



The Right to Information for Donor Conceived People: Lessons Learnt from Adoption

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Introduction

Donor conception and adoption are both practices involving the creation of a family in which the child does not have biological ties to one or both parents. Both have a relatively long history in Australia, although much more is known about early adoption practices. Importantly, both were historically shrouded in secrecy, and while adoption practice has changed significantly over the years to embrace a new openness, donor conception is still far from transparent.

This paper will outline the effects of Australia's past adoption practice and the changes that have occurred as a result of learning from past mistakes. It will examine the many similarities and differences between donor conceived people and adoptees in order to argue that the practice of donor conception should rightly be compared to, and learn from, adoption practice.

This paper will also outline the history of donor conception in Australia and how the practice grew, often without any guiding legislation – particularly concerning the future needs of donor conceived people themselves. One of the most common and foreseeable needs of donor conceived people is to obtain information about their donor. As many such people are the product of an anonymous donor and are denied access to information about their donor, this unmet need is often a great source of frustration.

Working from the assumption that it is a fundamental right and of great importance for donor conceived people to know their family and medical history, this paper argues that mechanisms should be put in place to enable donor conceived adults and donors to access information about each other. If donor conception practice does not change and learn from the mistakes made from past adoption practice, this is likely to have a profound negative effect in the future.

Australia's Adoption History

As professionals working in the adoption field, we are constantly evaluating our practice, reflecting on the past and looking at the future impact of our current casework delivery. Adoption practice has changed significantly in Australia over the past fifty years, and it is clear that Australia's deleterious past adoption practice has had a negative impact on many individuals affected by adoption.

In particular there are three instances of past practice which have severely impacted individuals in Australia: the Stolen Generations, the former practice of forced adoption and the British Child Migrant Scheme. Professionals working in the adoption field regularly encounter clients affected by these practices and in some cases the individuals remain traumatised. This highlights the fact that adoption is a lifelong event, and adoptees and birth families can encounter a multitude of issues throughout their lifetimes as a result of adoption intervention.

One of Australia's most shameful past adoption practices left an extreme impact on the country's indigenous (Aboriginal) population; this is known as the Stolen Generations. Historically many of Australia's "missionaries, teachers and government officials believed that the best way to make black people (Aborigines) behave like white people was to get hold of their children who had not yet learned Aboriginal life ways. They thought that children's minds

were like a kind of blackboard on which the European secrets could be written.”¹ From approximately 1869 until the 1970s, many thousands of Aboriginal children were removed from their parents by government agencies and church missions; no court hearing was necessary and the reason for the Aboriginal Protection Board taking control of the child was simply ‘for being Aboriginal’.

The impact of this legislation and practice was overwhelming; the *Bringing Them Home Report* tabled in the Federal Parliament in 1997 stated “nationally we can conclude with confidence that between one in three and one in ten Indigenous children were forcibly removed from their families and communities in the period from approximately 1910 until 1970. In certain regions and in certain periods the figure was undoubtedly much greater than one in ten. Most Aboriginal families have been affected, in one or more generations, by the forcible removal of one or more children”. Aboriginal children have been severely impacted by this forced adoption practice and are often still unaware of their Aboriginality.

Another shameful tradition forced single mothers to place their babies for adoption. It has been reported that “at least 150,000 Australian women had their babies taken against their will by some churches and adoption agencies”.² These practices were at their height from the 1950s to the 1970s, as unwed pregnant women were routinely placed in Women’s Homes and then coerced by social workers, doctors and nurses to place their baby for adoption. There are reports women were “given large doses of drugs prior to and after the birth, often right up until they signed consent”.³ It was also common practice for mothers to not be allowed to see their baby – this was achieved by placing a pillow or sheet between the mother and her child immediately after the birth and placing the mother or baby in a separate building in the days following the birth.

The report of a recent Senate Enquiry into the Commonwealth Government’s Contribution into Former Forced Adoption Policies and Practices was released in February 2012. The enquiry found “evidence of consent was not properly taken, there was evidence of coercion and all the pressure, practices and policies have had lifelong impacts on mothers, fathers, adoptees and family members.”⁴ Many of these birth mothers continue to live with the trauma and grief of being separated from their baby under these circumstances and many adoptees are only now learning the true facts of the circumstances leading to their adoption.

Another significant act in Australia’s shameful history involved collaboration with the ‘motherland’, Great Britain, in implementation of the British Child Migrant Scheme. As a way of boosting Australia’s population British boys and girls were sent to the other side of the world “to populate the empire with good, white British stock.”⁵

It is estimated over 10,000 children between the ages of 3 and 14 were sent to Australia between 1912 and the 1970s. They were mostly placed in institutions or with foster families, however some were adopted. Many were told they were orphans when in fact only a third were actually so; the remainder had parents alive in the UK. Whether adopted or not, these children grew up with identity issues and a lack of information about their biological family and medical history. Many remain traumatised by the abuse, overwork and lack of education they endured.

Australia’s Past Adoption Practice

In general Australia’s past adoption practice is described as ‘closed’ and shrouded in secrecy – meaning professionals and adoptive parents believed it was best if the child had a ‘clean break’ from their biological parents. This was achieved by the adoptive parents not disclosing to their child they were adopted and had a biological family. The adopted child would be raised as if

¹ *The Stolen Generations – The removal of Aboriginal children in NSW 1883 to 1969*, Peter Read, 1981, page 3.

² *Sydney Morning Herald – Catholic Church sorry for forced adoption* - Lisa Martin July 25, 2011

³ *Releasing the past: Mothers’ stories of their stolen babies*, Christine A Cole, 2008, p 4

⁴ *Sydney Morning Herald – Joint call for nation to apologise over forced adoptions* – Dan Harrison, 1 March 2012

⁵ <http://www.childmigrantstrust.com/our-work/child-migration-history>, origins and destinations, para 4

born to the adoptive parents.

Research and practice informed professionals and adoptive parents alike that 'closed' adoptions shrouded in secrecy often had long term effects on the adoptee, especially in relation to lifelong issues of identity and questions about their biological family, as well as feelings of betrayal and deceit as often everyone in an extended family knew about the adoption except the adoptee.

In the latter half of the twentieth century, society became more accepting of young single mothers and children born out of wedlock and the stereotypes of women changed. The implementation of the 'Mother's Benefit' in Australia in 1973 was also significant as it enabled a single woman with a child some financial security to raise her child on her own. As these social changes occurred, Australia's adoption practice also experienced dramatic change and moved to adoption being practiced in a spirit of openness. "This move to 'openness' attempted to achieve the best of both worlds – providing security for the child and the new family without cutting the child off from knowledge of its roots or totally excluding the birth parents."⁶

Changes in Adoption Practice and Adoption now in Australia

As adoption practice changed, so did the numbers and types of adoptions in Australia. In the 1970s, on average over 6,000 children per year were legally adopted in Australia; these numbers decreased over the next three decades. For instance the average number of children legally adopted in Australia in the 1980s was just over 2,000 children per year, and in the 1990s and new millennium the average was just 700 children per year.⁷

Adoptions in Australia have now hit a record low, with only 348 finalised adoptions in 2010-11.⁸ This significant drop in the number of adoptions was attributed to a number of reasons, including "increased social acceptance of raising children outside marriage, the increased levels of support available to lone parents and the accessibility of contraception and abortion."⁹

As the number of adoptions dropped, the types of adoptions also changed. The thousands of children adopted every year in the 1970s and 1980s were mainly local adoptions, that is Australian children adopted to approved adoptive parents (strangers to the child).

Intercountry adoption began in Australia in the 1970s as result of the Vietnam War, when Australia organised two special flights and transported 292 Vietnamese orphans to Australia in *Operation Babylift*.¹⁰ Intercountry adoption was seen as a solution to meet the needs of the increasing number of prospective adoptive parents and the substantial decrease in the number of local children available for adoption. *Operation Babylift* accelerated Australia's intercountry adoption and the number of intercountry adoptees entering Australia has increased since then.

At present more than half of Australia's adoptions are intercountry adoptions. The balance are either relative adoptions or children adopted through the Out of Home Care system – i.e. where the Government has removed a child from its parents due to abuse or neglect and placed it in foster care.

As changes occurred in adoption practice throughout Australia, so did adoptees' rights to their birth information. During the period 1984 – 1994 most Australian States and Territories enacted adopted information legislation, ending the era of Australia's closed adoption practice. Adult adoptees and birth parents could now access information from adoption records and, if they wished, could attempt to trace and locate their birth family members.

Post adoption work remains a key part of practice in State Government Adoption Teams and accredited adoption agencies. A growing number of adoptees and birth parents seek adoption

⁶ *The Many Sided Triangle – Adoption in Australia*, Audrey Marshall and Margaret McDonald 2001, page 250

⁷ *Figures obtained from Adoption Australia 2007-8, Appendix A – Statistic Tables*

⁸ *Sydney Morning Herald, Adoption in Australia hit record low, 14/12/2011*

⁹ *Damon Martin, Intercountry Adoption in Australia, 2009, page 2*

¹⁰ <http://www.ag.gov.au/historyofintecountryadoptioninaustralia>.

information at varying stages of their lives. For some adoptees the search is triggered when they become a parent themselves, while for others it is sparked during adolescence as they come to grips with 'who they really are'. Some even wait till the death of their adoptive parents as they may be concerned about the effect contact with their birth parent might have on their relationship with their adoptive parents.

Adoption professionals also encounter a great number of 'late discovery adoptees' from the closed era of past adoption practice. These people discover later in life that they were adopted; this often comes as a tremendous shock and can create a range of intense emotions, including disbelief, confusion and anger. They may confront ingrained identity issues and there may be a period of adjustment while a late discovery adoptee comes to terms with newly acquired information about themselves.

Although adoption practice and legislation have changed significantly over the years, adoption professionals continue working with clients impacted by past practice and this highlights that the effects of adoption are lifelong and inter-generational.

The Similarities between Adoptees and Donor Conceived People

There are many similarities between adoptees and donor conceived people but also some unique differences, which have been widely documented. Firstly, adoption and donor conception "both allow for the development of families outside of the traditional married biological model, and both involve self conscious choices to become parents."¹¹

Another obvious similarity is the importance of identity; many adoptees and donor conceived people yearn for knowledge about their biological family and medical history and need to connect with people to whom they are biologically related. Similar to adoptees, some donor conceived people have described living with a feeling of 'not fitting in' with their family. The importance of knowing one's identity cannot be underestimated. For adoptees and donor conceived people, having access to information about their biological parent can help them 'fill in the missing pieces of their life'; this is information the majority of us have and have the luxury of taking for granted.

Another similarity is the secrecy that shrouded both practices in the past. As mentioned earlier, adoptees continue to discover later in life that they were adopted. There are still a number of individuals who do not know they were adopted and some will never become aware of this information. Likewise many donor conceived people were born when this treatment's practice was shrouded in secrecy and they may uncover the truth about their conception either later in life or not at all. As with adoption, parents may fear telling the truth to their child as it has been a secret they've kept for a long time. They may fear rejection, anger or the chance they may lose the child (or adult) they love. The parents may also be ashamed of their infertility issues and not feel comfortable discussing them with their child.

Additionally adoptees and donor conceived people can both be denied access to information about their biological parent. Accessing information is a crucial part of the post adoption journey, just as it is for donor conceived people wishing to learn about or contact their biological parent. Information such as this is a precious commodity to people affected by adoption or donor conception, and it is impossible to underestimate the importance of the basic human right to have access to information about one's biological parent. Not having access to this information can create complex identity issues and be a source of ongoing frustration for the individual.

This problem remains a concern for adoptees, especially in relation to information about their birth father. Most adoptees, while having two birth certificates (their original and their adoptive certificates) do not have a birth father named on their original birth certificate. As a result the father is considered unacknowledged and legislation in most Australian States does not allow the adoptee to access identifying information, despite the fact that the father is often named throughout an adoptee's file.

¹¹ *No secrets: Openness and donor conceived half siblings*, Naomi Cahn, 2011, page 324

Similarly, donors are not recorded on a donor conceived person's birth certificate, as the law in all Australian States specifically provides that a donor has no rights or responsibilities for the child. The recipient parent(s) are automatically considered the child's legal parents and are placed on the original birth certificate. Unlike adoptees this is presently the *only* certificate donor conceived people have. In some States registers operate to collect information about the donor, but in most Australian States information about the donor will be held by the clinic or GP. Another added complication for many donor conceived people is that their donor provided his sperm to a clinic under the assurance he would remain anonymous, or that anonymity was strictly practised by the clinic. For some birth parents who relinquished their child for adoption during the past era of 'closed' adoption practice, they similarly were guaranteed anonymity, however legislative change during the mid 1980s and 1990s ensured adult adoptees could access information about their birth parent. Therefore like adoptees, donor conceived people will face many (if not more) obstacles to accessing information about their biological father.

Another similarity is that some adoptees and donor conceived people may feel torn or disloyal to their parents if they instigate contact with their biological parent. Adoptees and donor conceived people may often initiate contact with their biological family alone and not supported by their parents, as they fear doing so may impact on their current relationship.

The Differences between Adoptees and Donor Conceived People

Australian National University Professor Richard Chisholm has noted that although numerous similarities can be identified between adoption and donor conception, one clear difference is that the paramount principle of adoption is to meet the best interests of an existing child, whereas the focus for donor conception is to meet the needs of parents for a child. This is significant as a child born as a result of donor conception has historically been the end product to meet such needs, rather than being thought of as a person who will grow and who may have needs of their own, such as a desire for information about their donor(s).

A second difference is that adoption is highly regulated and adoptive parents are required to undergo an intensive assessment process and training before an adoption can proceed. This has now been the case in Australia for several decades. By contrast legislation was enacted in some Australian States only relatively recently to provide legal regulation for artificial reproductive technology and some states in Australia are yet to have any legislation at all. This means there were several decades of births of donor conceived people in Australia during which information was not required to be kept beyond standard medical record keeping. Significantly, there have also been no specific birth records acknowledging the child was born as a result of donor conception.

Another point of difference is that adoption in Australia is handled by the State Child Protection Authorities, or an accredited adoption agency under the Office of the Children's Guardian. The adoption records and access to information are held and shared by these Departments and agencies alike. This is solely in the domain of child and family social work. With donor conception the process takes place in the health domain. With regard to information recording, in NSW and Western Australia records and registers are maintained by the Department of Health, while in Victoria they are held by the Register of Births, Deaths and Marriages. Where there is no register to record information, records are expected to be kept by clinics.

It has however become apparent the health sector has little understanding of or concern for the possible lifelong identity issues faced by some donor conceived people, or their need to know about their biological and medical history. This also applies to follow up counselling or support donor conceived people may require if they decide, after receiving information about their donor, to pursue a journey to connect and have contact with their biological parent.

Another difference between adoptees and donor conceived people is that adoptees rarely grow up with their biological parent, except in the situation of step-parent adoptions. Donor conceived people are more likely to be raised by one of their biological parents, and will therefore have some sense of their identity and family and medical history (albeit half). Although loss and identity issues are present for both adoptees and donor conceived people, there are noticeable

differences in how these are perceived by each. Adoptees can often have abandonment issues, for example asking why they were separated from their birth mother, as well as their loss of identity and connection to their biological family. A donor conceived person's loss issues may be completely different, for example it may be a "sense of loss at not having been conceived naturally and therefore feeling less of a real person."¹²

Finally, behind every adoption there is a 'story' – how the adopted child was conceived, what type of relationship their birth parents had, what were the circumstances that lead to the adoption occurring etc. There are many different factors and every adoptees' 'story' is unique. On the other hand it is unlikely donor conceived people will have a similar 'story' regarding their conception. If anything, theirs will be a story of their legal parents so deeply wanting children that they engaged in assisted reproduction to achieve this. There will be no history of a relationship with the biological parent(s) who donated gametes/embryos.

As I have already illustrated, while there are many differences, there are numerous and significant similarities. I therefore suggest that post adoption professionals are the best equipped to support and counsel donor conceived people facing issues such as loss, identity, accessing information and facilitating contact with their biological family. An example of this may be found in the pilot voluntary exchange and contact register for adults related through donor conception launched in the UK, called UK DonorLink. UK DonorLink was based in a post adoption service (After Adoption Yorkshire) and employed staff from the post adoption field. This is because this was seen as "the closest equivalent professional field – and offered additional training to facilitate the process of contextualising its unique aspects."¹³

History of Donor Conception and its Legislation in Australia

There is some evidence donor conception using fresh sperm has been practiced for decades by medical practitioners. However it was not until after the technology to freeze sperm improved that the use of sperm donation to achieve conception became more widespread in Australia. The early 1970s saw a rise in the practice, and in the 1980s the first in-vitro fertilization ('IVF') baby in Australia was born. "Since then numerous assisted reproductive technologies (ART) and practices have been developed including gamete intra-fallopian transfer ('GIFT'), zygote intra-fallopian transfer ('ZIFT'), intracytoplasmic single sperm injection ('ICSI') and surrogacy."¹⁴ All these practices may involve the use of donor embryos or sperm.

It has been estimated that between 20,000 to 60,000 donor conceived people are living in Australia.¹⁵ This number will continue to grow as approximately 10,000 babies per year are born in Australia by IVF.¹⁶

The State of Victoria has been the most progressive in Australia with regard to enacting legislation for donor conception. The Victorian *Infertility (Medical Procedures) Act 1984* was the "first legislation in the world to regulate IVF and associated human embryo research."¹⁷ Victoria has updated its legislation twice since 1984, with the *Infertility Treatment Act 1995* and *Assisted Reproductive Treatment Act 2008*, setting the benchmark for access to information by donors and donor conceived people alike. Only three other States in Australia have produced legislation governing the practice of donor conception and access to information. They are:

- New South Wales's *Assisted Reproductive Technology Act 2007*
- South Australia's *Reproductive Technology (Clinical Practices) Act 1988* and the *Assisted Reproductive Treatment Regulations 2010*

¹² *Practice experiences of running UK DonorLink, a voluntary information exchange register for adults related through donor conception, Marilyn Crawshaw & Lindsey Marshall, 2008, page 236*

¹³ *Practice experiences of running UK DonorLink, a voluntary information exchange register for adults related through donor conception, Marilyn Crawshaw & Lyndsey Marshall, 2008, page 233*

¹⁴ *Submission to Senate Committee Inquiry into Donor Conception, Access to Genetic Information and Donor Identification, Dr Sonia Allan, 2011, page 5*

¹⁵ *Psycho-social, ethical and legal arguments for and against the retrospective release of information about donors to donor-conceived individuals in Australia, Dr Sonia Allan, 2011, page 357*

¹⁶ <http://www.abc.net.au/news/2010-09-17/birth-rate-of-ivf-babies-doubles/2263756>

¹⁷ <http://www.varta.org.au/history-of-art-regulation-in-victoria/w1/i1004753/>

- Western Australia's *Human Reproductive Technology Act 1991*

None of the above legislation allows for the retrospective release of information about donors to donor conceived people. Therefore donor conceived people in Australia can only access identifying and non-identifying information about their donor if they were "conceived in Western Australia post-2004; Victoria post-1998 (or post-1984 with the donor's consent); New South Wales post-January 2010; and South Australia since 2010 (or post-1988 with the donor's consent)."¹⁸

There has been a recent development with regard to retrospective release of information. On 28 March 2012 the Law Reform Committee of the Victorian Parliament recommended the Victorian Government introduce legislation to allow all donor conceived persons to obtain identifying information about their donors regardless of when they were conceived. The Committee was convinced this right must be given precedence, even over the wishes of those donors who would like to remain anonymous.¹⁹ The Committee also accepted the recommendation that a provision for contact vetoes for donors who do not wish to be contacted would be a way of protecting donor privacy while allowing for information release for all donor conceived people.

Due to the significant number of people born as a result of donor conception over the years, and the lack of legislation regulating the practice and providing access to information, it is evident that thousands of donor conceived people in Australia will be denied access to information about their biological family. Added to this are the hundreds of thousands of donor conceived people worldwide who again generally do not have access to information about their conception or their donor.

We have learned that when adoptees are denied access to their family and medical history, long standing identity issues can manifest. It is highly foreseeable that donor conceived people will also be affected in this way; it would therefore appear unjust to deny them access to information about their donors if they have a desire to know their family and medical history.

The needs of donor conceived people

The focus of donor conception has largely been assisting couples with infertility issues wanting to have a child or providing a means for gay and lesbian couples or single mothers to conceive. The voice and views of donor conceived people obviously cannot be attained at conception and it is not until they grow that they may question or have a view on the practice, ethics and impact of their conception.

To draw on our experience of working with adoptees, it is highly likely some donor conceived people will encounter some identity issues, or at least questions, during their lives. For some adult donor conceived people these issues can generate strong emotions at various stages of their lives. Identity issues may also become more profound during difficult or emotional periods in their lives, such as puberty or adolescence, becoming a parent for the first time or the passing of a loved one. It is perfectly natural for adoptees and donor conceived people alike to want to know where they came from and who they look like and to discover the missing part of their biological background. It is clear we have to date failed to transfer our learning from past adoption practice and are in the process of repeating these mistakes.

As the reproductive technology industry continues to advance and IVF clinics to promote their services to create children, I question whether the industry, the donors and parents of donor conceived children have seriously reflected on the future implications for the health and wellbeing of the children they have created. Has serious consideration been given to what donor conceived people may think of their conception and how this may impact on possible future identity issues?

¹⁸ *Psycho-social, ethical and legal arguments for and against the retrospective release of information about donors to donor-conceived individuals in Australia, Dr Sonia Allan, 2011, page 360*

¹⁹ http://www.parliament.vic.gov.au/images/stories/committees/lawrefrom/iadcpiad/DCP_Media_Release_28-03-2012.pdf

We have learnt from the new era of 'openness' in adoption that if the adoptee knows they are adopted and grows up aware and able to discuss this topic with their adoptive parents, this is likely to have a positive impact on the person and is widely acknowledged as best practice. This ensures no family secrets are held and eliminates any future issues of betrayal. I therefore strongly recommend parents discuss with their child at the earliest possible age (in age appropriate stages) how they were conceived and share information about their donor (if this is known). This is likely to ensure the child has a more positive outlook on their conception, compared to a person who finds out later in life. The biggest obstacle preventing this is that even if the parents are willing to disclose identifying or non-identifying details of the donor to their child, the likelihood of obtaining this information is low due to limited record-keeping and poor access to information, as well as the common historic practice of anonymity and secrecy.

It is also evident many donor conceived people are "likely to have grown up believing or assuming that the people bringing them up were their genetic parents."²⁰ These donor conceived people "whose parents maintain the pretence that they are the genetic parents might nevertheless discover the truth, at some stage in their lives, probably in less than ideal circumstances. They and other members of the family will then have to deal with two revelations: that they are genetically unrelated to one of their parents, and that the parents have concealed this fact from them."²¹ This has been referred to in past 'closed' adoption cases as a 'time bomb ticking away'. To take this approach and conceal the true circumstances of a child's conception would repeat the historic mistakes made in past adoption practice.

It is therefore critical for donor conceived people to know they are donor conceived and be provided with access to information about their donors. Information such as ethnicity, physical characteristics, personality, family history and so on will assist with any possible future identity issues and enable donor conceived people to create a sense of 'who they are'. However "the importance of having access to information concerning a biological parent's medical history (e.g. whether or not there is a familial history of heart disease, diabetes, cancer, mental health issues, and/or other heritable diseases) is undeniable"²² and equally important. This medical information is crucial for donor conceived people and also important to their children, in order to gather accurate medical history.

As noted earlier, legislation in Australia only recently allowed donor conceived people to access information (identifying or non-identifying) regarding their donor, and none of this legislation is retrospective in application. Therefore only a small number of donor conceived people in Australia have access to information about their donors. As historically donors provided their sperm or embryos on the understanding they would remain anonymous and this was the common practice of the clinics, some may argue that to disclose information about donors to donor conceived people would be a breach of contract. Issues with this contract-based argument and approach are that "donor conceived people themselves of course made no promises, and if there was a contract, they were not party to it."²³

During evidence given at the *2010 Senate Inquiry into the Past and Present Practices of Donor Conception in Australia*, one woman stated "I cannot begin to describe how dehumanising and powerless I am to know that the name and details of my biological father and my entire paternal family sit somewhere in a filing cabinet...with no means to access it. Information about my own family, my roots, my identity, I am told I do not have a right to know."²⁴

It is clear some donor conceived people may not only want to have contact with or information about their donor, they may also wish to find and connect with their half siblings. This is likely to be more prevalent than has been our experience with adoptees, for the simple fact that donors could have donated multiple times at a variety of clinics, increasing the likelihood that donor conceived people will have numerous half siblings. The motivations for half sibling contact may

²⁰ *Information Rights and Donor Conception: Lessons From Adoption? Richard Chisholm, 2012, page 30*

²¹ *Information Rights and Donor Conception: Lessons From Adoption? Richard Chisholm, 2012, page 30*

²² *Centers for Disease Control and Prevention (CDC), Awareness of Family Health History as a Risk Factor for Disease, 2004, Morb Mortal Weekly Report 1044*

²³ *Information Rights and Donor Conception: Lessons From Adoption? Richard Chisholm, 2012, page 20*

²⁴ <http://www.theaustralian.com.au/news/opinion/murky-business-of-donor-conception-is-having-a-brutal-effect-on-the-offspring/story-e6frg6zo-1226008097867>

include identity issues and the opportunity to connect with someone with whom they share half their biological make-up. It may also include seeing or meeting someone with similar physical characteristics or learning of common personality traits or interests. For some donor conceived people it may be the 'next best thing' to meeting their donor, if this has become unviable or unsuccessful. The opportunity to form solid and long standing relationships with half-siblings is promising, especially as they can draw on common experiences of being donor conceived and may both have had a strong desire to learn their biological history. They may also be of a similar age and therefore have more experience of connecting with people of their own generation.

There are two important issues concerning donor conceived people and their half siblings. The first is the fear and risk of forming unknowingly consanguineous relationships with their half siblings; this could even apply to their unknown donor. This may seem statistically unlikely to mainstream society, however the "risk may be significant within Australia, given the small population and the significant number of donor conceived people."²⁵ The possibility exists that a small number of donor conceived persons living in a rural population could all be the product of a single donor – examples of this have been reported.

The other issue which adoptees can experience when contact with half siblings begins is '*genetic sexual attraction*'. This could also affect donor conceived people in their contact with biological family, hence the importance of discussing this rare phenomenon so they are aware of it and can recognise the warning signs.

Conclusion

Adoption practice has learnt from its mistakes and now practices in a spirit of openness, which achieves stability for the child with its new family without withholding information about their biological family. Adoption issues can be lifelong and the repercussions of past adoption practice continue to be felt by the individuals affected.

It is critical that families and professionals involved in donor conception reflect and learn from the adoption experience so poor practice and mistakes are not repeated. The "world of adoption has a wealth of experience and expertise that should be highly relevant to donor conception."²⁶

There are already a large number of donor conceived people in Australia and this number will continue to grow. The majority of these individuals has been conceived without any guiding government legislation and when donor anonymity was practised in clinics. It is also probable a substantial number of donor conceived people are growing up believing they are biologically related to both their parents, a practice that occurred in the adoption field many years ago and no longer continued.

We cannot underestimate how important it is for donor conceived people and adoptees to have access to information about their biological family and medical history. If donor conceived people wish to access information about their donor and are denied this due to legislation or a lack of records, it is likely to trigger strong emotions and continue to be a source of frustration for the individual. In addition to these ongoing identity issues is the importance of access to information about biological medical history; to withhold this information could pose a significant health risk to the individual concerned in latter life.

There is now an opportunity for the donor conception world (the clinics and professionals involved, donors and the parents of donor conceived people) to lift the cloak of secrecy and embrace a practice of 'openness'. This includes keeping detailed records of donors and ending the practice of anonymous sperm and embryo donation. Moreover it is imperative families tell their child they are donor conceived and whether access to information about their donor is available.

²⁵ *Psycho-social, ethical and legal arguments for and against the retrospective release of information about donors to donor-conceived individuals in Australia*, Dr Sonia Allan, 2011, page 359

²⁶ *Information Rights and Donor Conception: Lessons From Adoption?* Richard Chisholm, 2012, page 38

Research indicates that when a child is aware they are donor conceived from an early age they are likely to grow up well adjusted and happy; this approach also avoids any family secrets and future issues of betrayal. Parents of donor conceived people also need to understand it may be perfectly natural for their child to wish to learn their biological and medical history and therefore need to be supported through this journey. It is also important for parents to know that the a donor conceived person's desire to learn about their biological family has nothing to do with how much they have been loved, cared for and nurtured – as our experience with adoptees has taught us.

No doubt the impact of past donor conception practice will be felt for many years to come, as individuals discover the truth of their conception and continue to be denied access to information about their biological family and medical history. Compared to adoption practice, the practice of donor conception is still in its infancy and if a practice of openness is embraced by all concerned now, this will greatly assist the future needs of donor conceived people. To not take this approach would simply be to repeat the historic mistakes made in past adoption practice.