

Submission

Past and Present Practices of Donor Conception

Legal and Constitutional Affairs References Committee Inquiry

We are Laureen and Michael Dempsey. 28 years ago, we were fortunate enough to be accepted onto the Donor Conception programme in South Australia. Our first treatment resulted in the conception of our beautiful daughter. We are extremely grateful for our donor's generosity.

We have always been honest with our daughter and she grew up knowing how she was conceived. Like all kids, our daughter had questions, only we could not answer them. We had been told by our clinic that as conception occurred in 1982 there was no identifying information regarding our donor recorded, except hair and eye colour and blood type.

Now the first set of donor conceived children are adults, they are very clearly highlighting the impact donor conception has on them. As a group, they are stating what they need and want – access to their donors for social and health reasons. Regulation and legislation surrounding donor conception is lacking and inconsistent across Australia.

We write this submission, calling to action the Australian government, to ask Australia's leaders, our representatives, to regulate through legislation, responsibility for past and present donor conceived children:

- a) Donor Conception regulation and legislation across federal and state jurisdictions

Donor Conception in each state should be monitored by a single national regulating body and fall under federal legislation.

Different Australian states have different regulations and legislation surrounding donor conception. This is discriminatory based on which State conception occurred.

- b) The conduct of clinics and medical services

- i) Payments for donors

Donors should not be paid.

It is very important to acknowledge the contribution donors are making at the time of their contribution and that which they will make in the future as they think about their offspring and perhaps meet them. Donation, by definition, is a gift, and should be accepted as such and with gratitude, in the same way blood, organ and monetary donations are received. Free medical tests, including but not limited to, STD, Genetic and Sperm, be provided to all donors to increase the possibility of healthy babies and to enable a correct and complete medical history to be supplied to parents and donor conceived adults.

- ii) Management of data relating to donor conception

It should be the legislated responsibility of the clinics and medical services to collect and provide to a central managing body identifying and non-identifying information about the donor and donor conception. Additionally, complete medical histories of the family should be collated.

In our opinion the provision of donor conceived services has an inbuilt requirement to manage all and any data related to donor conception. Our daughter was conceived in 1982, and the hospital did not retain identifying records of our donor or many non-identifying records. There certainly were not any detailed medical histories taken of the donor family. The later has hindered medical treatment throughout our daughter's life, and negated possible opportunities for preventative measures. Any records our clinic does have, they are not obliged to provide to us. Clinics should be held accountable to record this information so that it can be supplied to families, and this can be done through a central managing body.

iii) Provision of appropriate counselling and support services

Interested donors and parents should have compulsory counselling.

Appropriate counselling and support services should be identified and made available for all involved, potential donors, parents, offspring, siblings and extended families on an ongoing basis. Our daughter's journey of discovery, or lack thereof, was taken by the whole family. While struggling with this journey for 27 years, it would have been very useful, helpful and supportive to have appropriate counselling services and support agencies for our daughter and ourselves.

c) The number of offspring born from each donor with reference to the risk of consanguine relationships.

A federal limit should be imposed with the provision of 'holding' donations for a family that may wishes to have more than one child. One donor should be allocated to each family seeking donor support. This should not be allowed to be used by other families.

This eliminates future issues of consanguine relationships. As we do not have identifying information about our donor or our daughter's potential siblings, our daughter is at risk of unknowingly forming consanguine relationships. This is an obvious concern to us and short of DNA testing, this is a risk that can not be mitigated unless one donor is allocated to each family and secondly the provision of identifying information of the donor and their offspring.

d) The rights of donor conceived individuals

Legislation regarding the provision of identifying and non-identifying information on donors to donor conceived children should be passed. This legislation should be made effective immediately and be retrospective.

To facilitate this, all clinics, current and previous should surrender copies of all records to a central coordinating body employed by the federal government. This coordinating body should, in the case where there is no identifying information, be proactive in finding past donors. The body should facilitate a national database where parents, donors, donor conceived children (and the children of donor conceived children) can register. If such a data base were available, then we would surely have used it, thus alleviating the unknown and constant worry.

Parents, both Mother and Father, of donor children should be allowed access to identifying and non-identifying information about donors.

Currently, in South Australia at the Flinders Hospital, only the mother of a donor conceived child can access non-identifying information. This is discriminatory to the father who is equally a parent of the donor conceived child.

Parents of donor conceived children should be granted access to identifying and non-identifying information about donors.

As parents, we would have been able to use this to educate, guide and support our daughter during her journey of discovery.

Children 18 years of over should be granted access to identifying and non-identifying information about donors.

Children with parents who would not allow them access to identifying and non-identifying information about their donors should have access to the information when they turn 18 years of age. At 18, our children can drive, vote, get married, have children of their own and drink alcohol. They are expected to begin to support themselves and make their own decisions. This should be no different in regards to accessing information regarding them.

Donors are not given identifying information about their offspring by clinics or the coordinating body.

As parents, we made the decision to bring our daughter into the world by donor conception. Our donor made his donation by choice. Our daughter was conceived through donation without choice. It is our daughter's right and choice to know her parents and donor. It is our responsibility to assist her with as much as possible. It is our donor's responsibility to continue to assist as required. However, it is our daughter's initial decision and choice to seek out our donor as it is imperative that what is best for her is of primary importance and concern.

In closing, as the parents of our donor conceived daughter, we have found preparing this submission emotionally challenging. In 1982, we did not realise, nor were we prepared for, the complexities and implications of the decision we made, a decision we have lived with and will live with for the rest of our lives. Our daughter will live with the consequences of our decision, as will her children and grandchildren. We are extremely grateful for our donor's generous donation and sincerely hope and pray that this inquiry will make good and appropriate decisions that take into account all we have learned since donor conception was introduced, with the donor conceived child's best interests at the core.

Laureen and Michael Dempsey