Adopting a child after cancer

The policies, the procedures and the prejudice

For would-be parents rendered infertile by cancer or its treatment, adoption can offer a happy future for them and their child. Some agencies see a cancer survivor as a potential parent with valuable experience of coping with adversity. Others see only an imperfect bill of health, regardless of the prognosis. Be upfront, realistic and persistent is the advice.

➜ Peter McIntyre

The voices seem hardly daring to hope. Carly, newly married when she was diagnosed with ovarian cancer at the age of 33, asks "Adoption after cancer. Is it possible? Is it a dream that I can safely hold onto? I'm not sure."

She feels that the word 'choice' in her life has been redefined. "When I think about our future, a part of me still sees us with a house full of kids, although I question where these kids will come from. After a diagnosis of ovarian cancer I don't know how many adoption agencies are rushing to place a child in your care..."

Previous *Cancer World* articles have followed the journey that women and men who want families make after a diagnosis of cancer, when fertility is affected by the disease or by the treatment.

The emotional wear and tear on a couple or a single women who have been through the cancer journey and then IVF can be overwhelming – what one couple called "an emotional battering".

But some have succeeded in building their family another way, through adoption. Singer songwriter Sheryl Crow was treated for breast cancer in 2006, undergoing surgery followed by radiotherapy. She has since succeeded in adopting twice as a single mother, most recently in June 2010, when Levi James joined the family as a baby brother to Wyatt, who was adopted as a baby three years ago. After adopting Wyatt, she told the media: "He's the first thing I think of in the morning, and the last thing I think of before I go to sleep."

There are many others who would love to start their day, the same way. But would-be parents after cancer also ask themselves, "What will happen to the child if I die?" For prospective adoptive parents this question is still tougher, since the child they adopt has already lost their birth parents and needs security above all.

Victoria, an Italian who has succeeded in adopting after cancer, asked herself this question many times. Like many who have been through the cancer journey, she knows all about the unpredictability of life – but she feels that this also brings a special awareness to being a parent and the care she gives her daughter.

Victoria was diagnosed with breast cancer at the very young age of 24. A few years later, apparently healed, she conceived naturally, without needing

ANNE-MARIE PALMER / ALAMY

fertility treatment. Then, without warning, during the pregnancy her cancer returned, this time with metastases. Victoria faced the choice between starting immediate lifesaving chemotherapy and continuing with her pregnancy.

She says, "The progression of the disease was not compatible with the life of the baby. If I renounced the therapies, it would have been a useless attempt, for me and for the baby. There was no choice. Abortion is a suffering that cannot be explained, maybe one of the worst moments in the life of a woman."

The termination affected Victoria and her husband deeply. But afterwards they talked about the future and decided that they wanted to adopt. They knew that this would not be an easy task but set out on "a bureaucratic pregnancy" with a gestation period of almost three years.

The process involved social workers, psychologists, doctors and judges, as well as medical examinations and psychological tests. Looking back Victoria says, "Some of these people were clever and sensible, but others were stupid and full of prejudice." She felt that some professionals were so insistent that adoptive parents passed every test that "it seemed like a eugenical search for perfection and immortality!"

Then, one Friday, the court told Victoria and her husband that they could become parents to a newborn baby the following Monday. Now Andrea is a cuddly, clever, joyful young child who brought happiness with her. "We thank God every day for having blessed us with Andrea's gift," says Victoria.

She still worries about the cancer coming back, not so much for herself as for her daughter. But she says this is a fear she has learned to cope with. "Everybody can fall ill or even die at any moment in life – the difference being that I am more conscious of that and so may be able to appreciate every single moment of Andrea's extraordinary life!"

Different countries, different policies

The rules of adoption vary between European states and are not part of the EU "acquis communautaire". However under the 1967 European Convention on the Adoption of Children, adoptions are valid only if granted by a "competent authority", which must inquire into the "the

Dare to dream? It's harder to adopt if you have a history of cancer, but some people do succeed, while others find alternative ways to build loving, mutually rewarding relationships with children, for instance through fostering or regular short-break care

"Agencies need to ensure a reasonable expectation of good health at least until the child reaches adulthood"

personality, health and means of the adopter" and his or her ability to bring up the child.

In Germany, the falling birth rate has seen the number of German children being adopted halved since 1994. With 20 applicants for every child it is said to be almost impossible to adopt a German child if you have a serious, potentially life-threatening illness like cancer. Today, in Germany, one-third of children who are adopted come from abroad. Alfred Meyer, chairman of a state-registered adoption placement agency, who specialises in adoptions from abroad, was quoted in *Deutsche Welle* as saying, "Applicants have their homes and bank balances examined. They are subjected to mental and physical checks, and their reasons for wishing to adopt are scrutinised in detail. The whole process takes between one and two years, but even once the applicants have been given the all clear, they have to wait anything up to another two years before they actually have their child."

Inter-country adoption has been widely used by couples in Europe and the USA, especially to adopt babies from China, Eastern Europe and Africa. It has become increasingly controversial, as many children are given up for adoption for reasons of poverty; there have also been a number of scandals, most recently about the alleged abduction of children after the earthquake in Haiti. Recently, Romania, China and several African countries have clamped down on inter-country adoption. According to a policy adopted in China at the end of 2006, consideration as an adoptive parent will not be given to anyone who has "severe diseases that require long term treatment and that affect life expectancy, like malignant tumours…"

Despite restrictions, there are some European countries where adoption is heavily geared towards children from other countries. In Sweden, as recently as 2002, all but 20 of the 1,000 children adopted were from overseas.

There are no data on how many people who have had cancer have adopted. However, demand can be seen by the participation level in the Yahoo group 'Adoption-after-cancer', which has more than 700 members (mainly from the USA) who share experiences, hopes and fears.

One woman who had breast cancer and has now been accepted as an adoptive parent for a baby from her own country reflects on "over 30 agencies called; 15 adoption programs examined; 2 failed attempts at adopting from other countries; a foster care license; any number of dedicated people who believed; and thousands of prayers".

Another writes about how easy it was for her to adopt: "They didn't care at all about a cancer history and 2 weeks ago, we adopted the most beautiful baby boy...we were even in the delivery. It is an open adoption and our birthmother knows I have a history of cancer. … Breast cancer doesn't have to keep you from becoming a mom."

The child comes first

The United Kingdom was one of the first countries in the world to pass legislation on adoption and today has a comprehensive set of procedures that applies equally to children adopted from inside or outside the country. About 3000 children a year are adopted from local authority care and there are around 4000 children in care waiting to be adopted every year.

Child placement consultant Patricia McGinty says that the interests of the child must always come first, but she would not rule out adoption after cancer. Her agency, Be My Parent, is part of the British Association for Adoption & Fostering (BAAF) and identifies possible families for children waiting for adoption and permanent (or long-term) fostering to families, through its specialist newspaper and online service.

"When considering placing a child for adoption, adoption agencies have a duty to consider the needs of the child as paramount," says McGinty. "They have a duty to ensure that adoptive parents will have the physical and mental health to care for the child placed with them, providing them with a

stable, loving home both now and in the future. It is a very important lifelong decision for the rest of the child's life and the rest of the adopter's life. Agencies need to ensure that the adopters have a reasonable expectation of good health at least until the child reaches adulthood.

"Children who need adoptive families have been through a lot. They may have been neglected from early life or experienced the trauma of emotional abuse, physical abuse or sexual abuse. They have had all that to contend with as well as the loss of their birth family and siblings if they have been split up.

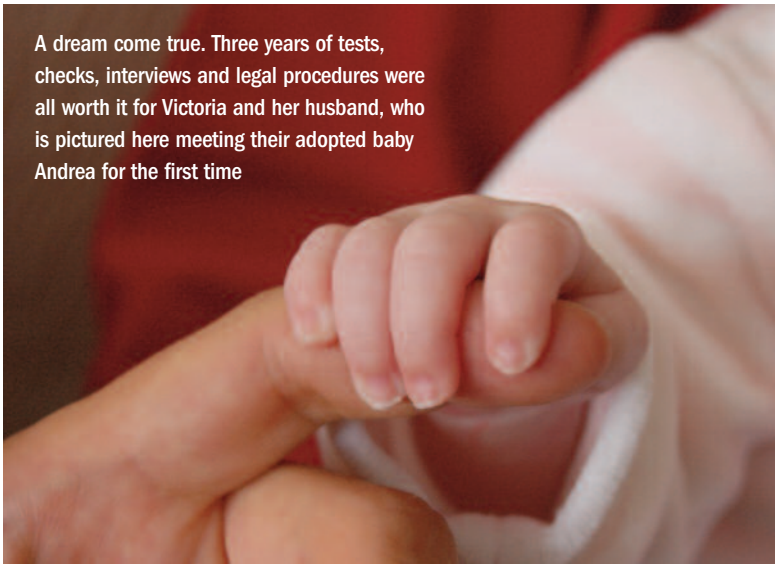
"It is very important that when a child moves on to an adoptive family, they have as much love, attention and stability as possible to help them comes to terms with those difficult experiences. Because of that, the local authority responsible for placing the child will try to minimise any further losses, including the loss of their new parents."

All prospective adopters and foster carers are required to have a medical examination carried out by their GP and the agency may consult specialists about complex medical conditions, like cancer. "The adoption agency may contact the prospective adopter's consultants or oncologist for more information about a prognosis. The final decision regarding approval to adopt would be made by the adoption agency, based on a holistic assessment of the adopter's background and suitability to provide a loving and stable life for a child. Although health is an important consideration, it is not the only factor."

Nothing is set in stone

In practice, someone currently undergoing active treatment would be advised to wait until the treatment was finished, but anyone who has completed treatment and has a good prognosis would be considered. "Nothing is set in stone, and each individual's situation should be considered on its own merits," says McGinty.

"Cancer would not automatically rule anybody out. Everybody will be affected differently by their cancer diagnosis. That is why, if this is known information by the prospective adopters, it is important that they raise this very early on when applying to an adoption agency, so this can be explored."



A dream come true. Three years of tests, checks, interviews and legal procedures were all worth it for Victoria and her husband, who is pictured here meeting their adopted baby Andrea for the first time

Her overall message is to be honest and upfront about your condition, but not to give up hope. "I certainly know professionally and personally some adoptive families where people who had had treatment for cancer have gone on to adopt children. It is not impossible and that would be my encouragement to any prospective adopters where there is a background of cancer treatment. Even if one agency says 'no', it may be worth trying another agency."

British law requires prospective adopters to be assessed (including their health and background status), prepared (learning about the needs of adoptive children) and approved. Statistically, more married couples come forward as adoptive parents. However, single carers can also successfully adopt. Of the 3300 children adopted in England from local authority care in the year to the end of March 2009, 270 children were placed with single people. A good network of relatives and friends, able to provide practical and emotional support is an invaluable

Her overall message is to be honest and upfront about your condition, but not to give up hope

"Any adverse circumstances that they have overcome and learned from are seen as positive experience"

part of life for all types of families, and even more so where a single carer is the main carer. In practice, where one person is affected by a condition such as cancer, adoption agencies may be more likely to consider a couple more favourably when placing a child. However, this is not inflexible.

In Western Europe few healthy white babies are placed for adoption. In the UK, those who are on the waiting list for long periods are likely to be groups of brothers or sisters, where two or more children need to be placed together, children over the age of seven and those from black and ethnic minority backgrounds, particularly children of mixed ethnicity. In addition, disabled children and those whose development is uncertain (perhaps because the mother used drink or drugs during pregnancy) are amongst the hardest to place.

However, it is here that someone who has faced a life-threatening illness and come through lengthy medical treatment may have the most to offer.

Adversity can be a plus

Patricia McGinty says, "We need families who can accept children whose development is uncertain and that could apply to other medical conditions as well. If adopters have undergone adverse circumstances and come out of that positively and can apply it to their parenting, that would be considered a positive. Adoption agencies are not looking for the perfect families. There is a recognition that any adverse circumstances that they have overcome and learned from are seen as positive experience, particularly if that helps them to care more effectively for the child."

The British regulatory system seems to work and many fewer adoptions in Britain are from abroad. McGinty contrasts that with other European countries, including Ireland, where a child usually cannot be adopted without the consent of the birth parents, and as a consequence many children grow up in foster care, while adoptive parents are looking overseas.

Adoption is not the only option. There is in many countries a desperate need for foster parents who can offer maybe short-term care or regular short-break care to help a child remain in their birth family or in their main foster placement. Some of these children may have special needs. This may be a way of developing a relationship with a child and providing them with a close loving and stable experience of family life even if adoption is not possible. In most European countries foster parents also receive some financial support.

Whether it is adoption or fostering, McGinty says, "The important thing is that prospective parents should not automatically give up or rule themselves out. Adoption may not be right for them at this moment in time but something they may be able to consider later depending on the prognosis and their medical situation."

From Italy, the woman who has successfully adopted would echo this. Victoria says that having a child after cancer is part of coming back to life. But she also recognises that "the right of the child to have parents must always prevail over the desire to become parents." If the courts had ruled against them in Italy, Victoria and her husband would have found another way to give their love, perhaps by greater engagement in the voluntary sector.

The story of Victoria's battle with breast cancer and the adoption of her child was published in 2009 in *Ho vinto io*, a compilation of stories from Italian breast cancer patients, edited by M Boldrini et al (2010)

"The important thing is that prospective parents should not automatically rule themselves out"