

COMMENTARY

Donor insemination for heterosexual couples: A practice in transition

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Abstract

Donor insemination (DI) has long been the treatment of choice for severe male infertility among heterosexual couples. Since disclosing when offspring become adults provokes serious emotional issues, counselors are recommending early disclosure about the treatment. Furthermore, several countries have changed their policies on nonanonymous sperm donation, concerning the strong demand of donor information from the offspring. There is a need for more research in psychosocial areas concerning DI treatment: especially to look at parents' roles (especially for infertile father) and their attitudes toward the need to use a donor to build their family.

KEYWORDS

disclosure, donor insemination, family, insemination, artificial, heterologous, male infertility

1 | INTRODUCTION

When donor insemination (DI) practice first began for heterosexual couples, (1) parents would not disclose information about their DI treatment to their offspring (nondisclosure) and (2) parents and their offspring would not be able to access information about donors (donor anonymity).

However, emotional issues of adult offspring regarding the perception of their DI origin along with the demand for donor information are strongly emerging.¹ Hence, more counselors are recommending that couples share DI treatment and family-building history with their DI offspring, and an increasing number of countries have changed their policy from anonymous to nonanonymous sperm donation.

2 | TWO ILLUSTRATIONS OF DIFFERENT FAMILY RESPONSES TO DISCLOSURE AND ANONYMITY

Nondisclosure and donor anonymity are the two major factors affecting DI family relationships.² We describe two different situations to demonstrate this.

There are situations wherein adult offspring have discovered that they were born as a result of DI (accidental disclosure); someone (in many cases, relatives) tells them, or sometimes the mother discloses it after a divorce or husband's death. Turner and Coyle first illustrated this in their research.³ Upon discovery, these offspring reported negative distinctiveness, fury about being lied to by their parents, and distrust toward their parents leading to distrust toward all other people. Furthermore, the offspring often complained of lack of access to genetic information and the donor himself.

By contrast, the following example from Australia illustrates an alternative approach adopted by families in many Western countries.⁴

A woman was born through DI in the late 1980s where the sperm were donated from a colleague at her father's company. She has been aware of the donor's involvement and had a relationship with him since birth. She said: "My parents decided to tell me the truth about my conception – that I was DI – from the very beginning. Because my parents told me the truth when I was very young, I always felt that my life was normal." She also stated: "although I have always known my donor I have never been confused about who my 'real' father is."

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"In relation to my thoughts about the donor, he has always been a part of my life. I think of him like an uncle. I share with him important milestones in my life, and I know he's proud of me. Because I know my donor, I don't wonder about him – I don't feel a strong need to be connected to him – if I have questions he's there."

Concerning her half-siblings, she said: "I think of them like cousins. We are not 'normal' siblings, but we feel a strong familial connection. It is important to us to be able to see how we are genetically similar – and genetically different. We are all very good at writing, speaking, and communicating. We all chose professions in this area."

She expressed her views on other DI offspring: "The first time I met other donor conceived offspring, I was an adult. I was shocked at how angry and sad they were, how they felt betrayed, how they distrusted their parents and were even unhappy about their existence. I find it hard to talk to the other offspring – surprisingly, we have very little in common. I am so positive about my family – I feel so much love and respect for my parents and for my donor. We have the same conception, but we have very different lives."

Her positive experiences and attitudes toward DI is in sharp contrast to the example reported by Turner et al (see above).

3 | EARLY DISCLOSURE, WHEN AND HOW?

Considering the risks (accidental disclosure), an increasing number of couples and researchers agree that it is reasonable, safe, and desirable to disclose the family-building history (i.e., donor insemination facts) to their offspring in both anonymous and nonanonymous donor policy countries. Most researchers argue that disclosure should be occur early, that is, during the preschool years.⁵ Furthermore, rapid development of direct-to-consumer DNA testing has made it difficult to maintain donors' anonymity, for the infertile couple to keep information about DI a secret, and for the DI offspring to be unaware of these facts.⁶

Looking at the family relationship after disclosure, Lycett et al. found that mothers from disclosing families argued less frequently and severely with their offspring, indicating less conduct problems and less stress.⁷ However, at 10 to 14 years of age, they reported that the warm father–child relationship was found less in the disclosed families, although the mother and son had less friction.⁸

Widbom and Lampic also investigated parents' attitudes when their offspring obtained identifying information on the donor.⁹ Among their diverse expressed experiences, two themes were identified: (1) reconfirmation of parenthood without a genetic link and vague anxiety about fatherhood when the donor was identified and (2) how to position the donor, either keeping him at a distance or acknowledging him as a human or as a family member.

Lampic et al. found that only 7% of the offspring had requested identifying information, and in more than half of the families, not all siblings had requested it.¹⁰ Interestingly, although most offspring reported that they were searching for the donor with both parents, a third only informed their mother.

4 | CONCLUSION

It should be acknowledged that there is a need for more research in psychosocial areas concerning DI treatment: especially to look at parents' roles (especially for infertile father) and their attitudes toward the need to use a donor to build their family. This includes how they see the donor, how they acknowledge him from a psychosocial perspective, what role they see him playing in the future, and how this might play out regarding their future offspring's needs. If parents accept this and begin to build their families based on this information, then familial relationships will have a foundation of openness, honesty, and trust, as illustrated in the aforementioned Australian case study.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

HUMAN/ANIMAL RIGHTS

No human and animal experiments were performed by any of the authors for the purpose of this article.

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