

Donor conception and children's rights: a parent's decision

The concept of family is changing. You do not have to agree with it, but the reality is that gay, lesbian, transgendered, single, disabled and infertile persons/couples have a wish (and perhaps a biological need) to have children and are seeking assisted reproduction procedures to establish families. They do this through sperm donation, egg donation, embryo donation, surrogacy and adoption. Increasingly, we are creating unique family situations in which the future children have no say. Anonymous sperm donation is just one example.

Currently, there is a debate on the need for sperm donor identification.¹ In the past, virtually all sperm donor treatments used an anonymous donor. Today, there are donors at the sperm banks used in Canada who are agreeable to being contacted by their genetic children. Potential parents can choose such donors on behalf of their children should they wish to do so.

I am surprised how seldom parents seeking donor insemination request donors who are willing to be contacted in the future by their genetic offspring. This is in spite of mandatory professional counselling of all patients undergoing third-party reproduction that promotes openness and advocates telling children from early childhood the method by which they were conceived.

Furthermore, in all the years I have been the medical director of one of the busiest fertility clinics in Canada (at least 200 new recipients per year), I have yet to receive a single request from a child conceived through third-party reproduction to be put in contact with the donor. Obviously in some of these families the treatment is not revealed, which partly explains this fact. However, at our clinic at least half of our patients do reveal to their children their genetic origins. Apparently these children and young adults do not feel compelled to seek out the sperm donor.

It is not my intention to devalue or

minimize the sincere feelings and perspectives of the donor adults cited in Margaret Somerville's recent Salon article.¹ Those citations deserve due respect and reflection, but they are only the experiences and feeling of those individuals. Although the comments are thought-provoking, they in no way pro-



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vide us with a better understanding of how the majority of children conceived through donor insemination regard this issue, nor do they provide a solid basis for formulating public policy.

It is unfortunate that there is very little high quality and reliable social science research to inform health care providers who counsel patients contemplating donor insemination as a treatment to build their families. We can only provide the best available advice, which always changes over time and is never definitive. At the present time, it is suggested that parents tell their children early, tell them the truth and pick a donor who is willing to be contacted if that fits the value system of the patients. However, the decision as to what, if anything, the

child is told remains at the discretion of the parent or parents.

Somerville brings up some interesting questions, but she does not have evidence-based answers. In our multicultural society, we have citizens from every country and culture in the world. Each Canadian has his or her own traditions, perspectives and value systems with regard to conception, reproduction and parenting. Canadians treasure their reproductive autonomy and do not want others in their bedrooms nor do they want them in their nurseries telling them how to parent their children.

We should listen to the opinions of donor-conceived children and validate their feelings. As much as possible, we should help them come to terms with the decisions concerning their genetic heritage. I do not argue with Somerville that we should carefully promote the best interests of children conceived through assisted reproduction — that principle is already enshrined in Canadian legislation. But who determines the best interests of the child with respect to possibly revealing and identifying the sperm donor in the future? It can only be the intended parents. It is just one of the many important decisions they will make for that child. Our obligation as health care providers is to provide potential parents with the best information available so they can make an informed choice for their family and their children.

Cal Greene MD
Medical Director
Regional Fertility Program
Calgary, Alta.

Reference

1. Somerville M. Donor conception and children's rights: "first, do no harm" *CMAJ* 2011;183:280.

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This article is a response to Margaret Somerville's Salon article, which was published at cmaj.ca on Jan. 10, 2011.