06/08/2010

Dear Executive Officer,

I write in regard to the Inquiry into Access by Donor-Conceived People to Information about Donors currently being convened by the Law Reform Committee of the Victorian Parliament. As a researcher in the field of sperm donation in Australia, I make below specific comments in response to two points in the terms of reference, based primarily upon the findings of my own research.

(a) the legal, practical and other issues that would arise if all donor-conceived people were given access to identifying information about their donors and their donor-conceived siblings, regardless of the date that the donation was made;

International research has long suggested that the provision of information about their donors to donor-conceived children can help to address potentially significant issues faced by such children, including a sense of not belonging or a lack of connectedness, as well as a general desire to have information about their genetic history. Mandating identity release may have some negative implications, as outlined below, but it would nonetheless seem fair to state that the positives for donor-conceived children would outweigh any potential negative implications.

Whilst the majority of the participants in my research (who had primarily donated in the context of private arrangements) indicated willingness to be identified by children conceived of their donations, such willingness cannot be relied upon, and certainly not 18 or more years after the donation was made. Legislating for the recording of donor information in private arrangements in a public registry that can be accessed by donor-conceived children after the age of 18 would thus help to protect the rights of such children to access information about their genetic history at the very least.

Moreover, legislating for this information to be provided retrospectively would appear important (i.e., requiring the disclosure of information about donors, where available, by recipients or donors themselves who have not previously recorded such information publically). Whilst it must be recognised that in some instances this may be counter to the intentions of all parties, what must be considered are the rights of donor-conceived children to, at minimum, receive information about their genetic history, even if it is not possible for them also to make contact with their donor.

The implementation of such legislation would obviously require the ongoing funding of a body whose remit it is to collect and protect such information, to provide counselling services (as
outlined below), and to discern which level of information is released to donor-conceived children (i.e., it would seem appropriate that, where available, information about the genetic history and general characteristics of a donor are made available to a person conceived of that person’s sperm, but it would not seem appropriate for donor-conceived children to automatically be given the contact details of their donor). The body charged with the duty of managing this information would thus also play a significant role in contacting and negotiating with donors about any desired contact on the part of children conceived of their donations (unless they have stipulated on the public record that they are willing to be contacted, in which case, subsequent to counselling for all parties, as indicated below, contact information should released).

(e) the impact that any such changes may have on the donor, the donor-conceived person and future donor programs;

A key finding of my research was that many of the men who donated sperm in private arrangements did not appear to have given adequate consideration to the emotional consequences of sperm donation, particularly any mismatch between their desired level of contact with children conceived of their donations and the desires of the recipients of their sperm and indeed the children themselves. This would suggest that, along with opening records or legislating for the entering of information into the public record for those who have undertaken private arrangements, there is a great need for the provision of counselling services for all parties to ensure that potential previously unrecognised issues can be addressed prior to the provision of information (and certainly prior to donor-conceived children being able to meet their donors). That the above mentioned statutory body could facilitate such counselling would seem an entirely appropriate use of public expenditure, as would the provision of mediation services aimed at supporting meetings between donors, donor-conceived children, and recipients of donor sperm.

My research also suggests that there is the potential for identity release legislation to impact upon the numbers of men willing to act as sperm donors. Specifically, my research indicated that particular groups of men may be more likely than others to be willing to donate sperm, namely single men and men in same-sex relationships aged under 26 or over 45. Consideration will need to be given to how these populations may currently be, in some instances, not considered desirous by some clinics (i.e., some of the participants in my research indicated that some clinics appear unwelcoming or hostile to gay men as sperm donors), and how this must be addressed to ensure adequate numbers of men recruited as donors in the future.

To conclude, my research on Australian sperm donors (and primarily those who negotiated to donate sperm in private arrangements) indicates a number of necessary legislative changes to best protect the rights of donor-conceived children. Please do not hesitate in contacting me for copies of my publications which outline in detail the findings and their justification for the recommendations presented here.

Sincerely,

Dr. Damien W. Riggs
References


