

I have a five-year old daughter conceived by donor sperm in Victoria and I recommend the following changes:

- The positive aspect of donor issues in Australia is that it is for altruistic reasons. I would hate to see Australia adopt the American pattern where young males and females are paying for their college tuition by donating sperm and eggs. However, eliminating or reducing the travel fees given to donors could still improve this system. Some clinics are providing up to \$100 in travel assistance; indeed donors have mentioned this is enough to entice them to donate. It could be hurtful for a donor-conceived child to find out this was the reason their donor donated. A blood donor does not get paid for travel expenses so why should a sperm or egg donor? If it is deemed necessary to pay donors travel expenses then I recommend it is organised through a scheme such as Victorias DHS VPTAS scheme. The first \$100 is reimbursed only to health care cardholders who had to travel over 100km for medical treatment, and then there is a choice of submitting your bus/train ticket for reimbursement or receiving 40c per km driven. This would mean there is a uniform approach to claiming travel expenses and would stop poor students donating for the sake of a bit of cash.
- At the beginning of 2010 changes were made to the letterbox arrangements between donors and donor conceived families. This change has been detrimental and was completely unnecessary. Furthermore, letterbox arrangements are provided for adopted persons, so to not provide them for donor-conceived persons is **discrimination**. Please read my attached article on this subject which was recently printed in the Donor Conception Support Group newsletter.
- In N.S.W. the maximum number of families able to use the same donor is five (this includes the donors family). This is far better than the legislation in Victoria, which allows up to 10 families to use the same donor. Considering the large number of twins conceived through ART it is very possible that each donor may have over 20 donor conceived children, and in the same state. I dont think many adults would feel comfortable knowing they have that many biologically related siblings. It also increases their worry about dating someone who is in fact their sibling. If a maximum of five families were a national standard it would still be a good idea to try and restrict the number of children conceived through one donor. For example, if the family A has 4 children, and Family B has three, then you could allow only one more family to use this donor to keep the numbers down.
- There is an absolute need to have a national register in Australia. At the moment there is nothing to stop a donor making donations in multiple states, each with a different set of laws. A child conceived in N.S.W. may be born with a genetic abnormality but this information cannot be reliably provided to clinics in other states without a national register. Furthermore, donor conceived children have a right to know how many biological half-siblings they have which is impossible without a national register. It would also limit the number of offspring from one donor. In this computer age it is hardly a difficult task to set up a national register and it is complete negligence on the part of the government that it hasnt occurred already.
- Donors in all states should be subject to police checks. Imagine the affect on a donor-conceived child if they find their donor spent time in prison for a serious crime.
- A uniform approach to the amount of information clinics provide on donors. The clinic I initially went to for treatment in Albury provided a pathetic half a page. Monash IVF provided 3 pages. These profiles should be updated every five years. Parents need up to date medical information.

- The final and most important recommendation I make is that all Australian donor conceived children, not just those in Victoria, should have the right to identifying information on their donor when they turn 18. This is a basic human right. For over 20 years adopted people have had this right; indeed, the law was retrospective and should be retrospective for donor-conceived children as well. As the law stands now adopted persons have greater rights than donor-conceived persons. This is **discrimination**. Apart from the essential fact that all people need access to their biological history there is another positive from only allowing identifying donors. Since the law was changed in Victoria the donors tend to be older and have had children themselves. This is very important. It means they understand what it is to be a parent, they can empathise with the needs of donor-conceived children, and they can carefully think through the consequences of donating. I find it hard to believe an 18-year old student is capable of doing this well.

I hope you consider my recommendations carefully and I look forward to seeing some positive changes in the near future.