



Are Womb Transplants Immoral?

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A recent news report described the unusual story of a baby's birth from his grandmother's womb. A 29-year old woman from Sweden, born without a uterus, received a transplanted womb from her mother, the same womb that had brought her into the world a generation earlier. The woman then became pregnant through *in vitro* fertilization (IVF) and delivered a healthy baby boy.

The research had been dogged by controversy and questions: Could a transplanted womb from a post-menopausal woman be "triggered" back into action once it had been introduced into the body of a younger woman? Could a transplanted uterus effectively provide nourishment to a growing baby during all the gestational stages of a pregnancy? Would such a costly and risky surgery involving two people, mother and daughter, donor and recipient, be justifiable? Are such transplants ultimately ethical?

The specific circumstances involved are critical to determining whether this novel type of transplant is ethical.

Various medical anomalies can cause a woman to be missing a uterus. A congenital disease called Rokitansky syndrome can cause the uterus to develop anomalously, or not form at all. Uterine cancer or

other serious gynecological issues may necessitate that a woman undergo a hysterectomy, resulting in permanent infertility.

The womb is a unique organ with a highly specific function, and the transplantation of a healthy womb into a woman who lacks one due to a birth defect or disease is loosely parallel, some would say, to a situation where a patient's kidney fails, and another person donates a healthy replacement organ.

Yet others would say that the womb is not a vital organ like a kidney, and while the transplantation of a womb is directed towards improving a patient's quality of life, it clearly does not constitute life-saving surgery like a kidney transplant.

Therefore, womb transplants require strong ethical justifications.

As we reflect on the ethics surrounding new medical treatments and technologies, it can help us to recall the general principle, enshrined in the *Catechism of the Catholic Church*, that the morality of a human act depends on three factors: the object, the end, and the circumstances involved. An act is morally good only if all three of these factors are morally good. If any one of them is bad,

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we recognize that the overall act itself becomes morally bad.

For example, a diva using her voice to sing a passage from a famous opera has the morally good *object* of performing a beautiful and artistic musical composition. The *end* for which a diva might sing would be to perfect her singing skills — also morally good. But if she decides to do it at 3 a.m. in a dormitory, so that it disturbs the sleep of her neighbors, then the *circumstances* would not be good, and we would conclude that the action of singing in that way by the diva is, in fact, morally bad.

In the case of carrying out a womb transplant, the object of the act would be good, namely, to restore a woman's bodily wholeness by transplanting a healthy womb in situations where she lacks one. The end for which the womb transplant would be carried out would also be good, namely, to achieve a pregnancy.

But particular circumstances can easily render the womb transplant immoral. If the transplant were done for the purposes of pursuing a pregnancy through IVF, this circumstance would render the entire act of the womb transplant morally bad and disordered, given that IVF is invariably immoral as a means to engender

new human life. All reported instances thus far of womb transplants followed by successful pregnancies have arisen because of the use of IVF.

A similar problem with the circumstances of the transplant could arise if the womb that was used for transplant had been donated by a healthy woman still in her reproductive years who harbored a contraceptive intention and no longer desired to have more children of her own with her husband. In such a situation, her uterine donation would cause her to become sterile, and would represent a seriously flawed moral circumstance that would likewise render the action of receiving the transplanted womb unethical on the part of the other woman.

When might a womb transplant be morally acceptable? If a uterus were transplanted from either a deceased or a freely-consenting, post-menopausal woman to another woman whose ovaries, fallopian tubes and other reproductive tissues were then able to function so she could conceive a child within the marital embrace, rather than through IVF (and assuming minimal medical risks to both donor and recipient), the womb transplant could represent

an ethical means of resolving her uterine-factor infertility. In conclusion, the specific circumstances of both the donor and recipient are crucial in discerning the ethical appropriateness of this unusual procedure.

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