Submission
No 32

MANAGING INFORMATION RELATED TO DONOR CONCEPTION

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Issue Paper:

Managing Information Related to Donor Conception

Should All Donor Conceived Adults be Able to Identify their Donors

There is no difference fundamentally between donor- conceived children and anybody else, **and** because they are donor-conceived does not mean they have a prevailing right to any information, now prior to 2010, information was not available, this should remain the case, and if the law is to alter regarding availability of information it should be from a certain date so that all in the community are aware and understanding of the requirements of the times and the law. Retrospective access to information should most certainly not be allowed, unless the donor is willing for this to take place. It must be understood that some people born in the natural way or even by way of a relationship do not know both parents. Donor conceived childrens' rights are not paramount to any other person.

A very important point to note is that the recipient of the donor gametes, on making their choice may not have full and complete information supplied to them, so then to expect it to be able to be conveyed to the donor child is most unrealistic.

It is also most important in this review that the spifflicating and suffocating views of certain of the male religions of our society, are not imposed on the general community, who do not share these out-dated and out-moded values, either on reproduction or the rights of women. The rights of any woman undergoing reproductive therapies is in no way to be subdued to the rights of donor-conceived children. If the donor has consented that the child may get information , then this is adequate, if they have not agreed then this is also adequate. Otherwise donor-conceived children do not have any right and the state owes them no duty. They should be thankful that their mother has fought for them to be brought into the world. They have received the gift of life, why are they not grateful for this!

Nobody in society chooses who conceives them or how they were conceived, if information is freely available from both parents, fine, if not then that is also acceptable.

Response to Questions which are part of the Issues For Consideration.

Question 1

Should donor-conceived adults conceived before 2010 have retrospective access to donors identifying details?

Under no circumstances should they be able to access any information if the donee does not want them to have it.. These children must not be given rights that previously did not exist!

A Voluntary Register as now exists should remain the only place for information. How dare anyone thinks they have a right to demand information!

Now some donors will give complete information, some donors will give limited information and others will give nothing and no recipient child has any right to receive anything more!
No retrospective access to donor information, should be allowed unless the donor has agreed.

Question 2

If retrospective access were granted what conditions should apply?

No retrospective access should be granted. Any access should be from a certain agreed date only

Question 3

What other issues would be raised by granting retrospective access? For example, how would the process of applying for information be managed? Would counselling and support services be required.?

The Victorian system is unwieldy, expensive and too may government organisations are involved, it is also over-regulated and has been imposed with too much religious input from religious bodies nobody is interested in. The same mistakes must not be made here in NSW.

In NSW the Ministry of Health/ Community Services is adequate to hold the Voluntary register and also allow for counselling for people unable to accept that the donor wants either no contact or relationship with them.

Management of Donor Registers

Question 4

Which Agency is best placed to manage the donor register? Is the current management of the register adequate?

The system is currently adequate and applicable for conceptions post 1 January 2010 and should remain so. Prior to this date a voluntary register is adequate.

BDM is a Federal Body and Health is a state department, there must be some working together of governments on these issues.

Donor details should not be on birth certificate unless it has been agreed.

Question 5 Should a standalone body be established to manage the register? What other areas could it have responsibility for?

A Standalone body could incorporate adoption as well as donor conceived people. However nothing should be retrospective. It should be state based and counselling if required should be provided to those that want it, but it should not ever be infinite.

Counselling and Support Services

Question 6
Should counselling and support services be offered to those seeking donor conception information from the donor register?
Yes, but not in an never-ending fashion or never-ending counselling. Donor conceived people , like some people who are adopted have to come to terms with the possibility their donor parents may not want to know them or have any relationship with them and to force people together who do not want this is detrimental to all concerned. Their birth parent should have adequate information for them
Also counselling as occurs in ART procedures should never be compulsory. Some people do not want it.

Question 7
Are there other types of support that could be offered?

Other types of VOLUNTEER support services should be able to be accessed, if people want them. But not putting an unlimited burden on the taxpayer.

Question 8
How would support services be funded? By the government, the individual seeking the service, or by assisted reproductive technology clinics?

Funding for support services should be limited, if it is taxpayer funded, those wanting counselling over and above a certain amount(perhaps one session) should privately fund themselves.
Donor issues are similar to adoption issues

Question 9

How would such support be provided?

By referral to the Department of Family and Community Services (as with adoption) or by standalone body (as has been recommended in Victoria)

The first suggestion, referral to Family and Community services should be adequate, making a separate body for donor conceived children is telling them they are different, when all that is different is a method of conception, this is not enough to give them specialized legal organizations and a belief that their rights are paramount.

Record Keeping

Question 10 How long should ART clinics be required to retain records?
Indefinitely.

Question 11 What should happen to records is a clinic closes? When a clinic closes the records could be passed on to one of the state government departments either Health or Family and Community Services, or the Volunteer Registry like has been done for adoptive children in the past, and the hositals from which many adoptions took place.

Question 12 How can we ensure the integrity of the records? For example, ensuring that they are not destroyed or tampered with?

You are unable to ensure the integrity of the records, when even the donor recipient is unable to ensure the records, to ask for complete disclosure is unrealistic, also are you getting the correct information to begin with? Particularly if the gametes are from overseas.

The rights of a number of people need to be balance in this discussion, for the policy to work properly. No donor conceived child has more rights than do their parents at any stage.

The recommendation 2 and 3 on Birth Certificates that a child has a donor conceived notation and that when they may apply for further information is not necessary and expensive, (future job applications should not have to have this information) What ridiculous bureaucracy. These recommendations should be dispensed with forthwith!

Finding 2 of the Recomendations should be upheld, too much interference into the lives of all people by governments is not required, because a couple of people are dissatisfied.

Submission
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