I. Introduction

Canada is at a critical point in its development of assisted human reproduction law. After a full decade of debate and consultation with the public and interest groups, The Assisted Human Reproduction Act1 or Bill C-13, may become the first comprehensive law in Canada to address the controversial area of reproductive technologies. Although most Canadian clinics have historically protected the anonymity of donors, there is currently no right of donor anonymity specifically enumerated in Canadian law.2 However, if Bill C-13 as currently written becomes law, s. 18 will establish a legal right of anonymity for donors.3 This will create legal rights structures that are inconsistent with some fundamental legal principles.

The issue of donor anonymity has attracted passionate and widespread attention because it calls into question a society’s attitudes on fundamental issues of privacy, personal identity, family and what it means to be human. This is evident not only in Canada, but around the world. After such focus, countries such as Sweden, Australia, New Zealand, and Japan have abolished or are in the process of abolishing anonymous gamete donor systems in favour of “identity-release” systems.4 Identity-release systems typically allow donor offspring who have reached the age of majority to access identifying information about their donor.5 This information is of a form that the donor offspring would likely then be able to contact their donor, if the donor offspring would like to do so. These changes have come about in response to the growing number of donor offspring who express a desire to know the identity of their genetic donors.6

One of the fundamental arguments embraced by the Canadian government for protecting donor anonymity in Canadian law is the similarity of such a system to most provincial and territorial adoption laws.7 Additionally, the government’s discourse on the development of an anonymous donor system has suggested that the donors’ privacy rights will be violated if their identities are made known to donor offspring.8 These two arguments can be categorised as falling within the principles of legal consistency and privacy rights. Although the Canadian government has used these two arguments to support Bill C-13’s anonymous donor system, when the two fundamental legal principles are applied correctly, they support an identity-release system. This paper analyzes the implications of the misguided application of legal principles in the argument for donor anonymity laws.

II. Looking Backward or Looking Forward?

Laws should be consistent with one another lest the integrity of the justice system be compromised. Thus, it is important to draft legislation that embraces the same fundamental legal principles that have led to the development of the current legal system. However, a rigid approach to legislative drafting that focuses on legal consistency might preclude the ability for law to develop. As society’s needs and values change, so should the laws that are informed by society. Consequently, legislators ought not to look to other legislation simply as a restriction of the parameters of new legislation. Legal consistency should not make the law static, but provide a way for legislators to incorporate the most fundamental legal principles into new legislation.
There is a natural inclination to compare gamete donation with adoption because of the apparent similarities between the two. However, there are dangers in constructing gamete donor laws to mimic adoption laws. Most provinces’ adoption laws were written in a social context that is very different from the current day. The values and attitudes of society several decades ago, particularly about reproductive issues, informed the establishment of adoption laws that put a premium on secrecy and anonymity. At that time, there was little discourse about any potential ill effects of keeping a child’s origins secret from him or her.

Only a couple of decades ago, adoption was viewed in a very different light than at present. Unwed mothers were a source of shame given that pre-marital sex was taboo. Over time, it became more apparent that many adopted children in Canada wanted to know about their biological origins. At the same time, many biological parents were happy to know that the baby that they had given up for adoption had grown into a healthy, happy adult. These inclinations, both on the part of the adopted individual and the biological parents served to increase openness in adoptions to the present situation where such open adoptions are acceptable and maybe even preferred.

Currently in Canada it is increasingly commonplace for people to seek “private adoptions” in which the biological and social parents can stipulate the terms of the adoption. Private adoptions typically take the form of open adoptions, in which identities are typically shared between the parties. British Columbia enacted legislation creating an open adoption system in 1996 such that there is unqualified access to birth and adoption records by biological parents and adopted adults. Newfoundland has also recently amended its adoption laws to provide for an open records system.

The trend towards openness in adoptions is indicative of society’s changing beliefs about what is best for adopted children and other parties to adoption. If gamete donor law models itself on the typically outdated adoption laws that are in place in most Canadian jurisdictions, it will be repeating the mistakes of history rather than learning from them.

The changing face of adoption law and society’s attitude toward adoption raise the important issue of the appropriate role of law in social change. Historically, adoption laws did not provide for any means of information release to adopted people. Without the legal change to require the maintenance of birth and adoption records, we would not have been able to observe the consequences of the release of this information to adopted adults. Fortunately, awareness of the benefits of openness has expanded to encompass the legitimacy of an adopted adult’s desire to know his or her origins. Adoption itself has not collapsed because of openness. In fact, it has probably survived in large part because of the legal amendments permitting openness.

Law may be a reflection of society but it also proscribes limits that necessarily shape society’s attitudes and beliefs. People embraced openness in adoptions and pushed for appropriate legal accommodations for their wishes. Nonetheless, the law’s permission of openness in adoptions necessarily encouraged society’s comfort with openness. In the same way, donor anonymity laws encourage stigma and shame over the gamete donor process. By legislating anonymity, the law explicitly condones donor secrecy.

Canadian clinics have historically attracted donors who were comfortable with an anonymous system. It would be improper to draw conclusions about the general perspectives of potential donors based on those donors who have donated under an anonymous system. Similarly, after several years of an ad hoc anonymous donor system, Canadians are more familiar with donor anonymity than they are with the possibilities of an identity-release system. While we ought to draft laws that reflect society’s values, we must also recognize that these same values will be influenced by what the law deems to be appropriate or correct.

The effect of Bill C-13 will be to create a system that attracts only prospective donors who agree with anonymity. The effect of creating a legal right of donor anonymity will perpetuate antiquated views about the rights of donors to anonymity and the absence of rights of donor offspring to know their genetic identities. Given that there is a notable trend in adoptions and adoption legislation towards openness, the establishment of a right of donor anonymity is a reflection of where the law has been rather than where it is going. History can be a great teacher, but ought not to be used as a justification for making the same mistake twice. Legal consistency, therefore, indicates that gamete donor laws should acknowledge the importance of openness for children’s genetic identities.

III. The Realm of Privacy

The second argument that is widely used by proponents of anonymous donor systems is that the privacy rights of donors must be protected by policies and laws. The debate over how to balance the privacy rights of donors with the claims of offspring to know their genetic identities presupposes that donors have a right to conceal their identities from offspring. Thus, one must examine whether or not donors...
actually have a right to privacy. Without such a *prima facie* right, the argument that donors’ rights to privacy must be legally protected cannot stand.

The presumption that donors have a right to privacy was made apparent by the Standing Committee in its Second Report on assisted human reproduction. The Committee stated that “where there is a conflict between the privacy rights of a donor and the rights of a resulting child to know its heritage, the rights of the child should prevail.” Health Canada referred to the “donor privacy” argument in its Feedback Report. In that report, Health Canada presented the arguments and viewpoints that were obtained in preparing *Bill C-13*. The report acknowledged the debate between those who sought the primacy of the right of individuals to know their genetic heritage and “those who favoured the right to anonymity of the genetic parents.”

The issue has also been the subject of debate in the House of Commons. Many members of Parliament have expressed their concern that “the government has attached a greater weight to the privacy rights of donors than to the access to information rights of donor offspring.” This concern was echoed by many other members in the debates regarding *Bill C-13*.

A donor’s right to keep his or her identity private flows from the legal creation of such a right. This can occur as a contractual agreement, such as between a donor and a clinic or recipient. This is reflective of the typical Canadian situation, whereby a donor agrees to donate to a clinic with the understanding that his identity will be concealed by the clinic. The right can also be legally entrenched, as would happen if *Bill C-13* becomes law as currently written. In an anonymous donor system, the donor’s anonymity is meant to conceal his or her identity from any prospective offspring that are created from the donation. The assertion of privacy operates to maintain anonymity from the offspring rather than conceal the fact that one has donated gametes.

In contrast to the right of donor anonymity, which exists only if constructed, the right to dominion over one’s own body exists merely by virtue of being a human. Thus, the right to control one’s body, and hence to make decisions about one’s body, is an essential, inalienable right. The right to dominion over one’s body is reflected generally in notions of security of the person. This basic right has led to the modern concepts of informed consent to medical procedures and to the right to access one’s own medical records.

The *Canadian Charter of Rights and Freedoms* explicitly guarantees the right to security of the person. Security of the person refers to the long-held notion that one’s body should be free from interference by others. This includes a respect for personal bodily integrity, both physical and psychological. It has been accepted in Canadian law that “security of the person” is a broader right than a restriction on physical interference of one’s body. For example, in *Mills*, Lamer J. held:

> security of the person is not restricted to physical integrity; rather, it encompasses protection against “overlong subjection to the vexations and vicissitudes of a pending criminal accusation”. These include stigmatization of the accused, loss of privacy, stress and anxiety resulting from a multitude of factors, including possible disruption of family, social life and work, legal costs, uncertainty as to the outcome and sanction.

Although this analysis was clearly being carried out in the context of a potential Charter s. 11(b) violation, it illustrates the expansive nature of the “security of the person” guarantee. Lamer J.’s definition indicates that security of the person includes the freedom to not be psychologically harmed by government actions, given that even psychological harm can have grave consequences in an individual’s life.

In *Morgentaler*, Dickson C.J. accepted the above definition as applicable outside of the criminal context into general s. 7 assessments. The Chief Justice held: “If state-imposed psychological trauma infringes security of the person in the rather circumscribed case of s. 11(b), it should be relevant to the general case of s. 7 where the right is expressed in broader terms.”

It is evident that donor offspring may suffer psychological harm from their inability to form a personal identity and, furthermore that this is instituted by the anonymity of their genetic histories. Consequently, it would follow that the *Charter* would protect these interests of donor offspring. As such, the right to dominion over one’s body must include the ability to access information about one’s genetic makeup as this information is an essential part of the donor offspring’s identity.

Furthermore, it seems reasonable that an individual would be able to access information about his or her body to the extent that it is possible. A person should have control over who accesses his or her genetic information. Given that this information is highly private and personal, it does not follow that third parties should have greater rights than the individual to his or her genetic information. Third parties should have access to such information only if the individual
waives his or her right to the confidentiality of that information. In anonymous donor systems, however, this information is specifically concealed from the donor offspring, when they are the very people who ought to have their own genetic information.

The denial of the right of donor offspring to know their genetic identities is qualitatively different from the “right” of donors to be anonymous. The former refers to a right to know oneself, whereas the latter refers to the right to be able to participate in a specific kind of donor system. There is no comparison between the importance of being able to construct one’s genetic identity and being able to be an anonymous donor.

A prospective donor has the ability to choose to be a donor or not to participate in the system at all. It is only when a donor agrees to participate in the anonymous donor system that he or she acquires the right to anonymity. If the same donor agrees to participate in an identity-release system, then he or she would not have a legal claim to anonymity. Donor offspring do not have a choice about the concealment of their genetic identities. Thus, if it is extremely important to a potential donor that he or she remain anonymous and the donor system does not provide for such a guarantee, then that individual need not donate. In contrast, to a donor offspring who had no choice in whether or not to participate in the system, it may be extremely important to know his or her genetic identity.

IV. Reconciling the Competing Interests

Despite the fact that there is no single solution that will appease all interests, the most appropriate legal system is one that will address the concerns of all interested parties. However, when there is a conflict between competing interests or rights, the best law will accord the greatest protection to the most important needs. Canadian law has sought to assess the importance of various needs by ensuring that the interests of the most vulnerable parties, in this case, children, are protected. In accordance with the principle of protecting the most vulnerable parties, Bill C-13 adopts the following as one of its stated principles: “[t]he health and well-being of children born through the application of these technologies must be given priority in all decisions respecting their use.”

The importance of this principle in Canadian law is also reflected in the approach taken by the House of Commons Standing Committee on Health when it analysed the draft Assisted Human Reproduction Act. The Standing Committee placed the protection of the emotional and physical health as well as the essential dignity of the children created by assisted human reproduction procedures as one of its three priorities for evaluating the draft legislation.

Another way to assess the competing interests in this situation is by considering which interests or rights are most fundamental, and therefore deserve the most protection. Donors participate in the donor system through consent. If a prospective donor chooses not to donate, then his or her life has suffered no great consequence. Donor offspring have no ability to choose how they are conceived, but in an identity-release system they could choose whether or not they wanted to know the details of their genetic identities. If this choice is denied to them, their rights over the control over their own bodies will be fundamentally constrained.

The essentially human desire to know one’s genetic background, as expressed by some donor offspring, can also be seen in the recipients’ desire to have a child with at least some of their own genetic material. Many donor recipients feel that it is important for them to have a child with as much of a shared genetic link to themselves as possible. For example, a couple in which the male partner is infertile may choose to use in vitro fertilization with donor sperm in order to have a child who shares genetic material with the female partner. The desire to have a child that is genetically related to oneself is widespread and readily accepted. On the other hand, the urge of donor offspring to know the identity of their non-parental genetic donor is not as accepted. If it follows that there is an acceptable, fundamental urge to create children with one’s own genetic material, then there must be an acceptance of the desire of those children to know their true genetic histories. Accordingly, the right to be able to control one’s own body is much more fundamental than the right to be an anonymous donor, and as such, the more fundamental right ought to be protected in law.
V. Concluding Recommendations

In keeping with the fundamental legal principles of legislative consistency and privacy rights, Canada ought to re-draft Bill C-13 to accord donor offspring with the right to know their genetic identities. This would necessarily entail establishing a donor system in which all donors consent to the release of their identity to any interested donor offspring. Although this change would provide appropriate protection for the most vulnerable parties involved in assisted human reproduction and their most fundamental rights, it would not assist those individuals conceived under the anonymous donor system to ascertain their genetic information. In order to protect the rights of donors who have already donated under conditions of anonymity, there should not be any retroactive application of an identity-release system. Voluntary registries that allow donors and offspring to control their participation in the release of their identities should be established in order to provide donor offspring the greatest opportunity possible to obtain vital genetic information without infringing on donors’ rights.25

If Canada implements an anonymous donor system, the result will be a violation of the most fundamental rights of donor offspring as a trade-off for the establishment of a new legal right of donor anonymity. This new right would then have to be respected once created, thereby leading to the perpetuation of a system established on insecure ground. Choosing to create a new legal right over protecting the basic rights of those most vulnerable is inconsistent with fundamental Canadian laws and legal principles. Donor anonymity can only be established if we turn a blind eye to the fundamental rights of donor offspring. While technology can provide great benefits to society, those benefits ought not to come at the sacrifice of the primary rights of a vulnerable group of Canadians.

Lisa Shields has recently completed her LL.M. in health law at the University of Alberta. She is currently the Project Coordinator (Legal) of the Reproductive Ethics and Policy Project at the John Dossetor Health Ethics Centre in Edmonton, Alberta.

2. Canadian clinics are presently required to meet standards for screening potential sperm donors for sexually transmitted diseases as specified in the Processing and Distribution of Semen for Assisted Conception Regulations, S.O.R. 96-254 [Semen Regulations]. Although the Semen Regulations require clinics to maintain records of the distribution of semen (ss. 12-13) they do not directly address the issue of donor identification or anonymity. Additionally, the Regulations only deal with sperm donations and do not make reference to ovum or embryo donations. Health Canada has also issued a “Directive” that gives clinics additional guidance on sperm donor procedures and requires clinics and sperm banks to ensure donor confidentiality. “Health Canada Directive: Technical Requirements for Therapeutic Donor Insemination” (July 2000) Health Canada Online at s. 3.3.2(e), online: <http://www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/bgttd/semendirective_e.html> (date accessed: 1 August 2003). The importance of not relying on the confidentiality requirement in the Directive as a position on donor anonymity is emphasized by the lack of clarity in s. 13(d) of the Semen Regulations which addresses the recording of patient information but does not require that the records must indicate which donor’s semen was used in the insemination procedure. Because the Semen Regulations and the Directive are narrowly tailored to focus on testing for infectious diseases, they have not addressed or established a legal statement on the status of donor anonymity in Canada.

3. Section 18(3) states that: “The Agency shall, on request, disclose health information relating to a donor of human reproductive material or of an in vitro embryo to a person undergoing an assisted reproduction procedure using that human reproductive material or embryo, to a person conceived by means of such a procedure and to descendants of a person so conceived, but the identity of the donor — or information that can reasonably be expected to be used in the identification of the donor — shall not be disclosed without the donor’s written consent.”


5. Sweden allows donor offspring to access identifying information about their donors when the offspring have reached an age of “maturity” as determined by that individual’s parents. See Act on Insemination (Sweden), (1984:1140) at s. 4. The State of Victoria, Australia, permits donor offspring to obtain identifying information about their donor as soon as they are 18 years old. See Infertility Treatment Act 1995 (Vic.), s. 79, online: <http://www.austlii.edu.au/au/letgis/vic/consol_act/it a1995264/index.html> (date accessed: 1 August 2003). Austrian donor offspring can access identifying information about their donors at 14 years of age. See the Malta Bioethics Consultative Committee, “Comparison of Ethics Legislation in Europe,” online: <http://www.sunapse.net.mt/bioethics/euroleg1.htm> (date accessed: 1 August 2003). New Zealand has a bill that is in the process of becoming law that will allow donor offspring who are 18 years old to access identifying donor information. See Human Assisted Reproductive Technology Bill (New Zealand), Part IV, S. 25. Similarly, Japan plans to implement a new law that will allow donor offspring to receive general information and identifying information about their donor when they offspring are 15 years old. See “Right to Know,” supra note 4.

6. Although donor offspring may express a need to know the identity of the donor, it is unclear precisely what is meant by the phrase “identity.” The meaning of identity as expressed by donor offspring can be seen as a gradient. It may simply mean knowing the donor’s name, perhaps his or her contact information, a photograph (from the time of the donation or current), current contact information or a personal meeting. Some offspring merely seek more details than the standard non-identifying information that is provided by a clinic, if any information was provided at all. Other offspring may want to know the donor’s name, if he or she has a family, what her or she looks like and maybe have a brief meeting with the donor. See, for example, B. Cordray, “Searching for Dad” Daily Herald (27 November 2002), online: <dailyherald.com/suburbanliving/suburban_story.asp?intID=375861> (date accessed: 20 January 2003). Meeting the donor is the highest level of connection that any donor offspring have reported to want. One study of donor offspring concluded that all but one of the 18 participants wanted to know the identity of their donor. See A. Turner and A. Coyle, “What does it mean to be a donor offspring? The identity experiences of adults conceived by donor insemination and the implications for counselling and therapy” (2000) 25:9 Hum. Rep 2041 at 2053-55. There is no universal response on the part of donor offspring regarding the type and amount of information that they seek about their donors, nor is there a homogenous and universal desire to actually meet the donor. As such, when the issue of donor identity-release is discussed, it must be kept in mind that “identity” will have a unique and individual meaning to each donor offspring.

7. The system created by Bill C-13, in so far as it requires the donor’s consent to the release of his or her identifying information to the offspring, has been compared to the systems created by most adoption laws in Canada. See, for example, The Hon. A. Anne McLellan, “Speaking Notes for the Honourable A. Anne McLellan, Minister of Health at the Second Reading Debate on Bill C-56 An Act Respecting Assisted Human Reproduction,” Ottawa (21 May 2002) Health Canada Online at 4, online: <http://www.hc-sc.gc.ca/English/media/speeches/23may2002mine.html> (date accessed: 1 August 2003) and Health Canada, “Proposed Act Respecting Assisted Human Reproduction - Frequently Asked

9. Both situations deal with a child who is conceived by someone who may not be the parent who will raise the child. Thus, the parents who raise the child may not necessarily have a genetic link to the child. As a society, we accept that the parents who raise the child are the “actual” parents of the child, regardless of their genetic connection. That is, socially we are able to accept that children may be raised by their non-genetic parents. Additionally, generally speaking the law confers normal parental rights and responsibilities: Health Canada, “Feedback Report-Discussions and Written Comments on Proposed Federal RGTs Legislation” (June 2000) Health Canada Online, online: <http://www.hc-sc.gc.ca/English/protection/reproduction/rgt/feedback_report.htm> (date accessed: 1 August 2003). Most donor-conceived children share a genetic link with one of the parents who raises them, which is not the standard situation in adoptions. Adoption tends to arise out of a situation where the conception was not planned. However, in donor conception, the adults involved in the procedure intend that a child will result from their participation.


16. *Ibid.* at s. 2.2.5.