

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

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I have read with interest the Interim Report of the Law Reform Committee and the current terms of reference of the current inquiry.

These comments are based on my experience as an endocrinologist who practised in the field of infertility, particularly related to male infertility from 1972 until 2005.

I was involved in setting up the first donor insemination services at Prince Henrys Hospital and the Queen Victoria Hospital together with the late Professor Bryan Hudson and Professor John Leeton.

These services were set up in the context that the treatment options for men with infertility were very limited at that time and still today, are also still limited. These services were also set up at a time when access to information of parentage of adopted children was also limited.

The interim report clearly illustrates the difficulty of protecting the rights of the donors who consented to acting as donors at a time when they were guaranteed that they would not be identified, with the current and appropriate rights of the donor conceived offspring to access details related to their parentage.

As has been illustrated in one of the submissions, I have been involved in contacting a pre-1988 donor who did consent to his identity being revealed and this has led to an excellent outcome.

It is recognised that record keeping was less than optimal in the early days of these donor programs and hence not all donors will be able to be contacted to ascertain whether they wish to be identified.

I believe it would be unfair to disregard the donor's privacy for those men who donated under conditions of protection of privacy.

In order to try to provide maximum access to donor information, the following suggestions may warrant consideration:

That where contact details are available, a discrete approach be made to donors asking them to consider taking the opportunity to reconsider, with counselling, the possibility of making their identity known to children fathered by their sperm.

Secondly, recognising that records may be incomplete in some clinics, that awareness of these issues be made through media outlets, asking men who acted as donors to consider contacting, in confidence, a counselling service who could

assist them in reconsidering this issue. Should they wish to attempt identification of children born following the use of their sperm, they could consider making available a DNA sample that could be matched with donor-conceived people who also considered providing a DNA sample.

Such an approach would provide the greatest opportunity to retrospectively identify parentage where records are incomplete.

In order to provide maximum protection of records that are available, that these should be transferred to an appropriate body with access to counselling services to be used when necessary.

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