Who is in need, and of what?

Tracing norms through accounts of need in the development of uterus transplantation.

Lisa Guntram
PhD, Lecturer
Department of Thematic Studies
Linköping University
Sweden
Lisa.guntram@liu.se

“Because all these [reproductive] technologies, drugs, and procedures violate the integrity of a woman’s body in ways that are dangerous, destructive, debilitating and demeaning, they are a form of medical violence against women. Some of these, such as reproductive contracts (surrogacy) create a traffic in women’s bodies”
(Raymond, 1993: viii).

“Infertile women find themselves confronted with a group of feminists who suspect their motivations to procreate as strongly as they suspect the medical community’s desire to create babies by artificial means; who exploit infertile women’s “desperation” to have children to affirm women’s oppression in the same way that some physicians exploit it to legitimate the further advancement of artificial means of reproduction; and who attribute to infertile women and couples the racism, classism, intolerance of imperfection, and the commodification of babies and of women that afflicts us all regardless of our fertility.”
(Sandelowski, 1990: 39)
While our attempts to tinker with human (in)fertility has a long history, Patrick Steptoe’s and Robert Edwards achievements in the field of in vitro fertilization (IVF) – which eventually resulted in the birth of the by now world-famous first “IVF-baby” Louise Brown (see, e.g., Steptoe and Edwards, 1978) – is often seen to mark the start of a new era. Ever since, the on-going development of assisted reproduction technologies (ART) – which now also includes uterus transplantation – and the increasing use of them across the globe has been a central concern in feminist scholarship. Especially, these developments and women’s engagements with them have fueled discussions of how medical interventions in women’s bodies may obscure agency, reproductive health and rights as well as consolidate normative understandings of womanhood and motherhood.

In these debates, which the introductory quotes give a glimpse of, two major approaches on how to deal with issues of agency and female embodiment in the context of medical interventions in female bodies can be demarcated. Those arguing for understanding ART as oppressive could be seen to align with proponents of a critical stance toward medical interventions in women’s bodies in general, which view medical procedures such as ART and cosmetic surgery as processes of domination and control that objectify female bodies (c.f. Morgan, 1991; Raymond, 1993; Rowland, 1992). A celebration of agency, some of them have argued, cannot convey the systematic constraints that govern women’s lives (Bordo, 1997). In contrast, others have argued that women’s agency deserves greater acknowledgement as we interrogate medical interventions. Scholars in this strand hold that women should to be treated as ‘embodied subjects who think, act, and know through their bodies’ (Davis, 1997: 57) and the female body should thus be seen a site of subversive practices, struggles for self-determination and empowerment (Fisher and Davis, 1993; Lorentzen, 2008; Meyers, 2002; Price and Shildrick, 1999).¹

While I sympathize with the first strand’s effort to question hegemonic structures and conceptions of the body in medicine and their ramifications, I situate this presentation in those strands of feminist scholarship that rather tried to further unpack women’s agency their interactions with medical practice. Such work has been dedicated to problematize the development and use of ART, often by attending to the context surrounding them and by viewing them as co-constructed and situated (Becker, 2000; Franklin and McKinnon, 2001). While some scholars have done this by emphasizing the material-discursive entanglement of the “social” and “technological” (Franklin

¹ For a more detailed overview, see also Guntram (2014).
and McKinnon, 2001; Murphy, 2012; Thompson, 2005), others have honed in on patients’ experiences and negotiations of ART (Exley and Letherby, 2001; Letherby, 2002; Mamo, 2007; Nordqvist, 2008; Peters et al., 2007; Throsby, 2004). A common core in these endeavors is the attention paid to the normative as well as disruptive force of ART. This dimension – i.e. that ART at the same time may reinforce and challenge normativities surrounding e.g. female embodiment, kinship, and (in)fertility – allows for examinations of the complexities that emerge as medicine advance. It also, some suggest, calls for a more positive feminist discourse on women’s use of ART (Woollett and Boyle, 2000).

I situate my presentation of the emergence of uterus transplantation2 in the midst of these discussions. Drawing on accounts from “targeted” women and professionals involved in UTx development as well as accounts found in media and in the initial political discussions in Sweden, I hone in on how “need” is enacted in the emergence of this novel technology. Specifically, I aim to tease out how UTx may perpetuate, and at the same time may offer opportunities to challenge, beliefs and assumptions about in/fertility, pregnancy, motherhood and female embodiment. To do so, I draw on empirical data collected in two ongoing projects.

In the project “Shaping Ethics, Shrouding Ethics – Uterus transplantation in Swedish Media” my colleague Kristin Zeiler and I analyze descriptions and discussions of uterus transplantation in Swedish newspapers and in two Swedish medical magazines to investigate what ethical aspects of uterus transplantation are raised, presented, discussed and left out, and how this is done. I also draw on data collected in the project “A gift for life? A sociocultural exploration of live uterus transplantation between relatives and friends from the perspective of involved parties”, in which I have conducted interviews with medical professionals involved in the Swedish trial. Finally, I make use of previously published data (Guntram, 2017) which details how women with AUFI

2 The first systematic attempts at UTx were intiated 1999 by a Swedish team at Sahlgrenska University Hospital and in the autumn of 2012 the first recipient received a uterus from her mother. Soon thereafter four other women received a uterus from their mothers, one from her mother’s sister, one from her sister, one from her mother in law and one from a friend of the family. The extensive surgeries (involving on average 12 hours under anesthesia) were in the recipients case followed by immunosuppressive treatment for at least a year until transfers of embryos, resulting from in-vitro fertilization (IVF) conducted prior to transplantation, were initiated (Brännström et al., 2014; Johannesson et al., 2015). While two of the recipients had to remove the uterus due to rejection episodes occurring a couple of months after the transplantation and before embryo transfers had been initiated, seven had their embryos transferred into the transplanted uterus (Bokström et al., 2016; Brännström et al., 2014, 2015, 2016) and it was recently reported in media that six of them have had children as a result. It should also be noted that the transplanted uterus is not meant to last for life. If not endangering the health of the recipients the transplanted uterus, the Swedish team states, may be used for two pregnancies but will thereafter be removed in order to minimize the time the recipient spends on immunosuppressing treatment (Brännström et al., 2015).
envisage talk about UTx as an alternative in the future. Methodological, the projects make use of discourse analytic and thematic approaches with the common denominator being an interest in teasing out underlying assumptions and believes in the materials investigated.

Rather surprisingly, the development of UTx in general, gained attention in feminist scholarship and examinations of the ethical dimensions have limited towards risk/benefit analyses with regards to donors, recipients and the intended child; clinical practices and transplantation techniques; and, occasionally, priority setting (Olausson et al., 2014; Wilkinson and Williams, 2015; Williams, 2016). It is not within the scope of this presentation to fill that gap, but I do wish to provide some suggestions of alternative ways of approaching UTx by providing some (yet not exhaustive) answers to the questions: who is seen to be in need, and of what, in the emergence of uterus transplantation?

Doing so, my analysis echoes ever present concerns in feminist movements, social as well as academic, about the rationales behind, goals of, and norms spelled out in medical interventions. Specifically, I would like to suggest that enactments of need in UTx, or in any other ART, never can be understood outside its context and in order to understand how norms become enacted, negotiated and disputed in women’s engagements with these practices we should perhaps pay even closer attention to the material-discursive entanglements, to the situatedness and to the ethico-political dimensions of the same. In doing I hope we could provide a more nuanced understanding of medical innovations and the ramifications of them in the lives of those who pursue them.

References


