

15th July 2010

The Senate Legal and Constitutional Affairs References Committee

Submission INQUIRY : Donor Conception in Australia

I am a mother of three children ,twin 16year old girls and a 11year old boy all conceived using donated embryos. Different donors were used . The girl's embryos were donated by a couple in Melbourne. So non identifying information is only available. Both my daughters would like to have available identifying information to them when they turn 18 to access when and if they wish to. My son was born in 1999 and we have both non-identifying and identifying information available to us when he is 18years old, thanks to the Victorian Registry . His embryo was conceived in NSW but his donors wanted their information available to a child if a child was born from their donation. So the embryo was made available to a Victorian couple as Victoria at the time was the only state that had a registry available.

We have had contact with our son's donors by letter anonymously, through counsellors in both Sydney and Melbourne. Counselling has been an extremely important part of the Donor conception process. This is absolutely vital at different times in the various processes we have had to endure in our quest for a family. Counselling I feel must be compulsory at the beginning of the process even before seeing a specialist and then ongoing support is required for a lifetime if children are borne from donor conception. Informed, not purely emotional decisions must be made along the many different pathways to "maybe a baby or not ".

Counselling has been ongoing for us but now the ITA is no longer available and if we wish to continue the contact we have already had with our son's donors we no longer have the same system of an anonymous letter/mailbox to our counsellors who would send it on to the Donors and vice versa. We now have to go through the Birth, Marriage and Death Registry and counselling is through an Adoption Department which has no similar system. No way!. The issues are different----similar but not the same. We can learn from the adoption experiences but they are not ours. We need specialised "donor conception " counsellors. I am not comfortable or satisfied that the adoption trained counsellor would be ideal to counsel both us, the recipient parents, the child/adult conceived using donor gametes and the donors.

Any participant, willing or not ,in the Donor program be it as a donor, recipient parent, child/adult conceived with donor gametes should be fully informed, safe from unethical and unsafe medical practices and proper management of donor information to be available . This could be by

- 1: Independantly and nationally regulated medical staff and Clinics.
- 2: Counsellors properly trained and experienced in donor practices only to be employed.

3: National Registry for all “ Donor “ information to be available to all adults, conceived with donor gametes, to access their donor and or siblings with both identifying and non-identifying information and only to be accessed if and when they wish to. Staff of all areas involved in donor information to be under a confidential agreement to respect all participants privacy and no coercion to be used for what they (staff) may perceive as the right thing to do.

What information needs to be recorded about donors? How many children should be allowed to be born using the same donor -----Should there be a maximum allowed.?? ? What happens to frozen embryos using donated gametes when the maximum children have been born !?? The list of questions go on!!

Language is also very important with the information eg donor mother, donor father or donor parents. These are all incorrect and could confuse child/adult conceived using donor gametes. Usage of such words eg parents, mother, father imply a relationship as if the child was born to the donor and then given up. This is not the case. The Donor Program is not to be confused with adoption ! There are few experts or books who can advise us on language , so my husband and I have had to work very hard to find the correct words to use with our children. These words are chosen to make them feel part of a family. We need to stop using words that invoke imagery of events and relationships that never existed. Phrases like adoptee mother, ready-made baby, three sets of parents and real parent are all emotive phrases with powerful imagery associated with them. We think this imagery can confuse kids conceived with donor gametes by giving them a false perception of their own existence. With our own family we feel that we are their parents, they are brothers and sisters and we are a family : full stop. But they also have a large network of siblings and half siblings who are genetically related to each other.

So these are just some of the issues specific to Donor conception and beyond. Some are complex, some are just a basic human right. All participants should have access to safe and ethical medical practices. Above all else my children need access to their biological history if they so desire and this should be on a National Registry specific to donor conception practices and the management of this data to be supported with the availability of appropriate counselling and support services.

Thankyou for this opportunity to have a voice in this important inquiry. I am available for any public discussions.

Yours sincerely,

Karen Boyd

