

CORRECTED VERSION

LAW REFORM COMMITTEE

Inquiry into access by donor-conceived people to information about donors

Melbourne — 8 September 2011

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Witness

Ms K. Dobby.

The CHAIR — Ms Dobby, were you here at the start or did you come halfway through?

Ms DOBBY — I came in halfway through; I am not familiar with this area, so I got a bit lost.

The CHAIR — As you see, it is a pretty informal process here. This is a committee that Parliament has put together to inquire about law reform. This is one of the references we have been given. We are a mixture of government and opposition members. We are all members of Parliament. We are doing a detailed investigation into all the issues surrounding this issue and then we will write a report to Parliament to consider whether or not any law change is required.

Thank you very much for your submission and for coming in today. I have to read a paragraph to you. All the evidence taken at this hearing is protected by parliamentary privilege, which means that you cannot be sued for anything that you say, as required under various acts, including the *Constitution Act 1975*, the *Parliamentary Committees Act 2003* and the *Defamation Act 2005*. Just be aware that you are not covered outside this room. For example, if you wanted to speak to a journalist who might be doing a story on this, you have to be aware that you have to make sure you say only what you would normally say without parliamentary privilege.

Basically we will get you to talk through your report — not reading it out, just highlighting the main points — and then we will jump in and ask questions when something requires further teasing out. Are you happy to do it like that? Or we can all shut up and let you speak and then ask questions at the end.

Ms DOBBY — I did prepare something, but if you would rather, you can just ask me questions and go through my submission, because it is based on my submission.

Ms GARRETT — That is fine, go with what you prepared.

The CHAIR — Go with what you prepared.

Ms DOBBY — Okay. I have a slight virus, so I am a little bit breathless, especially with the long sentences.

The CHAIR — Okay. We have to record all this, and it will become a public document after that.

Ms DOBBY — I know that, yes.

The CHAIR — For the purpose of the record, could you please state your full name and address.

Ms DOBBY — My name is Kate Dobby.

The CHAIR — Are you representing any body?

Ms DOBBY — No, just myself.

The CHAIR — What do you have to tell us?

Ms DOBBY — I would like to thank you all for inviting me to come to speak. I am an information manager/librarian by profession. From 2005 until the end of 2009 I was employed as the registers officer at the Infertility Treatment Authority. My job was to manage the information in the four donor registers maintained by the authority, ensuring that clinics and agencies supplied the information required by law and, through interpreting the data received, regulating the use of donated gametes in Victoria. The other aspect of the role was answering inquiries from the public about the registers and the processing of information requests and applications to the registers.

The CHAIR — Just for clarification, was the information you were dealing with coming from all the clinics?

Ms DOBBY — Yes.

The CHAIR — Was there any difference in the information that you had from Prince Henry's — was that more — —

Ms DOBBY — Yes. The situation with the information is incredibly complex and would take me about 5 hours to detail, and there would be a complicated drawing of: ‘This clinic was operating under this name and it had links with that clinic, and there were records here and there were records there that were relating to this, that and the other, and that donor was moved over here and so there were records here but not here’. It is very, very complicated.

The CHAIR — Sorry, this is a stupid question, but with the office you were working at, did you hold all the information that — —

Ms DOBBY — No. From — and I could be incorrect — I think it was about 2006 we gained access to the Prince Henry’s records. I would be able to get them from the Public Record Office. Everything else — I would verify all my information. I would go to every single place I could to verify the information I had. If I already had some existing information, I would try to verify it at a clinic and then at another clinic maybe, just to determine. So if I had a donor contact me who was a bit vague about where they donated or had donated at more than one place, then I would contact those clinics and say, ‘Did a person by this name donate here? What information do you have?’.

The CHAIR — And then you got the records from the clinics?

Ms DOBBY — They would give me some information. I would not actually get access to the records, but I would speak with the people who had the records and gain information about the records. So I have a pretty good knowledge of how the record situation — for pre-88 people especially — is.

I basically just said that because I had access to the Prince Henry’s records. I can talk about Prince Henry’s records, but I have not worked in the field since the enactment of the Assisted — —

The CHAIR — So you physically had all the files, the paper files, in your office?

Ms DOBBY — I would call the files up, yes. I could not hold them all; there was a massive amount.

The CHAIR — That was for the whole hospital, or are you talking just for the IVF?

Ms DOBBY — Just the clinic. I remember I went there at the end of 2005, down to Clayton to the former Prince Henry’s hospital site. They had the files in a room there. I said, ‘We need to gain access to those files’, because the staff who were there did not know how to access those files, did not know what they were looking for, and I thought it would be much better if we could gain access to those files.

The CHAIR — Did you physically take those files to your office?

Ms DOBBY — No, they were actually held by the Public Record Office as closed files. I was allowed to access them. I was allowed to go down to the Public Record Office and get those files. I have not worked in the field since the enactment of the act so I cannot comment on the current situation with Births, Deaths and Marriages because I am not familiar with it. Really I just wanted to talk about many of what I think are the practical issues posed by the records. I will probably talk a fair bit about donor consent as well as I know it to have been practised. Slow me down if I start talking too quickly. A lot of this is in my submission as well.

I will just address the first term of reference. Really I am just talking about that the situation for donor-conceived people in Victoria is inequitable because it really does depend on where the recipient parents went and when and whether records were subsequently kept, de-identified, altered, destroyed — whatever happened to them.

Some donor-conceived people conceived in Victoria are the result of donors who donated interstate, and some people conceived interstate are the result of donors who donated in Victoria. There are four Victorian legislative periods — and I gather Births, Deaths and Marriages made an attempt to cohere the 1988 to the 1995, but as far as I know it is quite complex. It was certainly very complex when I was working with it because you had people who were conceived as a result of an egg donated under the 1995 legislation and sperm donated under the 1984 legislation, and it is quite complicated. I personally believe that if you give equal rights to access information for the donor-conceived, it will reduce the confusion and the administrative burden as well.

The main issue that I think above and beyond the concept of donor anonymity is the quality of the records for this period, because when they exist, as I said, they can be poor, incomplete and inaccurate, and at times deliberately misleading. It is not just the product of clinical practice or poor record-keeping, but it is also the result of information existing in different jurisdictions, so outside of Victoria and also in different clinics in the same jurisdiction. The state-based legislation is quite hindered by an inability to access information from outside, so when I was working as a registers officer I could not even get information for the central register from interstate clinics where sperm or eggs had been sent. It was very hard for me to get that information because they had no reason to comply with Victorian law. They are not in there, especially if they are not a clinic that is associated with a Victorian clinic, so this applies to the current situation as well. It is quite a minefield.

Ms GARRETT — What sort of percentage are we talking about, do you think, from interstate?

Ms DOBBY — For now?

Ms GARRETT — Pre-1988.

Ms DOBBY — For pre-1988, it is quite unknown, but I do gather that a lot of the — are we talking just mainly sperm here really, not eggs?

Ms GARRETT — Yes.

Ms DOBBY — There were some egg donations before 1988, but between South Australia and Victoria, I do not know, because I know on the central register there are about 150 or 160 births — I could look, but the information is a little bit old — as a result of sperm for which there was no identification information in Victoria, so it is South Australian sperm, but at the same time that the South Australian sperm was sent over here, Victorian sperm, which was 1984 so the place of birth is supposed to be on the central register here, was sent over to South Australia.

The CHAIR — Why would you send sperm to South Australia?

Ms DOBBY — I did not personally do that. I really do not feel confident in replying to that question.

The CHAIR — It just happened. You do not know?

Ms DOBBY — Those arrangements were happening pre-1988.

The CHAIR — Are they personal relationships?

Ms DOBBY — They were personal relationships between doctors and clinicians. That is my understanding. I guess the other thing is that — and this is in my report as well — I think one of the issues that clinics and hospitals that are in existence now would have regarding granting to pre-1988 people the right to access this information is it would expose some of the past practices that went on. I know some of these practices happened after 1988 because when the legislation was enacted it did not result in a systematic change, so the law was passed in 1984 and then they had four years to act but then there was a lot of confusion. It was world-first legislation, so my understanding is this change did not actually happen on that specific 1 July date.

The other thing is there was a lot of resistance in the clinics to being regulated as well. Some of these things may not have continued, but these are certainly things I know happened prior to 1988. There was egg swapping that occurred at a specific clinic, and egg swapping is a practice whereby you have multiple female patients in and you retrieve some eggs and say you have got one person there and you produce four eggs and then you might give one to the other woman there. I know that there was an instance where we were contacted by a woman who was told that a child had resulted for another patient. Another patient had got pregnant with her egg, while she had failed to get pregnant with her egg. So there was another woman who had had her biological child but she had not had one herself. She ended up having one a few years later via egg donation herself.

That stuff happened, and I know that the clinic that practised that has very poor records on that. There was sperm mixing as well. As far as I know, the donor sperm was only ever mixed with that of the female's partner, so we are not talking about having two donors mixed in together.

The CHAIR — Would that just be to increase strike rate or something?

Ms DOBBY — I could say maybe it was partially for sentimental reasons. What you had with the technology in those days was subfertile men being treated as well as completely infertile men, so, look, I cannot really — I am not a clinician. This is what I have seen from the records.

Another thing that is quite important is that a lot of donors reported to me that their identities were not verified correctly or that they were actually encouraged to donate under pseudonyms. I know that there are donors who, when they would apply to the voluntary register at this time, they would say, ‘I may have also donated under this name, this name, this name and this name’, saying that the clinics sometimes encouraged that to occur.

Ms GARRETT — These are donors who contacted you through the publicity campaigns et cetera?

Ms DOBBY — Yes.

Ms GARRETT — You were not contacting them? They were ringing in and saying —

Ms DOBBY — No, we never contacted anybody. You know how you were asking questions of the former speaker about where people go to if they find out they are donor-conceived, that was a service that we ran, so people would find out that they were donor-conceived and hopefully they would find us and then they would ring up and I would be the first point of contact. I would say, ‘Okay. What do you know?’, and then we would try to get to the bottom of what they knew and where we could go with that.

The CHAIR — How many of you worked in that office?

Ms DOBBY — There were the two of us part time, and then Kate joined us, again part time, so there were three staff part time. I was two days a week.

Ms GARRETT — So when you say that donors told you these things, what sort of numbers of donors do you reckon you spoke to?

Ms DOBBY — How many donors would I have had contact with prior to 1988?

Ms GARRETT — Pre-88.

Ms DOBBY — Pre-88 donors. That is a very good question because it is over four years, maybe 60, 70.

Ms GARRETT — And there was a similar theme for them?

Ms DOBBY — It depends where they went, but yes, there was a similar theme, but then you never know because you might be attracting a certain type of person who is interested in contacting you now, so I cannot —

Ms GARRETT — No, I know.

Ms DOBBY — It is not that I am saying one or two people. I am saying this was like a recurrent theme that I got.

The CHAIR — Sorry, the donors would contact you independently of anyone searching for them; is that what you said?

Ms DOBBY — Yes, because they were wanting contact with their donor-conceived offspring. I hate the word ‘offspring’, but that is the terminology we used; that is who they were trying to contact. They were trying to find out what happened. They were told things at the time, and maybe it is at the back of their mind and they have suddenly done something or they have had a health crisis. Accounts could probably talk more about this, but yes most of the times it was some sort of specific life situation occurring that made them do this, but it had always been in the back of their mind. I think there was only one donor who I can recall talking to who contacted us as a result of the publicity campaign, and his whole thing was, ‘Why are you doing this? Why would anybody want to do this?’, and what was quite funny about the situation was that we actually had one of his donor-conceived children, now an adult married with children, on our books and matched them and they met up, so his initial experience was, ‘Well, I thought maybe I should put myself out there because this is

something I did and I am going to take responsibility for it'. But there is a whole variety of experiences. I would not want to generalise.

The CHAIR — You said you spoke to 60 or 70. They are the donors who contacted you. Looking at it from the other side, how many kids contacted you looking for their donor parents?

Ms DOBBY — You have to include pre-1988 people. It could be slightly higher than that. The main issue is that many people contacted us and we could not do anything for them because there was no other service like us. They were outside of the jurisdiction. We even got overseas people or people who were born before there were any records, so we could not do anything about that.

The other thing that donors reported to me or that I have seen in records is that donors were offered benefits in exchange for donating, which I guess we know. I can remember there was one donor in the Prince Henry's thing who, under 'Reasons for donating', wrote 'beer money'. But I know that other donors were offered free vasectomies and things like that. I know that there were other instances where there were up to 30 separate families, or in excess of 40 children, over a very short time period from one specific donor. This happened after legislation. Donors were re-coded, sometimes within the same clinic. They had a donor on the books and they used them again, giving them a separate code.

On-donation is something that happened after legislation as well, because you need embryos for on-donations. You have a donor, and he has created 10 families or whatever the limit is, but then one of those families donates their leftover embryos and so more children are created and more families, but that is not counted in the original number of 10. What that means then is that you have full genetic siblings in separate families who, according to the current legislation, have no rights to contact each other.

The other thing is donors who were patients. Maybe you had a couple who were in treatment and the male partner was encouraged to donate. That happened as well. A lot of the current ethical guidelines would not allow this stuff to happen these days but because it did happen it can be an issue. It can be an issue in terms of you have this information and now you are going to have to give it to people. You are going to have to give somebody information that they have 45 donor-conceived siblings or something, however you work it out. There have been other instances where donors were used over 20-plus years, donors for whom valid consent could not be verified.

The other main issue I had was that clinics would use sperm from donors they had not had contact with in years. They had no way of contacting them, therefore they could not determine if they were still alive, and as you probably know it is prohibited under law to use a deceased donor. That was thought of as bad even 25-plus years ago. If they still had the sperm, they would continue to use it. This is mainly a problem for the 1988 donors.

The CHAIR — I am unclear on what your role was. When kids came to you, did you make the contact yourself with the donor and do the matching?

Ms DOBBY — No, we had counsellors to do that.

The CHAIR — Working in your office?

Ms DOBBY — Yes. We had the counsellors work as intermediaries and do that. Towards the end we had access to the confidential electoral roll so that we could help find people but sometimes we found people through other means.

The CHAIR — Can you tell us a bit more about your experiences, how you contacted people in a way which was not going to upset them and what sort of responses you had?

Ms DOBBY — Usually a letter was sent; nothing that would fly any flags, just saying that there was an issue. It was modelled after what the clinics were using, which was basically, 'There is an issue that has come up. Please contact us'. There was nothing specifically saying, 'As you may recall, you were a donor at this clinic and now somebody wants to make contact with you'. The thing is that for pre-1988 people we were not making contact like that because for pre-1988 people we would have the voluntary register. We would have

donors and we would have donor-conceived people and we would match them. If that was the case, they were both somewhat aware that this might occur at some stage.

Mr CARBINES — Did you find that of the people you had registered you had more people who were donors or more people who were donor-conceived?

Ms DOBBY — Pre-1988?

Mr CARBINES — Yes.

Ms DOBBY — Donors. I think it was 3 to 1 ratio, maybe a 4 to 1 ratio because of the period we are talking about. I was working there up until 2009. You have to think of people's ages and how old they are when they start seeking information. A lot of times people would start seeking information maybe when they started their own families, so they might be over 30. We were getting people at that age but there were no records and we could not match people for whom there were no records.

Mr CARBINES — Just getting a sense of that, when you talk about the donor-conceived people, do you have a consistent age cohort at which they were seeking information or was it all over the place?

Ms DOBBY — That is a very good question.

Mr CARBINES — Was there a particular pattern?

Ms DOBBY — I am not an expert on this; I would say late 20s on. It would be very uncommon to get somebody who was 21 — people who are 21 usually have far more important things to do than to find their donor. They might be aware of it but it is not something they are seeking, but once they get a little bit older it is the kind of information they seek. That was the main reason, but given the fact that you have records more or less from 1976, those people are now coming into their mid-30s so you would be getting more inquiries. Good records probably exist for people from 1980 onwards, so I would think that people in the 1980 to 1988 cohort will be seeking that information within the next few years, based on my experience. I will continue with this.

I wanted to talk about donor consent. The hospitals and clinics in Victoria that have provided donor treatment have used and may still continue to use a standard 10-year consent period. In my work at the Infertility Treatment Authority I encountered several instances where a donor had been incorrectly counselled in relation to the consent and information release provisions of the relevant legislation or been used outside the legal consent period under the relevant law. This means that the law changes but the 10-year clinic consent stands. Donors were not called back in to consent because the 10-year clinic consent stood, so this whole 1988 date is a really arbitrary date because you have people born on either side of it. You have somebody born on 30 June and somebody born on 4 July who have the same donor. Possibly the parents and donor were told exactly the same thing but the person on that side has the right to apply for information and the person on the other side has no rights whatsoever.

When I worked at the Infertility Treatment Authority the way that we understood the 1984 register to work was that the date of the donor consent was 1 January but the date of birth was from 1 July, which is only a few months. That does not even factor in gestation, let alone donor quarantine periods. There was a massive problem with that, and there was some debate as to whether births should be removed from the register if it was found that the donor had not consented to that legislation. It was such an iffy thing. Then you had multiple clinics. You might have some people still working there who were there at the time but it was something that happened over 20 years ago. It is really complex, so when you start using this pre-1988 thing the problem is that post-1988 there were major issues as well, so it is really quite an arbitrary date. We made contact with a few donors who were on the 1984 central register, so the births had occurred in the late 1980s. They would say, 'I did not consent to this legislation'; and they were right: they did not consent to the legislation. Under the specific rights accorded in that legislation the donor can refuse to have information released, so it did not cause that much of a problem I guess, but it is not great when you have a donor-conceived individual who believes they have a right to access information and then they are told no, that is incorrect because the practice was not quite right at the time.

The CHAIR — We have about 15 minutes left, and we are particularly interested in your ideas on where to from here.

Ms DOBBY — I am wondering if there is one more thing I need to say. I will just talk about Prince Henry's records and then rights, because you want to hear about that. It is just really complicated stuff. My experience with the quality of the Prince Henry's records is that births are written in pencil, reported pregnancies are not followed up, variant names and contradictory details are within the same file, important information concerning consent and counselling and treatment is obscured or omitted entirely. There is information that cannot be dated and unknown authorship or sources of information that you are trying to verify.

We were trying to give people — pre-1988 and post-1988 — non-identifying information, but we were having problems. Important information such as the gender of children born was incorrect, so you would try to find another source of information, or details about donors were completely wrong as well. Height was out — it might say somebody was 5 foot 6 inches when somebody was 5 foot 9 inches, often because the donors or the doctors filled out the information form, but they were never quite sure who did. There were patient files with donor codes blacked out or obscured, which was a policy for a short time in the late 1970s, and there were donor files stripped of identifying information. That was not just a practice there; it was a practice at other clinics as well. It is pertinent to a few people who are currently seeking information.

You wanted to know where we go from here. I really do not know, because I just thought maybe I could give you information about the records. As I said, I do not work in the field. The service that we were running, the Infertility Treatment Authority, the donor register service, was a very good service, but unfortunately we started after the research period for the Law Reform Commission's report. When the report came there was no mention of the service that we were running. We did not really have any problems. The main problem I had was the fact that I could not access information from other clinics and agencies. Even though theoretically I had the ability to ask somebody for that information from another clinic — it was already in legislation that you have the right to ask for this information; that the clinic must give you this information — I still encountered problems.

The CHAIR — Presumably you would refer the person to go directly to the clinic; did they have more success as an individual?

Ms DOBBY — No. The problem was that, first of all, you had some weird stuff going on at the clinic at the time, so maybe the clinic did not want that information coming out. I know that Monash IVF has changed its tune now, but it was quite resistant to providing any service for people pre-1988. There has also been very little mention of any of the practices that took place at the former Queen Victoria Hospital because while Monash IVF is in possession of some of its records, a lot of those records were destroyed.

The CHAIR — In which years did Queen Victoria operate?

Ms DOBBY — It was in the 1970s until the early 1980s. There were doctors in private practice and then there were doctors at clinics, and they all moved between them, and they had these files. The other thing to mention too is that there are currently doctors who are still alive and possibly have patient files relating to pre-1988 or maybe their families do, but nobody has an ability to access these records.

Ms GARRETT — Have you ever seen evidence of those records?

Ms DOBBY — I have heard evidence of those records, only because a few doctors would say, 'I'll check my files', so they were saying they had files.

The CHAIR — Pre-1988 — I think Dr Hale from the Fertility Society of Australia said that all the Prince Henry's information should be held in either the fertility society or Monash and that with other doctors with smaller practices in the area, the information would end up with the service provided by one of those organisations.

Ms DOBBY — It really depends. You have to understand too that sperm was moved between these clinics. You had Prince Henry's donor sperm that was only used at Monash. When you look at the Prince Henry's you see there are no births, but when you contact Monash it says there are births. If you do not do all the checking around, you would not know that. It is a complicated situation with the records. It is far more complicated than I could even explain to you.

The CHAIR — So as far as trying to get a complete set of records to make it easier for donors and kids to link, the Fertility Society seems to be quite protective of its records and not wanting to be part of any central

system, saying it manages its records very well on its own. In your view what would be the best way to make sure that the records that are held collectively by all these groups are best able to be accessed? Is the solution to have a central registry or is it to let these groups keep their own information but have some other way of managing it?

Mr NORTHE — Further to that, in the context of the question the Chair has asked, I guess the feedback that has been articulated to us is that there is also a privacy issue associated with that.

Ms DOBBY — Yes.

Mr NORTHE — The clinic would still have to seek the authority from the donor, for example, to be able to give their files to a central system.

Ms DOBBY — Yes, I understand that completely. My main issue was with information falling through cracks and the amount of effort I would have to put in to find out the smallest bit of information, because it would be somewhere else. I think the contacting of donors should be done within the treatment centre, if it is still there, because there would be some sort of continuation of service. It is really hard to explain, but there is so much information that has just slipped between the cracks. When I started the job I discovered there were donors who had been told there were no births listed, because I was going through them systematically, looking here and looking there for other forms of information.

The CHAIR — How do we collect all that stuff that has fallen between the cracks?

Ms DOBBY — I could say to you to set up a centralised agency that has the ability to ask for that information and put it together in each instance that is asked for. If you have a donor-conceived person ask you to do that and you can find that information, then you can go to all the other clinics and say, 'Okay, this person was treated; what information do you have about their treatment?'. If they say, 'It was with this donor', then you contact all the other clinics with records of the time and ask whether it has any information on that donor so you can piece together a complete picture of everybody that may have been born. It is not going to be a complete picture because information has been lost from records or purposely taken out. It does exist interstate as well. I hate to think of people being told that it is correct information when it might not be.

The CHAIR — Could a solution be that all the records are kept where they are at the moment but someone — such as someone in the position you are in — has greater authority to be able to access them?

Ms DOBBY — Yes, they would need authority. That was the main issue I had. We had some extra authority because we were with the regulator. Obviously if you are regulating the clinics, they do not want to get the regulator offside. It is a complex political issue. My main concern is with the information falling through the cracks, as I saw happen so many times. I think for me the crux of this is not just about giving people the right to access information but making sure there are systems in place to say, 'Okay, you have asked me for this information; I am now going to go and find it for you because I have the ability to do that', rather than just setting up a service where it will say, 'Yes, we'll send this letter off to this place, and if we get a response, then great'.

Ms GARRETT — Through you, Chair, I think the people from the Fertility Society said that once the requirement for frozen donations could be checked for health reasons and the like, the records sharpened up really quickly. Is that your understanding, or was there still some flying around free?

Ms DOBBY — My understanding is that they started to freeze sperm in 1976, so that is why the records started at that time, because before then you were using fresh. A lot of the records were actually purposely separated out at the clinic level so they were codified, because it was all quite secretive and there was a big stigma attached to it. Yes, from 1976 on, but not universally so.

Ms GARRETT — But that in your experience did not fix a lot of these problems because there were things still flying around?

Ms DOBBY — Yes, the shroud of secrecy, for want of a better phrase, was causing the big issue, and there was no regulation, so the doctors were doing what they wanted.

Mr CARBINES — You have talked about information and material falling through the cracks. Do you think that is alleviated to some extent through centralising records, or is it in part because records are disparately kept?

Ms DOBBY — In part it is because they are all over the place. What you have is records with multiple pieces of information in them. I remember I had one donor, and he was used at two clinics, and it said, ‘There were three births at that clinic’. I contacted that clinic and they said, ‘No, we’ve only got one birth’, and it was like, why in this one does it say there were three births taking place at that clinic and there is only one there? You think, hang on, when does this information start from and whose information is correct?. But the thing is that we gave the information back to the donor and said, ‘Look, we’ve got variant information here. We’ve been told that there was definitely this one birth that occurred’ — this is pre-88 — ‘but there may have been these two extra ones, but we can never confirm this’. I think it is important to give people that information.

Mr CARBINES — Just following up on that, it sounds like it was important, then, with what information you had available, to try to verify much of that before you provided that?

Ms DOBBY — Yes. We did everything we could to verify and we gave people detailed information about it.

Mr CARBINES — Or the qualifications.

Ms DOBBY — The quality of the records, and we qualified it as much as we could. I would spend ages talking on the phone to people saying, ‘Look, this is the situation as to the records’. There was no point beating around the bush about it. As I said, my job is in information; that is how I have been trained.

Mr CARBINES — Lastly, do you have a view, then, about the way the records were managed or the quality of the maintenance of the records when you were dealing with the different clinics or where the records were housed, as opposed to, ‘These are the rules under which records are kept’?

Ms DOBBY — I was not part of the regulated site visits to have a look at the current records. I know I did speak to the people who were looking at the records there about some of the quality issues with the pre-88 records and things like that. Yes, it is not great, but I think everybody is aware that there is an issue with health records in general.

Mr CARBINES — I suppose what I am getting at is it is not just about how the records were maintained during the period they were being generated, but how they are being maintained.

Ms DOBBY — Now?

Mr CARBINES — Yes.

Ms DOBBY — I cannot really comment on that now.

Mrs PETROVICH — You mentioned earlier in your presentation the 60 or 70 people who had made donations who presented themselves over that period of time. Do you think something motivated their appearance? And when they came to you was it easy to marry up the information with the person, as to who had made the donation? Was that information available, or was it still a jigsaw puzzle?

Ms DOBBY — It depends on when they donated and where they donated. The process would be that I would contact the clinic where they said they donated and then find out what information I could. There were a few instances of donors saying, ‘Well, you’ve told me this now, but I was told something different at the time’, which was always quite an interesting kind of experience. But we had many more donors than that on the voluntary register. This is just in the four years that we would have had that many added to the books, possibly.

Mrs PETROVICH — Can you identify any main driver for those people coming forward over that period of time?

Ms DOBBY — They may have been coming forward beforehand, but they did not know where to come forward to, so to speak, so it may have been a motivation that had been carried with them for quite a while. Maybe they saw our ad campaign and responded to that. I think we got quite a lot of donors through that. But

sometimes it was for health reasons. Sometimes people wanted to name their donor-conceived people in their estate because they were getting on a bit. They may have been in their 60s and making wills and stuff. It is usually emotional issues.

Mrs PETROVICH — So at that time around that four-year period there was an ad campaign which may have had some influence?

Ms DOBBY — Yes, we ran that for three years. Yes, I thought it was quite successful, given that it had a limited budget. I thought we got quite a lot of donors from that time. I think the main issue is always that you do not get the donors that you want. You have got donor-conceived people there and you want to find their donors. It is the same thing; you have got donors and you want to find their donor-conceived people, because it is a good story. It is a good feeling to do that.

Mrs PETROVICH — Out of those 60 or 70 people was there a marrying up with people?

Ms DOBBY — Yes, we had lots of matches. But again the counsellors could talk more about those kinds of situations and what happened. Specifically Helen Kane, who is speaking on Monday, can talk about that. I was just the person who took the initial inquiries, worked to find the information and gave the people the information to receive counselling. That is how that all happened.

Ms GARRETT — Are there some sorts of proactive steps that could be taken across the clinics about some of the proactive mapping of what happened? You mentioned that you would be ringing and a doctor was here and there and no-one knew. Is there something that the clinics could perhaps be doing now to assist whoever may be tasked with this?

Ms DOBBY — Yes, they would probably want funding for that, given the fact that you are talking about records, and you are talking about old records as well. Look, in an ideal world that would all occur and you would be able to put all the pieces of information together, because it is important information and it concerns people's biological heritage.

Ms GARRETT — Sorry, just one last question. That was your job, in one sense, to be doing that.

Ms DOBBY — Yes.

Ms GARRETT — Did you find that as your job progressed, the clinics got better at being able to find the information and give it to you and share information?

Ms DOBBY — Yes.

Ms GARRETT — So there was a sense it was helping?

Ms DOBBY — Yes. Well, they trusted me with the information, too, because they knew that I was working hard to do this and that the donor register service was being responsible with this information and was actually giving people a really good service as a result of it. It would get to the stage where I would get a clinic to give me information that it was unsure about because it knew that I was going to qualify that information. It would not want to bring the clinic into disrepute, and would say, 'We are unsure about that information'. Because you do not want to say, 'This clinic is giving me bad information because there were bad things going on', but it was more along the lines of, 'This clinic is giving me bad information, unfortunately it just cannot be verified'. Yes, the situation certainly did improve, because we had relationships in place and we had some sort of a continuity of staff. That is what happened.

The CHAIR — Kate, thank you very much for coming in and for your detailed submission. You are obviously very passionate about storing and collecting information.

Ms DOBBY — Yes. I did it for four years, and I found out a lot about the history of donor conception in Victoria as it was practised. I know a lot of information about that, so I thought it was worthwhile giving that information.

The CHAIR — It was very helpful. I do not know where this is all going to lead, but we might need your assistance in the future.

Ms DOBBY — That is perfectly fine.

Witness withdrew.