

I am a single woman currently using donor sperm to hopefully conceive a child. As a member of SMC Australia, I am aware of many people in a similar situation, and this is not a step that anyone takes lightly. However it gives me a much needed ray of hope that I will hopefully have the child I desperately desire before I get too old. You will no doubt receive many submissions with conflicting information and requests. All I ask is that you don't put this in the too hard basket. I feel very vulnerable at this time and am concerned that outcomes from this inquiry may make it even harder for women in my situation to have a child by themselves. It is my opinion that the mental health ramifications, if this happens, would be immense. Below are my brief responses to your areas of inquiry.

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.

I'm reasonably happy with the current legislation in Victoria. I would not like to see national legislation over-riding this legislation to make the situation more difficult for people wanting to access donor gametes. However I would like to see legislation recognising known donors and insemination at home or out of the clinic setting. This reduces the demand for clinic services and minimises medical interventions that are often unnecessary.

- (b) the conduct of clinics and medical services, including:
  - (i) payments for donors,

There should continue to be no payment for donors through clinics, however I am happy with the idea of paying a token fee to ensure donors are not out of pocket.

- (ii) management of data relating to donor conception,  
There should be a national or state registers where clinics are required to send information.

- (iii) provision of appropriate counselling and support services;  
Victoria has a good system where counselling is offered throughout treatment if required. I believe this should be offered throughout Australia for clients who require this.

- (c) the number of offspring born from each donor with reference to the risk of consanguine relationships;

I would NOT like to see legislation that sets a limit of less than 10 families per donor. That is the current limit in Victoria and a limit less than 10 would even further reduce the small number of donors available. I believe 10 families is a reasonable limit and that by encouraging people to join donor sibling registers the small risk of consanguine relationships can be further reduced. I would hate to see people having to destroy frozen embryos or change donors because of new legislation dropping the number of families from 10 to five in Victoria and possibly other states.

- (d) the rights of donor conceived individuals.

A national or state registers should provide the service of contacting donors to see if they are happy for early contact before the age of 18 if recipients or offspring

wish to attempt early contact with donors.