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Mini Commentary on 2018-CM-22012R1: Uterine Transplantation in Transgender Women: Medical, Legal and Ethical Considerations

**Dr N Hammond-Browning
Senior Lecturer in Law
University of Gloucestershire
Oxstalls Campus
Oxstalls Lane
Longlevens
Gloucester
Gloucestershire
GL2 9HW**

Uterine transplantation (UTx) is the only reproductive technology that provides a reproductive solution for women with absolute uterine factor infertility that allows them to gestate. Since the announcement of the first live birth following UTx there has been considerable interest from the trans community regarding the possibility of uterine transplantation for transgender women. UTx offers the potential to realign reproductive capacity and widen the reproductive options for transgender women (Alghrani, JLB; 2018). Whilst not yet medically feasible, it is important to consider the medical barriers alongside the ethical, legal, and social issues that UTx in transgender women raise. Currently, this is an under discussed area, and as such Jones *et al* provide an important contribution to the literature (Jones *et al*, BJOG; 2018:XXX). Jones *et al* note that UTx in transgender women may be ethically and legally permissible due to considerations of justice, equality, and non-discrimination. However, the importance of the paper is with regards to the education, elucidation, and discussion of the medical difficulties requiring further investigation prior to any attempts.

What is apparent is that the medical barriers are not insurmountable. A utero-vaginal transplant is suggested owing to the need to utilise as much donor vagina as possible, with it further recommended that retrieval be from deceased donors due to the more radical hysterectomy. Controversially, female to male transgender men are also suggested as possible donors. There is a need to balance the interests of living donors and recipients: living donors should not be exposed to unnecessary risks in order to increase benefits to recipients. This suggestion requires further legal, ethical, and medical evaluation. The trans-community need information about the possibility of UTx, and Jones *et al* demonstrate the need for further research before any attempts at UTx in transgender women.

Whilst ethical and legal considerations have been alluded to, contemplation of these issues is vital before further medical advances, particularly as UTx in transgender women also raises the possibility of male pregnancy. It is undeniable that transgender people must not be discriminated against, however, currently in the UK, it appears that embryo transfer into a person who was not born a woman is illegal (s3(2)(a) and s3ZA (6)(a) HFE Act 1990 (as amended)). Therefore, even if medically feasible to perform UTx on transgender women, they would not be able to undergo embryo transfer, and subsequent pregnancy.

Ethical debate and deliberation must also be given to justice, equality, and procreative liberty (amongst others). Robertson (JLB; 2017:4(3) 630-636) and Alghrani (JLB; 2016:3(3) 636-641 and JLB; 2018) have started the debate on the right to gestate in light of UTx, and the establishment of this right will be vital to support transgender women accessing UTx.

The medical problems discussed by Jones *et al.* must be debated alongside the ethics and legality of providing UTx to transgender women. In order to ensure that any future legislation is fit for purpose, it is imperative that there is proactive debate of the ethics of UTx in order to avoid reactive legislation that may be implemented once UTx is proven as a medically safe and effective treatment. Only through proactive debate, encompassing all aspects, can reasoned decisions on UTx for transgender women be made.