## INQUIRY INTO MATTERS RELATING TO DONOR CONCEPTION INFORMATION



**Dear Committee Secretary** 

As a donor I would like to add my voice to this issue in a personal capacity.

I donated briefly in the late 1980s at the suggestion of a friend. As a person who regularly donated blood and was on the organ donor register I saw this as a similar 'good', but as a very young man the full significance of this decision was only dimly understood. I was given a brief counselling session – mostly a check for physical and mental health of myself and family, but also an assurance that my identity would be confidential. That was important to me at the time. However, after a few donations, I stopped, mostly because I came face to face with my female employer in the waiting room of the clinic. I could no longer face either donations or that job again. Yet this experience should have forewarned me of the less than best systems in place at the at this time.

Years passed and I gave only passing thoughts about any children resulting from these donations. When I had my own children, I reflected that any donor children would be approaching adulthood. I contacted the clinic to say that I was open to contact from any donor children if they wanted this. I did not hear anything more.

Quite unexpectedly did one of these donor children email me directly around two years ago. I had been located through a DNA test. Fortunately we have been able to meet and we enjoy a very friendly relationship even though it is very newly formed. I have been very happy with this outcome. My wife, who is adopted and has had her own search for biological family (and who also had a very good outcome) was supportive. Our children were told immediately we knew, and took it in their stride, with their only comment that they were aunt and uncle and I was gleefully reminded that I was a grandfather. We have all met in person which was a special day for me.

As a donor, I wholeheartedly support the creation of a more extensive donor / child register to allow for faster, cheaper and more accurate location of donors. This should be government funded so that all donor children can readily access this. It also averts possible embarrassment when donor children reach out to a brother of the actual donor in the mistaken belief that this sibling is the DNA match. This nearly happened in my situation. At a minimum, efforts should be made to compile relevant medical histories to allow donor children information about potentially life threatening conditions. Information about nationality or ethnicity might also prove important. For donors who have chosen to remain anonymous, there should be periodical contact from the register to donors to ask if they wish to reconsider allowing identifying information. Also, donors should be asked periodically if there has been any further information regarding health issues. Donor conceived children should be able to allow for their identity to be known to avert the rare chance of forming a relationship with a half-sibling, and for their medical history to be searchable if they consent.

Clinics should be obliged to cooperate with this register. I was told that three children were conceived from my donations but I have low confidence in this when various statements have been made about lost records and so on. I have been told by my donor conceived child that she had made several enquiries but had been told I wished to remain anonymous when in fact I had explicitly given approval for my identity to be revealed. When I was a donor I was told that sperm was exchanged

with other jurisdictions, and thus I wonder if there are more donor children in other places. I would therefore wish for a national register or at least state registers that are inter-operable. Enquiries should be made of any international exchange, and if so, this data also included. Donors should be able to know how many children were conceived, and to be able to contact these children if the child agrees on reaching 18 years old – but not before.

I do recognise that some – probably very few – donors might wish to remain anonymous. Historic donors such as myself were guaranteed anonymity so this should be respected were this to be the donor's decision. This potential veto of identifying information means the creation of a detailed register is all the more important. I would wholeheartedly support counselling donors of the life-changing importance of a donor conceived person learning more about their biological heritage. I was lucky to have seen my wife's extremely positive experience: not all people might be similarly aware. I also believe the identity of donor conceived children should remain anonymous if that child prefers – as one other person has done so.

A properly resourced register will change many lives for the better. I strongly urge the committee to recommend one be created.

Kind regards

**Nigel Page**