




Speech By
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ASSISTED REPRODUCTIVE TECHNOLOGY BILL

 **Dr MacMAHON** (South Brisbane—Grn) (12.26 pm): I rise in support of the Assisted Reproductive Technology Bill—an intervention in the for-profit fertility industry that is well overdue. The fertility industry's profits have soared in recent years, fuelled by the hopes and dreams of everyday families who hope to have a child. In allowing such a vital service as assisted reproductive technology to be run by what are essentially private equity firms, the government has exposed Queenslanders to unethical corner-cutting conduct in the name of streamlining administration and reducing expenses. This bill takes some important steps towards regulating this industry, and I want to commend the steps this bill takes towards protecting the right of donor-conceived children and all families involved with assisted reproductive processes.

Like in other developed countries, the fertility industry is big business in Australia. Many fertility clinics are listed on the Australian Stock Exchange with internal sales targets, insidious marketing strategies and big advertising campaigns. In the early days of technologies like in vitro fertilisation, these procedures were administered through teams at hospitals. Once these procedures became more mainstream in the 1980s, pioneering doctors' clinics, like that of Dr John Hennessey at Wickham Terrace, were where hopeful families lined up in the hope of conceiving a child.

Now the fertility clinics are run by big, private equity firms. Look at the big names of the for-profit fertility clinics who submitted to this inquiry and, in many cases, provide ample criticism of the new level of rigour this bill will bring to their operations. This includes Monash IVF and Virtus Health that made a submission prepared by multinational law firm Minter Ellison. If you look at the board of directors of these firms, you do not see teams of people with healthcare or research experience; you see people with years of experience in finance, marketing, strategy and other private equity experience. These firms are big business, and the overwhelming experience you hear reported by people is that they simply feel like a number in a system.

Of course, one of the factors driving the growth of this industry is that many people are choosing to start families much later in life than before. But while we have perfectly healthy 20-something women being marketed services like freezing their eggs at enormous cost, we have an industry that is preying on people's hopes.

The ABC has been reporting on these issues for many years. It has shown how the for-profit model of most IVF clinics have led to the use of unproven and unregulated treatments as well as the lack of transparency about success rates, and it states that the countless everyday people who have shared their experiences with the ABC have pleaded for greater regulation and oversight of the fertility industry, wishing their care was handled more sensitively.

As the Australian Medical Association set out in its submission, some Queensland doctors have expressed concern that some assisted reproductive technology services may not always adhere to historical understandings of ethical practice and could be viewed as exploiting the vulnerabilities of certain patients within this cohort. As the Queensland Nurses and Midwives' Union pointed out,

commercial incentives mean that assisted reproductive technology providers have a reason to continue to provide a service that may have limited likelihood of success. They said—

It is not unheard of for women to undergo up to 20 rounds of IVF treatment on the advice of their ART provider, without receiving a second opinion, additional psychological counselling, or undergoing additional assessments to identify physical or genetic issues that may have an impact on fertility. The psychological impact of repeated, unsuccessful rounds of treatment on women and their families must be considered well above the commercial interests of providers.

The QNMU suggested that fertility providers should be required to publish data on their outcomes and be transparent about the effectiveness of their services.

Donor Conceived Australia points out in its submission—

Historically, the people most affected by the ART process have not been consulted about it: donor conceived people.

I want to acknowledge the donor-conceived people who live in my electorate and affirm, as Donor Conceived Australia does, that the rights of those people created through donor conception are paramount in all policy, legislation and decision-making related to donor conception practices. They regard this bill as a positive step towards regulating the fertility industry and protecting donor-conceived people's rights, including access to information and knowledge of their genetic and medical history.

Until this bill is enacted, the Queensland fertility industry is effectively self-regulated. Queensland is among the least progressive jurisdictions in Australia on donor conception, so it is vital that we legislate this bill in order for Queensland to start to regulate this industry and to create a donor conception register. Donor Conceived Australia set out a position on donor conception and assisted reproductive technology. Many of these principles have been reflected in the legislation before us today but some have not. They include—

1. The rights of the child created via donor conception are paramount in all policy, legislation, and decision-making related to donor conception practices;

DCA points out that this is not reflected in the legislation. In the objectives section, the rights of donor-conceived children are placed somewhat secondary to the rights of those using assisted reproductive technology. This section should be updated to assert the rights of donor-conceived people. Donor Conceived Australia goes on to set out the other key principles that should apply to this legislation, including—

2. All children have the right to grow up knowing and having the opportunity of forming a relationship with their biological parents, siblings, and extended family members;
3. Donor-conceived individuals should have the option of contacting their biological donor parent when and if they choose to do so, and be supported to do so;

I have been advised of situations where large fertility clinics have blocked access to biological donors on request, even when this donor has indicated that they were willing to be contacted. This is an example of where commercial motives, like the need to streamline processes and save time, interfere in a dishonest and unjust way with the rights of donor-conceived people to contact their biological parents. They also include—

4. Each state and territory have a centralised register and that there is a mechanism by which data from these registers can be linked, in the absence of a national register;

Establishing a register brings Queensland into line with other jurisdictions where a donor conception register already exists. In addition to the benefits of a register, harmonising the laws between the states and territories is something that various submitters to this inquiry have emphasised. The University of Queensland research by Newton, Macmillan and Gelber set out the need for a bill like this when the government accepted the recommendations of the 2022 inquiry into the rights of donor-conceived people. We know—it is backed by research—that fertility clinics are often unwilling or unable to provide accurate information. This might include denying donor-conceived people access to donor conception records, even where donors have consented, and giving incorrect information about siblings. Commercial incentives without regulation result in situations like this.

We also know from research that donor-conceived people who find out about their conception during early childhood have more positive attitudes towards their conception and better wellbeing in comparison to donor-conceived people who discover their origins later in life. There are broad social benefits to donor-conceived people knowing their origins. Understanding one's genetic heritage and cultural background is important to all of us. Knowing who we are related to is also important to avoid situations like incest. Dealing with health issues often requires knowledge of one's genetic heritage, and many donors want to know their donor-conceived adult children. This bill places the rights of donor-conceived people above the commercial pressures on an already hugely profitable industry. I commend the bill to the House.