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**INQUIRY INTO ACCESS BY DONOR CONCEIVED PEOPLE TO INFORMATION ABOUT DONORS**  
**SUBMISSION BY KIMBERLEY TURNER (SPRINGFIELD)**

**My Personal Story**

Donor conception affects me personally, along with thousands of other Australians. My mother conceived me in 1983 with genetic material from a man I know only as 4P (my biological Father). I have a DC sister with the same genetic father, a DC brother with a different genetic Father, and 4 half siblings, of whom I know only were born in 1980.

To be completely honest, for me, not having knowledge and access to part of my own identity and medical history is confusing, upsetting and distressing. When asked questions about my background or medical history, I always come up short. I look at myself in the mirror and wonder. I look at people in the street and wonder. I worry about genetic medical conditions not only for my own health, but also for my two sons. It is so utterly disempowering to have no rights to fully know who I am.

After years of searching with no success, I gained legal help from a law firm (Corrs, Chambers and Westgarth) pro bono, referred by the Public Interest Law Clearing House (PILCH). They wrote on my behalf to the Registrar of Birth Deaths and Marriages, to ask them to directly inform my genetic Father of the existence and purpose of the voluntary registrar. I feel this request was entirely reasonable. However, disappointingly the registrar denied my application, and when we challenged the registrar's decision not to act, VCAT concluded that it did not have jurisdiction to rule on this matter. I feel absolutely let down by a system that claims to put the best interests of the child first.

## **Donor Records**

Donor records all need to be located, centralise and given protective status. This needs to be done immediately, as at this point, the records containing information regarding DC people's origins can be destroyed at any moment. This is cause for much anxiety and distress to many DC people. These records hold the only link to DC people's genetic history.

## **Access to Information**

Donor conceived people did not get a say in how they were conceived, and whether they wished to be disconnected from their genetic families. Contracts between clinics and donors to preserve "anonymity" were not governed by any state legislation, nor were all parties consenting to this arrangement. ART legislation 2008 stipulates that the welfare of the child is 'paramount'. Although an adult now, I am still a 'child' of donor conception and my welfare has never been acknowledged as paramount. Actions speak louder than words.

It should be a priority that all donorconceived people have access to information regarding their genetic families. Donor linking services should be implemented to act as an intermediary in order to communicate between donor offspring, their donor Parents, and half siblings. Donor linking services also have the resources to find contact numbers/addresses for past donors, and should involve counsellors experienced in the area. The use of donor linking services also protects the privacy of all parties involved. The former Infertility Treatment Authority (ITA) provided these counselling and donor linking services; its dismemberment has had a negative impact on many people involved with DC.

Currently there are no guidelines which IVF clinics must adhere to regarding the facilitating of connecting donors with their offspring and vice versa. Some clinics willingly contact donors and donor conceived people on behalf of the requesting party. Other clinics refuse to, although there are no actual legal restrictions preventing them from doing so. It should be made policy throughout all clinics within Australia that contact is made at the request of DC people, in order for them to discover genealogical information.

## **Rights of Donor Conceived Individuals**

Donor conceived people are currently being discriminated against based on; how they were conceived, what year they were conceived, where they were conceived and where they were born. Everyone has the same need to know about their genetic, medical and social identity and history. The current system has created three classes amongst donor conceived people. Those born post 1998; when anonymous sperm donation was abolished and offspring may seek identifying information upon the age of 18 years. Those offspring born between 1988-1997; whomay seek identifying information with the consent of the donor. And lastly, those born prior to 1988; who have no rights to any identifying information.

Why do these classes still exist in Australia, our country that prides itself on equality and Justice? All donor conceived people should have the same rights to access identifying information about their genetic families, regardless of the circumstances surrounding their conception. I believe there is no longer an issue of *if* DC people should have access to their genetic origins (this has previously been

acknowledged) but rather, a matter of *when* it will happen. How much longer will we wait before our rights are made equal to others?

### **Counselling services**

Counselling services need to be made available for people concerned with donor conception, and need to be independent from IVF clinics. With donor conception arises many complex issues, for which counsellors with specialist knowledge are vital (such as those who worked at the former ITA). Prospective parents and donors need to be made aware of the gravity and implications of their decisions prior to going ahead with donor conception. Counselling services also need to be open to the donor conceived people and their families, and to parents and donors (and family of the donor) once they have conceived a child(ren).

### **Recommendations**

- 1) Donor records be located, given protective status and stored centrally.
  
- 2) Allow alldonor conceived people equal access to their genetic family records (donor records) in conjunction with appropriate counselling and donor linking services (reinstate the former ITA).

Thank you for taking the time to read my submission, I hope it can be of some assistance in finding the way forward for this very important issue.

Kimberley Turner (Springfield)