To submit a case that has been reviewed by an ethics committee or to submit papers on related topics in clinical ethics, readers are invited to contact Ruchika Mishra, editor of "Ethics Committees and Consultants at Work," at: ruchika.mishra@gmail.com.

doi:10.1017/S0963180111000788

The Case

IVF Treatment for an HIV-Discordant Transgender Couple?

RUCHIKA MISHRA

A senior clinician on the reproductive endocrinology service of a large tertiary care center called for an ethics consult about a transgender couple who had requested infertility treatment. The couple requested IVF treatment because they were HIV discordant and needed assisted reproductive treatment (ART) to minimize the risk of HIV transmission to the seronegative partner during conception. Both partners in the couple were posttransition transsexuals in their early thirties. The partner who would be the gestational carrier was a female-to-male (FTM) transman and was seronegative. His partner was a male-to-female (MTF) transwoman and was seropositive. Neither partner had undergone bottom surgery (gonadal removal or genital reassignment) during sexual transition, and each partner was assumed to be fertile. Both partners had stopped hormonal therapy months earlier both to restore their fertility (ovulation and sperm count) and to eliminate any risks to the fetus of previous hormonal therapy. This infertility practice had an established protocol for the treatment of HIV-discordant couples that involved a process of sperm washing followed by IVF conception that was shown to be highly effective in avoiding HIV transmission to the gestational carrier. The medical team did not foresee any potential physical harm to the fetus or to the transman who would be the gestational carrier. The senior clinician called for the ethics consult because the clinical team had expressed reservations about assisting this couple. The treating physician was concerned that this couple might not be appropriate parents and that the children might suffer psychologically and socially from having parents who were transgender. The physician also raised concerns about custody, should the couple break up while the children were still minors. The couple was not involved in the ethics consult.

Cambridge Quarterly of Healthcare Ethics (2012), **21**, 281–289.
© Cambridge University Press 2012.

https://doi.org/10.1017/S0963180111000788 Published online by Cambridge University Press