STANDING COMMITTEE ON HEALTH

COMITÉ PERMANENT DE LA SANTÉ

EVIDENCE

[*Recorded by Electronic Apparatus*]

Thursday, May 3, 2001

• 1109

[*English*]

The Chair (Ms. Bonnie Brown (Oakville, Lib.)): Good morning, ladies and gentlemen. I'd like to call this meeting to order.

This is the thirteenth meeting of the Standing Committee on Health. This morning we are here to welcome the minister.

Before we begin, I'd like to ask the media to please leave, because they're distracting us. We have to think carefully about this new territory we're going to explore together. Thank you very much, ladies and gentlemen of the press.

Now we'll ask the minister to begin his presentation.

Hon. Allan Rock (Minister of Health): Thank you, Madam Chair. Good morning to you and good morning to my colleagues.

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Madam Chair, I believe this day is a milestone on a journey that will bring us to the point where Canada will enact measures to govern assisted human reproduction and related research activities.

I am today presenting to you, my colleagues in Parliament, draft legislation that we in government believe is the best approach to these complex issues; best for women and men who use advancements in fertility treatments to build their families; best for children born of assisted human reproduction, who will want and need access to information about their medical histories; and best for Canadians who suffer from illness or crippling injuries and may some day benefit from the exciting potential of research.

[*Translation*]

Madam Chair, today I am presenting to you draft legislation which will guide us in a sector that is both promising and full of challenges. I would ask that the committee examine this legislative framework with Canadians.

By defining what Canadians will and will not accept in the area of assisted reproduction, this draft legislation sets out some guidelines for a complicated scientific and ethical question.

[*English*]

The work we are doing builds on important contributions made over the years past: the Royal Commission on New Reproductive Technologies, which was so ably chaired by Dr. Patricia Baird, tabled its landmark report in 1993; the negotiation of the voluntary moratoria that were put in place in the years since 1995, where there was consensus reached on what practices should not be pursued; and Bill C-47, introduced in 1996, which died on the order paper a year later, but which proposed a series of prohibitions on certain activities, such as cloning.

Throughout this whole period, Madam Chair, scientific developments have continued and multiplied, making this work all the more necessary, while making it all the more complex. Other countries have taken steps of one kind or another to regulate in this field. Canada should have a framework to do the same. That's why today we are engaging members of Parliament in this process to ensure there is a safe and appropriate environment here in Canada.

Given all of these developments, why are we not tabling the legislation directly in Parliament? Why are we starting here with the health committee?

Madam Chair, this legislation is like no other. These issues are like no others. The issues are at once extremely personal for individuals and their families, yet at the same time of profound interest to all of society. They are in a way issues that are at the heart of the human condition.

People worry about being unable to have children. Many hope for medical developments to ease the suffering of loved ones. These issues raise questions that are not just technical or

scientific, but have a moral and an ethical dimension.

In short, there must be a higher notion than science alone, Madam Chair, that can guide scientific research and endeavour. Simply because we can do something does not mean that we should do it.

[*Translation*]

These issues are like none other. Truly, they are issues that are extremely personal for the individuals and their families and yet, at the same time, they are of profound interest to all of society. These issues are at the heart of the human condition where people worry about being unable to have children and others hope for medical development to ease the suffering of their loved ones.

These issues raise questions. These questions are not simply of a technical or scientific nature but encompass moral and ethical aspects. In short, there must be a higher notion than science that can guide scientific research and endeavour. Because we can do something does not mean that we must or should.

• 1115

[*English*]

That is why we have chosen to put draft legislation before this committee to begin, before members of Parliament who deserve an opportunity to see and evaluate what the government is proposing, to reflect on it, to consult with Canadians, and to express their opinions about whether we're on the right track.

Madam Chair, we're not talking here about a partisan issue; we're talking about a human issue. That is why we thought it best to come before members of Parliament, to invite them to determine whether public consensus exists on the means, the methods, and the principles we're proposing.

Canada is not the first to grapple with these issues. Various countries are dealing in their own way with these questions. The measures we propose would, however, put us at the international forefront along with the United Kingdom and Australia.

The U.K., for example, took the lead with the establishment of a national authority to oversee an array of prohibitions and regulations. We foresee a similar arrangement, a comprehensive pan-Canadian approach that would not follow the patchwork situation that exists in the United States.

[*Translation*]

We believe that the government of Canada should provide leadership by putting in place a legislative framework that would ensure consistency across the country, of what is permitted and what is not. As with other federal health protection legislation such as the Food and Drugs Act and the Tobacco Act, the draft legislation is founded upon the federal responsibility for criminal law.

In Canada, it is well recognized that the criminal law power supports the creation of this legislation.

[*English*]

This is surely an area where federal leadership is needed, where the Government of Canada is uniquely positioned to lead, where a consistent approach is needed to deal with national issues that reflect national values.

It's a fact, Madam Chair, that more and more Canadians suffer from infertility and are unable to conceive children. They look to science for help through donor insemination, in vitro fertilization, or other procedures.

How would this draft legislation help? First, it would offer reassurances that treatments are safe. Second, it would ensure that information is provided so individual Canadians can make informed and educated choices. Third, it would ensure that children born of these techniques would be able to gain access to their own medical histories and vital information about inherited conditions. Fourth, it would ensure that men and women who chose to help others build their families or to advance science would be assured of their privacy and respect for their reproductive materials. And finally, assurances would be available, both to researchers and Canadians generally, that we have rules governing the pursuit of scientific discovery.

Against that backdrop, let me provide an overview of what this legislation is all about. It basically covers two things: assisted human reproduction and related research. In both cases we are proposing those activities that would be prohibited and those that would be allowed but regulated.

Let me take a moment to expand on the assisted human reproduction section. Broadly speaking, the draft legislation covers the donation of sperm and ova, its storage and use; it addresses the fertilization of the egg by the sperm outside the body of a woman; it deals with the fertilized egg up to the 14th day after fertilization, outside the body of a woman, or longer, if it's frozen for some later use.

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But let me emphasize that the draft legislation does not deal with pregnancy and therefore with procedures such as amniocentesis or ultrasound, nor does it have anything to say about embryos inside a woman's body, which means it would not in any way interfere with a doctor-patient relationship.

As to what we believe should be prohibited, there's broad consensus on practices that are found on this list. Every one of the prohibitions we propose, such as human cloning, is on that list of prohibitions because it's inconsistent with human dignity. The prohibitions that we propose are these: cloning of human beings; germ line alteration, which is changing the genetic code passed on from generation to generation, which would put at risk the diversity of humanity and raise the spectre of designer children;

[*Translation*]

creating an embryo directly from another embryo without it ever having become a human being, potentially resulting in children not being born from a human being; development of embryos outside a woman's womb beyond the internationally agreed to 14-day limit; sale and purchase of human embryos;

[*English*]

purchase of sperm and ova; gender selection; commercial surrogacy, which is the practice of a woman bearing another's child for purposes of financial gain; transplanting of animal reproductive materials into a woman, or transplanting into a woman human reproductive material that has been previously inside an animal; the creation of embryos solely for research purposes. I might say that while the legislation in the United Kingdom permits this practice, we believe it should be prohibited, and our proposal is consistent with the guidelines recently published for discussion by the Canadian Institutes of Health Research.

Turning to what would be regulated, Madam Chair, in the area of fertility treatments and related activities, our primary goal is to protect the health and safety of all individuals concerned. We want to make sure that treatments that offer some women a better chance of having a child are safe. For example, we would limit the number of embryos that can be transferred to a woman. This would be intended to reduce the incidence of multiple births, which often result in low birth weights and later health problems for the baby.

We want to ensure that records are collected and outcomes are assessed so that information can be available to Canadians who are considering their treatment options. When it comes to human reproductive materials themselves, Canadians want to be able to depend on concrete rules. This will include how these materials are to be collected, how they are to be stored, and what use can be made of them. Surrogacy for altruistic purposes will be permitted, but only with proper informed consent.

Up until now, most of these practices have been governed by voluntary guidelines. We believe that when a woman appears at a clinic or a physician's office for a treatment such as those we're discussing, she should be able to rely on something more than a voluntary guideline or a moratorium that's informally arrived at. She should be able to feel safe and that her health is protected by the force of law through regulations that reflect our values and protect her safety.

Now let me turn to the regulations with respect to research practices in this area. Clearly, there is enormous potential and great hope here that Canadians can benefit from research in such areas as infertility but also inherited disorders. Moreover, scientists are working on advances that represent great hope for Canadians living with diabetes, cancer, spinal cord injury, blindness, and degenerative conditions such as Parkinson's and Alzheimer's.

But some of this work, Madam Chair, depends upon the availability of genetic materials such as stem cells that are derived from embryos. The proposal that we put before the committee today would regulate the use of embryos in research to make new advances in treating disease possible while remembering that we're not allowing the creation of embryos solely for research purposes. Through regulation we would seek to ensure that embryos are accorded proper respect. Doctors need to have all the information required to get genuinely informed consent from donors. Licences would be required to perform this research and would only be granted following full scientific and ethical review.

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I would also add that this approach is consistent, once again, with guidelines recently proposed by the Canadian Institutes of Health Research and broadly supported by the Canadian research community.

It's clear there are many different views on these complex issues, moral and ethical, as well as scientific and legal. I think it's very important for this committee to hear from Canadians on these issues, and I look forward to your reflections regarding the scope and substance of these proposed regulatory provisions.

[*Translation*]

I would like you to know that I have shared a copy of this legislation with my provincial and territorial colleagues. I have advised them of this process and have encouraged them to come forward with their comments.

Provinces and territories will have every opportunity to assist in the development of the regulations. You should be aware that there is provision in the legislation for provinces and territories to develop their own legislative framework equivalent to that of the federal government. This therefore allows provinces and territories to have their own processes while maintaining consistency across the country.

[*English*]

There's a provision in the legislation for provinces and territories to develop their own legislative framework equivalent to that of the federal government we're proposing today. This would therefore allow provinces and territories to have their own processes, while maintaining consistency across the country.

[*Translation*]

My officials will continue to work with their provincial and territorial colleagues, as well as other interested parties, in developing the regulation when the time comes.

In addition to proposing what should be regulated, we are looking for guidance on how this should be administered. We will need the capacity to implement and enforce the legislation, to develop policy, to address emerging issues and to serve as a source of reliable information and education.

Ideally, such an organization would be broadly representative, transparent and accountable—but it should also be flexible to respond in a timely and effective manner.

We need your advice on how this body could be structured—whether it should be part of Health Canada or an external organization. I hope that you will seek the views of Canadians on this matter.

[*English*]

Madam Chair, let me close by noting that what we're talking about today is an issue that touches all Canadians. It leaves no one indifferent. This is an issue that is not partisan; it relates to the human condition. And that's why we're here before we table legislation. We ask this committee to initiate a dialogue with Canadians, to look at the work that's been done, to assess the proposals that are being made, to see what would be prohibited and what would be permitted subject to regulation, and to report back on whether a broad consensus exists to support these approaches.

If possible, we would welcome your report by about the end of January of next year. We trust that this will give you the time and the opportunity to fulfil this important task that you are being asked to undertake. I've naturally asked my officials and my department to support you in any possible way. I look forward to working with each and every one of you as we examine this increasingly important and complex area.

Thank you, Madam Chairman.

The Chair: Thank you, Minister. You were very clear, and we're grateful for that clarity. In spite of that, I'm sure my colleagues will have a series of questions, so let us begin.

We'll begin with Mr. Manning.

• 1130

Mr. Preston Manning (Calgary Southwest, Canadian Alliance): Thank you, Madam Chairman, and thank you, Mr. Minister, for your presentation.

I think probably all of here would agree—and I'm not given to exaggeration—that this bill is perhaps one of the most important the 37th Parliament will deal with, for the reasons you outlined. I therefore trust all of us will try to keep this above partisan politics and just try to do the very best job we can.

I have several questions. The first one is that, as you remarked, it's been eight years since the royal commission made its recommendations for a national regulatory tribunal. It's been five years since the last bill. Canada, I think it's fair to say, is quite a long way behind a number of other countries. The British bill establishing the regulatory authority you referred to is almost ten years old.

I wonder if you could tell us what the obstacles have been that have delayed bringing this legislation forward at this time. We're going to have to deal with those obstacles; they're out there. If there are reasons why the federal government has not felt free to bring this forward or start this dialogue with the public, I think we should know those, because we're going to have to encounter them when we enter into this dialogue you asked for.

Mr. Allan Rock: Madam Chair, first let me say that I welcome Mr. Manning's adoption of the spirit of non-partisanship. The issues we're talking about don't pertain to the Alliance Party or the Liberal Party or the Bloc Québécois; they pertain to all Canadians. That's exactly the basis on which I hope this discussion can commence today.

It has been a long time since 1989, when the Baird commission was first appointed. I was in the justice portfolio in 1993, when that report was tabled toward the end of that year. I recall that we immediately looked at what federal jurisdiction there was. I know the commission was very emphatic in saying that there should be federal legislation, federal regulation, and that we should use the criminal law power. I can recall discussing with the Minister of Health of the day just which areas were properly federal jurisdiction and how that jurisdiction might be exercised.

I can recall as well that in the years 1994-95 there were discussions with groups—whether they were researchers or physicians or infertility groups—concerning the almost 400 recommendations the Baird commission made. They weren't universally supported. There were different views on some of them, Mr. Manning.

In 1995, because of the time that was elapsing, Madame Marleau, who was the minister at the time, explored the possibility of a voluntary standstill agreement among all participants until we could get to the point where consensus had been reached to go forward. That took some time.

In 1996, as you know, there was legislation, which was debated and went to this committee and then died in 1997 with the election. I became Minister of Health in June of 1997, and I guess you're going to want to know from me what I've been doing for the last four years.

Frankly, what we did was take stock, first of all, of where we'd been and where we're going. What I found early on, when I began meeting with Madame Baird and others, is that science had proceeded apace in the intervening years. There were things that weren't thought of in 1993 that were possible in 1998, and we looked at whether the instruments proposed were sufficient to deal with those.

We also, later on, toward the end of the last Parliament, before the election, Mr. Manning, were engaged in very vigorous discussions with some provinces on the proper role of the federal as opposed to the provincial governments. It wasn't until after we sort of devised this proposal for equivalency agreements that we felt confident we had a way of accommodating those concerns.

Just when we reached that point, an election was called. I've tried to put this before you at the earliest possible time after the election, having regard to other demands that have been made on your time and mine.

Mr. Preston Manning: I gather that part of the reason for the delay has been trying to get the federal-provincial ground laid properly. I certainly think that's a key part of this legislation. If it's not on the right constitutional ground, if it's subject to constitutional challenge, that's going to make it very hard to implement or to enforce.

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It does seem to me that this bill, even by its title, is dealing directly with an area of human health, for which the Constitution assigns primary responsibility to the provinces.

I know that the federal government is attaching criminal sanctions to the things it prohibits, and I suggest perhaps the real reason for that is it strengthens federal jurisdiction. If you criminalize things it puts it under the Criminal Code, which no one disputes is a federal power. I question whether that's the best way to establish the jurisdiction.

Apart from that, it seems to me that for this to work there does have to be extensive cooperation from the provinces, particularly in the delivery of reproductive technology to become part of treatment programs. I wonder if you could tell us to what extent there has been a real consultation with the provinces on this bill. For example, has there been, over the last eight years, a single federal-provincial conference at the ministerial level to deal with reproductive and genetic technologies?

Mr. Allan Rock: I think you're inviting me to deal with two aspects of the matter, each of which is important. The first aspect has to do with a technical issue: from a constitutional viewpoint, does the Government of Canada have authority to legislate in this area, and if so, what is that ground of authority? But the second and broader question, it seems to me, is does one believe there ought to be uniform legislation in this area? Does one believe that in a federation such as ours there ought to be consistency in the way we approach these issues of such fundamental importance, no matter where we find ourselves in the country? Let me deal with each of those in turn, first the technical question of jurisdiction.

The Food and Drugs Act and the Tobacco Act are both examples of the use of the federal authority in the criminal law sphere to deal with matters related to health and safety. Constitutional experts tell me that quite apart from the pure constitutional law authority, the Government of Canada also has a general jurisdiction to legislate where there are broad matters of health and safety and order concerning all Canadians.

If I may say so respectfully, Mr. Manning—I don't want to be categorical about this—I'm satisfied in my own mind, as a minister, as a person, as a lawyer, that the draft legislation we put before you would be upheld by the courts if it were challenged on the basis of constitutional competence.

That gives rise to the second aspect you're raising; namely, quite apart from the technical issue, is it appropriate that the Government of Canada legislate in this area, or should we leave it to be dealt with by the provinces? Let me express my view, the view of the government, which is that there ought to be a consistent approach to these issues, that we should have one uniform approach across the country, which reflects values that pertain across the country, that leaving it to patchwork legislation doesn't do justice to the importance of the issues we're dealing with.

On the question of consultation, I can tell you there has been consultation with provincial governments. I can't tell you that there's been a special meeting of ministers called solely for the purpose, but I can tell you that there have been officials who have been asked by ministers to work together on these questions for some time. This does not come as any surprise to provinces. And certainly the proposal that there be consistent federal regulations but also the power of the provinces to enact equivalency agreements we believe would be welcome, especially when we're consulting the provinces on the form of the legislation and they will be involved in the development of the regulations.

The Chair: Thank you, Minister. Thank you, Mr. Manning.

Mr. Dromisky.

Mr. Stan Dromisky (Thunder Bay—Atikokan, Lib.): Thank you very much, Madam Chairman. And thanks for appearing before us, Minister Rock.

In light of the presentation you made and the briefing the other day, the information we gleaned there, the search of the literature in terms of what's happening in legislation in other countries, and the fact that we just received the draft copy a few minutes ago, so I have no knowledge of all the fine details within this presentation you're making today; in light of what's happened in other countries so far, and the great goal you're setting before this Parliament—it's extremely comprehensive, that's my impression, and it's covering a great deal, areas that other countries have not yet possibly touched—I feel possibly there might be a danger in the fact that we're kind of jumping the gun in light of the statements you made pertaining to today's values nationally.

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Could it be that we could be building roadblocks for future development? This whole area is so dynamic. So much knowledge has been generated in the last 10 years. We have no idea what's going to happen in the next 10, 15, or 20 years. Is it possible that this legislation could impose restriction on future development?

Mr. Allan Rock: I hope not. And may I say that I believe the intention is to do the opposite: it is to draw a line in the sand with respect to some practices that are simply unacceptable, because they're not consistent with human dignity, such as cloning a person and creating animal-human hybrids, beings that reflect both animal and human elements. Those are unacceptable, because they're just not consistent with human dignity.

On the other hand, what this draft legislation tries to do, after setting up a framework that reflects our values in those respects, is to permit research activity that will push back the frontiers of science and medical and health understanding and permit a flexibility within the framework of values that we're establishing.

For example, with proper consent, with proper safeguards as to information, health and safety, with proper licences in place, with proper premises that are appropriate for the purpose, professionals would be permitted to collect human reproductive material and engage in certain techniques or treatments with them. Research scientists would be permitted to make application for approval of certain research projects that used these reproductive materials for purposes that were vetted in advance on the basis of ethics and science. So it's permissive, but within a framework of rules that we believe reflects Canadian values.

The objective is not to stand in the way of science, but to permit science while recognizing that science alone is not always the last arbiter of what's appropriate. If we leave science alone, then we leave out the ethical and the moral dimensions. They must also be a part of it, and that's the purpose of the legislation.

Mr. Stan Dromisky: Regarding limitations, I look at the literature and see what's happening in a lot of other countries. There are seven countries that have legislation we're looking at: Sweden, Spain, Germany, United Kingdon, Denmark, France, and Switzerland. There are very definite stipulations regarding who can donate and who can receive.

Now, I don't know what the details are in your proposal here before us. In most countries—countries that I've mentioned—it's only married couples, or in some cases it could be common-law. There are other restrictions—nothing can be done with infertile couples where the woman is over 45, for instance.

What are the limitations in your bill as far as recipients are concerned? There are many questions that come up in my mind pertaining to that area. What about donors and the information pertaining to the donors? Can the offspring in the future determine who his true biological father or mother really is? Are there any restrictions being imposed in this area?

Mr. Allan Rock: In terms of who can participate in techniques or treatments involving assisted human reproduction, we haven't chosen to propose a set of rules of who can and who can't. Rather, we've keyed in on safety and informed consent. We've talked about anybody taking part in such treatments being informed in advance, getting consent, which is an educated or informed consent.

We've talked also about regulations, so that when a woman walks into a clinic or a doctor's office seeking such a treatment, she will feel that she's protected, that her health is not at risk, that there's a certain set of rules that are respected that will keep her safe and give her the information she needs to make decisions about her own course of treatment.

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In relation to offspring, we believe that it's important for offspring to get access to medical information about their biological parents that deals with their own health. For example, if there is evidence that certain disorders are inherited, or there's a genetic link to things like prostate cancer, the offspring should be able to have access to that information, which will enable the offspring to better look after their own health.

But what we also do is draw the line and say that without the consent of the donor, the offspring should not get access to identifying personal information of the donor—in other words, who the person is, where they live—because we feel if we did that, it would be a significant deterrent to people actually donating sperm for the purposes of allowing human reproduction.

The Chair: Thank you, Minister. Thank you, Mr. Dromisky.

Mr. Merrifield.

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): I'll waive it over to Preston.

The Chair: Mr. Manning.

Mr. Preston Manning: Thank you. I'll be leaving early, so thank you very much for doing that.

The draft bill vests responsibility for regulation in the hands of the minister. Now, I know this bill itself is in the draft stage, but I think there are references over twenty times to “the Minister may”, “the Minister shall”. The minister is really the regulator, as this draft bill stands. It surprised me a little bit that the draft bill did not contain the government's ideas as to what should be the ultimate regulatory body. Surely it's not the intent of the government that this regulation would rest ultimately in the hands of the minister, but rather that it would be in a regulatory body.

As you know, when you talk to scientists and medical people and the public at large, there's a fair consensus, I think, on what the characteristics of that regulatory body should be. You mentioned some of them: flexibility, scientifically informed, offering standing to ethicists in faith communities, open and transparent hearing process, efficiency in developing its guidelines, monitoring investigating capability to harness the exist machinery that exists and bringing it to bear on these types of issues.

Why is there not more on the government's view on the regulatory body in the draft legislation? Is it the minister's view that if we're to come up with this regulatory body, one of its characteristics should be independence from the government? Should it be quasi-judical rather than part of the department? The sad record in the 20th century was that it was governments that abused reproductive and genetic technologies even more than private individuals of the private sector.

Mr. Allan Rock: Mr. Manning, that's one of the very issues we want the committee to look at. There are two views. One of them is that there ought to be an independent body, representative of the various perspectives that are relevant and important—clinicians, ethicists, consumers—and that they ought to be arm's length from government, outside Health Canada, and be independent, to make their own judgments and to account for themselves. The other view is that this is a proper role for government that we should have a bureau in

Health Canada, which has the necessary expertise and is, through me, accountable to Parliament, so that the government's accountable to Parliament through the minister in the House.

Those are two different views. There are arguments for each. I have my own personal view, but I'm interested in what the committee concludes after listening. Mr. Manning suggests that there's already a broad consensus with respect to the independence of the tribunal. I know that there are voices raised in many directions out there on this subject. If the committee comes to the conclusion that it believes that's the best course, we'd be happy to take your advice.

I should add that if an independent body were to be created, that would affect the machinery of government, and therefore engage the prerogative of the Prime Minister. But the views and the advice of this committee, based on the work it's going to do, will be, obviously, of very great weight.

Mr. Preston Manning: I'm sure that's going to be a huge subject of discussion for the committee. Really one of the main things you're asking this committee to do is come up with that regulatory framework.

I have one last question. You referred, Minister, to the fact that a higher notion than science alone should guide science. In your opinion, what is that higher notion and from whence is it derived?

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Mr. Allan Rock: My point in saying that was simply this. If we leave science to its own devices and let it be pursued to whatever ends it might reach, if science alone is to predominate then I think what we're leaving out are human values that are shared by all Canadians. I think Canadians acknowledge and understand that when we're talking about this subject—about human reproduction and treatments and techniques that are available to assist in human reproduction—we're not just talking about scientific or technical matters. We're talking about something that has a dimension that is human, moral, and ethical. I think women who resort to these treatments want to see us acknowledge, in the way we regulate them, that this dimension exists.

As to what the source of it is, Mr. Manning, I think the source of it is a common awareness and acceptance among Canadians that there have to be human values involved in the governance of these scientific procedures. We have to go beyond ourselves, beyond just a technical laboratory analysis, and recognize that we're dealing with a dignity of human life and that we should govern the procedures accordingly.

The Chair: Thank you, Mr. Manning.

Mrs. Sgro.

Ms. Judy Sgro (York West, Lib.): Thank you, Madam Chair.

Mr. Minister, I guess we're supposed to say thank you for bringing forward this draft piece of legislation, but I must tell you that I'm not sure whether I want to run and hide and not deal with it, or hurry up and go forward and try to put all the enforcement things into place to prevent some of these other things that give me great feelings of injustice that are also happening out there. So I sit here extremely uneasy with the issue, but knowing that it is a very important one.

I applaud you and the department for having the courage to bring it forward in the way you have. Bringing it forward at this particular draft time is going to give all of us the chance to approach this in a very non-partisan manner and do what's right for the Canadian public. This is what I know certainly the health committee intends as its role.

You raise a lot of issues in here that need to be looked at in a variety of ways. You talk about a short timeline of asking the committee to report back. It feels like a short timeline for such a complex issue that all of us have to deal with both morally and in every other possible way regarding our own principles and within the law. January 2002 will come quickly. I didn't think anything came quickly at the federal level, but all of a sudden this feels like it will come quickly. After 13 years, now we say it's quickly. Is there a particular reason you feel the committee has sufficient time to report back in January? What if we aren't able to—will you have a problem with that?

Mr. Allan Rock: Madam Chair, the committee is the master of its own procedures, and if you find you need more time, then you must take more time. I don't think any artificial deadline should govern your work.

I wanted to give you some sense of what my estimate was, but I may be completely wrong. You may find, once you get into this work, that you'll need more time. There will be the summer break intervening, and you do have other committee and House responsibilities. We have the entire fall before us—the autumn of this year—but time goes very quickly and you have other demands upon you.

Let me just say a word about your opening comments. You were very frank in saying that the complexity of these issues is very daunting. Of course it is. But I'm glad that you agree that as tough as it is, one of our responsibilities as people in public life is to come up against these questions and do our best to respond.

As to the way in which we're proceeding today, I looked at alternatives. I looked at the House procedure of tabling legislation and going to committee after second reading. The problem with that is second reading vote means approval in principle. In my judgment, it wasn't appropriate to ask members to have an approval in principle of issues where the issues haven't really been addressed in this setting. Even tabling and referring after first reading commits the government to a form of legislation. What we've done today is simply table a document in the House to demonstrate our respect for Parliament before coming here—but a document that's only draft legislation. It reflects my judgment of the way we should go. But I have no monopoly on wisdom in this area.

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I think this is uniquely a subject where we can engage members of Parliament as active participants in the process of preparing the ultimate product, the ultimate legislation. That's why I'm here, in a sense to share my burdens, but also to take advantage of a parliamentary process that will enable us to have the kind of dialogue I think we need.

Ms. Judy Sgro: The issues of prevention and ensuring that people know there is legislation prohibiting a variety of activities I think is extremely important as we go forward.

How would you see the enforcement aspect of this bill being there, in order to make sure the items you have suggested, as well as whatever else comes forward when we talk about prohibitions, are adhered to? What is the penalty? What were you thinking along those lines?

Mr. Allan Rock: You've raised a very difficult issue, a complex issue. How do we enforce the standards or the principles that we would put in the statute? I think this again is uniquely a place where we have to have cooperation among governments. I think, for example, of the Tobacco Act, which I referred to earlier in answer to Mr. Manning's question, which draws upon the federal criminal law power and creates offences such as selling tobacco to minors. What we do in that situation is rely upon the provinces to see to enforcement. We provide them with funding, and they are in a position then to follow through with enforcement and surveillance on the ground.

It may be that through some similar cooperation here we can have both federal and provincial governments involved in making sure these principles are respected. The bottom line is

that men and women who are worried about their ability to conceive and have children, who want to have access to these procedures, should have a level of confidence that they're getting good information to help make decisions and that they're being treated in a way that's safe. So it's important that we have a way to enforce these regulations and make sure they're respected.

The Chair: Thank you, Ms. Sgro. Thank you, Minister.

Mr. Lunney.

Mr. James Lunney (Nanaimo—Alberni, Canadian Alliance): Madam Chair, I will defer my time to my esteemed colleague, Mr. Preston Manning.

The Chair: Mr. Manning.

Mr. Preston Manning: Coming back to the regulatory body that hopefully you'd like the committee to make recommendations on, as the minister knows, there is a lot of subsidiary regulatory machinery out there already, in a way a patchwork-type system: there are research ethics boards that are connected with most of the big science projects, particularly ones dealing with human research; there are the tripartite guidelines that the big federal research funding agencies themselves have developed.

Do you see this regulatory body replacing those functions, or do you see it more trying to harness the existing machinery out there rather than reinventing a whole new layer of regulation in this area?

Mr. Allan Rock: I think it would be an ambitious undertaking to create one body that would provide ethical analysis for every research proposal across the country.

What I would like you to consider, Mr. Manning, is whether we can lay down the basic ground rules and have a regulatory body, either independent of or part of the Government of Canada, which would make sure that wherever such research is carried on there's the capacity to pass these ethical judgments and provide the ethical analysis.

There's the capacity to grapple with these broader questions, so that we can be assured that before any particular research institute authorizes a licensed practitioner to engage in such research, that analysis has been done to standards that are accepted as appropriate. In other words, it wouldn't be this one, single national body looking at every research proposal, but it might be a national regulatory body that made sure that work was being done in an appropriate way. Does that respond to your question?

Mr. Preston Manning: Yes, in part.

A second question pertains to some of the definitions that are in the draft legislation. I note that there's a definition of a human embryo as meaning “a human organism during the first 56 days of its development following fertilization or creation”. There's a definition of the human fetus as meaning “a human organism during the period of its development beginning on the 57th day”. I think in the draft bill five years ago there was a further distinction at the 14-day period.

• 1200

Could the minister explain the derivation of these particular definitions, these particular time periods? Is that something he wants the committee, or at least the regulatory body, to address? Where do these particular definitions come from? Are they rooted in other federal government policies, and is this something he wants examined as part of this examination as well?

Mr. Allan Rock: We've tried as best we can, Madam Chair, to reflect current research and scientific guidelines or standards. For example, it's internationally accepted, or so I'm told, that after the 14th day there are developmental changes that cause the embryo to be significantly different from what it was in the first 14 days of its existence, with the formation, for example, of the nervous system. So that's a milestone in the development of the embryo.

I'm told that internationally, where such standards are put in place, up to the 14th day is pretty well accepted internationally as the period during which stem cells, for example, might be taken. Fifty-six days has a significance for other developmental milestones. I think those time periods reflect scientific understanding of the cellular developments.

But, by all means, if the committee wishes to comment on whether those timeframes should be different or whether learning would have them put at different places, or to provide any other commentary, that's entirely open to the committee to do after it has heard the evidence on the subject.

The Chair: Thank you, Mr. Manning.

Mr. Owen.

Mr. Stephen Owen (Vancouver Quadra, Lib.): Thank you, Madam Chair, Minister.

I'd like to address my comments to the issue of governance, somewhat building on Mr. Manning's comments, and perhaps leave a question on the third issue of governance.

The first issue is the legislative aspect of governance. In that regard I'd like to thank you for bringing the bill forward in its draft form, like this, to this committee.

As I think you all know, I'm new at this game, but from my vast parliamentary experience of three months, it seems to me that this is a particularly constructive and perhaps instructive process for other such bills, particularly ones that have a high public interest and public importance as this one. But I look forward to this process of finding common ground and perhaps building something that we all share and take forward with recommendations for legislative approval.

The second aspect of governance is the regulatory side that Mr. Manning mentions. While I understand and have some knowledge of the range of regulatory agencies that exist in the health field and other fields in this country, it's my observation that occasionally, or perhaps increasingly, we tend to be responding to individual problems in society by spinning off more commissions, more agencies, more arm's length, albeit qualified as transparent and accountable and representative, entities that are one step removed from the direct accountability of government. I sometimes worry that in this genuine desire to respond to anxieties in the public about direct government involvement in some of these areas, we weaken government's capacity to actually deal directly with what it is, first and foremost, entrusted to do.

So I hope in our committee we can reflect a bit on the pluses and minuses, and you've mentioned both, the two points of view, as to the value of having this regulation actually implemented within or outside of formal government and line ministries.

The third governance issue I'm interested in is a constitutional one, and that is the one of scale. We've talked briefly about the issue of constitutional division of authority between the provinces and the federal government. My issue of scale goes beyond that to the global scale, which of course is where research and practice, increasingly, of reproductive technologies and other groundbreaking technologies are played out. I would be interested in your views on the work of your officials and your thoughts so far on how this legislation will blend with, contribute to, and draw from experiences in other countries and the extent to which we can hope it can in fact be effective, given the global nature of research and even medical practice.

• 1205

Mr. Allan Rock: Let me touch upon each of those elements briefly, Madam Chair.

First of all, in relation to the role of this committee, my own experience has been as Minister of Health, less so as Minister of Justice. I don't think an issue like this arose. As Minister of Health, I've had occasion in the past to turn things over to the committee, pretty difficult issues, and simply ask that they look at them from stem to stern, conduct public hearings, and return with recommendations. One was in relation to the regulation of natural health products. You spent 18 months and came back with 54 recommendations that we accepted without exception. We put them in place. We now have regulations ready to go that will reflect every one of those recommendations. The second one was organ donation and transplantation, where I asked you to come up with a regime that we've now adopted and announced. We've acted on it.

I think going to the committee and asking colleagues in the House to share the burden and the process of developing a position is a very fair and effective way of governing the country.

Coming to your other questions, in terms of arm's length or not, you've provided some of the answer to Mr. Manning's question as to which might be preferred. There are arguments both ways.

You may wish to look at what has happened in the U.K. since 1991. Ten years ago they put in place the human infertility and something else committee or authority. It is an arm's-length independent body that has been doing this kind of work. You may wish to speak to the people who have been dealing with it, have been running it, and have been responsible for it in the English Parliament, to see their reactions.

Lastly, I think you raise a very good point, Mr. Owen, with respect to international practice. There are some international protocols to which Canada is a signatory that acknowledge that certain practices, such as germ-line alteration, are not acceptable. There are gaps. The danger exists that an entrepreneurial scientist who wants to create a market or perceived market for certain services, such as cloning, would take his or her skills and move from one country to the other, shopping to find a place where it was permitted. It's for that reason I think the international arrangements should be looked at.

I'm going to Geneva in a couple of weeks with some of my colleagues on this committee to the annual meeting of the World Health Organization. I'm going to bring to the meeting the suggestion that we look at it in a more structured way. We look and see whether the kinds of things we're proposing here in Canada should be assessed internationally. There can be agreements between and among governments to make it less likely people will abuse gaps in governance to engage in practices elsewhere that we don't think are appropriate at all, no matter where they're carried on.

Mr. Stephen Owen: Thank you.

The Chair: Thank you, Mr. Owen. Thank you, Minister.

We'll move on to Madame Bourgeois, please.

[*Translation*]

Ms. Diane Bourgeois (Terrebonne—Blainville, BQ): No, thank you.

[*English*]

The Chair: Ms. Lill.

Ms. Wendy Lill (Dartmouth, NDP): Thank you.

It's a real pleasure to be part of this event today. I must say I'm sitting in on behalf of my colleague from Winnipeg Centre, who I'm sure will be very eager to be involved in this process.

I want to ask you a couple of questions I think are going to be raised as this committee goes around the country. They are certainly areas that are going to have to be dealt with. Quite frankly, there are fears out there around a lot of health issues. This is a major health issue.

The issue of privatization is a real fear now around health care. We look at all of these procedures. I have to understand how it is they are going to be protected against privatization under the legislation you're providing.

I think someone mentioned the idea that the research is happening at a global scale. There are many issues around copyright and intellectual property of procedures. The question is, how can we really guarantee there is going to be a regulatory body, a national oversight body, that is going to rule the day? I worry about that, and a lot of Canadians worry about that.

• 1210

In that vein, there's the matter of future trade deals. We've been told that health services are not on the table. But if in fact health services become more and more out there and in trade deals, the question again is, can we feel confident that there is going to be federal oversight of all of our health procedures? That's a central question I feel we're going to have to deal with.

Mr. Allan Rock: Madam Chair, much of what Madam Lill has raised is beyond the scope of this legislation. For example, the issue of copyrighting or patenting procedures would be the subject of separate legislation, the whole issue of what can be patented. While it's an important and interesting subject, this legislation deals more with what research can be carried out and under what circumstances, rather than who has a proprietary interest in the discovery once it's made. So it's really beyond the scope of today's discussion.

With regard to the question of whether private facilities would be involved, this draft legislation deals more with the techniques of assisted human reproduction themselves and the scope of research than with who owns the facility in which those activities are carried out. Nor does the legislation deal with whether the public pays for these procedures. That's a very major issue, too, as you know. Couples or individuals who seek help in having children often have to pay a lot of money for these procedures, and they argue that they should be covered by public health insurance. But that's not the issue for this legislation. That's something for the provinces to determine.

What I can speak to is the need for a national oversight body. Ms. Lill, I can tell you that I worked with the Minister for International Trade in preparation for the FTAA discussions in Quebec City, and it was very clear that our own national health services are, as I say, off the table and not part of the negotiations for the trade agreement. We have the right to have our own public health system, and we're going to keep that right. It seems to me that, similarly, we have the right to establish and enforce our own rules governing our values as to what procedures are appropriate. Although I think they're harmonious with global values, we have the right to have our own legislation in that regard.

Ms. Wendy Lill: Then I'll ask another question, which you may feel isn't applicable, about national standards. I would like to know how this legislation fits in with the Canada Health Act. As you say, it is not a matter of these procedures necessarily being available through any kind of provincial health care plan. But the question is, how do these things work together? This is a major piece of health legislation. Where does it dovetail with or relate to the Canada Health Act? There are grave concerns about national standards. I live in a part of the country that often does not seem to have the same level of access to procedures as someone in downtown Toronto. I'd like you to comment on that, please.

Mr. Allan Rock: I think this legislation will bear the same relationship to the Canada Health Act that the Food and Drugs Act bears to the Canada Health Act. In other words, they both pertain generally to health, but they deal with very different and separate matters. The Canada Health Act provides for financial transfers from the Government of Canada to provinces on conditions that reflect principles that are accepted by all provinces as part of a national scheme.

This statute deals with a particular area of human activity, assisted human reproduction, and governs the treatments or techniques themselves and sets up a framework to govern research. So they're apples and oranges.

• 1215

In terms of standards, the relevance of that term to today's exercise is that what we're proposing is a consistent approach throughout the country so that common human values shared by Canadians are reflected wherever in the country you happen to be when it comes to the governance of the techniques of human reproduction or research in that domain.

The Chair: Thank you, Minister. Thank you, Ms. Lill.

The time is starting to shrink, and I have five names on the government side. I will assume that the three people on the opposition side who haven't spoken would like to do so. We're really going to have to become very succinct in our questions. We barely have two to three minutes each.

With that in mind, we'll move to Mr. Charbonneau.

[*Translation*]

Mr. Yvon Charbonneau (Anjou—Rivière-des-Prairies, Lib.): Thank you, Madam Chair.

I would like to say, Mr. Minister, that the challenge you are presenting to us is an exciting one. First, the process that you are proposing will allow us as members, who try to represent our citizens as best we can, to participate in an open manner, without being held to a partyline. This is a health issue, but it is also a social issue.

The second interesting thing is that the draft bill that you have brought forward does not deal solely with what is prohibited, which was the case with Bill C-47 in 1996. It will also set out what can be done within a regulatory framework. You are even proposing to provide us with a regulation-making authority, so that the whole system can be flexible and adjust over the years. We will therefore benefit from getting a late start, because we will be able to take advantage of the experiences, the early beginnings and the trials and errors of other countries.

My question has to do with research. There are provisions for regulating research in certain areas of activity. Now, some research is subsidized by public monies, while other research is conducted by the private sector, in fields such as technology, pharmaceutical products, and so on. Does the intention to regulate apply as much to private activities as to publicly-funded research activities?

Mr. Allan Rock: Yes, absolutely. The principles that we are proposing today will apply to all research, regardless of whether it is publicly or privately funded. The same principles will apply.

Mr. Yvon Charbonneau: Thank you, Madam Chair. You asked that we go quickly, and I did.

[*English*]

The Chair: Thank you very much.

Madame Scherrer.

[*Translation*]

Ms. Hélène Scherrer (Louis-Hébert, Lib.): Thank you, Madam Chair.

Good day, Mr. Minister. I am in complete agreement with Mr. Charbonneau, that this draft legislation should be debated as a social issue. As a woman, I find it of particular interest, especially since we are talking about fertilization that takes place totally outside the two partners. We are no longer talking about one partner being involved, but about something that can practically be done in isolation, without the two partners being able to follow the process.

I am especially pleased that we will be going beyond the scientific aspect. It is my view that, as far as assisted reproduction is concerned, we should not dwell exclusively on the science, since we are helping women who want to have children. Too often, the media only report the success stories. They do not do stories on women who, month after month, year after year, go through a very difficult process that sometimes resembles very hard work. In this bill, there are social considerations, economic considerations, personal considerations and emotional considerations. I would not like it to be made into a piece of scientific legislation.

My second concern has to do with research, and I have a question in that regard. The commercial aspect of assisted reproduction is what worries me a great deal. When we talk about ova, sperm and embryos, we are not dealing with cans of soup that can be counted. Once they are collected and stored, you cannot say that there are so many ova or so many sperm samples in one particular cabinet.

• 1220

I don't know whether enough teeth can be put into a bill to ensure that no trade takes place, and that women and men are aware of what is happening when sperm or embryos are collected, and what is done with them afterwards. It is my view that the provisions should be very strict in this area.

Is there currently a law that covers this?

Mr. Allan Rock: No, Madam Chair. There is a real need for such provisions, and that is why we have proposed a regulatory framework. I heard you raise the personal dimension, Ms. Scherrer. These problems are truly distressful for the couples, and particularly the women, who are affected, and you alluded to this.

In fact, the draft bill sets out certain basic principles in the preamble, one of which is a specific reference to women, who are particularly affected and concerned by all these matters.

Of course, that is the fact of the matter, and we must reflect that in our work.

With respect to the purchase and sale of reproductive material, clearly, we intend to prohibit the commercialisation of all that, or, as Patricia Baird said, the "commodification" of these materials. That is unacceptable. Consequently, we have suggested a certain approach and some game rules. We have suggested some fairly harsh, significant consequences if the rules are violated.

As with all other aspects of our draft bill, if you think we can do more and that we can achieve these objectives more effectively, we will be open to your recommendations. I will be very pleased to get your comments on this.

[*English*]

The Chair: Thank you, Madam. Thank you, Minister.

Mr. Merrifield.

Mr. Rob Merrifield: This is a very good subject, and I really appreciate the opportunity to have it come before us in this forum. I hope it is a pattern we'll see more often in other areas.

I'm intrigued by Ms. Sgro's discussion with regard to whether you shrink away from this subject or you erase it. When I look at the last decade, I see the genie already being partially out of the bottle, because technology has moved so fast in this area. We've seen this legislation partially come forward, and then we shrunk away from actual implementation. When I look at the task ahead of us, I would suggest to you that we should accelerate that and do something before the genie is all the way out of the bottle. Many taxpayers' dollars are being spent in this area, and I think Canadians are looking for direction and comfort in knowing that we're addressing the problem.

A year from now we will have completed our work, or hopefully earlier than that, by January. Can you give me a time period and tell me what you plan to do with it at that stage?

Mr. Allan Rock: It's difficult to be precise, but what I would envisage is the committee reporting—and I would hope the committee could find common ground on its recommendations—and then the government receiving your report when you're able to produce it, considering our position, and introducing legislation shortly afterwards.

I think it's well recognized, Mr. Merrifield, that this is an area where there should be some regulation. I think there's a consensus in the research community among people who are involved in infertility issues that we need regulation and the science is accelerating. I think the societal need is there. The process proposed for this committee will enable us to have a dialogue with Canadians on the principal issues. I can tell you that after we receive your report, the Government of Canada will respond in a way that reflects our understanding of that need.

The Chair: Thank you, Mr. Merrifield.

Mr. Bonin.

[*Translation*]

Mr. Ray Bonin (Nickel Belt, Lib.): Thank you, Madam Chair.

Thank you very much for your presentation, Minister. Once again, you have demonstrated that you are very familiar with your files. When we ask questions, we get answers.

• 1225

I am sure you will be invited back before the committee, and I will certainly have some questions for you at that time, once I have studied the subject further.

[*English*]

Mr. Minister, today is conception day for this committee. Consequently, committee members will become the parents of the document that will be returned to you. I'm wondering if the fact that you suggested the end of January is a coincidence or if it's based on science, because it's nine months from today almost to the day.

Mr. Minister, you could have drafted this bill and tabled it in the House. What you would have done is to take individuals like myself and force them to make decisions on moral grounds without knowledge of what is in there. By doing it the way you have—and I want to thank you for this—you have allowed me to participate intelligently, to do research based on sound information, and hopefully to contribute to the research we are doing.

People who know me know that as it's a moral issue, this will be a free vote for me. You're allowing me to contribute, you're allowing me to participate, and you're allowing me to learn. Perhaps I will accept everything that is there.

I want to thank you for that opportunity. You can be assured that I will contribute to the best of my ability, because this is very important.

Mr. Allan Rock: Thanks, Mr. Bonin.

The Chair: Thank you, Mr. Bonin. Thank you, Minister.

Mr. Lunney.

Mr. James Lunney: Thank you, Madam Chair.

It is certainly going to be an interesting prospect before us. It's something Canadians have been waiting for a long time. As has already been mentioned, much change has already happened since the earlier studies on reproductive technology, the royal commission and so on. Many advances have been made. There are still many important questions that are being raised, and we've talked about some of them already.

The whole question of raising embryos for research, even up to 14 days, is certainly a thorny one. How long do you store them? Then, if there are surplus embryos produced by in vitro procedures and so on, how long do you store them? What do you do with surplus embryos? These are very challenging questions, and I'd be interested in the minister's response to that.

One other thing I think is interesting, perhaps a good thing that has come out of the delay, is that advances in technique or science have shown us that there is now a possibility of adult stem cells being located. These have the promise of creating tissue in vitro from the very person who will be the recipient. We look forward to hearing evidence from the experts in this area, to the development of best science practices, and to having some input into that. I'd be interested in the minister's comments on those areas.

Mr. Allan Rock: Thank you, Mr. Lunney.

I share your interest in the subject. In fact, I've spent just enough time preparing for this and learning about the issues that I'm going to see if I can volunteer as another member of this committee. I'd love to be part of the work you're going to do. It's going to be absolutely fascinating. It will really put you at the cutting edge of what's going on in these remarkable areas of research and human development across the country. I'm going to be following the committee's processes very closely for that reason.

Let me deal with two of the things you raised. Just to clarify, you made reference to the phrase "raising embryos for research", which is a thorny issue. I want to be clear that the draft legislation we put before the committee will prohibit the creation of embryos only for research. It would not be allowed.

Apparently it is allowed in the United Kingdom. In my judgment it's not something that Canadians would agree with. I would propose it be prohibited. But then you go on to say—quite rightly, if I may say so—that there are embryos that might be created to assist a woman in becoming pregnant; you say that if there are embryos that are not used for that purpose and if consent is given by the donor, then under strict conditions that embryo might be made available to highly trained researchers. These would be licensed for the purpose of carrying out procedures that are vetted in advance in terms of ethics and science. Yes, that is a thorny issue.

• 1230 

I didn't think it would be fair for me to come and dump this whole issue on the committee and say you figure it out. What I did was to take a position. I believe we should permit research under those circumstances, and this draft legislation reflects that. It permits the donors to give their consent that an embryo created for the purpose of assisted human reproduction but not used for that purpose can under strict conditions be used for research. That's my judgment, and now the committee will have hearings and respond.

Madam Chair, the other issue Mr. Lunney raises is the interesting field of adult stem cells, and they hold the promise of providing help and aiding research when they're culled from adults. Apparently—and I can't brag of a PhD in genetic science, so I'm telling you what I've learned—there's very limited knowledge. Apparently stem cells derived from adults don't have the same potential as embryonic stem cells because they bear the burden of age and experience in the genetic circumstances of the donor. Nor, while stem cells are available in the adult, do they have the same research potential as embryonic stem cells. You will hear more about that from people who understand vastly more than I do about the detailed, technical aspects.

The Chair: Thank you, Mr. Minister. Thank you, Mr. Lunney.

I was trying to get the minister out by 12:30, as was suggested to me—

Mr. James Lunney: I have one little comment.

The Chair: Okay, you may have one quick one.

Mr. James Lunney: This is just a brief comment for the record and concerns the experts Mr. Manning brought in for the Human Genome Project. Dr. Hudson, one of the heads of the Human Genome Project in Montreal, made reference to adult stem cells being taken from a mouse and then reinjected into the mouse. The cells were cultivated in vitro and then put back in a mouse with a mild cardial infarct, and it was able to regenerate healthy myocardial tissue. Anyway, it's an area of very promising research. Again, it's a breakthrough that's just starting to be developed, a little slower in the science, but one I think shows a lot of promise. I'm sure we'll all be looking forward to hearing more about it.

Mr. Allan Rock: In fact, Madam Chair, Mr. Lunney's quite right. These developments are remarkable.

Last year I went to the University of Alberta laboratory where Dr. Ray Rajotte and his team have developed what's called the Edmonton Protocol. It's known internationally as the Edmonton Protocol and holds the promise of curing type one diabetes, of making it possible for persons who depend on insulin through a needle never to have to use a needle again. What they do is transplant islets from the pancreas of a donor to the recipient, allowing the recipient's body to produce the insulin needed internally.

Dr. Rajotte told me his biggest challenge now is getting enough pancreases to harvest the islets for that procedure. That's one of the reasons we accelerated the work on the organ donor and transplantation initiative this committee invented. We've put that in place, we've established the secretariat in Edmonton, we've given it money, we have a national council, we're ready to go with the awareness programs, the Governor General's agreed to be the patron, and so on.

The technologies using embryonic stem cells we're speaking about hold the promise of our being able to produce islets for pancreases that will allow us to cure the diabetes those Canadians are suffering from. The research we're talking about holds promise for spinal cord reactivation. In fact, Rick Hansen, whose institute is one of the leaders in research in this field, sent me a fax this morning to express his enthusiastic support for what we're proposing. It would allow, within a framework of rules, the stem cell research he believes holds the secret to getting people with spinal cord injuries to walk again.

This is an enormously exciting field. We're very lucky to have a committee of people who are as knowledgeable, as engaged, and as committed as those who are here today. Madam Chair, I very much look forward to working with my colleagues on these exciting projects in the months ahead.

Thank you very much for having received me this morning.

The Chair: Minister, I have one more person who has one more question. Could you manage to answer, or do you have to be somewhere?

Mrs. Parrish.

Mrs. Carolyn Parrish (Mississauga Centre, Lib.): Thank you very much.

I was on the committee that reviewed Bill C-47, and what happened was that we had a lot of restrictions and no regulations. I'm very pleased to see that you're looking at the flip side of the coin.

This is not holistic medicines and this is not transplants. This is probably the most potentially devastating and emotional committee we've ever had. I think your approach is frightening as well as encouraging.

• 1235 

I have one question. I'd like to follow up on Mr. Manning's question. I've been here eight years, and this is probably the most important question I've ever asked. For eight years I've been very concerned about this country's lack of any regulation on abortion—and I'm not pro-abortion or anti-abortion. I'm very concerned that we have left it open with no regulations. If we come up with definitions for an embryo and a fetus—and we talk about the 54-day limit—will that have any impact on any other legislation in any part of this government?

Mr. Allan Rock: It's hard to speculate, but my first reaction is to say that this draft legislation is not intended to deal with the fetus inside the woman's body. It deals only with the

fertilized ovum outside the woman's body, and then only in the first 14 days after fertilization unless it's frozen for use at some future time. My first reaction to the question is that the draft legislation would have no application to what happens to the fetus inside the body of the woman. As I mentioned, it doesn't deal with amniocentesis, it doesn't deal with miscarriage, and it doesn't deal with the doctor-patient relationship. It only deals with the process of assisting someone who wants, through in vitro fertilization, to become pregnant or, as we've been discussing, assisting someone who wants to carry on connected research.

Mrs. Carolyn Parrish: But as you know, when you open a Pandora's box, sometimes things come out you don't expect. If this committee were to come up with definitions as to things that were acceptable outside the womb, do you think it would have any impact on future legislation on factors affecting the inside of the womb?

Mr. Allan Rock: It's very difficult to say. I think that the focus of this legislation is much narrower than that, because it deals only with assistance in getting pregnant. I wouldn't want to speculate, but my first reaction is the legislation is indeed focused on a specific part of the process, the very beginning.

Mrs. Carolyn Parrish: Okay. Thank you.

The Chair: Thank you, Mr. Minister. Thank you, Mrs. Parrish.

On behalf of the committee, Minister, I'd to thank you so much for giving us your time, for being so clear, and for being so forthright in answering the questions. As Mr. Bonin suggested, we will probably want to see you again when we get a little further into the subject. Thank you very much.

Mr. Allan Rock: Thank you.

The Chair: To my colleagues on the committee, we'll have one motion before this meeting is over, so could you just hold tight for a minute. Mr. Dromisky has a motion.

Mr. Stan Dromisky: Yes. Thank you very much.

Mr. Minister, would you please just wait for a second?

The Chair: He wants you to hear his motion.

Mr. Stan Dromisky: Yes, you have to hear the motion.

The motion has three parts. The first one is that this committee would like to officially thank you for allowing us to become involved in the formative, creative stages of this bill. We really sincerely thank you for that, and you've heard us many times express our thanks.

The second portion of it is that I would like to say this committee has already indicated that we wholeheartedly accept the challenges you are presenting to this committee.

The third portion of the motion is directed to the staff: that as soon as possible we will have a work plan presented to this committee so we can go full speed straight ahead.

Mr. Ray Bonin: I ask for unanimous consent.

Some hon. members: Agreed.

The Chair: We have unanimous consent to that motion. Thank you.

Mr. Allan Rock: Thanks again, Madam Chair.

The Chair: I would like to ask you to consider holding the meeting at which we consider the work plan in camera, so we can feel free to criticize anything without embarrassing anybody.

Thank you very much.

This meeting is now adjourned.