21 February 2018

SUBMISSION TO THE REVIEW OF WA REPRODUCTIVE TECHNOLOGY AND SURROGACY LEGISLATION

Associate Professor Sonia Allan

Dear Professor Allan,

SHQ (the trading name of The Family Planning Association of Western Australia) has a long history in the sexual and reproductive health of the community since its inception in 1973, both in clinical services to patients and as a peak educational organisation for the training of nurses, doctors, teachers and carers. We have branches within our organisation that look after the needs of those with an intellectual disability and those working in the sex industry, as well as having a special focus on Indigenous health and training, and CaLD and marginalised youth.

Our clinical and training focus was very broad until a change in our state and federal funding in 2009 required us to focus on 'core business' of sexually transmissible infection (STI) and blood-borne virus (BBV) screening, and provision of contraceptive services and termination of pregnancy referral and counselling. Our other areas of expertise in menopause, sexual dysfunction, fertility counselling and referral, and breast problems, all became areas that we were not funded to service.

However as an organisation that still provides theory training to GPs in the area of fertility and reproductive technology, and as a group that prioritises inclusivity, fairness and acceptance of reproductive rights for non-traditional groups, we have some opinions that may help to define the new legislation.

1. Availability of reproductive services, including surrogacy, to individuals and male couples. Surrogacy has been, until now, solely limited to medical reasons in a traditional heterosexual couple. This could be extended to individuals as well as two men, who have no medical conditions but are not able to carry a pregnancy together.

2. Restriction of surrogacy services to ALTRUISTIC relationships, reducing the likelihood of further commodification of the bodies of women, as unfortunately happens in other countries.

3. Availability of data linkage through Birth, Deaths and Marriages and other Governmental services, to the clinics who are trying to determine whether gamete and embryo donors are still alive where contact has been lost since effective consent to storage is vital. Also data linkage through other databases to improve the follow-up of those born through reproductive technology in terms of any congenital or developing issues related to the mode of their conception.

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4. Availability for all donor-conceived people to have access to identifying information about their genetic inheritance, regardless of when the donation may have happened.

Yours Sincerely,

Dr Richelle Douglas
Medical Director

ON BEHALF OF SHQ
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