


**Submission  
No 2**

**MANAGING INFORMATION RELATED TO DONOR  
CONCEPTION**

**Name:** Name Suppressed  
**Date Received:** 10/12/2012



The Committee Manager  
Committee on Law and Safety  
Parliament House  
Macquarie St  
Sydney NSW 2000

Dear Committee Manager

**CONFIDENTIAL SUBMISSION to the  
Inquiry into Managing Information Relation to Donor Conception**

We write to make a submission to this Inquiry. We request that this submission remain confidential, and that our names and contact details not be made public in any form. We are happy for our story to be used in the Inquiry in anonymised form.

We make this submission as the recipients of donor sperm, which led to the birth of our son in 2006. We are a lesbian couple who have been in a committed relationship for 20 years. In 2005 we decided to have a child.

We went to a clinic in Sydney, NSW, that offered donor sperm to lesbian couples wishing to conceive. When we approached the clinic, we made it clear that we only wished to obtain sperm from a donor who had agreed to be contacted. We explained that it was of utmost importance to us that our child should have the choice of whether or not to contact his or her donor. Even though this significantly reduced the potential list of donors from which we were able to choose, we nevertheless made this stipulation as our primary concern in the selection of a donor.

We chose a donor who had agreed to be contacted, received the donor sperm, and conceived a child who was born in 2006. We have always been open with our son about the manner of his conception. For five years after our son was born, we explained to him that if he wished to meet his donor, we would be able to write to the doctors and ask to meet him. We introduced this narrative into his life from an extremely early age. We had no reason to think there would be any problems with this narrative.

Once our son grew older and started school, he became more consciously aware of his family situation. He began to ask questions more frequently about his donor. By the age of 5, he was quite insistent that he wished to make contact with his donor. Although we would have preferred him to be older, he was so insistent that we agreed to contact the clinic.

When we contacted the clinic in 2010, initially by telephone, we were advised that our donor had subsequently withdrawn his consent to be contacted. We

were advised that he had remarried, and his second wife was uncomfortable with his previous status as a donor who had agreed to be contacted. He had therefore withdrawn consent to be contacted. We were advised that this meant the clinic could not even re-contact him to ask if he had changed his mind.

This news was devastating to us. It is difficult to explain how distressed we felt. We sought professional advice from a counselor experienced in donor matters, to discuss how to break the news to our son. After receiving this advice, we told our son that we had written to the clinic and that his donor had said he was not able to be contacted. He was extremely sad about this news. He was perplexed and upset.

We subsequently wrote to the clinic, to request further advice in writing as to the reasons for the donor's withdrawal consent. We also asked for the identity of the donor to be released, as we argued this differed from the issue of consent to be contacted. We felt that even if our son could not make contact with his donor, if our son had a name and other identifying information, it would make things easier for him. The clinic did not respond for many months. We followed up with multiple phone calls. A year after lodging our request, we received a reply from the clinic. The clinic provided us with no information about the reasons for the donor's withdrawal of consent. The only information in their reply was that the donor's withdrawal of consent also meant they were unable to release his identity to us.

Since that time we have continued to work through the issue as a family. The fact that our son cannot contact his donor is a continuing source of distress to him. The issue comes up unexpectedly and erratically. For example, I was writing Christmas cards this week and commented out loud that Christmas was a nice time to send a card to someone you were thinking about, even if you never saw them. Out of the blue, our son said, 'like my donor?' I had to explain that we did not have his donor's address, so we could not send him a Christmas card.

The prospect that our son may never be able to make contact with, or even identify, his donor is a source of ongoing distress to our family. Part of that distress is caused by the fact that we had specifically selected a donor who wished to be contacted, and spent the first five years of our son's life telling him that he could contact his donor if he wished to.

The inability of our son to find out fundamental information about his genetic heritage is something he will carry with him for the rest of his life. This is a fundamentally life-altering situation for him. It was not what we had planned when conceiving him. We were well aware that the majority of donor-conceived individuals wish to have the choice themselves of whether or not to have information about their donor. That choice has been taken away from our son.

It is our view that all donor-conceived individuals should have the right to access identifying information about their donor, and the number, age and sex of donor-siblings. (This differs substantially from the issue of making contact.) This includes providing information retrospectively to those who were conceived

using donated gametes, when the donor had had an expectation of anonymity. Identifying information must be provided to all donor-conceived individuals, regardless of when they were conceived, since to do otherwise discriminates against those individuals conceived before the law was changed to require identifying information to be made available once the donor-conceived individual reaches the age of 18. The voluntary register in NSW is a good step. However, it is poorly advertised. Also, as it is voluntary there is no guarantee that if our son joins this register when he turns 18, that he will be able to access any information about his donor, or about any donor-siblings.

For us, though, the issue is different. At the time our son was conceived and our donor was donating sperm at the clinic, he had agreed to be contacted. It was only after our son (conceived on the basis of this information and assurance) was born that the donor removed his consent. It is our view that donors should not have the ability to remove their consent to make contact, or to have their identity revealed, after children have been born using donated gametes where it was specified that contact could be made. On the forms we received when we were recipients of the donor sperm, no differentiation was made between providing identifying information or making contact. The donor was asked, 'do you agree to being contacted?', and in his own handwriting he had written 'yes'. We have a copy of that form, but we have been told it is of no use in requesting information about our son's donor now that he has withdrawn his consent.

In neither the 2012 Victorian parliamentary Inquiry into this issue (<http://www.parliament.vic.gov.au/lawreform/article/1468>), nor the 2011 Commonwealth Inquiry ([http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Committees?url=legcon\\_ctte/completed\\_inquiries/2010-13/donor\\_conception/index.htm](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Committees?url=legcon_ctte/completed_inquiries/2010-13/donor_conception/index.htm)), was this specific issue – of donors who had consented at the time of treatment later removing their consent to be identified or contacted – discussed. This is an important gap in the current public debate on this issue, which assumes that the donors who do not want to be contacted are those who were assured of anonymity at the time they donated gametes.

We hope the NSW Parliament will amend the regulatory framework so that all donor-conceived individuals can access identifying information about their donor.

