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Dear Committee Secretary,

I am pleased to have the opportunity to make the following submission to the Senate Inquiry into donor conception in Australia currently being undertaken.

I am a single mother of a young 3-month-old little boy who was donor conceived (sperm donation) using assisted reproductive technology at a recognized Australian fertility clinic. The decision to become a single mother by choice was not a light one, it involved significant research, and financial, emotional and physical resources and it took about three and a half years from the first appointment with a GP until the birth of my son. I say this because the decision and the process required a lot of forethought, determination and resilience. Regardless of the challenges I faced in this process, the most important aspect for me is the well being of my child. I feel very lucky to have him and will do all in my power to be the best parent that I can be.

Reasons for choosing to conceive with an identity release donor via an Australian clinic rather than with a known donor or international donation:

- Clarity of role of donor – legal protection for myself, donor and child
- Limit of 5 families – I did not want my son to be one of 100s of children conceived by one donor.
- It is more likely that the donor donates for altruistic reasons rather than monetary reasons for donation unlike donors from the USA
- It is important to me that my child can access information about their donor at the age of 18 or prior if needed and if agreed by the donor via the clinic.
- At the time I joined the waiting list, there was the suggestion that contact with half siblings via the clinic might be arranged.

Challenges during the conception process

- Due to the low number of Australian donors I waited 14 months for donor sperm and was able to choose from documentation submitted by five donors. At that stage, NSW law permitted gametes from one donor

to create up to 10 families. Now that this has been reduced to 5 families, I can only assume that the waiting list is even longer.

- Emotional, physical and financial impact of repeated attempts to conceive with assisted reproductive technologies over a 15-month period. Yet I was lucky as some people try many more times for many years.
- The number of attempts to conceive was restricted because I was using donor sperm. This added a further dimension of stress and anxiety during the conception process and resulted in proceeding to IVF rather than the less invasive IUI procedures due to a higher success rate and more potential attempts to conceive.

Response to Terms of Reference

The past and present practices of donor conception in Australia, with particular reference to:

(a) Donor conception regulation and legislation across federal and state jurisdictions.

Consistency across states is important as currently differences in different states results in people seeking services interstate and there is some confusion about services available. I believe that legislation should not discriminate between, heterosexual, same-sex couples and single mothers by choice. National legislation in place of individual state legislation/regulation would provide consistency, as would a national register for management of information. See point b (ii) below regarding register.

(b) The conduct of clinics and medical services, including:

(i) Payments for donors,

It is a positive thing for the child conceived that donors donate for altruistic reasons rather than for payment. I certainly felt reassured by this as for me it also suggested something about the character of the donor. However, I understand that this has resulted in a shortage of donors in Australia. If donors are not being paid then I think a more active recruitment/advertising process is worth pursuing so that those seeking donors do not resort to more risky unregulated practices.

(ii) Management of data relating to donor conception

- An efficiently managed national register rather than state registers would allow for cross checking information. It is also important that this includes up-to-date information and has a mechanism for all parties, donor, donor-conceived child and recipient of donation (such as myself) to add relevant information as appropriate e.g. updated medical, family and postal details.
- Under NSW legislation, information about donor-conceived children prior to 1st January 2010 in NSW is exempt from inclusion in the NSW register. I think that there should be some mechanism for

including information retrospectively and to encourage relevant parties: donors, recipients, donor conceived children, doctors and clinics, to provide relevant information. A system to assist donors and donor conceived adults with DNA testing to confirm identity and biological relationships would also be useful. Ideally a mechanism to cross check internationally with other clinics and privately arranged donor arrangements should also be encouraged to include information on the register.

- Promotion of the register is important so that relevant people are aware and are encouraged come forward to submit information.

(iii) Provision of appropriate counselling and support services;

- Appropriately trained counsellors to work with donors and recipients, through the process of donation conception are very important. I feel extremely lucky that I had excellent counselling support during my treatment provided by the clinic. I also think that appropriate and relevant counseling would be useful for donors, recipients and donor conceived children when accessing information from the register. The donor conceived children, in particular, should have access to counseling should it be needed, prior to the age of 18 years as they develop and come to terms with their identity.

(c) The number of offspring born from each donor with reference to the risk of:

(i) Consanguine relationships; and

I support the limitation of donation to 5 families including the donor's own family in order to reduce the risk of consanguine relationships. I am aware that this also significantly affects the already long length of waiting lists for donor gametes. Perhaps the waiting lists can be reduced by more active recruitment of donors. Greater numbers of donors will also reduce the risk of consanguine relationships amongst offspring and also reduce the number donor recipients taking greater risks to find an available suitable donor (with significant legal and medical implications).

(ii) The rights of donor conceived individuals.

- The welfare and well being of donor-conceived offspring should be the utmost in any decisions about legislation and regulation. Ultimately, they do not choose to be born and must live with the decision that are made to bring them into being. Literature (Scheib, Riordan & Rubin 2004, MacCallum & Golombok, 2004) and testimonials (Donor Conception Support Group (http://www.dcsg.org.au/), Donor Conception Network (http://www.donor-conception-network.org/index.htm) have shown that the ability to access information about their donor is desired by many donor-conceived children and is important as a means of

developing their identities and understanding of their place in the world. I would like my son to have the opportunity to gain information about his donor at 18 years of age should he need for this reason. I would also like him to have the opportunity to meet donor half siblings prior to the age of 18 should he be interested in doing so.

- On that basis, maintenance of accurate and updated records is important for both current offspring and those in the past. As mentioned earlier at b (ii) mechanisms for crosschecking information nationally and internationally prospectively and retrospectively is critical.
- Currently my son's birth certificate has a blank for father. A way to affirm that he has a donor rather than emphasizing the absence of a father would be a more positive way of acknowledging his origins without creating legal and bureaucratic complications for myself as mother, the donor or my child.

Final Comments

As mentioned earlier in this letter, the welfare and well-being of children conceived with the assistance of donor gametes should be the priority in considering and establishing legislation. I support the principles on which the Assisted Reproductive Technology Act 2007 (NSW) is based. However, I am also aware that since the regulations came into force on 1st January 2010, and since Medicare rebates have reduced, the process of trying to conceive has become more difficult, complex and lengthy for people seeking donor gametes via clinics in NSW due to increased costs and insufficient available local donors. This means that some people who will make wonderful parents will either not be able to do so or will seek other arrangements to obtain donor gametes – either privately or overseas. I think that it is important that the donor system remains possible via Australian clinics.

I am happy to be contacted further should there be any further queries about the matters in this letter.

References

MacCallum, F & Golomok, S (2004). Children raised in fatherless families from infancy: a follow-up of children of lesbian and single heterosexual mothers at early adolescence*. Journal of Child Psychology and Psychiatry 45:8. P1407-1419*

Scheib, J.E., Riordan, M. & Rubin, S. (2004). Adolescents with open-identity sperm donors: reports from 12-17 year olds. *Human Reproduction. 2005, 20:1. P 239-252.*