Law Reform Committee.

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

Personal submission by Merrilyn Mannerheim and Jo Moffat
Accredited Fertility Counsellors, ANZICA

Merrilyn Mannerheim.
My background is in psychology, social work and family therapy. I have been in practice for over 30 years with broad and specialized experience in family and relationship counselling, and have worked for the last 10 years as a fertility counsellor with experience in donor counselling and linkage counselling for people seeking their donors who are not on the register (pre: 1988) as well as assisting those who are.

Jo Moffat.
My background is in social work within the Health Sector both in Australia and New Zealand. I have been in practise for 15 years working with couples and families, the last 8 years have been as a fertility counsellor. In this role I have had experience in donor counselling and linkage counselling for people seeking their donors who are not on the register (pre 1988) as well as assisting those who are.

We are currently employed by MIVF but would like to make it clear that we are submitting this report independently. We have been in a privileged position of conducting “Linkage Counselling” for donor conceived people who are trying to trace their donors who are not on the central register. We have been involved in this work for 10 and 8 years respectively now and would like to give a brief summary of results and insights stemming from this work.

This paper fully supports the right of all donor conceived persons to have access to identifying information about their donor irrespective of when they were born.

There has never been a high demand for linkage counselling and it has been assumed that many donor conceived people born before the 1988 period were not told of their donor origins or for those that were told, were not aware of this service. However there has always been a flow of enquiries, enough for certain patterns and hopes and aspirations and outcomes to be understood from both the offspring and the donor.

This counselling work has always been conducted with great sensitivity towards both donor and the donor conceived person, when assisting young people come to terms with the possible outcomes of their request to know more about their donor. In tracing donors, only a small percentage have declined any contact or exchange of information, with the majority at least being willing to supply more information or reveal their identity, or even to meet and form a relationship with the donor conceived person.

Some donors have indicated that they have been waiting for this moment for a long time, even though they thought it would never eventuate as they had donated anonymously. Offspring universally wish to know a few key things about their identity. Who am I? Why did you donate? Have you told your family? Have you any
children? Have you told them?. What is your occupation and what sort of things do you like? Are you healthy? Would you be interested in meeting? Have you wondered about me? They also like to thank the donor and provide a brief autobiography of themselves.

Donor conceived people most of all do not want to upset or intrude or assume they have a right to meet or have a relationship with their donor. They do not want to be rejected but are hopeful some of the missing pieces about themselves will resolve forever the mystery of the absent part of themselves.

The loss of identity and a sense of powerlessness resulting from not knowing some basic facts about themselves can permanently alienate and impact on the psychological well being of an individual, knowing that it is a basic human right and a celebration of the utmost importance of all cultures around the world to know who we are and whence we came.

The majority of cases that we have been involved with indicate that the linkage counselling is particularly helpful for donor conceived people seeking information about their identity and is accepted by the donors. It is true to say that it is of benefit to both. It is essential that recognition is given to the need for the provision of expert counselling to achieve this.

The current legislation supports the donor conceived persons right to know their donor’s identity. Modern clinical practise is conducted on this basis. We have learnt and grown up over the years into understanding the needs and best psychological interests of the offspring, and it would be liberating to bring all past historical practises of anonymous donation up to the modern era whilst those individuals are still alive, to assist them in any psychological difficulties that stem from their anonymous donation.

The inequality and the irregularity of the Central Register, has shown how we have grown and learnt best practise as we see the Register evolve. It is timely to take another step, based on the above experiences, and allow all donor conceived individual’s equal access and the right to their donor origin. This is said in the true belief that for the majority of donors it will be acceptable and if it is not, it is felt to not be a sound enough reason to not allow the mutually beneficial outcome for those it matters to, remembering that donor conceived people do not want to intrude where it is not welcome.

Further to this, we would like to add that in our current privileged position of interviewing and selecting sperm donors, once they understand the reasons why anonymity is no longer a valid practise, embrace it wholeheartedly. Through our own contact with anonymous donors, they also have understood and embraced this concept on the whole.

Merrilyn Mannerheim
Jo Moffat
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