Chapter 5
Embryo Transfer: A View from the United Kingdom

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Abstract: Although the rise of human embryonic stem cell research has been almost entirely enabled by the prior birth of In Vitro Fertilisation (IVF) in the late 1970s, the relationship between these two fields remains somewhat under-examined. From a feminist perspective the relationship of IVF to human Embryonic Stem cell (hES) derivation is understandably a matter of significant concern. Moreover, this relationship is one factor accounting for widespread national differences in the regulation of hES derivation. This paper examines these, and other, aspects of what is described as the ‘IVF-Stem Cell Interface’, with an emphasis on work in the UK. The paper also explores the work of the group Human Embryonic Stem Cell Coordinators (HESCCO): a recent UK initiative aimed to enable greater ethical oversight of the IVF-Stem Cell interface.

Keywords: IVF-stem cell interface, human embryonic stem cell coordinators, egg donation, consent form, feminist perspective

5.1 Introduction

The birth of Louise Brown in England in the summer of 1978 was an event surrounded by uncertainty from many quarters: on the one hand this new miracle of scientific progress was seen to offer hope for thousands, if not millions, of childless couples, while also confirming the power of scientific and technological innovation. On the other hand, the very term test-tube baby conjured up more negative images of scientific innovation gone too far, and in particular too deep into the biological frontier of human reproduction (Challoner 1999; Henig 2004; Mulkay
Not surprisingly, this ambivalence was reflected in the feminist literature as well: while some feminists called for a complete ban on IVF, others lobbied for its improvement – and it is in many ways an ambivalence about technological assistance to reproduction that is its most conspicuous social legacy (Kerr and Franklin 2006; Throsby 2004).

Much has happened since the first successful clinical application of IVF nearly 30 years ago, and this remarkable period of social history has, in some respects, only just begun to be examined properly by scientists, clinicians, journalists, social scientists, and historians.1 Three trends are nonetheless clear. One is the rapid acceptance of IVF technology to the point it is all but an everyday occurrence to have a test-tube baby. Second is the vast scale of this new form of human reproductive assistance: more than three million children have been born of IVF worldwide, and in some countries, such as Israel and Denmark, it accounts for as much as 3% of the birth-rate. Lastly, but of equal significance to the first two trends (which are complementary to one another) is the striking discrepancy in what we might call the national cultures of IVF. Hence, for example, even in countries side-by-side in Europe, such as Italy, Germany, and Switzerland, the profile of IVF in terms of its practice varies enormously. Moreover, while these variations can be put down to influential factors, such as religion, such factors alone cannot explain the almost opposite principles through which IVF is regulated and practiced in otherwise religiously-similar countries such as France, Austria, Spain, Ireland, and Portugal – all of which are predominantly Catholic, but none of which have very similar situations concerning IVF. The reverse is also true, in that several countries which in some ways have rather similar IVF profiles do so for very different reasons, as in the case of Germany, Ireland and Austria.

The advent in the 1990s of the high-profile post-IVF technologies of cloning by somatic cell nuclear replacement (CNR) and human Embryonic Stem cell (hEs) derivation has brought increasing attention to the vexing question of how to achieve a consensual, over-arching, and unified mechanism for the regulation of human embryo research and hES derivation – processes which are inextricable from IVF. In other words, a number of new issues that are as complex technologically as they are ethically or politically have arisen at the interface between IVF and human embryonic stem cell derivation which move far beyond the familiar (and rather hackneyed) questions about the ‘moral status of the embryo’, such as the rights and wrongs of various means of embryo procurement (altruistic donation? paid donation? egg sharing for research?), as well as both specific and general questions about commercialisation, anonymization, screening, and also issues of Good Manufacturing Practice (GMP), standardisation, and safety. In this chapter I argue that the synthetic historical relationship between IVF and hES derivation needs to

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