lectual failure, or of previously faddy or eccentric behaviour and those of advanced age are worthy of surveillance.

The implications of 'at risk' are therefore that without this concept preventive medicine can never achieve selectivity and precision. It is not to be confused with 'risk factors' which are abstract, or taking risks which is behavioural. It is not confined to children, for a person is at risk at every age for different reasons, but particularly when a fetus or beyond the age of 75 years.

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Oasis or Beachhead?

Sir,

I could not have put more politely the sentiments expressed by Dr Alastair Donald (March *Journal*, p. 183). He made some very enlightened statements and I wish to give him my support. I was particularly interested to read that lack of time per consultation is one of the chief complaints of doctors; it is certainly true for patients.

To put it bluntly, generally speaking the organization of general practice in this country is a mess, both for the doctor and the patient, with care being reduced to the equivalent of children being given Smarties by paternal doctors.

As for the general public, the tide is changing. The children are reaching adolescence, and some have already reached maturity; soon they will ditch medical help as organized today—some already have.

The College reminds me of timid, insecure teenagers who take praise and feel good for doing the so-called 'right things' but are not brave enough to act and speak as themselves. They usually end up going to a respectable university and living thoroughly ordinary and boring lives.

As for the present general practitioners, many of them will already be scarred for life; mentally, physically or by marital or family disharmony. I only hope that enough good doctors survive to develop a mature adult to adult service. At present we are losing good doctors as soon as they are produced. They get sucked into the mess.

From a doctor awaiting the new age.

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WORKING PARTY REPORTS

Evidence to the Government Inquiry into Human Fertilization and Embryology

This report of a working party of Council was considered by College Council at its meeting on 12 March 1983.

Introduction

1. General practitioners working as family doctors have a personal and continuing role at all stages in the management of subfertile couples, and have a duty to protect the autonomy of the patient and the family.
2. Family doctors are in a privileged position and are able to give an objective and informed opinion, balancing the enthusiasm of specialists in research of this nature, the needs of the subfertile couple and the interests of the community.
3. The subject evokes an emotional response initially. This is because it deals with the creation of human life, it is open to abuse and the importance of 'love' in human creation seems sometimes to be overshadowed by technical and scientific achievements.
4. Although there are conflicting views about the onset of human life, the process can be considered to commence at fertilization, since this is the point at which a genetically complete embryo is formed. From that moment, therefore, the embryo should be treated with respect and experimentation on human embryos should be subject to the same ethical considerations as on children and adults.
5. Experimentation on embryos has been going on for some time. Advances in medical science were made through unethical experiments such as those performed on human subjects during the last World War. However beneficial the information gained, the continuation of such unethical experiments cannot be justified.

Experimentation on human embryos

Experimentation on human embryos is unethical, because:

i) It is not in the interest of the subject under study.
ii) The mental, physical and legal state of the subject is such that informed consent cannot be obtained.
iii) The genetic parents are not able to give objective and informed consent because of their inevitable emotional vulnerability.
iv) It could be abused to the detriment of humanity.
v) Failure to maintain ethical standards in relation to human embryos represents a threat to the application of ethical standards in medicine and science generally.

Unethical procedures

In the light of the above views, the procedures listed below are considered to be unethical:

i) Cloning.
ii) Freezing of human embryos.
iii) Choosing the sex of human offspring by IVF techniques where this involves cloning and freezing techniques.
iv) Experimental use of human embryos.
v) Continuing development of the human embryo and fetus in vitro (ectogenesis).
vi) Continuing genetic manipulation of human embryos.
vii) The use of cloned IVF tissues and organs for transplantation.
viii) Teratogenicity studies on human embryos.

In Vitro Fertilization (IVF) and Embryo Transfer (ET)

IVF and ET for a subfertile couple is ethically acceptable. Couples should be counselled throughout the period of investigation and treatment and afterwards, whatever the final outcome. Family doctors are particularly well placed to provide such counselling because of their long-term involvement with the family.

As part of the treatment for subfertility, the induction of superovulation and the freezing of sperm and ova are ethically acceptable.

There will be some natural wastage of fertilized ova as part of the IVF

The members of the working party were Drs R. C. Froggatt, J. A. Lee, Maureen Reynolds, Clare Ronalds, W. McN. Styles and J. B. White.