

To the Senate Inquiry into the Past & Present Practices of Donor Conception in Australia,

As a person created through Artificial Insemination I welcome this Federal Inquiry into donor conception and hope that information gathered from those who have actual experience of living with the long term consequences of donor assisted reproduction will inform future policy. The voices of donor conceived people have for too long been absent from debates on policy making in Assisted Reproductive Technology.

There is little public understanding of what it means to be donor conceived. Few people appreciate the complexity of what it can be like, growing up in an artificially constructed family where one, or both legal parents are not biologically related to their child or children. The emotional development of such children is disadvantaged from having no contact with their missing biological parent/s and wider kinship network. For volunteers who provide donor gametes, practitioners who manipulate them and those who receive eggs, sperm or embryos through assisted reproductive technology, it is easy to dismiss the donor as merely an irrelevant means to an end. For the donor conceived person, the donor is half of who they really are, providing physical characteristic, traits and talents that are often not mirrored by the family who surround them. It is little wonder that donor conceived children can experience identity confusion and genealogical bewilderment during their upbringing and adult life, regardless of whether or not they have been informed of the nature of their conception.

The protocols which have influenced past and present practices in donor conception were established by the medical profession. In the early days, donor anonymity and secrecy surrounding the use of third party gametes became accepted as the norm and despite growing bodies of evidence from a social science perspective, which indicate that both of these concepts are deeply flawed in terms of the damage that can be done to families and individuals, there are still many practitioners today who do not fully support or accept the value of "openness". As a result of the early protocols which were rooted in a utilitarian approach to the creation of new human life, the regulation and legislation of donor conception across Federal and State jurisdictions has been framed for the benefit of recipient parents and gamete donors, with little or no thought for the best long term interests of the person who is created through them.

A whole generation of donor conceived people have grown up in Australia being denied the chance even to know that their conception involved donor gametes because recipient parents are not legally obliged to inform them of this important fact and their birth certificates, which are a legal document of identity, do not disclose the truth. The Federal Government has colluded in misleading donor conceived people about their ancestry, ethnicity and full identity by failing to insist on factual birth certificates. This failure to provide citizens without honest information about their origins needs to be addressed.

The medical profession has not readily heeded the lessons that have been learned from adoption practice, (or from the Stolen Generation or the Child Migrants) where once it had been deemed acceptable to take babies from their young, single mothers or older children from their parents in order to reassign them to wealthier and supposedly more deserving childless couples under the guise of giving the child a better chance in life. While adoption has evolved from an adult centric practice, to one in which the child's best interests are held paramount and the appeasement of involuntary childlessness is no longer a dominant consideration in adoption placement, the medical profession have continued to collect the raw essence of human life in sterile containers and to use these gametes to deliberately create children for adults who wish to experience parenting. The routine reassignment of kinship before conception, simply to fulfil the reproductive desires of adults, cannot be seen to be socially or morally acceptable and is contrary to many of the Substantive Provisions laid down in the United Nations Charter on the Rights of the Child.

The medical profession have failed to do rigorous, long term follow-up studies on recipient parents and donor conceived people to assess the impact that reproductive medical intervention has had on them. Society at large is unaware of the number of divorces and mental health problems experienced by parents in donor conceived families which lie at odds with the perception that "solving" infertility, or involuntary childlessness in the case of single women and gay couples, automatically leads to happy-ever-afters. Those offspring who become the solution have been shown in a recent, groundbreaking study released by the Commission on Parenthood's Future (My Daddy's Name is

Donor. Marquardt, Glenn and Clark 2010) to be significantly more likely than their peers raised by biological parents " .. to struggle with serious, negative outcomes such as delinquency, substance abuse and depression."

The medical profession have continued to expand their repertoire of reproductive interventions from the most simple form of Artificial Insemination by Donor to the more medically invasive IVF, using donor sperm, or donor eggs or even both combined to make donor embryos. The fact that only now, more than 25 years after IVF first became possible, has a study shown that more than 4% of all IVF births have major congenital malformations, aside from the percentage having minor medical problems and other issues caused by prematurity and twin birth, shows that the medical profession have been presenting Assisted Reproductive Technology as a complete success, when clearly there are many serious questions that need to be addressed.

Donor conception has no visible benefits for the people it creates, but it has the potential to cause psychological harms and even physical harms, when adult donor conceived people are unaware of specific hereditary medical conditions prevalent in the family of their unknown biological parent/s. The use of donor sperm in Artificial Insemination to circumvent male infertility must surely be the only medical procedure in which the female patient is receiving reproductive "treatment" despite having no reproductive illness. It also provides a rare example of where the consequences and long term side effects of the "treatment" are felt by a non-consenting third party, the donor offspring, for the rest of their life. In spite of the knowledge that being raised by non-biological parents, or in fatherless families, can be problematic for children and that being deprived of information about identity, parentage and ancestry is psychologically harmful, the medical profession are continuing to create babies on demand and governments around the world continue to condone donor assisted reproduction.

Adults who are aware of their donor conception status are often offered very little by way of support in dealing with the issues that arise from their situation. In particular, there is the problem that their own families have willingly played a part in creating the loss of contact with donor parents, donor kinfolk and donor conceived half siblings, so the grief of this loss is rarely acknowledged within the family situation. In wider society, donor conceived people who express an interest in their donor parent/s and complain of the grief and confusion that their circumstances have caused for them, are regularly told to consider themselves lucky simply for being born and for being so "wanted" by the people who commissioned them. There is little sympathy for the frustrating injustice of having been intentionally denied something that the rest of humanity take for granted. When a child loses a parent through death, society considers it to be a tragedy, but when a child loses a parent through donor conception, to a filing cabinet in a hospital records repository, that is just something inconsequential, to be brushed aside as minor collateral damage. Donor conceived people are not even supposed to feel disquiet or disgust at being the end product of a financial transaction involving a sample jar and a pornographic magazine, followed by a cold, clinical harnessing of medical expertise to bring them into being.

One of the greatest problems faced by older donor conceived people who have a desperate desire to complete their sense of identity by connecting with their donor parent/s, is the stress of simply not knowing if that goal will ever be achievable, through legislative changes or as a result of proactive searching, chance connections through Internet registries and the expense of private DNA testing to establish biological relatedness. There is an ever present possibility that they may walk past their donor parent/s or other family members in the street without realising, or that they might meet and accidentally form an inappropriate relationship with a half sibling or other close relative. Living with the debilitating uncertainty of eventual resolution, not knowing if they will one day discover their donor parent/s and have a possibility of meeting them and forming a relationship with them, as some adult offspring have been lucky enough to do, can get *more*, rather than *less*, difficult as time passes and hope fades. Eventually, for many in this situation there is a realisation that it will never happen.

Circumstances within recipient families where full clinical records of the donor conception exist and can be made available, but where the adult offspring have been conceived with gametes from different donors, can mean that some siblings will be entitled to get identifying information about their biological parent/s, while others may only get non-identifying information or simply no information at

all. This can hardly be conducive to a happy family dynamic. Some offspring may discover that they were conceived with sperm imported from foreign countries and despite getting identifying information they will be unable to form a meaningful relationship with their donor parent/s because of the physical, cultural or language gulf between them. None of these issues seem to have been foreseen or considered of relevance by those who procured the gametes for use.

The Federal Government has failed to provide a comprehensive and consistent framework of legislation to protect the interests and basic Human Rights of donor conceived people, who do not even have parity of identity rights with others in their own unique group, let alone with the rest of society as a whole. Having access to identifying information about donor parents, wider family and donor conceived siblings is dependent on current regulations which are applicable depending on when and where a donor offspring was conceived and if clinics have kept proper records. Such discrimination is unjust and can only be addressed by enacting legislation to give *all* Australian donor conceived people the right to have retrospective access to all available information on their biological parent/s and half siblings conceived through the same donor. However, it needs to be stressed that no amount of information can ever replace or compensate for a lost relationship.

It is to be hoped that this Federal Inquiry on donor conception will lead to all new legislation having a child centric focus and to a long overdue public acknowledgement of the harms and discrimination that has resulted for the donor conceived people who have been intentionally created.

Yours sincerely,

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