

Attention: Committee Secretary, Legal Affairs and Safety Committee

Re: Inquiry into Donor Conception Information

Submitted by:

Kathryn A Leishman

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Position:

I am a single mother by choice, recipient parent of a double donor conceived Brisbane born teenager.

I volunteer as a moderator of two Facebook groups centred around donor conception for the purposes of education, support, information, and advocacy regarding donor conception. The Australian based group has 2.1K members, the international one has 18.3K members.

My answers to your inquiry issues are:

1. Issues relating to access to donor conception information, including:
 - a. Rights of donor-conceived persons, including to know their genetic origins;
 - . Yes, definitely. United Nations Convention on the Rights of the Child, updated by a working party in 2019 which explicitly stated that these rights include donor conceived people.
 - b. Extent to which identifying information about donors should be given to donor-conceived persons, taking into consideration the right to privacy of donors;
 - . DC People deserve full identifying information regarding the name and contact details of the donors who contributed their DNA. The VARTA model by which donors can request information on donor conceived offspring and donor conceived people can request information is ideal. They balance the right to knowledge of identity with a right to veto contact.
 - c. Access to historical clinical records and implications of retrospectivity;
 - . Medical history is important. Clinics accepting donor gametes or embryos ought to be able to verify medical records and request genetic and health tests at time of donation. This should be available to donor conceived people (DCP). Updates ideal. 2 - 3 generation history ideal.
 - d. Access to support and counselling for donor-conceived persons and donors;
 - . VARTA or Jigsaw (WA) support and counselling seem to be a good model. Support for unexpected revelations and counselling on expectations of connection are important. The third party intermediary

making the connection is beneficial. The experience of those who attempt contact on their own is fraught with anxiety about both the reception they will get and also whether it is the right thing to do. (Note: I DNA tested my then 10 year old, identified and contacted their sperm donor. There is considerable societal condemnation about doing so. However, my child's deep desire to know their genetic father drove my decision to do so. Fortunately he and his family are pleased to be in contact.)

- e. Whether a register should be established; and
 - . Yes. A central register is important. For conceptions taking place through a medical establishment, I would recommend that details of donors and recipients of eggs, sperm or embryos are placed on the register at the time of transfer. This happens I think in the Netherlands. It is to prevent those recipients who then claim no pregnancy or do not respond with the intention of not having their children appear on the registry. Those who do not have a live birth have to provide medical proof to be removed from the registry.
 - a. DCP or their families should be able to request details and contact from birth as per VARTA model.
- f. Benefits, risks and implications on donor conception practices arising from any recommendations.
 - . Benefits include the DCP knowing their genetic origins their whole lives, positive impact on identity formation and family relationships. At 18 is a minimum.

1. That the committee consider:

- a. Views and experiences of donor-conceived people, donors and industry stakeholders of the current framework;
 - . My position is as a recipient parent who saw the anguish of my child when fertility industry rules blocked them from knowing the identity of their genetic father. (We had contact with my egg donor from much younger and I had met her). My child's position was as a DCP who wanted their full family knowledge, history and connection and thought being asked to wait until 18 was unfair and "a lifetime away". Our connection experience to two donor families has been positive and includes donors, grandparents, aunts, uncles, cousins and also DC siblings in other families.
- b. Current governance/regulatory frameworks, including registers established interstate;
- c. Options to manage collection, storage, and disclosure of identifying and non-identifying information about donors, donor-conceived persons and relatives;

- d. Whether and how to collect and disclose identifying information about donors where a donation was made on the condition of anonymity, including matters relating to consent;
 - . VARTA model. The rights of the DCP to know identity of genetic parents over-rides any donor anonymity conditions.
- e. Whether any model should include information from private donor arrangements;
 - . Ideally yes. There are so many private arrangements being made, especially with sperm donors. It may have to be on a voluntary basis. For aiding both collection of information and legal protection of recipients and donors, consider that a registered private donor arrangement by law becomes a "donor" relationship in similar way to medical facility donors, protecting the donor from responsibility for the child including child support and the recipients from custody challenges.
- f. Costs of any proposal including to establish and maintain any register and options for efficiencies, including a user-pays model;
- g. Whether regulating donor conception practices and assisted reproductive technology should also be considered as part of establishing a donor conception register; and human rights engaged under the *Human Rights Act 2019*.

Both myself and my 15 year old teenager are happy to answer further questions or appear before our committee.

K A Leishman