[redacted]

11 July 2025

The Commissioner
Australian Law Reform Commission
PO Box 209
Flinders Lane
Victoria 8009
Email: surrogacy@alrc.gov.au

Dear Commissioner,

SUBMISSION TO THE AUSTRALIAN LAW REFORM COMMISSION – REVIEW OF AUSTRALIA'S SURROGACY LAWS

We are making this submission to contribute to the Australian Law Reform Commission's review of Australia's surrogacy laws. We are intended parents who cannot conceive naturally because of the consequences of cancer treatment.

We have read the Issues Paper and have responded to the questions posed in the paper below. We seek that our submission be published but de-identified.

We, [redacted] and [redacted], are a heterosexual couple who have been in a committed relationship for more than a decade. In 2023 we decided to start a family, but unfortunately in 2024, at the age of [redacted], [redacted] was diagnosed with an aggressive form of cervical cancer. [redacted]'s cancer treatment necessitated a radical hysterectomy. She has thankfully been in remission for a year, which we celebrate, but we grieve that she can now no longer carry a child of her own. As a result, we are now investigating surrogacy as an avenue to create a family.

Our preference would be to enter into a surrogacy arrangement within Australia, and we are discussing surrogacy with a friend. We are the godparents of her children, and she and her husband are enthusiastic to assist us in beginning our own family. However, she lives in QLD and we live in NSW. Given the lack of federal oversight of surrogacy laws, this adds complexity to an already difficult circumstance. Unfortunately we have observed that many Australian couples resort to international surrogacy due to the complex restrictions placed on the process within Australia. We would like to see this reformed so that the barriers to domestic surrogacy are lowered. We believe that this would be in the interest of all parties: surrogates, intended parents, and any children born of surrogacy arrangements.

We believe that surrogacy should only be open to people who cannot conceive naturally, be that because they are in a same-sex relationship or, as in our circumstances, because of medical infertility. We also believe that surrogacy should be available through Medicare, just as any other fertility or specialised health care would. In our experience, [redacted]'s GP is very supportive of [redacted]'s right to access IVF treatment and counselling services in support of our surrogacy

desires, but unfortunately the public health system is not equipped – or rather, is reluctant – to help us. Our desire is that [redacted] be treated just as any other woman who accesses treatment for fertility issues.

While no couple attempting to start a family has certainty about their outcomes, not does anyone have the right to a child, the nature of the surrogacy process's bureaucracy and cost means we have far more barriers to creating a family than our peers. We have already encountered a lack of knowledgeable professionals within the health system as well as lengthy and expensive legal and counselling costs. Due process is important, but we believe other submissions to this review, particularly those of Sarah Jeffords and colleagues, can inform improvements to how surrogacy is handled in Australia.

As for other topics in the Issue Paper, we defer to the expertise of those who have experience in the area. There is a wide community of passionate and engaged people who are driven to ensure that surrogacy is available to people in a way that puts the interests of the child first and respects the bodily autonomy of surrogate mothers.

Thank you for considering our submission.

Sincerely,

[redacted]