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## Secrecy and Openness in Donor Insemination: A New Paradigm

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I am responding to the Daniels and Taylor article as an administrator of a non-profit, community-based sperm bank. Our sperm bank is helping to create a new paradigm—a new way of practicing and viewing donor insemination (DI).

I agree with the authors' view that donor offspring should be given greater attention and consideration than has been the practice in the past or present. One way to give greater attention to the offspring is to give greater attention to the recipients and donors. We need to listen to these stakeholders. Let's not assume that all recipients and donors want secrecy.

When we opened in 1982, some of our clients asked us to develop a way for donors to be identified by the offspring. At the time, this idea was unheard of and was not offered by any sperm bank or physician in the United States. We discussed the notion of identity-release with our donors and learned, surprisingly, that several donors were willing to be identified. In 1983 we established our donor identity-release policy. This policy allows each donor to be identified by the offspring upon reaching eighteen years of age. Currently, 80 percent of our recipients inseminate with semen from an identity-release donor. Our experience demonstrates that there is a growing interest on the part of DI recipients to communicate honestly with their children about their roots and critically examine the notion of "secrecy." The "donor identity-release policy" helps empower re-

ipients to speak more openly with their children.

I also agree with the authors' view that the medical profession and other institutional arrangements in our society promote secrecy, and that these arrangements ought to be fundamentally challenged and changed. However, I would like to offer the perspective that the interests of both the medical profession and the sperm banking industry have also been well-served by keeping the use of donor insemination shrouded in secrecy.

When a couple undergoes counseling and is advised not to inform the child, the couple is simultaneously discouraged from asking questions about the donor. As a result of this discouragement, the couple doesn't request donor information. Without the request for donor information, the physician and sperm bank have no incentive to release donor information. Without this incentive, the sperm bank frees itself from the responsibility of long-term donor records maintenance and donor tracking (most sperm banks still do not conduct follow-up studies of the use of donor semen). Since the physician and/or sperm bank selected the donor for the couple, control over the donor selection process rests with the medical professional and sperm bank. The offering of an identity-release option for sperm donors pierces this reign of control and promotes greater accountability in the practice of DI and sperm banking. Simultaneously, it encourages recipients to become more confident in their decisions to pursue donor insemination.

One concern I have with the article is that it focuses exclusively on the experiences and needs of married couples. The authors make a strong case for critically examining the practices and policies surrounding donor insemination of *heterosexual couples who are married*. Although they argue against the notion of secrecy, they conclude that one of the reasons for maintaining secrecy has been to protect the "infertile husband from stigmatization and embarrassment." This is certainly true if the paradigm excludes single women and lesbians. The auth-

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ors fail to consider the needs and experiences of other types of families that are forming as a result of donor insemination. It is important to note that the practice of donor insemination is not limited to heterosexual couples who are married. It is also important to note that single women and lesbians have been denied access to reproductive technologies because of fundamental prejudices and exclusionary policies of the sperm banking and medical communities.

Seventy percent of the women who have achieved pregnancy with our program are unmarried, while more than half of these recipients are lesbians. I know of over a dozen progressive women's clinics in the United States that offer donor insemination services to single women and lesbians. These experiences suggest that a sociocultural trend is developing toward the increasing acceptance of alternative life styles and alternative families. This trend forces us to create a new way of viewing donor insemination.

The needs of these newly-forming families are different from conventional families consisting of a married couple. Single women and lesbians raising children are keenly aware that their families are "different." These families do not have husbands to protect psychologically.

However, they do have a strong desire to communicate honestly with their children about their roots. Parents of these children consciously choose donor insemination as a responsible and respectable method of pregnancy achieving. As more single women and lesbians gain access to these technologies, we will find that the notion of "secrecy" will fade. It will be replaced with an open, honest approach in communication with children about their roots.

A new paradigm is evolving. The paradigm involves replacing secrecy with openness by allowing donor offspring to obtain identifying information on sperm donors. The paradigm also involves empowering recipients by encouraging them to select their own donors. Sperm banks and physicians are becoming more accountable in the practice of DI. Lastly, the paradigm recognizes the growing interest on the part of single women and lesbians to pursue donor insemination. It is worthwhile to listen to this diverse group of stakeholders. As diversity continues to surface, we will gain insight into the complex psychosocial issues that may be emerging in these families. I believe that the more choices women and couples have in forming families, the healthier our society becomes.

## Donor Insemination to *In Vitro* Fertilization: The Confusion Grows

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**D**aniels and Taylor have written a comprehensive analysis of the issues arising from donor insemination (DI) and have strongly argued for open-

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ness in record-keeping and accessibility of information to donor offspring. Disturbingly, their article cites a body of research (including my own) about DI and its effects conducted up until the mid-1980s, where it seems to have stopped. At that point, the case had been dealt with and the arguments, as Daniels and Taylor put it so clearly, favored openness. Yet still the debate goes on, and little has been done to rectify an appalling situation with respect to the recording and availability of donation details to offspring.

My own work has moved into an analysis of reproductive technology itself, including *in vitro* fertilization (IVF) and surrogacy. The points I make here concerning DI can be extended to these areas. Reproductive technology and donor insemination are institutionalized to serve the desires of adults; and within discussions in both areas, the children born are infantilized, allowing us to decide what is "best" for them regardless of what adop-