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Toward Acceptance of Uterus Transplants

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by David Orentlicher

Should surgeons offer uterus transplants to women who want to become pregnant but do not have a functioning uterus? The debate reminds us that society often neglects the interests of the infertile.

Only a handful of uterus transplants have been reported worldwide—including two this past September[1]—but advances in technique may make the transplants available more widely. Some women are born without a functioning uterus; others have hysterectomies for cancer, postpartum hemorrhage, or other reasons. Many of these women want to become mothers and carry their own pregnancies.

However, the prospect of uterus transplantation has elicited sharp criticism. According to ethics professor Rebecca Kukla, the surgery is not, "in any traditional sense, therapeutic."[2]

Why the controversy? After all, surgeons routinely transplant hearts, lungs, livers, and kidneys. If a woman can receive a new kidney, why not a new uterus? Ethicists have raised a number of objections, but on close examination, none seems persuasive.

First, some scholars have distinguished life-extending organs from life-enhancing body parts like faces and hands. As long as transplant recipients have their new organs, they must take drugs to prevent their immune systems from rejecting the transplanted organs. The risks can be substantial. For example, the immunosuppressive drugs put people at an increased risk of cancer. It is one thing to assume serious health risks for the possibility of a longer life, but are the risks of being a transplant recipient justified by improvements in the *quality* of life?[3]

There are a few important responses to concerns about risk. For example, over time, scientific advances have reduced the side effects from immunosuppression. The risks are not as serious as they used to be. In addition, a transplanted uterus can be removed after childbirth, avoiding the need for long-term immunosuppression that exists with other kinds of transplants. Finally, we generally allow patients to weigh the benefits and risks of medical treatment for themselves. Absent a disproportionate balance between risks and benefits, it is not appropriate for society to usurp patients' health care decision-making power. Hence, face and hand transplants are becoming more common even though they do not prolong life.[4]

Critics of uterus transplants also worry about health risks to others. Perhaps women can weigh for themselves whether the benefits of uterus transplantation outweigh the risks. But they are not the only people whose health might be jeopardized. If a woman is taking immunosuppressive drugs during her pregnancy, what risks are posed to the child-to-be?[5]

Although no woman has yet given birth after a uterus transplant, we still have some important evidence regarding the risks to fetuses from immunosuppressive drugs. Recipients of kidneys, livers, and other organs take the same immunosuppressive drugs as would recipients of a uterus transplant, and more than fifteen thousand children have been born to transplant recipients since the 1950s.

Although the data are not definitive, they are generally reassuring. While children exposed to immunosuppressive drugs during pregnancy are more likely to have a premature birth and low birth weight, they do not appear to be at elevated risk of physical malformations or other serious side effects.[6] Moreover, it is generally difficult to argue that people should not reproduce because of the health risks to their offspring. Procreation is a right of fundamental importance and should be recognized for all persons, even if they may pass a serious disease to their children. Thus, for example, it is acceptable for women to reproduce when they are infected with HIV or carry the gene for a severe inherited disorder.

Of course, steps often can be taken to minimize the risk that an infectious or genetic disease will be transmitted from women to child. Still, even when risks remain, the right to reproduce is preserved.

But, one might say, there is an important difference between women who undergo uterus transplants and women who have infectious or genetic diseases. These latter women often cannot have biologically related children without exposing them to the risk of their health status. The woman wanting a uterus transplant can have biologically related children through in vitro fertilization and gestational surrogacy. Thus, she can have genetic ties to her children and also protect them from exposure to immunosuppressive drugs. As Kukla observed, "tons of people have perfectly normal lives without gestating a biological child."[7]

Many women may be perfectly happy despite losing their ability to carry a pregnancy, but that should not lead us to dismiss the interests of those women who very much want to become mothers through pregnancy. Indeed, there are serious disadvantages if a woman lacking a functioning uterus tries to have children without a transplant. If she becomes a parent through adoption, she lacks biological ties to her children. In addition, her offspring may suffer from

significant developmental problems that were not detected before the adoption.

Gestational surrogacy can ensure a genetic relationship with children, but it has serious drawbacks, too. In some states and countries, it is prohibited by law.[8] In addition, the genetic mother loses the ability to develop gestational ties with her child. As illustrated by the disputes between surrogates and intended mothers, gestational ties play a significant role in forming motherhood. For many women, parenting without pregnancy will leave a significant void.

A gestational surrogate may suffer from her participation, as well. She may not anticipate the extent to which she will develop maternal ties during pregnancy, nor how difficult it will be to relinquish her parental role. Hence, she may wish to maintain her relationship with her child. Her desire for an ongoing relationship also can pose problems for the biological parents, especially if she sues to establish parental rights.

Indeed, with all alternatives to uterus transplants, a woman must share her parenthood with another woman, who typically will be a stranger to the woman's family. People care very much who they include in their families, whether through marriage or other relationships, and that is no less true for shared parenting.[9] Denying uterus transplants greatly interferes with women's ability to shape their families according to their own values and preferences.

If the arguments against uterus transplants seem weak, then we should consider whether other factors are at work. What else might explain the objections to uterus transplants?

There is good reason to worry that public policy in the United States gives short shrift to the interests of infertile persons. Rather than viewing infertility as a disability and infertile persons as deserving assistance in their efforts to procreate, many Americans dismiss the idea that infertility is disabling.[10] In one study, for example, Elizabeth Britt found that the infertile often feel as if the seriousness of their condition is "trivialized." Other people might suggest that infertility is not as bad as other medical conditions because reproduction "supposedly is so optional," or they might even suggest that infertility is a "blessing in disguise."[11] In Arthur Greil's study, infertile persons reported that friends and family often "act as if . . . infertility were a small and relatively easy problem to solve." Infertile couples did not feel like they were viewed as inferior because of their infertility. Rather, the discrimination they felt arose out of a "failure of others to acknowledge the seriousness of infertility."[12] Similarly, in academic commentary or judicial decisions, infertility may be characterized as the loss of a "lifestyle choice" rather than the loss of an important capability.[13]

It is troubling enough that infertility may not be seen as disabling. In addition, infertility actually may be seen as *enabling*. Having children, in this view, places one at a disadvantage when it comes to opportunities for a fulfilling life, whether in the professional world or with one's partner. As Germaine Greer has observed, "Modern society is unique in that it is profoundly hostile to children. . . . Mothers who are deeply involved in exploring and developing infant intelligence and personality . . . share the infant's ostracized status."[14]

While not having children may be a blessing for some people, it is hardly that for others. Given the fundamental importance of procreation, the impact of infertility can be substantial. In one study, infertility was the most upsetting experience for 50 percent of women. Indeed, when infertility is a consequence of cancer or its treatment, some cancer survivors describe the loss of fertility as causing as much emotional pain as the cancer itself.[15]

There are many important reasons why women want to bear their own children. Women may want to have children with their chosen partner and without the involvement of third parties. They also may want to benefit from the ties with their children that develop during pregnancy. For these and other reasons, we should not be overly skeptical of uterus transplants.

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