Should the NHS pay for womb transplants?

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The first womb transplants are due to take place in 2016. The experimental programme could allow 10 women with damaged or missing uteruses to give birth. If successful, the procedure is likely to be made available to more women who suffer from this particular type of infertility. But should such operations be made available freely on the

NHS?

There are a number of arguments that people who feel uneasy about this prospect might make. One seemingly obvious objection that can be applied to publicly funding any fertility treatments is that they don't save lives. But this argument simply doesn't work. Some of the most important things the NHS does are quality-of-life interventions such as cataract operations, hip replacements and general pain relief. So the fact that fertility treatments are designed to improve rather than extend lives doesn't make them different from widely accepted NHS procedures and isn't a reason not to fund.

Another argument is that the NHS shouldn't spend money on treating infertility because it isn't a disease. This view is out of line with most official classification systems – but some people remain sceptical. One reason for this is that infertility only harms people who want children. People sometimes think of alleviating infertility as being more a way of satisfying a desire for a certain lifestyle than of treating a disease.

But while infertility is only directly harmful to those people who want children, that doesn't mean that it can't be a disease. Whether something is a disease is partly a matter of whether the person's body is functioning as it normally would at any given stage of their life. So we expect a 25-year-old woman's body to be capable of conception and pregnancy – if it is not, this is a pathological state, regardless of whether she wants children. Unwanted infertility can also have very serious psychological side-effects such as anxiety, depression and stress.

Overpopulation

Another approach is to argue infertility treatment shouldn't be provided because of overpopulation. World population grew from 1.6 to 6.1 billion during the 20th century and, as well as pressures on food and

water supplies, increasing global population makes it ever harder to tackle climate change. Therefore (so the argument goes) it would be incoherent for governments to expend resources tackling climate change while at the same time spending public money on what is, in effect, creating extra people.

But restricting infertility services is unlikely to be a fair or effective means of achieving environmental goals. Treating infertile couples makes a comparatively small contribution to population size. In the UK in 2012, just 2% of births resulted from IVF and the figure for womb transplants would only ever be a tiny fraction of this.

Then there are questions of fairness. People who are biologically infertile are suffering from a medical condition that our health system has the technical ability to treat. Given this, denying them such treatment on environmental grounds seems ethically problematic. It would arbitrarily single out people with a particular disability (infertility) and require them to bear costs others don't face. They would then either have to fund treatment themselves or, if they can't afford it, be deprived of the opportunity to be a parent. Whereas if everyone paid evenly spread environmental taxes instead, no single person would need to bear such a high cost.

Adoption and surrogacy

Another suggestion is that, just as paying for everyone to have gold fillings rather than cheaper alternatives would be a waste of NHS resources, womb transplants are a wasteful solution to infertility when adoption and surrogacy arrangements are possible alternatives. But are these really adequate alternatives? Certainly not for those women who attach great value to the experience and process of pregnancy and childbirth.

In any case, adoption and surrogacy can be problematic. Potential adopters must often be willing and able to parent older children, missing out on the early months and years of development and precluding the chance to have their own "genetic child". Surrogacy arrangements, meanwhile, are not legally enforceable in the UK – the surrogate mother can choose to keep the baby even if they are not genetically related. The ban on payments also makes it harder to find willing surrogates.

As with any medical treatment, womb transplants must first be shown to be cost-effective and safe. But if this can be done, there is no good reason to rule out NHS funding.

Source: The Conversation