Contents

Access to donor information

The Issues Paper addresses the need for children born from surrogacy to have access to information about their biological parents when donated gametes have been used. The DCSG agrees that this must be a right given to ALL people born from donated gametes. The Issues Paper suggested that this was already addressed by the NHMRC Guidelines on the use of assisted reproductive technology and research; the view of the DCSG is different.

Why the NHMRC "Ethical guidelines on the use of assisted reproductive technology in clinical practice and research" are not enough

The DCSG applauded the release of the revised NHMRC guidelines in 2004. We were assured that clinics would be abiding by these guidelines by the beginning of 2005. Since then we have had very serious concerns about the compliance rates of clinics.

> *6.1 Uphold the right to knowledge of genetic parents and siblings*
> *Persons conceived using ART procedures are entitled to know their genetic parents. Clinics must not use donated gametes in reproductive procedures unless the donor has consented to the release of identifying information about himself or herself to the persons conceived using his or her gametes.*
>
> *Treatment in Australia using either gametes donated overseas or embryos created from gametes donated overseas must not take place unless all the relevant conditions of these guidelines and any relevant legislation have been fulfilled.*
>
> *6.5 Do not trade in human gametes*
> *Gamete donation must be altruistic. Commercial trading in human gametes and/or the use of direct or indirect inducements, must not be undertaken.*

In the past few years we have had communication with people undergoing treatment at clinics who have told us that they have been using anonymous sperm and also sperm imported from Denmark. The use of anonymous sperm is clearly considered unacceptable practice by the NHMRC (with the exception of creating siblings) and gametes must not be imported into Australia unless they come from a jurisdiction which also uses only identifiable donors. The main source of semen in Denmark is a company called Cryos where the company allows 25 pregnancies per donor within Denmark before it sends that donors sperm overseas. We have as yet been unable to find out how many countries each donor's sperm is sent to and how many pregnancies are allowed in each country. While Cryos has recently started using some identifiable donors the majority of donors that they use are anonymous. We have been led to believe that those people in Australia being treated with sperm from Denmark are using anonymous sperm.

Cryos states on their website that their donors are paid DKK 300.00 which is the equivalent of approximately $AUD67 per donation. I am sure that you would agree that this amount of money is not merely to cover such things as travel expenses but does constitute payment or valuable consideration. We have been unable to ascertain how much money is being paid to Cryos by clinics in Australia for each sperm sample that is imported but we are sure that Cryos must be making a profit over and above what it pays to its donors and for the cost of sending the semen to Australia.

The Hague Convention on Intercountry Adoption signed by many countries in 1993, and many more since, is designed to ensure that the adoption of a child from one country to another is in the best interests of that child. The convention also includes provisions for all parties involved in an intercountry adoption to have been counselled as to the effects of their consent and that their consent has not been induced by payment or compensation of any kind. We in the DCSG feel that there are a lot of parallels between adoption and donor conception.

In 2003 our group noticed an advertisement in the monthly free newspaper "Sydney's Child" which read:

Do you require Donor Oocytes?
This professional medical service provides you with another option to obtain anonymous donor oocytes which you have not yet explored.

Our group contacted the person named in the advertisement and discovered that they provide a service to smooth the path for women to obtain donated eggs in Greece. Our group has serious concerns about this new trade; what inducement is there for the women to 'donate' their eggs and similarly to the Danish sperm what of the children born as a result, what chances are their for them to get information about their genetic parentage? This advertisement is still appearing on a regular basis in "Sydney's Child"

The Issues Paper did not address those people already born from surrogacy who may have been conceived in Queensland and their rights to access information about their biological parents. The NHMRC Guidelines state:

> *6.1.3 Working with relevant professional organisations, clinics should use forums for public information to encourage people who were donors before the introduction of these guidelines, and those previously conceived using donated gametes, to contact the clinic and register their consent to being*

> *contacted by their genetic children or genetic siblings and half-siblings, respectively.*

On the surface this sounds like it has everything covered but…

The DCSG has never been contacted by any clinic in Australia to help them encourage past donors to come forward. Our group has been in operation since 1993 and would have more contact with donors and donor offspring than any other group in the country. We have also never seen any clinic (except for the Royal Hospital for Women in Sydney which is the only clinic in Australia to set up its' own register – set up before the NHMRC Guidelines were released) use any form of public information to encourage past donors to contact them.

Donor half-siblings

The Issues Paper does not address the matter of half siblings. Donor offspring whether born from

donated sperm, eggs or embryos (& of course these donations often happen with surrogacy as well)

are very aware as they reach adulthood of the possibility of meeting their own half-siblings. The Federal Marriage Act has a clear voice in regards to consanguineous relationships.

Federal Marriage Act

> The Federal *Marriage Act 1961* states:
>
> *Part III—Void marriages*
>
> *(2)Marriages of parties within a prohibited relationship are marriages:*
>
> *(a) between a person and an ancestor or descendant of the person; or*
>
> *(b) between a brother and a sister (whether of the whole blood or the half-blood).*

What are the chances of a consanguineous marriage between people born from donated sperm, egg or embryo?

The majority of donors will naturally choose to donate at a local clinic for ease of access and of course the majority of people attending a clinic will do so for the same reasons. This can result in both donors and recipient parents having children growing up in the same area. There is a chance that related children may attend the same primary school. Later they will go on to high schools which draw their students from a much wider area thus increasing the chances of half siblings meeting each other. The chances at tertiary education level are even higher.

How many half siblings can a person born from donated gametes have? To answer this we need to look at some real life examples. On the next two pages are graphics of two young men born from donor insemination who have allowed us to use their pictures and their personal information to show you the number of half siblings that they are related to. The information on the number of half siblings was given to their parents by the clinics they attended. As you can see it only lists the number of half siblings that the clinics are aware of; if parents chose not to tell the clinic of a pregnancy or birth then it would not be recorded (in Victoria it is part of their legislation that parents are required to report births of donor conceived children).

How did the Issue of Surrogacy get on the Table in Queensland?

The DCSG has been working for over 15 years to get state & federal governments to legislate to allow donor offspring the right to medical and genetic information. It is sad to see that other issues can be advanced so much more quickly when a celebrity or member of the government is involved.

The following is part of a press release from the Attorney General dated 30th March 2008

> **NEW NATIONAL PEAK GROUP ON INTERCOUNTRY ADOPTION**
>
> Attorney-General, The Hon Robert McClelland MP, today announced the establishment of Australia's first National Peak Overseas Adoption Support Group.
>
> "I am particularly pleased the Peak Group is being established. It will provide an important, national voice on the complex issues involved in intercountry adoption." Mr McClelland said.
>
> The Group will provide advice to the Government on issues of relevance to the intercountry adoption community and enables a direct line of communication between them.
>
> "The Peak Group is one initiative the Rudd Government is taking to improve Australia's intercountry adoption system. Other measures include working closely with the States and Territories to deal with harmonisation of fees and procedures across Australia"
>
> Mr McClelland said, "The Rudd Government is committed to reducing the bureaucratic barriers to intercountry adoption, while always ensuring the interests of the child are put first"
>
> The establishment of the Peak Group follows a recommendation in the House of Representatives Standing Committee on Family and Human Services' report, Overseas Adoption in Australia.
>
> "The 16 representatives all have personal experience in the area and bring enthusiasm and expertise to the new consultative body," Mr McClelland said.
>
> **Terms of Reference**
>
> The Terms of Reference for the National Peak Overseas Adoption Support Group are to:
>
> - Provide advice on intercountry adoption matters referred by the Attorney-General or the Attorney-General's Department,
> - Provide advice to the Attorney-General or the Attorney-General's Department on issues of relevance to the intercountry adoption community as identified by the Group, in consultation with the intercountry adoption community, and
> - Inform the intercountry adoption community of the issues being considered by the Group, where appropriate.

Since the announcement in November 2006 that a federal senator and his wife had just become parents through a surrogacy arrangement there has been a great deal of discussion about and work towards legislation in the area of surrogacy. On the 28th of March 2008 the Standing Committee of Attorneys-General released the following communiqué on surrogacy.

The following communiqué was sent out the Standing Committee of Attorneys-General on the 28th March 2008 and came about because of discussions after the birth of a child by surrogacy to a Federal Senator Stephen Conroy

7. Surrogacy

Ministers:

(a) Agreed to develop a unified framework for the legal recognition of parentage achieved by surrogacy arrangements, based on the following principles:

- The rationale for the legislation is to ensure the best interests of the child are the paramount consideration in recognising surrogacy arrangements
- The model regime should aim to minimise scope for dispute between the surrogate mother and the intended parents.
- The model should aim for minimal intervention in people's lives.

(b) Agreed in principle that a unified framework should contain the following key features:

- commercial surrogacy will remain illegal
- non-commercial surrogacy arrangements will be lawful but agreements will be unenforceable
- informed consent of all parties is essential
- mandatory specialist counselling
- court orders will be available recognising the intended parents as the legal parents where the surrogacy arrangement meets legal requirements and is in the best interests of the child.

(c) Approved the release of a consultation paper for public consultation.

(d) Requested officers to seek agreement and approval to the above recommendations from AHMC and CSMC before conducting the consultation, and to report back to each Ministerial Council with final recommendations following consultation.

Do people born from donated gametes have a right to information?

The United Nations Convention on the Rights of the Child.

Article 7

> *1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and. as far as possible, the right to know and be cared for by his or her parents.*
>
> *2. States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.*

Does this apply to donor conception? The UNICEF Implementation Handbook (2002) for the Convention on the Rights of the Child clearly states that it does.

> <u>*Implementation Checklist Article 7*</u>
>
> *Does domestic law and administrative practice ensure that the identities of children's parents (including genetic parents, birth mother and caring parents) are accurately recorded and preserved?*
>
> *Do children have the right to know from the earliest date possible the truth about the particular circumstances of their parenting (for example by adoption or by an artificial form of conception)?*
>
> <u>*Do all children, including adopted children and children conceived by artificial forms of conception, have the right to know, as far as possible, who their genetic parents are?*</u>
>
> *Is refusal of this right limited only to the grounds that refusal of information is necessary to protect the child from a likelihood of harm or is necessary to protect the child's parent from a likelihood of harm?*
>
> *When children are refused the right to know parentage, are they able to reapply at a later date?*

There are countries, such as Austria, that have given donor offspring the right to learn the identity of their donor based on this article of the Convention. (*Reproductive Medicine Act* of Austria states that a person conceived following sperm donation has the right to learn the identity of his/her genetic father on reaching the age of fourteen)

Article 2

> *1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.*
>
> *2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.*

This article provides for protection against discrimination. As others have argued[1] it could be claimed that withholding information from a donor-conceived person about his/her genetic origins and who they are related to (half siblings) could be discriminatory.

Article 3

> *1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.*

The Guiding Principles of the Victorian *Infertility Treatment Act 1998* states

> *(a) the welfare and interests of any person born or to be born as a result of a treatment procedure are paramount;*

The DCSG firmly believes that to withhold information about identity, medical histories and relationships from people conceived by donated gametes is not treating their interests as paramount or as a primary consideration; in fact it is treating them in quite the opposite way, withholding from them rights that the rest of us accept as our due.

One donor conceived person expressed it like this:

> *I feel access to our genetic information, medical history and indeed family is so obviously necessary that I can barely cope with talking to anyone who thinks differently. DI offspring are the only current group of people who are denied this right due to the convenience of everyone other than themselves.*[2]

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[1] Anonymity in donor-assisted conception and the UN Convention on the Rights of the Child The international Journal of Children's Rights 2004. Eric Blyth Professor of Social Work University of Huddersfield UK

[2] Let the Offspring Speak The Donor conception Support group Of Australia Inc. 1997 ISBN 0 646 32494 2

How to donor offspring currently get information about their donors and half siblings?

The following table is on the website of the Victorian Infertility Treatment Authority.

Not In Victoria?

The Infertility Treatment Authority only maintains Registers that contain information on people involved in Donor Conception in Victoria (that is, they were involved in a donor treatment procedure that involved sperm, eggs or embryos donated in Victoria). If you were involved in a donor treatment procedure interstate or overseas, the following list contains links to appropriate bodies that may be able to help you find out more information.

Other States

ACT Contact treatment clinic.

NSW People involved in donor treatment at the Royal Hospital for Women at Randwick (formerly at Paddington) from 1978 onwards, can contact www.sesiahs.health.nsw.gov.au/rhw/default.asp?page=457. Otherwise contact treatment clinic.

NT Contact treatment clinic.

QLD Contact treatment clinic.

SA Contact treatment clinic. You can also contact the South Australian Council on Reproductive Technology at sacrt@health.sa.gov.au for further information.

TAS Contact treatment clinic.

WA The West Australian Reproductive Technology Council maintains a Voluntary Register. They have been keeping Central Records since 08/04/2003. People involved in donor treatment before this date can also apply www.voluntaryregister.health.wa.gov.au/index.html**.** For further information you can contact the West Australian Reproductive Technology Council http://www.rtc.org.au/.

Otherwise contact the Fertility Society of Australia http://www.fsa.au.com/ or the health department in your state or territory. Go to www.gov.au and select your state or territory to be directed to their web portal. The Donor Conception Support Group may also be able to offer assistance http://www.dcsg.org.au/.

Currently in Australia the vast majority of those born from donor conception and their parents must apply to the clinics they attended for information on donors. Many people might ask "why is this a problem?" Firstly the record keeping in many clinics has not always been that accurate in the past many have found that records no longer exist for them. In the past parents were told they should not tell their children the truth. Clinics have not always been welcoming of requests for information by parents or donor offspring. It is very difficult for people to ask for information like this when there are no rules set down for how to ask and what you may ask for.

It seems logical that donor conception records should be safeguarded by the government and not kept in the hands of private individuals or companies. After all we don't let our family doctor keep a private register of our children's births. The government sees it as important for all births to be recorded as accurately as possible with the Registrar of Births, Deaths and Marriages, so why not donor conception records?

Does the current system of accreditation of ART providers by the Reproductive Technology Accreditation Committee (RTAC) provide ART recipients in the ACT with sufficient transparency, quality and safety in the services that are provided?

For many years our group has had concerns about the apparent closed nature of the accreditation procedure for clinics in Australia. Our first concern was that the only consumer representation on RTAC was from the ACCESS infertility network.

On a number of occasions in 1998 and 1999 our group suggested to RTAC that we had specialised knowledge that would assist RTAC in the area of donor conception The response from them was that ACCESS was the umbrella organisation for all infertility groups within Australia; and that, "it is not believed that the work of RTAC would be enhanced by the inclusion of an additional consumer representative."

Our response to this was that we are a completely independent organisation and that we never had any part in agreeing to ACCESS providing the only consumer representation to RTAC. RTAC restated their position that they were happy with the status quo and that patients were well represented.

The question of the independent nature of self regulation and the inclusion of ACCESS has been raised in federal parliament:

> *There is a consumer representative on the body of the Fertility Society, but guess what? That organisation, called Access, is 70 per cent funded by the industry. That came out of the information that was brought to the committee. I think that Senator Bishop asked various questions at that time and it was revealed that the consumer representatives are from an organisation which is 70 per cent funded by the IVF industry.*
>
> *I suggest that we really need to have a response from the minister which shows how she and the government are to ascertain what sort of outside monitoring provisions for the ART body—that is to say, the accredited ART centres—are required. These should not be*

provided by the Fertility Society of Australia, because they are an interested group. (Senator Harradine)
http://parlinfoweb.aph.gov.au/piweb//view_document.aspx?TABLE=HANSARDS&ID=1944533

Since the NHMRC guidelines were released RTAC has published its new code of practice. In the past RTAC's code of practice was freely available on the FSA website. Their new Code of Practice (2005) now incurs a $100 fee for download if you are not an FSA member. This is certainly a problem for consumers if they would like to find out how clinics are accredited and what standards they must meet.

Our group was particularly interested in the Attachment D ACCESS guidelines for RTAC accreditation of patient services. This section states the following:

> *It is a unique feature of the assisted reproductive technology (ART) field that the professionals involved have agreed to be open to consumer scrutiny and input.*

Our group would suggest that charging $100 for consumers to try and understand the process by which clinics are accredited is not being open to consumer scrutiny.

Also in this section of the Code it states that before a clinic accreditation visit ACCESS will:

> *Contact relevant patient support groups.*

Our group wrote an email to ACCESS regarding this their response included the following:

> *'Contact relevant support groups'. The interpretation of this point is that contact is made directly with groups attached to the particular clinic RTAC is about to visit.*

Also in the Code Attachment F preparation for RTAC site visit it states:

> *With the initial notification of the ART unit's RTAC accreditation site visit, the unit will receive a letter that RTAC asks to be copied and sent out to a group of the unit's patients from the past two years.*

So this means that the clinic can choose which of their past patients know about the visit.

Comments about the accreditation of clinics have been made in the past in the Federal Parliament.

> *I suggest that we really need to have a response from the minister which shows how she and the government are to ascertain what sort of outside monitoring provisions for the ART body—that is to say, the accredited ART centres—are required. These should not be provided by the Fertility Society of Australia, because they are an interested group.*[3]
>
> *Who gives that accreditation? None other than the industry itself. If we have a look at the definition of `accredited ART centre' on page 6 of the bill, it says:*
>
> ***accredited ART centre*** *means a person or body accredited to carry out assisted reproductive technology by:*
>
> *(a) the Reproductive Technology Accreditation Committee of the Fertility Society of Australia...*
>
> *It is the industry; it is not an independent organisation at all. I want to ask the minister: what supervision is made of the body that gives this accreditation? You have this in the legislation; how do we know whether we should put all of our confidence into the hands of that accreditation committee when there is no legislation or other independent authority involved?*

In the *Research Involving Human Embryos Act 2002* it is stated that:

> *(3) Before appointing a member, the Minister must:*
>
> *(c) be satisfied upon receipt of a written declaration by the member proposed to be appointed that the member proposed does not have a direct or indirect pecuniary interest in a body that undertakes uses of excess ART embryos, being an interest of a kind that could conflict with the proper performance of the member's functions.*

The DCSG feels that the membership of RTAC, which is made up solely of people earning money from the fertility industry, has a serious conflict with its ability to perform its functions.

Section 19(3) of the *Research Involving Human Embryos Act 2002* requires the NHMRC Licensing Committee to table six monthly reports in either House of Parliament on or before 30 June and 31

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[3] Senator Harradine http://parlinfoweb.aph.gov.au/piweb/view_document.aspx?id=1944533&table=HANSARDS

December each year, and at any other time as required by either House of Parliament. The reports must include information about both the operation of this Act and licences issued under the Act.[4]

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[4] http://www.nhmrc.gov.au/embryos/index.htm

Recommendations

- Queensland must alter the terms of reference for this enquiry to include all people born from donated gametes not just those born by surrogacy.
- Queensland should give future people born from donated gametes the right to know the identity of their donors
- Queensland should give people already born from donated gametes the right to access a voluntary register whereby they may be able to make contact with their donors and half siblings.
- Queensland should set up a central register similar to those operated by the Infertility Treatment Authority in Victoria which will allow donor offspring to have access to any available information about their donors and half siblings.

Background Information about the DCSG

Why did we set up the DCSG?

The only support groups available before our inception were for infertile people focused on the grief of infertility, fertility programs and attempts to achieve pregnancy. We felt that in creating a family using sperm, eggs or embryos from a third party there would inevitably be long term issues. The setting up of a specific support group to meet the needs of these families would enable parents to share their experiences of using donor gametes with other parents and people considering using donor conception to create their families. It would also allow our children to grow up knowing others who were conceived the same way. We have found over the years that our position of looking at the long term issues for families has been the correct and most helpful viewpoint.

What is the history of the DCSG?

- First meeting January 1993 in Sydney with the meeting of a group of adults, some parents of donor-conceived children, some hoping to become parents.
- Founding membership of 20 adults and 11 children
- Our membership has fluctuated over the years but now covers every state of Australia and has approximately 1000 members. (as you will see further down our membership does not reflect the number of people affected by donor conception).
- Our membership is made up of not just recipient parents but adults born from donor conception, male and female donors, medical professionals, counsellors, social workers and others interested in donor conception issues.
- The DCSG is a self help group which relies totally on volunteers to run the group and receives no outside funding.

How many people are affected by Donor Conception?

We estimate that across the country there are hundreds of thousands of Australians affected by donor conception. The number of people affected by donor conception is not confined to those conceived by donated gametes but also includes parents, donors (their partners & children), those that form relationships with donor offspring plus their children.

It is not possible to be more specific on the numbers involved as records of donor assisted births have not been kept prior to 2003 (it has not been a requirement that clinics report births using donor insemination to the National Peri-natal Statistics Unit). The first official clinic performing donor insemination started in Victoria in 1970 but private practitioners were performing donor insemination for at least 3 decades before this.

Many figures have been suggested as to how many children have been born by donor insemination. in this country. It was quoted in 1982 that there were about 10,000 children under the age of 15 who had been born by donor insemination.[5] (this does not include the growing number of people being born from donor egg or embryo).

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[5] pge 54, *Life in a Test-tube,* Dr Daniel Ch. Overduin & Fr. John I. Fleming, 1982, Open Books.

What have we achieved since 1993?

We have worked to provide support to all Australians who are affected by donor conception

This has been achieved through counseling, providing information, and social activities, to provide support to:

1. Prospective parents considering using donor conception to create their families. This frequently includes discussion on:
    - the whereabouts of clinics and what services they provide.
    - choosing donors.
    - the legal situation regarding donor conception in Australia.
    - the long term implications of using donor conception for families.
2. Current patients and donors taking part in donor conception programmes.
3. Recipient parents of donor conceived children This often includes information on:
    - The long term implications of using donated gametes to create their families.
    - How to tell a child of their donor conceived status (this includes telling children at different ages from babies all the way through to adults).
    - How to get information about a child’s donor in order to answer their questions and to facilitate contact through the clinic with the donor if this is desired.
    - The legal situation in different states of Australia.
4. Donors of sperm, eggs or embryos (and their families). This will include information on:
    - The long term implications of donating reproductive material,
    - How to access information on the results of their donations.
    - How to share information with recipient parents and donor conceived offspring.
    - The legal situation in different states of Australia.
5. People conceived from donated sperm, eggs or embryos, this will include:
    - How to get information about their donor/s.
    - How to get information about half-siblings.
    - Facilitate contact through clinics between agreed parties.
    - The legal situation in different states of Australia.
    - Meeting other donor offspring.

We have worked to provide education for those affected by donor conception

By holding seminars and information nights the group provides education on:

- “Thinking of having a child” – issues involved in using donor gametes
- “Male only nights” – discussion groups for men with male infertility
- “How to tell your children” – speaking to children of varying ages about their conception.
- “Finding out more” – legal issues, services and approaches for obtaining further information on your/ your child’s donor

In addition a library is maintained with access for members to one of the widest ranges of books, articles, videos etc. on fertility, donor conception and other related issues.

To further our aims to provide the above support and education we have:

- Worked to raise community awareness and understanding of the issues surrounding donor conception. Members of our group have been interviewed by the media, spoken at conferences and seminars all in aid of raising this awareness.
- The DCSG was the first consumer group in the world to hold a conference about the long-term implications of donor conception (funded by a grant from the Law Foundation of NSW). From this conference we self-published the book "Let the Offspring Speak" which has sold 1000 copies in Australia and overseas.
- The DCSG hosted the first ever forum specifically for donor offspring so that they could come together and discuss their needs and meet others conceived the same way.
- We have been consulted by governments around Australia and in other countries regarding donor conception issues. The group has provided consumer representatives for a number of important government committees including.
    - NSW Reference Group looking at reproductive technology
    - WA Reproductive Technology Council
    - Victorian Infertility Treatment Authority
- The DCSG has written a great many submissions to government enquiries in Australia. Some major ones are:
    - National Health & Medical Council Guidelines on Assisted Reproductive Technology (1996)
    - NHMRC Ethical Guidelines on Assisted Reproductive Technology (2001)
    - NHMRC Draft Ethical Guidelines on the use of Assisted Reproductive Technology in clinical practices and research (2003)
    - NHMRC Exposure Draft Human Cloning & Research Involving Embryos (2002)
    - NHMRC Report on National Data Collection on Assisted Reproductive Technology (1997)
    - Joint Standing Committee on Treaties Inquiry into the Status of the United Nations Convention on the Rights of the Child in Australia (1997)
    - South Australian Working Party Conception by Donation - Access to Information (2001)
    - Western Australia Select Committee on the Human Reproductive technology Act (1999)
    - New South Wales Human Tissue Act – Assisted Reproductive Technologies (1997)
    - The Australian Capital Territory Oversight of Assisted Reproductive Technology Practice discussion paper (2005)
    - Victorian Law Reform Commission Assisted Reproductive Technology position paper (2005)

Why are services needed for people affected by donor conception?

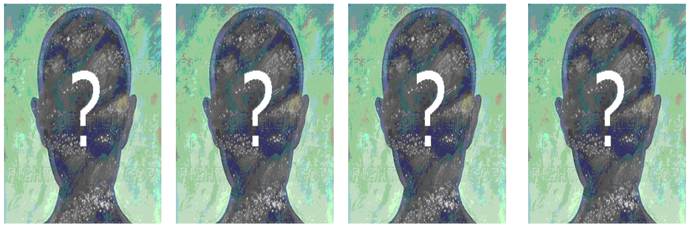
Clinics do not see it as their responsibility to deal with the issues of families after the birth of the children. In addition, clinics are reducing their counseling services, and restricting them to the preparation and support of prospective patients whilst they are on a program. An increasing number of people are seeking our services who are not members of our group but have been referred to us by clinics, through our website, the media and by word of mouth, recognizing the expertise of the DCSG in dealing with the social issues pertaining to donor conception.

One of the areas where we receive a growing number of queries has been from people conceived by donated gametes. These are mostly young adults but some can be into their fifties desperately wanting to have some information about their donors. Often these inseminations took place decades ago in the rooms of private practitioners or clinics, which no longer exist. Some may have found out only recently about how they were conceived and may be struggling to come to terms with this new knowledge. They may have parents who have struggled with keeping this information secret for so long and may not be in the position to help their children in their search for information. We are therefore being asked to liaise between the offspring and the clinics/doctors and to help facilitate information sharing.

We also have a great many parents contacting us who realise that honesty is at the basis of good family relationships and so want to tell their children (whether they be babies, toddlers, older children, teenagers or adults) the truth about their conception. Many of these parents do not know how to go about sharing this information with their children.

The Donor Conception Support Group currently provides many of these services which fill a huge gap in service provision but we are limited by the fact that our workforce is entirely voluntary and under resourced.

29 half siblings that are known to the clinics but not known to Keiron



Children from the donors own relationships?
Unknown

18 half siblings that are known to the clinic but not known to Andrew

Children from the donors own relationships? Unknown