

**Submission  
No 1**

**MANAGING INFORMATION RELATED TO DONOR  
CONCEPTION**

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## **NSW Parliament Inquiry into Donor Conception Details on Birth Certificates.**

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The Hon John Barilaro MP

### **PREAMBLE**

The NSW Parliamentary committee is delusional if they imagine that IVF clinic Donor Conceived People, DCP represent the majority of the DCP in NSW or Australia. Therefore, any report which focuses solely on clinic conceived adults is doing the people of NSW a grave disservice.

Many women (both straight and lesbian) cannot afford or do not want to conceive their child through an IVF clinic. Often Lesbians want the option of conceiving their biological child and their partner's biological child using the same donor. This measure is to achieve a bonding within their family unit using the donor's DNA as the glue. This guarantee cannot be given by IVF clinics because of the NSW Government's draconian limit of 5 families that any one donor can help. A lesbian couple is counted as 2 families for the purpose of this rule.

The Federal Government will in January 2013 implement changes to the Sole Parent Pension, SPP and move tens of thousands women in NSW and their dependent children to the Newstart Allowance, NS. This change will force these women to re-evaluate their economic and reproductive situation and many will decide to become pregnant. This pregnancy will enable them to delay for 8 years and 9 months transition to heightened poverty for their existing children under Newstart. These women may not have or want access to the sperm from the male who created their dependent children. They will not be able to afford IVF clinic fees of many thousand dollars per treatment cycle. Therefore, they will, of necessity seek free sperm on free sperm web groups. I predict 2013 will see a major explosion in pregnancies of women using DNA for pregnancies of children whose birth which will not be recorded anywhere. Given the limited numbers of donors (supply) and the vast need (demand) it will create a high probability of consanguinity in 20+ years unless the NSW government implements a donor tracking method in either the Birth Register or in the NSW donor database or both.

The committee **MUST** take into account in their deliberations and its subsequent report the vast informal network of donors and prospective mothers advertising on the many international internet web groups operating in Australia for donated sperm. Sites such as 1) Pride Angel, 2) Co-parents, 3) Coparentmatch and 4) Free Sperm Donor Registry as well as Facebook groups are the more popular and respectable of the many sites operating in Australia. Many Lesbians and single and married straight women obtain their children on these sites. As far as I know I have 14 children from 8yo to 5 weeks old with 2 current pregnancies. I am currently planning on retiring from advertising but there are requests and commitments for subsequent/additional children from mothers of my "Gift children". Additionally I am regularly receiving referrals from friends and contacts for more donations to new people.

I have made several print and electronic media statements and expect to make more appearances in 2013. From each interview several new requests for my sperm are received. It is possible that I could eventually end up with up with between 40 to 200 children if my donations to the RNSH hospital in 1978-70 are taken into account.

The unrestrained, undocumented and informal nature of "Free Sperm" international internet web groups probably represents the majority of non-couple premeditated conceptions in NSW. The true nature of the industry can be typified by some of the illegal and amoral actions of some donors. Some donors charge for their sperm donations which is illegal in Australia. Some donors insist on Natural Insemination, NI which is just regular sex. Some donors advertise that they will donate via AI but then at the donation they pressure the recipient for Natural. Artificial Insemination, AI involves masturbation and handing the sperm over in a bottle for the woman to self inseminate.

My submission below is written with the above situation in mind.

**Question 1:** Should donor-conceived adults have retrospective access to donors' identifying details? (p 3)

- 1a) DCP (Donor Conceived people- both adults and infants) have an inalienable right to know the details of their conception, their donors, their ancestors and siblings. These DCP rights should not violate any prior agreement between the donor and the fertility clinic. The donor and his current family should be consulted about any disclosure of donation details to the DCP. Many parents would like their child to know their donor as the child grows up.**
- 1b) The increase of lesbians and Single Mothers by Choice, SMC undertaking sperm donor conception, either at an IVF clinic or in a private arrangements means that there are positive benefits from infant children having contact with their donor before the Donor conceived person becomes an adult. These children of Female headed households know from an early age that they have a donor somewhere and it would be beneficial for them to meet up during their formative years so that they can form their self image in knowledge about their origins.**

**Question 2:** If retrospective access were granted what conditions should apply? (p 4)

- 2a) Donor consent should be obtained for contact between the DCP and the donor.**
- 2b) Donors should not need to be consulted about contact between any and all DCP.**
- DCP should be able to:**
- i) Contact all of their sibling who are wanting contact with their siblings.**
  - ii) Contact all siblings who may not be aware of their sibling relationship. This contact to be anonymous at initiation with the option of refusal of contact.**
  - iii) Contact by DCP or from Donors for medical information from donors MUST be mandatory irrespective of any wishes of donors or DCP.**

**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? (p 4)

- 3a) Counselling must be mandatory prior to contact for all parties involved.**
- 3b) Birth Certificates must be modified to reflect the new status of the donor and the DCP.**

**Question 4:** Which agency is best placed to manage the register of donor conception information (donor register)? Is the current management of the register adequate? (p 5)

**There is no one single correct place to store information because each place is appropriate for each situation. For example:**

- 4a) Birth Certificates are necessary for subsequent generations and descendant research. This is one proper repository with many uses.**
- 4b) A Donor Registry which currently exists in NSW, Victoria and elsewhere serves a more immediate relationship between donors, DCP and DCP Siblings.**

**Question 5:** Should a standalone body be established to manage the register? What other areas could it have responsibility for? (p 5).

- 5a) Donors and DCP Genetic/biological/medical information must be kept in several places according to uses and needs. {SEE Question 4 above}**
- 5b) The advent of medical online and perhaps chip (credit card type) storage of medical information should be considered where a donor's medical information could be downloaded onto a DCP's medical record.**

**Question 6:** Should counselling and support services be offered to those seeking donor conception information from the donor register? (p 5)

**6) YES Psychological Counselling and genetic counselling should be offered to all parties in the mix of genetic DNA.**

**Question 7:** Are there other types of support that could be offered? (p 5)

**7) I have no opinion**

**Question 8:** How would support services be funded? By the government, the individual seeking the service, or by ART clinics? (p 6)

**8a) The Government should fund all services provide by State approved/sponsored IVF clinics.**

**8b) DCP conceived through private arrangements should be privately funded.**

**8c) Updating of Birth records should be free.**

**Question 9:** How would such support be provided? By referral to the Department of Family and Community Services (as with adoption) or by a standalone body (as has been recommended in Victoria)? (p 6)

**9) I have no comment**

**Question 10:** How long should ART clinics be required to retain records? (p 7)

**10) ART clinics should be required to retain all records in perpetuity.**

**Question 11:** What should happen to records if a clinic closes? (p 7)

**11) When a clinic or private doctor (to whom donor conception material was received and used) closes all conception records should be transferred to a central repository.**

**Question 12:** How can we ensure the integrity of records? For example, ensuring that they are not destroyed or tampered with. (p 7).

**12) Record information can often be cross referenced with other information held on different databases. It is possible that Medicare payment records are able to be cross referenced to donor conception records so that a complete record can be obtained of all people accessing IVF procedures.**

**I and possibly several of the mothers of my “Gift Children” are prepared to appear before the committee to answer any questions that the committee may have**

John Lindsay Mayger

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