



How to counsel a Donor/Acceptor and Children: Rol of the Physician

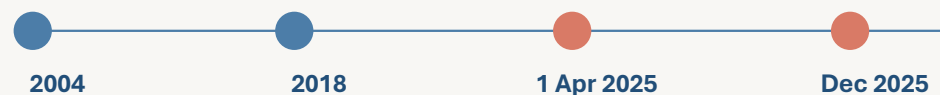
Current law, recent developments,
and practical counseling points

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BSRM Spring Meeting 20 march 2026

Why this topic matters now

The Dutch framework changed in 2025 — and recent scandals changed the tone of counseling

- From **1 April 2025**, the amended Wdkb introduced national donor registration, unique donor and mother codes, and a legal ceiling of **12 mothers** per donor in Dutch clinics.
- The new register also made it possible to retrospectively count historical use of donors more reliably.
- On 15 April 2025, CIBG reported **23,941** registered ongoing pregnancies, **4,684** unique donors, and **85** donors with more than **25** pregnancies recorded.
- Counseling in a climate of higher **transparency**, but also mistrust, media attention, and fear of “**mass donor**”.



Right-to-know law in force; Dutch clinic donation is **identity-traceable**, not permanently anonymous. | Professional limit tightened **from 25 children to 12 families**. | Revised Wdkb starts: donor+mother code system, registration before treatment, 12-mother legal ceiling. |

Why this topic matters now: news



▲ Het Alrijne Ziekenhuis aan de Houtaan in Leiden © Google Maps

Gynaecoloog Leiderdorp verwekte niet 21 maar 41 kinderen met eigen sperma

Een gynaecoloog in het vroegere Elisabeth-ziekenhuis in Leiderdorp heeft meer vrouwen zwanger gemaakt met zijn eigen sperma dan eerder gedacht. Hij is de biologische vader van 41 kinderen die in de jaren 70 en 80 zijn verwekt. In februari noemde het Alrijne-ziekenhuis, waar het Elisabeth in is opgegaan, een aantal van 21 kinderen.

Redactie Leiden 06-07-22, 10:45



De gynaecoloog, Jos Beek, is inmiddels overleden. Het Alrijne heeft een commissie onderzoek laten doen. Die verwacht dat Beek nog meer kinderen heeft verwekt dan de 41 die nu zijn vastgesteld. Het Alrijne meldde eerder dat



▲ Gynaecoloog Jan Wildschut verwekte met zijn eigen sperma tenminste 47 kinderen. © Getty Images / Fertiliteitscentrum Isala

50 meldingen over Zwolse 'spermadokter' na oproep ziekenhuis

Door een oproep van het Isala ziekenhuis in Zwolle, gericht aan patiënten van vruchtbaarheidsarts Jan Wildschut, zijn er vijftig meldingen binnengekomen. Wildschut verwekte ten minste 47 donorkinderen met zijn eigen sperma.

Binnenlandredactie 05-02-22, 06:47

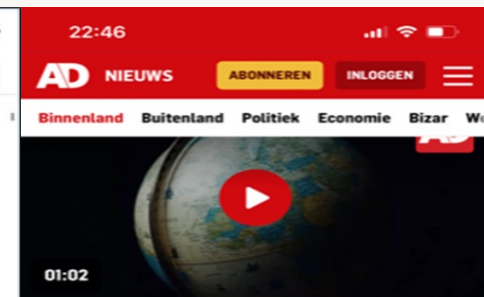


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Beeld XF&M

Een spermadonor in Nederland mag



Omstreden spermadokter misbruikte patiënten: 'Je krijgt een héél mooi kind, zei hij, nu snap ik waarom'

HET ZAAD VAN KARBAAT Jan Karbaat, de arts die met zijn eigen sperma vrouwen insemineerde en tientallen donorkinderen verwekte, maakte zich ook schuldig aan seksueel misbruik. Meerdere vrouwen zeggen aangerand en soms bijna verkracht te zijn. Ook maakte hij seksueel getinte opmerkingen. Dat verklaren ze in de driedelige documentaire 'Het Zaad van Karbaat', die vanaf maandag wordt uitgezonden.

Hanneke van Houwelingen, Tonny van der Mee
27 feb. 2021

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Current Dutch legal framework

What the physician should be able to explain in plain language

Permitted treatment

- Sperm, oocyte and embryo donation are permitted in the Netherlands.
- Access exists for heterosexual couples, lesbian couples and single women.
- Donors receive expense reimbursement, not payment.

Since 1 April 2025

- A donor may be linked to a maximum of 12 mother codes.
- Clinics must register donor use before treatment starts.
- The same mother code may be reused for a sibling in the same family.

Identity and records

- The Wdkb since 1 June 2004.
- Donation in Dutch clinics is not permanently anonymous: records are centrally retained.
- Cdkb stores medical, physical, social and identifying data.

Pre-2004 conception

- Rules differ for conceptions
- If a donor was registered as non-anonymous, identifying data are now generally provided
- If the donor as anonymous, disclosure still depends on consent.



**Practical implication:
counseling in the Netherlands
is child-rights and traceability
based — not anonymity based.**

*The physician should say this explicitly
at the first consultation.*

Who can request what — and when?

Age-based rights of the donor-conceived child, plus family-law points that matter in counseling



<12 Parents request non-identifying data

physical and social characteristics

12–15 Child request non-identifying data

physical and social characteristics

16+ Child may request identifying data

name, date of birth, residence; may also ask for half-sibling contact



Family-law counseling point

- In female couples, legal parenthood can differ depending on whether the donor is “unknown under the Act” or a known donor.
- So: do not discuss medical treatment without also discussing parenthood, recognition and future roles.

Counseling pearl: a right to know does not create a duty to have a relationship — but it does create the possibility of future contact.

Sperm donation and oocyte donation: same legal backbone, different counseling emphasis

Sperm donor / sperm recipient pathway

- Historically more vulnerable to **high offspring numbers and multi-clinic use** — so recipients often need explicit discussion of **sibling-group** uncertainty.
- **Known-donor** arrangements raise questions about future role, boundaries, and legal recognition.
- **Open-identity** counseling is essential from the start: no promise of lifelong anonymity.

Oocyte donor / oocyte recipient pathway

- The identity and registration rules are the same under Dutch donor-data law.
- But the donation itself is more invasive: counseling should explicitly address stimulation, retrieval, medical burden, and voluntariness.
- Known-donor situations may carry extra family pressure or subtle coercion — physicians should screen for this.

Shared core message

The future child is not an abstract “outcome”; that child will later have information rights, possible contact wishes, and a personal story that starts with how transparently the adults were counseled today.

Physician task: make differences explicit without stigmatizing any family form

Counseling the donor

Move from “consent to a procedure” toward “consent to long-term consequences”

- Explore **motivation, expectations, and voluntariness** — especially in known-donor or family-linked arrangements.
- Explain the Dutch right-to-know framework clearly: a child may later request identifying information and may **seek contact**.
- Explain the **practical limits of Dutch control**: the new system is stronger inside Dutch clinics, but not all private or cross-border use is visible.
- Stress the importance of **future medical updates** (hereditary disease, new diagnoses, contact details).
- Clarify boundaries: being a donor is **not the same as being a social parent**, yet in real life emotions and roles can become blurred.
- For oocyte donors, discuss medical burden and recovery time explicitly.

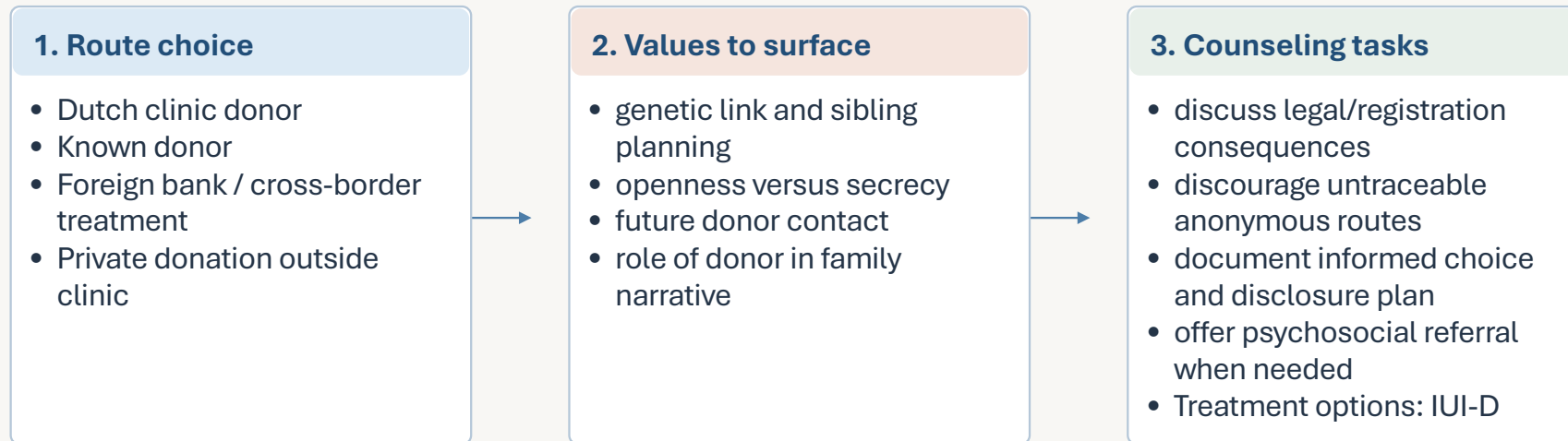


Do not oversell distance

A donor may be legally distant, but psychologically very present once a child appears, asks questions, or reaches out.

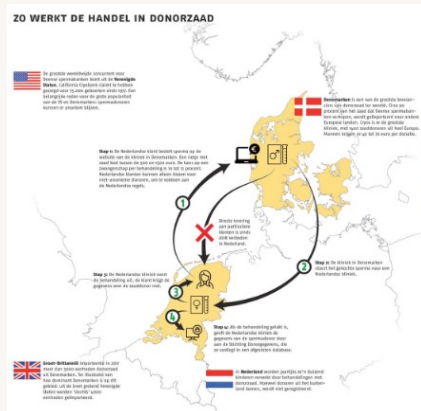
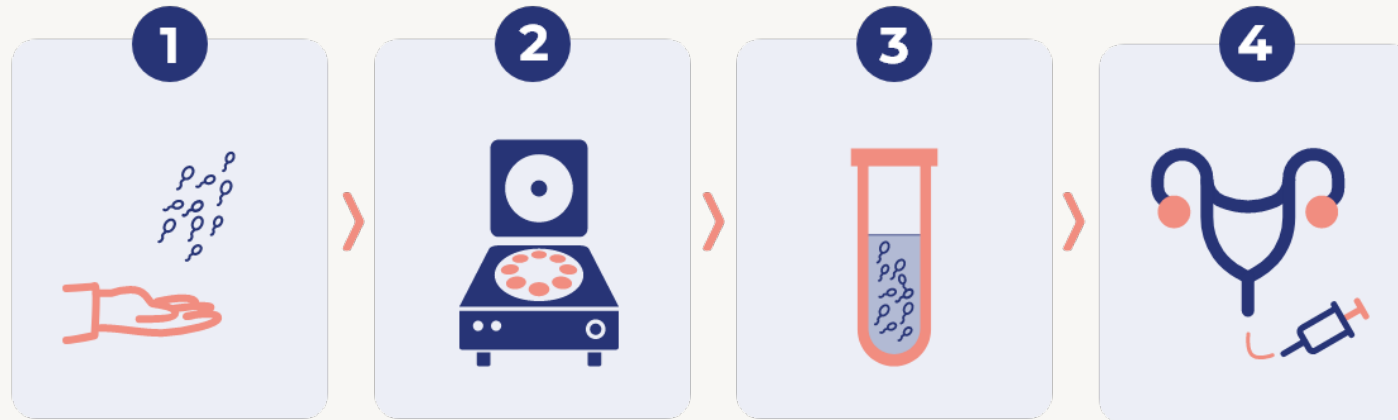
Counseling recipients / intended parents

The key question is not only “Can we have a child?” but also “What story will we give that child?”



Best-practice stance in 2026: Dutch physicians should not only talk about treatment options and chances, explicitly counsel about legal registration / future donor contact/ impact more siblings/ identity.

Role of the physician: IUI treatment



- < 36 years: 9-12x in natural cycli
- 36-38 years: 6-9x in natural cycli
- 38-40 years: 6x in natural cycli
- > 40 years: 3x in natural cycli

Price of sperm 400-850 euro per straw	Waiting time 2-3 years	Clinic/banks 16-8 in Nld Decline in donors
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Counseling children and families

Disclosure is a developmental process, not a single event



Early childhood

simple origin story

School age

answer questions

Adolescence

identity + rights

Young adult

contact + autonomy

- Encourage parents to tell early and tell often, using ordinary language rather than a dramatic “reveal”.
- Prepare for changing questions over time: origin, resemblance, identity, fairness, and half-siblings.
- At ages 12 and 16, revisit the child’s legal rights and emotional readiness to use them.
- Normalize mixed emotions: curiosity, gratitude, anger, loyalty conflicts, or no wish for contact at all.
- Offer follow-up and referral; not every issue should be left to the fertility consultation alone.

The physician’s task is not to script a child’s feelings — it is to help adults create an honest, secure framework in which those feelings can safely emerge.

Main dilemmas and unresolved problems

Better law has not eliminated the hard cases



Historic non-compliance

The 2025 register showed that earlier clinic practice did not always follow the old limits or registration logic.

Private donation

Donation outside clinics remains largely outside central oversight, leaving traceability dependent on private record-keeping.

Cross-border use

National limits do not automatically constrain international sperm banks, export, import, or treatment abroad.

Genetic alerts

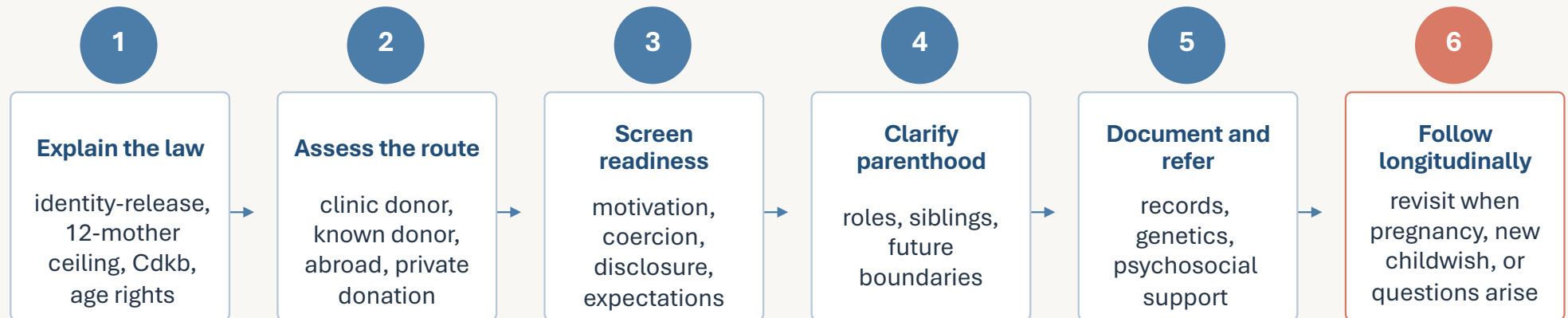
Notification depends on data quality, rapid communication and international cooperation.

What this means for the physician

- A **neutral information style is no longer enough**: patients may arrive angry, frightened, ashamed, or distrustful because of media reports and known scandals.
- Counseling should therefore include **uncertainty management**, not only legal explanation.
- The physician also needs a referral network: psychosocial counseling, clinical genetics, and where relevant legal advice.
- **Costs of sperm** and the **limited amount** of Dutch sperm donors are dilemmas

Role of the physician: a practical counseling framework

A six-step approach for Dutch practice in 2026



Take-home message: in the Netherlands, good counseling is preventive ethics. It reduces secrecy, improves traceability, protects future children, and helps adults make choices they can still stand behind years later.

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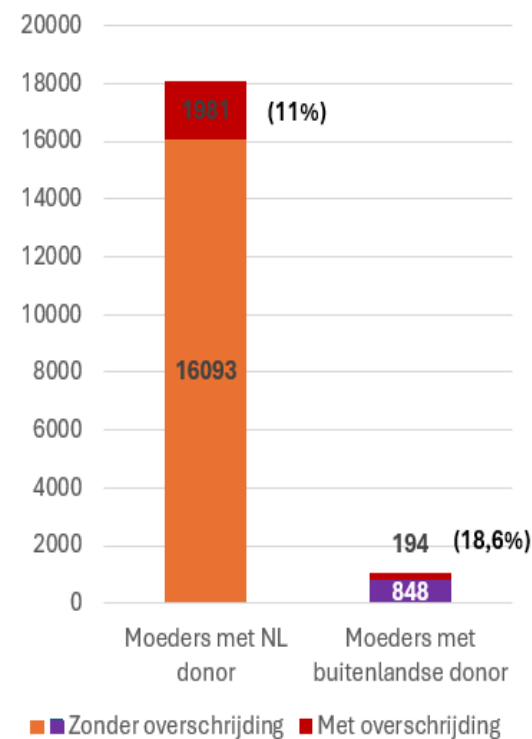
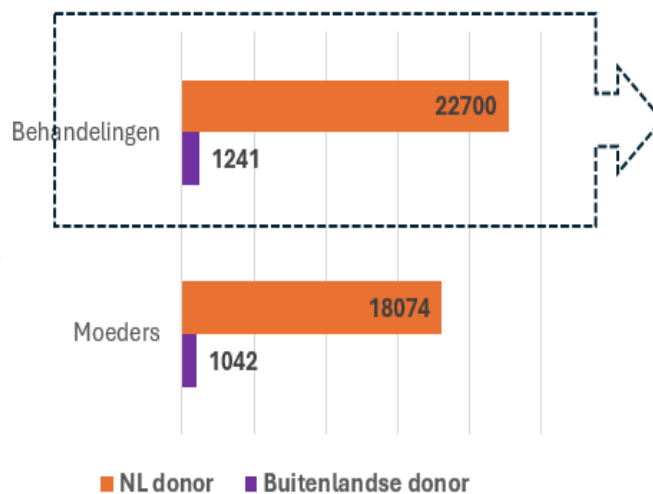
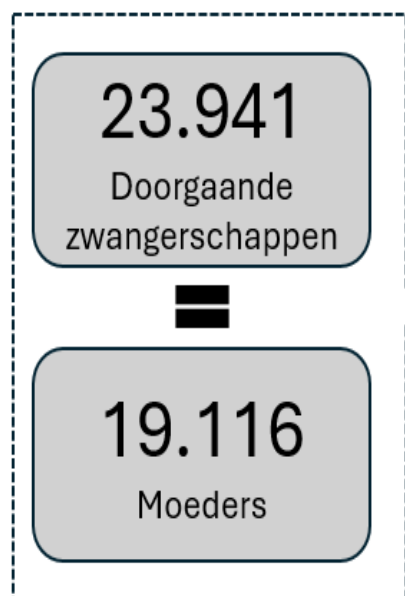
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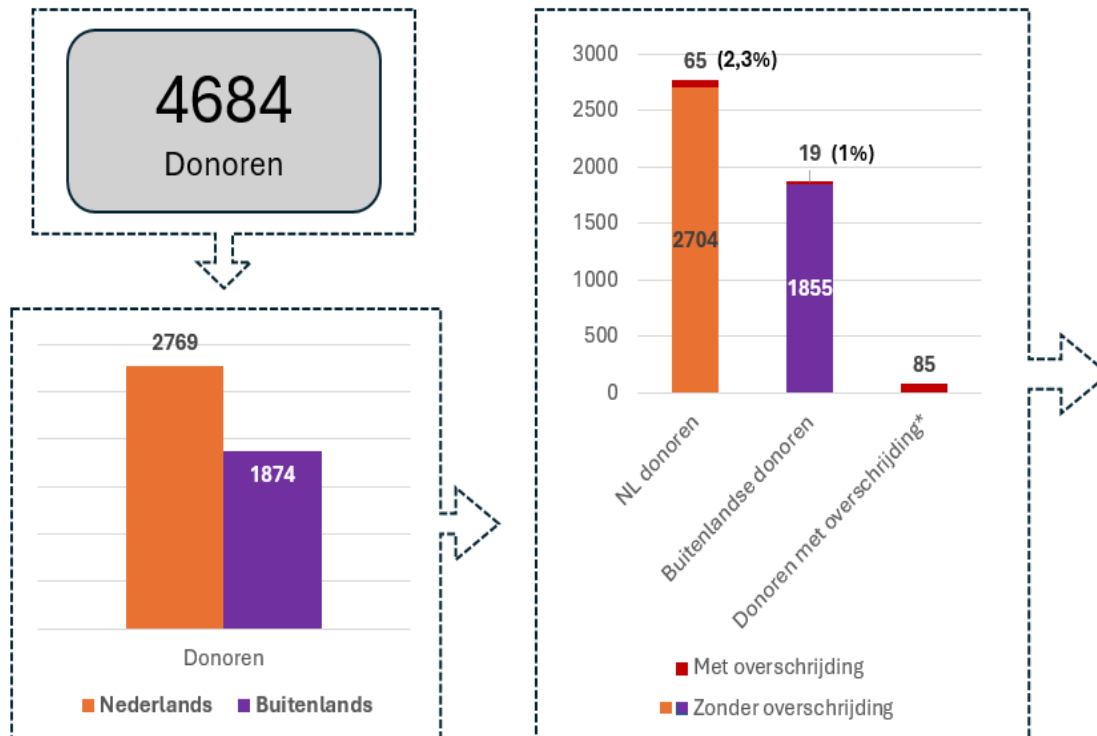
Algemeen overzicht (2004 tot en met 2023)

(moeders & behandelingen)



Algemeen overzicht

(Donoren)



Overzicht NL donoren

Overschrijding	Aantal donoren	Aantal geregistreerde zwangerschappen
25-30	23	642
31-40	31	1085
41-50	6	280
51-75	4	226
100+	1	123

Overzicht Buitenlandse donoren

Overschrijding	Aantal donoren	Aantal geregistreerde zwangerschappen
25-30	8	221
31-40	11	361
41-50	-	-
51-75	-	-
100+	-	-

- 11 donoren → Deens
- 8 donoren → Duits

Note

*De woonplaats van 1 buitenlandse donator is (nog) onbekend

IUI treatment: results

IUI treatment: results

