25th July 2011

Mr Clem Newton-Brown MP
Chair
Inquiry into access by donor-conceived people to information about donors
Law Reform Committee
Parliament of Victoria

Dear Mr Newton-Brown

Re: Inquiry into access by donor-conceived people to information about donors
Interim Report

I write in support of the two recommendations that:

1. existing and unprotected donor records are preserved
2. the Law Reform Committee complete the final report (as soon as possible)

It is acknowledged that donor-conceived people (DC) may have a strong desire to discover their origins, as a search and validation of their identity. This is seen as a right, based on a right for freedom and respect for autonomy. A knowledge of origins may be also important for health care in situations where either the donor or DC are discovered to have an inherited condition, which needs to be appropriately managed for the health care of the individual and their children.

I do have concerns about the rights of the donor who may have been promised anonymity with/without appropriate counselling prior to 1988. Whilst the right of discovery of the DC are held to be greater, every effort should be made to counsel and gain consent of the donor in order to minimise harm. As such I support an intermediary professional providing this service. Information about donations before 1988 should be consolidated and preserved. Because of the privacy issues relating to this dataset, and the sensitivities of existing relationships in the donor’s family unit, in the first instance, the discovery should be managed by an intermediary body rather than the Register of Births Deaths and Marriages.

As with any situation where informed consent is to be gained, it is important to ensure that the donor is fully informed about the potential consequences of their donation. On receipt of full information the donor may/may not choose to proceed.

As an additional outcome of this Inquiry, there should be affirmation of the need for counselling of all donors with a minimum set of information, including possibility of future contact which may reveal health information, may/may not result in relationship between the DC, the donor and his other children, the need to pass on important medical information (eg: the discovery of a genetic disorder in the donor/close family) but no legal claim on the donor or his estate.

The DC needs to be prepared for their discovery. The Interim Report makes no mention of the Status of Children Act 1974, amended July 2010, which outlines the legal status of children and by implication their rights and entitlements.
In anticipation of the future potential request for discovery, the donor needs to be encouraged to be open with their existing family unit about the donation. At a minimum the donor should have the opportunity to discuss the matter with their family before a previously unknown person enters their life. There is likely to be an impact on the children of that family unit as well as on the DC searching for half siblings. The proposed extensive consultation process should include the families of the donors.

Women who are considering using donor sperm need to be made aware of the potential of the DC wanting to trace their biological parent (an impossible situation in case sperm acquired from overseas).

Issues raised in submissions that are outside the terms of reference are important to address viz the limit on the number of conceptions, information included in birth certificates and the limit of influence of the donor regarding the donated gametes. The level of openness about DC origins would have a strong bearing on these matters.

Professor Agnes Bankier
Clinical Geneticist