

## Opinion & Analysis

# Adult needs trump rights of children in AHR debate

**L**AST WEEK on the radio, Pat Kenny interviewed a 35-year-old Englishwoman, Joanna Rose, who was born as the result of an artificial conception by her mother, who used an anonymous sperm donor.

Sponsored by the Iona Institute, Ms Rose is the first such person to speak publicly in Ireland about her situation, and her central message is that the offspring of Assisted Human Reproduction (AHR) are never consulted – or indeed rarely even considered – in the debate over use of AHR. She believes this – and AHR itself – is deeply wrong.

Without self-pity, she raised jolting considerations that would rarely cross the mind of anyone fortunate to have been naturally conceived and lovingly raised by his/her biological parents.

She believes her biological father was a serial donor, and as a result she reckons she could have up to 300 half-siblings. Besides being intensely curious about this extended family, she worries that she may unbeknownst end up falling in love with a brother.

She is ignorant of any genetic medical issues that she might have inherited from her father. Her father does not appear on her birth certificate; her mother cannot bring herself to discuss the matter. When she tries to trace her father through the AHR agencies she is told lies – first that the records have been destroyed in an office fire, then in an office flooding, then accidentally dumped in a skip.

Hypocrisy too. Adults who seek out AHR want a baby that is as genetically close to them as possible. Ideally the couple will use their own sperm and eggs, implanted in a surrogate if necessary. Failing that, one donor will be used, and only failing that will two donors be sought. Single people and gays wanting children will also seek out as much genetic kinship as possible, and in all cases consanguinity will gladden the hearts of family members (grandparents, siblings, etc).

Yet throughout, there is blithe insouciance about the importance of kinship for the baby, whose future need – a fundamental human urge and right – to know its biological family is rarely even considered. Her experience, and



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that of other similar offspring, is that going public about her origins and unhappiness is akin to a gay person coming out of the closet – a life-changing event that is difficult, embarrassing and makes others uncomfortable.

Ms Rose sees herself and her colleagues as being an unwitting, unwilling central part of a social experiment, solely for the gratification of adult desires.

AHR can lead to extraordinary family situations. Consider a mum with three AHR children by different donors, and maybe a husband. Perhaps she separates from him and takes up with another man. Before long the family can have five different dads, which can lead to all kinds of confusion among the children.



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### OPINION

Babies born via Assisted Human Reproduction are the unwitting and unwilling central participants in a social experiment solely for the gratification of adult desires

Donors themselves are often having to confront issues. Sometimes it is simply remorse or curiosity about the children they have parented, of whom they know nothing. But it can be more direct. A family man may be contacted by an adult child resulting from a donation made when a student, creating immediate tensions. Possible inheritance issues can likewise create unwelcome pressures, exacerbated by worry that another 50 such offspring could suddenly emerge.

It is extraordinary and wrong that although women are counselled on such issues before donating, men are not. For men it is seen as akin to a blood donation. Indeed, in Britain, a government-backed pro-donation website says exactly this.

AHR research is centred almost entirely on AHR technology, AHR medicine, and AHR parents, and is usually funded by AHR companies. Almost never are AHR offspring included. The inevitable result is findings that are always skewed in favour of AHR, which just happens to have become a very lucrative business.

A technology originally created to help childless married couples is now being promoted as a money-spinning venture to unmarrieds, singles, gays and lesbians. The businesses are aided and abetted by governments, especially in the English-speaking world (though not Ireland). Extraordinarily, there appears to be more money in fertility treatment than in plastic surgery.

Even AHR children of married parents can experience emotional difficulties, sometimes linking personal problems with their conception. The link may be false but it is real to the person concerned: a drug addict connects his addiction to the thought that he was conceived using a syringe; or bulimia is blamed on the fact that she began life as sperm in a spoon.

Ms Rose's bottom line is that there are no circumstances that justify the conception of a child via AHR. Its sole purpose is to satisfy the wants of adults while disregarding the needs of the resultant children. With the possible exception of married couples, it is hard to disagree.

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