

MEDICO-LEGAL SOCIETY OF NSW INC.

SCIENTIFIC MEETING

WEDNESDAY, 22 MARCH 2017

AT 6.15 P.M.

THE TOPIC:

**PUSHING THE LIMITS OF PARENTHOOD:
LAW AND PRACTICE AROUND GAMETE DONATION AND SURROGACY**

**SPEAKERS: PROF MICHAEL CHAPMAN
MS JULIE HAMBLIN**

QUESTION TIME

MS KEELEY GRAHAM: Thank you Professor Chapman and Julie Hamblin for your very interesting talks. We have gone a little over time but there is time for a few questions.

While people are thinking, Julie, since 2008 and the children's right to identify their biological parents, particularly with changeable question marks over the law such as responsibility for those children by a biological donor, have you noticed that this has led to a reduction in donations?

PROF MICHAEL CHAPMAN: That is probably my question to answer, because we run a donor bank and we had a huge slump in donations. For the previous seventy, maybe even a hundred years, donor sperm was used and was used with total anonymity with medical students in particular. I can remember standing up in front of my medical students in the early eighties in London, saying, "I've just given you the lecture on fertility. I've got patients who are desperate to have sperm to allow them to have children. If any of you would like to come forward, please do so. It's anonymous, you'll never be found but you'll be making a couple very happy."

I am still not convinced that anonymity was a bad thing. There is an article in Human Reproduction only this month reporting research amongst these children. Their conclusion is that it does not do the children any harm to have been conceived by an anonymous sperm. That is not the view of many people. There is no doubt the adoption processes have led social workers in particular to believe that our knowledge of our genetic parents is vital to our lives. I am not totally convinced. However in answer to your question, we had to start importing sperm from the USA under their guidelines and regulations. Interestingly, we did find a new market "to harvest", namely the gay men of Sydney. We recruited 60 new donors last year with publicity campaigns in gay magazines and by word of mouth. These men were comfortable with potentially being approached in 18 years' time and we do not have a problem with obtaining sperm. Our waiting list is six weeks to get sperm now. It was two and a half years four years ago.

QUESTION: Can I ask, looking into your crystal ball, where do you see the law going in terms of gender selection in terms of babies?

MS JULIE HAMBLIN: My crystal ball gazing would tell me it is unlikely to happen. Interestingly, I think that when it has

been researched Michael would have a comment on this as well.

PROF MICHAEL CHAPMAN: Absolutely.

MS JULIE HAMBLIN: There is not a strong leaning towards one gender as opposed to the other when you look at what couples in Australia would want. Everyone assumes it will lead to some imbalance with more of one gender than the other. However this is not the case. I still think that the law is a long way off actually condoning it.

PROF MICHAEL CHAPMAN: The Ethics Committee is reviewing its guidelines at the moment. Last December the chairman of that committee "flew a kite", which was somehow leaked to the media. He then spoke to the media explaining that the committee was considering the possibility of gender balancing, which in the committee's terms was if you have had two children of a particular sex you could choose the sex of the third. I am sure it was flying a kite to see whether the public would latch on to it or not. There was very little response from the public. There were a few radio programs, in a couple of which I took part, where it was said, "It is the thin edge of the wedge. It's all going to be terrible. We're designer babying".

However I will see a patient about once a month who says: "I won't have another baby if I can't have the sex I want. I can go overseas and do it. I can go to the States and spend \$30,000. You've got the technology, why can't you do it here?" I have been very pro gender balancing in the media. I have also put a personal submission to the NHMRC based around a study we did in our ante natal patients, involving women at the "sharp end" of reproduction. We found over 50 per cent of them favoured gender balancing. On the other hand if you go to the general population, Gallup polls have shown that 75 to 80 per cent are against sex selection. However that is not necessarily what we are talking about which is gender balance. I think we have the strength of our ethics committees within each unit, with the RTAC accreditation process and the legislation that is available means it would not be abused. Hence I am optimistic.

MS JULIE HAMBLIN: Can I just add one extra comment in relation to that. I think it is important to emphasise when you are talking about something like sex selection that the use of IVF technologies for these sorts of objectives is still a significant financial cost to couples undergoing IVF. Therefore when you start talking about making it available for these sorts of purposes, there are issues of equity, in that you are making certain things available to

the people who can afford them and not to others. I also think it is really interesting that you get different survey results when you call it one thing rather than another, and it just shows how emotive the area is.

MS KEELEY GRAHAM: Thank you very much.

MEETING CONCLUDED