

The Jurisprudential Ruling on Uterus Transplantation in the Foundations of the Two Major Islamic Traditions

Fathollah Ghorbani¹ , Mohammad Rezaei² 

1. PhD Student in Jurisprudence and Islamic Law, Faculty of Humanities, Bu-Ali Sina University, Hamedan, Iran. Email: f.ghorbani@ltr.basu.ac.ir

2. Corresponding Author, Assistant Professor, Department of Theology, Faculty of Humanities, Bu-Ali Sina University, Hamedan, Iran. Email: mrezaei@basu.ac.ir

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ABSTRACT

Uterus transplantation is an emerging and innovative medical technique developed specifically to treat women with absolute uterine-factor infertility. It gives a recipient a functional uterus and, potentially, the capacity to carry a pregnancy. Unlike gamete donation or gestational surrogacy, the procedure can avoid many legal and religious difficulties because the embryo may be formed from the spouses' own gametes and develops naturally in the wife's transplanted uterus. The intervention nevertheless raises serious risks for the donor, recipient, and fetus and presents novel questions for Islamic jurisprudence: Does it constitute impermissible interference with divine creation? Is it rationally justified despite possible harm? Using a descriptive-analytical and critical method, and examining the primary sources and contemporary opinions of Muslim jurists, the study concludes that uterus transplantation possesses, in principle, conditional therapeutic legitimacy. Accordingly, its permissibility depends, among other requirements, on the embryo being formed from the spouses' gametes, appropriate medical assessment, informed consent, and a favorable balance of benefit over harm. The procedure ultimately does not contradict divine will or thereby amount to prohibited alteration of creation.

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Introduction

Absolute uterine-factor infertility affects women who lack a uterus or whose uterus cannot sustain pregnancy because of congenital absence, genetic conditions such as Mayer–Rokitansky–Küster–Hauser syndrome, severe intrauterine adhesions, or hysterectomy. Assisted reproductive technologies and surrogacy have offered partial solutions, but each presents distinctive questions of lineage, parentage, bodily autonomy, contractual validity, and ethics.

Uterus transplantation has emerged as an alternative that allows an embryo created from the spouses' gametes to develop in the wife's body. This biological continuity and the avoidance of a gestational carrier give the procedure significant advantages. Yet its novelty, surgical risks, temporary immunosuppression, donor burdens, and possible fetal effects require a careful *fiqhi* assessment rather than an uncritical analogy to ordinary organ transplantation.

Methodology

The research is descriptive-analytical with a critical orientation. Primary Imamī and Sunni sources, contemporary fatwas, medical-ethics studies, and legal scholarship were collected through library and electronic research. The authors identified the central arguments for prohibition and permission, reconstructed their underlying principles, and evaluated them through general jurisprudential rules concerning treatment, necessity, harm, bodily authority, reproductive lineage, and public interest.

Literature Review

Existing scholarship includes studies of the ethical and legal dimensions of uterus transplantation, its legitimacy in Imamī jurisprudence, the essential conditions of transplantation contracts, and the legal effects of the procedure, as well as Arabic works on uterus transplantation and a woman's right to receive a transplanted uterus. The present article differs by comparing the arguments of both major Islamic jurisprudential traditions and by subjecting the opposing and supporting evidence to focused *fiqhi* analysis.

Findings

Both Imamī and Sunni jurists can recognize conditional permissibility. Because the uterus does not transmit genetic characteristics, many Sunni analyses permit its transplantation under necessity and therapeutic need. The procedure is not, in itself, an interference with divine will or an alteration of creation; medical treatment operates within the created order and employs capacities made available by it.

Permissibility requires that the resulting embryo be formed from the married couple's gametes, thereby preserving lineage and avoiding third-party genetic contribution. Potential sources include living or brain-dead donors and, prospectively, artificial or stem-cell-derived uterine tissue, each of which requires separate assessment. The possibility of harm does not establish

categorical prohibition. Rather, the magnitude and probability of harm must be weighed against the serious and enduring harm of infertility and the benefits of gestation, family formation, and reproductive autonomy.

Discussion

The rational rule requiring avoidance of probable harm cannot be applied in isolation. Surgery always carries risk, and the relevant inquiry is whether medically managed risk is disproportionate to therapeutic benefit. A prohibition may itself produce serious harms, including marital breakdown, psychological injury, and permanent loss of reproductive opportunity. The principles of autonomy and beneficence in bioethics, alongside fiqhi doctrines permitting treatment and removing hardship, support access where informed consent and rigorous clinical criteria are satisfied.

Uterus transplantation also differs from surrogacy because the wife herself carries the embryo and the child is genetically attributable to the spouses. Consequently, many concerns about maternal status and contractual control over gestation are substantially reduced, though the procedure still requires regulation of donor consent, compensation, post-operative care, and allocation of scarce medical resources.

Conclusion

Uterus transplantation is a conditionally legitimate therapeutic intervention in Islamic jurisprudence. It is permissible where the embryo derives from the spouses' gametes, medical indications are established, consent is valid, and the expected benefits reasonably outweigh the harms to donor, recipient, and fetus. The procedure neither opposes divine will nor constitutes prohibited alteration of creation. Islamic legal systems should therefore regulate, rather than categorically prohibit, this form of treatment.

Declarations

Author Contributions: Fathollah Ghorbani collected the raw data and prepared the initial draft. Mohammad Rezaei and Fathollah Ghorbani selected and analyzed the relevant data. Mohammad Rezaei conducted the final scholarly review, corrected scientific deficiencies, edited the manuscript, and rechecked the sources.

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