the technology is now obsolete. If that is the case and we are moving on to a better world with better research and better returns from that research, so be it. I certainly support the bill.

MS S.E. WALKER (Nedlands) [3.54 pm]: I am certainly very conflicted on the Human Reproductive Technology Amendment Bill 2007. It has been interesting to listen to the debate. Some members referred to the abortion bill, so last night I took the opportunity to read their second reading contributions on that legislation. I was not a member of this place when that legislation was debated, but I was certainly in this place for the debate on the Human Reproductive Technology Amendment Bill that was introduced in 2003. I think that at that time the bill was split into three.

When I was first preselected for the seat of Nedlands, I remember some nuns ringing me and asking me for my view on abortion. They asked me whether I agreed with abortion, and I said yes. That may have lost me a few votes; I do not know. However, having last night read the second reading contributions of members, I know that some members voted against that bill but will vote for this legislation. I have been interested in members' comments on that issue and how they have likened the two debates. They have said that the debates are similar, but, in fact, they are not similar in many ways. I voted against the legislation regulating research on excess human embryos basically because the embryos were live. I re-read my second reading contribution on the bill. The bill posed many questions for me. Why do we have live embryos to work on in the first place? Why is it acceptable practice to regulate to allow human embryo research? How is it that, as a community, we have access to human embryos? Who owns the embryos? What constitutes a human embryo? Why were the embryos brought into existence? Where are human embryos stored? I found answers to all those questions.

I think it was the member for Bassendean who referred to the three different areas that we are considering. The first issue is research on excess live human embryos, and the second is terminating a pregnancy. The third issue is something that we said in 2003 we would not allow to happen, as I understand what the member for Bassendean said. In 2003, on behalf of my electorate, I took a lot of time to understand the issue so that when my constituents read my speech, they would understand how the embryos came into being. However, this time I have not had that opportunity, and I suppose that is why I am thinking that I may take the coward's way out and abstain from voting, and I may yet do that.

As the member for Bassendean has said, we are voting to create life only to destroy it. My office was recently contacted about an issue by someone I know, and when I rang his home, his wife answered the phone. I do not want to identify the people, but I got talking to this woman. She is a very beautiful and lovely woman who has had a very full life. She told me that she had motor neurone disease and that she had lost feeling in her feet and would very shortly have to go into a wheelchair. I am mindful of the comments of the member for Dawesville when he spoke about all the people in our community who are suffering from diseases who may be helped, and I think, "Who am I to prevent that? Who am I to not vote for this bill so that those people might be helped? Who am I to deny this woman" - not that she knows that I am in this place speaking on the bill - "that opportunity?" For the reasons that I outlined in my 2003 contribution, I am very conflicted. I think I said at the time that when a woman undergoes an in-vitro fertilisation procedure, she must give permission to the organisation conducting the procedure to use the excess embryos for research. Therefore, a woman does not have an in-vitro fertilisation procedure unless she signs that document, as I understand it. Therefore, the embryos come in by chance, not in the normal way that we procreate. I do not know whether I am making it very clear. I find it terribly conflicting.

The second thing is that what we are being asked to do today is to sanction the creation of something.

Debate interrupted, pursuant to standing orders.

[Continued on page 4513.]