ANSWERS TO INQUIRY INTO DONOR CONCEPTION IN AUSTRALIA
QUESTIONS ON NOTICE

Hansard Page: 38

Senator PRATT—Can you tell me the extent to which NHMRC's guidelines cover records and govern the relationships in terms of patients' access to records?

Dr Dyke—There is a specific section on record keeping and data reporting. I can provide further detail on notice as far as the access to records goes. Importantly, there is also part of a chapter on upholding the right to knowledge of genetic parents and siblings. So, as an ethical principle, that is in the guidance.

Answer:

The following pages provide extracts from the *Ethical Guidelines on the use of assisted reproductive technology in clinical practice and research* (2007) (the ART guidelines) relating to donor-conceived people, specifically about the right to knowledge of genetic parents and siblings, record keeping and data reporting. Key passages are highlighted.

ART guidelines page 25 and following

6 Use of gametes in reproductive treatment programs

Introduction

The gametes used in ART can either be provided by the spouse or partner of the person receiving treatment or donated by a third party. In these guidelines, the term 'donated gametes' is used when the gametes are provided by a third person who, while being the genetic parent of the person born, will not be the social parent (see 'Explanation of key terms').

Most of the guidelines in this section refer to donated gametes. However, paragraphs 6.15 and 6.16 refer to collection of gametes from either a spouse or partner, or from a gamete donor, for use in ART procedures.

Gametes may be donated for use by anyone who is receiving ART treatment at the clinic where the donation is made ('unknown donation'). However, some gamete donors may donate their gametes for use only by certain individuals, such as those from a particular ethnic or social group ('unknown but directed donation'), or for use by a specified recipient who is known to the donor, such as a relative or friend ('known donation'). Most of the guidelines in this section refer to unknown donations, but some specific issues relating to unknown but directed donation and known donation are included in paragraphs 6.6 to 6.9.

Voluntary exchange of information between persons conceived using donated gametes, gamete donors and gamete recipients, with the consent of all parties, is desirable. The guidelines in this section specify the minimum level of information that should be accessible to participants in a donated gamete treatment program. Access to further information may occur only with the consent of all parties involved or as specified by the law.

Donation of gametes

6.1 Uphold the right to knowledge of genetic parents and siblings

Persons conceived using ART procedures are entitled to know their genetic parents. Clinics must not use donated gametes in reproductive procedures unless the donor has consented to the release of identifying information about himself or herself to the persons conceived using his or her gametes. Clinics must not mix gametes in a way that confuses the genetic parentage of the persons who are born.

6.1.1 Clinics should help potential gamete donors to understand and accept the significance of the biological connection that they have with the persons conceived using their gametes. Donors should be advised that the persons conceived are entitled to knowledge of their genetic parents and siblings.

6.1.2 Clinics should help prospective recipients to understand the significant biological connection that their children have with the gamete donor. Recipients should be advised that their children are entitled to knowledge of their genetic parents and siblings; they should therefore be encouraged to tell their children about their origins.

6.1.3 Working with relevant professional organisations, clinics should use forums for public information to encourage people who were donors before the introduction of these guidelines, and those previously conceived using donated gametes, to contact the clinic and register their consent to being contacted by their genetic children or genetic siblings and half-siblings, respectively.

6.1.4 Clinics should not use gametes or embryos collected before the introduction of these guidelines without the consent of the gamete donor (or gamete providers for donated embryos) to the release of identifying information for any future treatments (with the exception of the circumstances given in paragraph 6.1.5).

6.1.5 The only situations in which a reproductive procedure involving donor gametes may be considered without the consent of the donor to the release of identifying information are:
- where the recipient has a child who was born before the introduction of these guidelines using the same gamete donor; or
- where embryos created using donated gametes have been stored before the introduction of these guidelines but the donor cannot be contacted.

In such circumstances, the recipients should be given detailed information (and offered further counselling, if required) about the benefits and risks associated with this transitional arrangement for the persons conceived using donated gametes without consent to release of identifying information.

6.2 Use suitable gamete donations

In using gamete donations, clinicians must carefully consider the physical, psychological and social wellbeing of the person to be born and the participants.

Treatment in Australia using either gametes donated overseas or embryos created from gametes donated overseas must not take place unless all the relevant conditions of these guidelines and any relevant legislation have been fulfilled.

6.2.1 Children and young people (who are defined as ‘minors’ in each jurisdiction) should not be allowed to donate gametes for use by others in a reproductive procedure.

6.2.2 Clinics should not use gametes donated by older men and women unless the potential recipient understands the implications and increased risks of such an arrangement.

6.3 Limit the number of persons born from a single donor

Persons conceived using donor gametes, and the donors of gametes, need to be protected from the consequences of having many genetic siblings and offspring, respectively. Clinics must take all reasonable steps to reduce the numbers of genetic relatives created through donor gamete programs.

6.3.1 Gametes from one donor should be used in a limited number of families. In deciding the number of families, clinicians should take account of:

- the number of genetic relatives that the persons conceived using the donation will have;
- the risk of a person conceived with donor gametes inadvertently having a sexual relationship with a close genetic relative (with particular reference to the population and ethnic group in which the donation will be used);
- the consent of the donor for the number of families to be created; and
- whether the donor has already donated gametes at another clinic.

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6.5 Do not trade in human gametes

Gamete donation must be altruistic. Commercial trading in human gametes and/or the use of direct or indirect inducements, must not be undertaken (see paragraph 17.21.2).

Known donation

6.6 Respect the donor's wishes

If the donor specifies recipients he or she knows personally, clinics must respect the wishes of the donor.

6.7 Encourage careful consideration of donations from relatives

If clinics provide treatment involving gamete donation from a relative, they must encourage very careful consideration of all relevant issues (in particular, that it is unethical to mislead a child about the identity of his or her genetic parent(s), and that relationships within families can be confused by cross-generational donations).

6.8 Do not allow fertilisation of eggs from close relatives

Eggs must not be fertilised with sperm from a close genetic relative (that is, from a person for whom a sexual relationship with the female donor would legally be considered to be incest).

Unknown but directed donation

6.9 Respect the donor's wishes

Some gamete donors may wish to donate their gametes for use only by certain individuals, such as those from a particular ethnic or social group. This type of directed donation is illegal in some jurisdictions. Clinics in those states must not accept such donations. In the remaining states and territories, clinics must not use the gametes in a way that is contrary to the wishes of the donor.

Entitlement to information

6.10 Provide gamete recipients with relevant medical history of gamete donor

Gamete recipients need information about gamete donors that is relevant for the care of their donor-conceived offspring. Clinics must allow recipients of donated gametes access, through either a medical practitioner or an appropriately qualified health professional, to at least the following information about gamete donors:

- details of past medical history, family history and any genetic test results that are relevant to the future health of the person born (or any subsequent offspring of that person) and the recipient of the donation;
- details of the physical characteristics of the gamete donor; and
- the number and sex of persons conceived using the gametes donated by the same gamete donor.

6.11 Provide donor-conceived persons with information about their gamete donor

People conceived using donated gametes are entitled to know their genetic parents. On request, clinics must arrange for either a medical practitioner, or an appropriately qualified health professional, to provide at least the following information, to a person conceived through ART procedures, provided that he or she has either reached the age of 18 years or acquired sufficient maturity to appreciate the significance of the request (including any implications for his or her younger siblings):

- all medical and family history information as specified in paragraph 6.10;
- identifying information about the gamete donor (subject to paragraph 6.1); and
- the number and sex of persons conceived using the gametes provided by the same gamete donor, the number of families involved, and any identifying information that these siblings have consented to being released (see paragraph 6.1.3).

6.12 Provide gamete donors with relevant information about their genetic offspring

Gamete donors are entitled to some information about the recipients of their gametes and the offspring born (in particular, to prepare them for future approaches by their genetic offspring). Clinics may provide gamete donors, on request, with nonidentifying information about gamete recipients, including the number and sex of persons born.

6.13 Respect the privacy of all persons involved in ART procedures

People have a right to privacy. Clinics must not release identifying information to another person without the consent of the person to be identified.

6.13.1 When approached by a person who was conceived using donated gametes and who now seeks identifying information about his or her genetic parents, the clinic should examine the consent form of the gamete donor and proceed as follows:

- If the consent form does not include permission for release of identifying information (because the donation was made before the introduction of these guidelines and the gamete donor has not come forward in response to the public information campaign outlined in paragraph 6.1.3), the clinic should make an appropriate effort, consistent with the original consent document and the privacy rights of the donor, to contact the gamete donor and obtain his or her consent to the release of information.
- If the consent form includes permission for release of identifying information, the clinic may notify the donor and release the information to the person requesting the information.

6.13.2 When a clinic is approached by a person who was conceived using donated gametes and who now seeks identifying information about his or her genetic siblings or half-siblings, it should check its register of consent for the release of such information (see paragraph 6.1.3) and proceed as follows:
- If consent has been registered by the siblings concerned, the information may be released.
- If consent has not been registered, clinics should not release identifying information or contact the siblings.

6.13.3 Acceptance of counselling services should be encouraged as part of the preparation for the release of identifying information.

Responsibility for gametes and resulting embryos

6.14 Maintain a consistent chain of responsibility

Participants in ART procedures involving donated gametes need to know who is responsible for the gametes and resulting embryos used in their treatment. At the same time, the right of the donor to withdraw his or her consent for donation also needs to be protected.

Clinics must maintain clear procedures for the transfer of responsibility for gametes and the resulting embryos at each stage of the program as follows:
- When the gamete donor has not specified a recipient for his or her gametes, the clinic has responsibility for decision making about the use, storage and disposal of the gametes, subject to any limitations expressed in the consent of the donor.
- When the gamete donor has specified a known recipient for his or her gametes, and consent for treatment has been given by the recipient, the recipient has responsibility for decision making about the use of the gametes in his or her own reproductive treatment, as well as storage and disposal, subject to any limitations expressed in the consent of the donor.
- At any time before insemination or fertilisation, gamete donors may vary or withdraw their consent to donation (see paragraph 9.6).
- Once fertilisation has taken place, the persons for whom the embryo has been created have responsibility for decision making about its use in their own reproductive treatment and the medical care of the embryo (both before and after implantation into the uterus), storage and disposal.

The remainder of Chapter 6 is not directly relevant to Donor Conception.

ART Guidelines, page 33 and following

7 Use of donated embryos

Introduction

Embryos that are no longer needed for reproductive treatment by the persons for whom they were created may be donated to another couple for their reproductive treatment (see 'Explanation of key terms'). The implications of embryo donation for the persons born and the donors are similar to those in adoption. Neither the birth mother nor the social father of the person born is the genetic parent.

Embryos may be donated for use by anyone who is receiving ART at the clinic where the donation is made ('unknown donation'). However, some embryo donors may donate their embryos for use only by certain individuals, such as those from a particular ethnic or social group ('unknown but directed donation') or for a specified person who is known to the donor, such as a relative or friend ('known donation').

Most of this section refers to unknown donations, but some specific issues relating to known donations (paragraphs 7.4 and 7.5) and to unknown but directed donations (paragraph 7.6) are included.

7.1 Uphold the right to knowledge of genetic parents and siblings

As for adopted people, persons born from reproductive procedures using donated embryos are entitled to know their genetic parents and of the existence of any genetically related siblings.

Donated embryos, or embryos created using donated gametes, must therefore only be used in an ART procedure to achieve a pregnancy if all the principles in Section 6 for donated gametes are followed both for the gamete providers whose gametes were used to create the embryo and for the recipients of the embryo.

The only situations in which a reproductive procedure involving donor embryos may be considered without the consent of the gamete providers to the release of identifying information are:
- where the recipient has a child who was born before the introduction of these guidelines using the same embryo donor(s); or
- where embryos created using donated gametes have been stored before the introduction of these guidelines but the donor cannot be contacted.

In such circumstances, the recipients should be given detailed information (and offered further counselling, if required) about the benefits and risks associated with this transitional arrangement for the person conceived using a donated embryo without consent to release of identifying information.

7.2 Maintain the integrity of genetic parenthood

Persons conceived by ART are entitled to know their genetic parents. Clinics must not use any procedures that allow the genetic parentage of persons conceived to be confused. For this reason, clinicians must not transfer embryos to the uterus of a woman from more than one source at any one time.

7.2.1 Because of the potential for difficulties in tracing genetic parents, and because of possible effects on the long-term psychosocial welfare of the persons born from embryos that have undergone serial donations, clinics should not facilitate the following procedures:

- donation of an embryo that has been created using a donated gamete or gametes; or
- on-donation of a donated embryo to another couple.

7.3 Ensure a consistent chain of responsibility

People undertaking ART procedures using donated embryos need to know who is responsible for the embryos involved in their treatment. At the same time, the right of the donors to withdraw their consent for donation also needs to be protected.

Clinics must maintain clear procedures for the transfer of responsibility for embryos at each stage of the program as follows:

- Once the embryo donors have specified a recipient who has accepted their embryo for implantation, the nominated embryo recipient (and her spouse or partner, if any) has responsibility for decision making about its use in her reproductive treatment and the embryo's medical care, storage and disposal, subject to any limitations expressed in the consent of the donor or imposed by law.
- If the embryo donors have not specified a recipient for their embryos, clinics should keep or place the embryos in storage until suitable recipients are selected by the clinic for treatment.
- At any time before transfer of the embryo into the uterus of the recipient, embryo donors may vary or withdraw their consent to donation (see paragraph 9.6).

Known donations

7.4 Respect the donor's wishes

If the donor specifies recipients he or she knows personally, and who have indicated that they wish to accept the donation, clinics must respect the wishes of the donor.

7.5 Encourage careful consideration of donations from relatives

If clinicians provide treatment involving embryo donation from a relative, they must encourage careful consideration of all relevant issues (in particular, that it is unethical to mislead a child about the identity of his or her genetic parent(s), and that relationships within families can be confused by cross-generational donations).

Unknown but directed donation

7.6 Respect the donor's wishes

Some embryo donors may wish to donate their embryos for use only by certain individuals, such as those from a particular ethnic or social group. This type of directed donation is illegal in some jurisdictions. Clinics in those states must not accept such donations. In the remaining states and territories, clinics must not use the embryos in a way that is contrary to the wishes of the donor.

ART guidelines, page 41 and following

9 Information giving, counselling and consent

Information giving

9.1 Provide and discuss all relevant information with participants

To make informed decisions about their treatment, participants in ART need to understand all the procedures involved, including any health risks and psychosocial consequences associated with them. Clinics must give up-to-date, objective, accurate information about treatment options and the procedures involved to all potential participants in ART procedures and discuss it with them.

9.1.1 The information discussed should allow participants to develop an accurate understanding of the following issues:

- the likelihood of the woman becoming pregnant other than through ART;
- recent success and failure rates relevant to the particular participants;
- any significant risks involved in the proposed procedures;
- the likelihood and significance of potential short-term or long-term physical and psychosocial implications for the person born and the participants;
- the currently available published data on morbidity, and both long-term and short-term outcomes, for persons born through ART;
- whether the proposed procedure is accepted practice or an innovative procedure (see paragraph 14.1);
- options for use, storage, donation and disposal of gametes and embryos (see Sections 6, 7 and 8);
- an explanation of all costs involved;
- the clinic's privacy policy; and any planned or possible follow-up studies and/or the possibility of later contact and request to take part in such studies.

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9.2 Consider the information needs of all parties in donated gamete or embryo programs

Donors and recipients in gamete or embryo donor programs (see Sections 6 and 7) each have complex information needs. Clinics must consider the information needs of both donors and recipients.

9.2.1 Clinics should provide and discuss information on the following issues:

- the possible implications and long-term psychosocial consequences of gamete or embryo donation for the donors, the recipients and the persons conceived;
- for participation in a donor oocyte program, the possibility that this may affect the ability of the donor to have children in the future;
- the arrangements of the clinic for collection, storage and release of identifying information; any difficulties in finding gamete or embryo donors, including meeting the requests of specific recipients;
- the scope of consent and the rights of each person involved to withdraw consent (see paragraphs 6.9 and 7.3);
- the responsibilities of each participant to all other participants in the proposed reproductive procedure; the legal status of the genetic and social parents of any persons conceived using donated gametes or embryos in the jurisdiction in which the clinic is located, or the gametes or embryos are used; and
- the options of donating embryos to other people or allowing them to be used for research (see paragraph 8.5). (For further details on allowing embryos to be used for research, see Section 17.)

Counselling

9.3 Provide counselling services

ART involves complex decision making and participants may find it an emotional and stressful experience. Clinics must provide readily accessible services from accredited counsellors to support participants in making decisions about their treatment, before, during and after the procedures.

9.3.1 Clinics should therefore provide counselling services, with professionals who have appropriate training, skills, experience and accreditation necessary for their counselling role. The counselling services should:

- provide an opportunity to discuss and explore issues;
- explore the personal and social implications for the persons born and for the participants;
- provide personal and emotional support for participants, including help in dealing with unfavourable results;
- provide advice about additional services and support networks; reflect an integrated, multidisciplinary approach, including medical, nursing, scientific and counselling staff; and
- provide participants with information, when requested, about professional counsellors who are independent of the clinic.

9.3.2 For participants in a gamete or embryo donation program, counselling should include a detailed discussion of the complex issues relating to gamete or embryo donation, including the following specific aspects:

-the long-term psychosocial implications for each individual and each family involved;
- the psychosexual implications;
- the motives of the gamete or embryo provider for becoming involved in a donated gamete program;
- the need to ensure that gamete or embryo donors make their own independent decision to participate and that this decision is reached free from coercion in any form; and
- the right of persons born to have identifying information about their genetic parents and information about the possibility that they will make contact in the future.

Consent

9.4 Obtain consent from all participants in all procedures

Before clinical ART procedures are undertaken, clinicians must ensure that consent is obtained from all participants (and, where relevant, their spouses or partners), is informed, voluntary, competent, specific and documented, and remains current.

9.4.1 Consent should be obtained in writing, following the provision and discussion of information about the implications of proposed reproductive procedures, adequate time for consideration of the information and adequate opportunities for personal preparation (see paragraphs 9.1 to 9.3).

9.4.2 Clinics should have procedures to ensure that consent is voluntary and free from coercion.

9.4.3 Consent forms should include the following statements:

- that the participants have received the information provided about the proposed procedures; that counselling by a professional counsellor has been offered;
- that participants have had explained to them the procedures involved and the risks of complications and have had their questions answered;

- that participants have had explained to them any mandatory uses of data;
- whether or not the participants give permission for any additional (nonmandatory) uses or disclosures of identifying information or data collected about them;
- whether or not the participants give permission to be contacted in the future with a request for participation in follow-up research;
- the arrangements for storage and disposal of gametes or embryos;
- a signed statement by the supervising clinician that he or she has provided information about the proposed procedures; and
- that relevant participants consent to each proposed procedure.

9.5 Obtain consent from all participants in donated gamete or embryo programs

The donation of gametes or embryos is associated with a range of difficult ethical, social and legal considerations for participants. Clinics must obtain a separate consent form from each participant in gamete or embryo donation programs and their spouse or partner (if any).

9.5.1 Consent forms for the donation of gametes or embryos should include:
- full details of the agreed arrangements for any treatment involving donated gametes or embryos (see Sections 6 and 7);
- an acknowledgment that each participant (and spouse or partner, if any) has received and understood the information provided about gamete or embryo donation;
- a statement that the gamete or embryo donor understands and acknowledges his or her biological connection to any persons conceived using his or her donated gametes or embryos;
- a statement giving explicit permission to make the information specified in paragraphs 6.10 and 6.11 available to the recipients and any person conceived through the procedure, respectively;
- a description of the arrangements set out in paragraphs 6.14 and 7.3 for responsibility for the gametes or embryos after donation; and
- provision for signature by the participant (and his or her spouse or partner, if any).

9.5.2 Potential gamete or embryo donors and gamete or embryo recipients should be given adequate time between provision of information and obtaining consent to allow consideration of the complex issues involved.

9.6 Recognise the right of participants to withdraw or vary their consent

Clinics must recognise that, with the exception of some specific issues relating to the donation of gametes and embryos (see paragraphs 6.14 and 7.3), participants have the right to withdraw or vary their consent at any time.

…

ART guidelines page 49 and following

10 Record keeping and data reporting

Record keeping

10.1 Maintain integrity and privacy of personal information

Clinical records contain sensitive personal information. Clinics must manage records so that the integrity and privacy of the information complies with all requirements of relevant national, state or territory legislation and accrediting bodies, and conforms with the ethical principles defined in these guidelines.

10.1.1 Clinics should have the following overall arrangements for record keeping:

- a privacy policy that complies with the requirements of the relevant national, state or territory privacy legislation;
- procedures to collect, record and report information about persons, treatments and results that ensure maximum security, integrity and effectiveness;
- arrangements to store relevant information about participants in a procedure involving the use of donated gametes or embryos in a way that is secure but accessible to the persons born as a result of the procedures, and the participants, under the conditions described in paragraphs 6.10 to 6.13;
- arrangements to ensure transfer of records to a suitable person or location when a clinic closes or a practitioner ceases to practise (such arrangements should ensure that records stay with the gametes and embryos to which they relate); and
- provision to keep records indefinitely (or at least for the expected lifetime of any persons born).

10.2 Observe, record, monitor and evaluate procedures and outcomes

Good record keeping is essential for short-term and long-term follow-up of procedures. Clinics must therefore keep detailed clinical and laboratory records that are appropriate to the practice of ART and allow monitoring of procedures and their short-term and long-term outcomes:

10.2.1 Clinics should record the following information:

- full names (including previous names) and contact details of all participants and, whenever possible, the names of persons born as a result of assisted reproductive technology;
- particulars of gametes and embryos to enable staff in the clinic to trace what happens to each individual embryo, egg or sperm sample from the date of collection;
- data about outcomes of procedures to allow the clinic or accrediting body to publish relevant information to assist participants to make informed decisions about treatment options (particularly in relation to any experimental or innovative procedures);
- data to facilitate monitoring of short-term outcomes, including the live birth rate per treatment cycle commenced, the occurrence of single and multiple pregnancies, spontaneous abortion, termination of pregnancy, ectopic pregnancy, stillbirth, genetic conditions, perinatal events and any adverse effects and other side effects for the participants during treatment; and
- data to facilitate long-term follow-up studies of persons born as a result of ART procedures, and the participants (eg rates of long-term adverse outcomes and subsequent fertility).

10.3 Record information about donation, use and storage of gametes and embryos

In order to facilitate the exchange of information between donors, recipients and the persons conceived by gamete or embryo donation (as required by paragraphs 6.10 to 6.12), clinics must have appropriate arrangements/systems for data collection, data storage and information release.

10.3.1 Clinics should collect the following information from gamete donors (or gamete providers for donated embryos):
- name, any previous name, date of birth and most recent address;
- details of past medical history, family history, and any genetic test results that are relevant to the future health of the person conceived by gamete donation (or any subsequent offspring of that person) or the recipient of the donation; and
- details of physical characteristics.

10.3.2 Clinics should tell gamete donors (or gamete providers for donated embryos) that it is their ethical responsibility to keep the clinic informed about any changes to their health that may be relevant to the persons born or the recipients of their donation, and about changes to their contact details.

10.3.3 Clinics should keep records of the number of persons born using gametes or embryos provided by the same person(s), the sex of each person born and the number of families into which they have been born. Clinics should ensure that gamete donors (or gamete providers for donated embryos) consent to this information being collected and released to the persons born and/or recipients, as appropriate.

10.3.4 Clinics should store all relevant information about participants in a donated gamete or embryo treatment program indefinitely (see 10.1.1), in a way that is secure but is accessible to all the participants under the conditions described in paragraphs 6.10 to 6.12).

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Reporting of data

10.5 Ensure public accountability for all activities and procedures

Reporting of data must be adequate to ensure open communication of, and accountability for, the clinic's activities to the participants and the general public.

10.5.1 Clinics should make all non-identified data referred to in Section 10 available to appropriate bodies to enable subsequent collation of national statistical information about reproductive procedures, including both long-term and short-term outcomes for the embryos, the children born and the participants.

10.5.2 Reporting of data should comply with requirements of relevant privacy legislation, any state or territory legislation, NHMRC guidelines and, where necessary, be subject to the consent of the participants.

10.5.3 All data relevant to licensed activities, including both long-term and short-term outcomes for the participants, must be kept and made available to appropriate bodies to enable subsequent collation of national statistical information about these

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CHAIR—Thank you. In the guidelines what do they say about data conceived individuals' access to information and right to know family members and so on? I am looking at them here. Where does that come up? Is it under point 9, page 41, information given counselling and consent? If not, where?
Dr Dyke—The right to knowledge is in chapter 6. I was suggesting to Senator Pratt that we may have to take on notice what the guidelines say about the access to records that are being kept. The record-keeping parts are in chapter 10, but I do not have that level of detail as far as access is concerned.
CHAIR—If you could take that on notice.
CHAIR—If you could take that on notice. These guidelines relate more to IVF practices. Is that correct?
Dr Dyke—It is the whole gamut of assisted reproductive technology practices.
CHAIR—But there is not a dedicated focus on donor conceived individual rights and so on, it is not focused on that area in particular?
Dr Dyke—There are various references to donor conception throughout the guidelines. We could draw your attention to those.
CHAIR—If you could on notice.

Answer:

See answer to question 1.