Submission

Past and Present Practices of Donor Conception

Legal and Constitutional Affairs References Committee Inquiry

My name is Ina White and I am the grandmother of a donor conceived child, Kylie Dempsey. I have been involved in Kylie's life from birth right through, and am aware of concerns about the lack of readily available information to families of donor conceived children.

I am aware of Kylie's search for information on her donor and totally support her in this, I also wish to state that I agree with the recommendations in her submission, detailed below.

As a grandmother, for many years I have worked on our family history and specifically medical history so as to provide my family with accurate. I have been unable to provide Kylie with similar information that I have been able to collate and provide to my other grandchildren because I could not access information on her donor and his family history. I do not believe it is right nor fair that Kylie has been denied this information because this impacts on her ability to access proper medical care for whatever ailments she may develop.

I see no reason why a donor conceived child can not access similar information that an adopted child can. I'd like to highlight to the Inquiry Committee the following recommendations:

a) Donor Conception regulation and legislation across federal and state jurisdictions

   Donor Conception in each state should be monitored by a single national regulating body and fall under federal legislation.

   This will bring Australia back to being 'one' country.

b) The conduct of clinics and medical services

   a. Payments for donors

      Donors should not be paid.

      The word 'donor' indicates that a 'donation' has occurred – it's a pointless exercise to be paid for a donation. It's pointless to be a donor of any sort if you are going to be paid for it.

   b. Management of data relating to donor conception, and

      It should be the legislated responsibility of the clinics and medical services to collect and provide to a central managing body identifying and non-identifying information about the donor and donor conception. Additionally, complete medical histories of the family should be collated.

There is a need for the future doctors of the donor conceived children to have access to the medical histories of the donor to appropriately treat them. The doctors can't get a full picture of the donor conceived child's life if they don't have a full medical history.

c. Provision of appropriate counselling and support services

Interested donors and parents should have compulsory counselling.

Appropriate counselling and support services should be identified and/or made available for all involved, potential donors, parents, offspring, siblings and extended families in an ongoing capacity.

c) The number of offspring born from each donor with reference to the risk of consanguine relationships; and

A federal limit should be imposed with the provision of 'holding' donations for families that may wish to have more than one child. One donor should be allocated to each family seeking donor support. This should not be allowed to used by other families.

This is particularly important considering the transient nature of people these days.

d) The rights of donor conceived individuals

Legislation regarding the provision of identifying and non-identifying information on donors to donor conceived children should be passed. This legislation should be made effective immediately and be retrospective.

Parents, both Mother and Father, of donor children should be allowed access to identifying and non-identifying information about donors until the child reaches the age of 18.

Limiting access just to the Mother segregates the family unit and this is unacceptable.

Proof of identify should be required to access this information.

Children 18 years old or over should be granted access to identifying and non-identifying information about their donor without the need for parental permission.

Donors are not given identifying information about their offspring by clinics or the coordinating body.

The donor has made the donation willingly and knowingly, the child is reared by the parents. The donor has given up his rights to demand to know because he has, for whatever reason, donated. The donor should not be involved in the child's life without the child making the initial contact.