

Hysterectomy Dilemmas in Females with Disabilities: A Multidisciplinary Approach

Juhi Deshpande

Associate Professor, Department of Obstetrics And Gynecology, Baba Kinaram Autonomous State Medical College, Chandauli, India

Correspondence: Dr. Juhi Deshpande, Email: juhidesh@yahoo.com

Abstract:

Hysterectomy decisions for unmarried, young females with disabilities are complex and multifaceted, requiring a comprehensive approach that balances medical necessity, ethical considerations, and patient autonomy. This study presents a case series of three unmarried, disabled girls requesting hysterectomy, highlighting the challenges encountered in their management and the need for a clear medicolegal framework. The author emphasizes the importance of specialized laws and a dedicated medical board to provide streamlined solutions for these vulnerable women, ensuring their rights and interests are protected.

Keywords: Disability, Hysterectomy, Medicolegal framework

Introduction:

Hysterectomies in young, unmarried women with disabilities pose complex social, ethical, and medicolegal dilemmas. This report presents three recent cases, highlighting the nuanced decision-making process involved in managing such sensitive and challenging situations.

Case 1

In January 2023, a 16-year-old girl with spastic cerebral palsy, who was unmarried and bedridden, experienced irregular menstrual cycles. Due to the challenges in maintaining her menstrual hygiene, her mother requested a hysterectomy. However, after thorough discussions with the family, a medical board recommended alternative medical management, opting for injectable depot medroxyprogesterone acetate instead.

Case 2

In August 2023, a 22-year-old woman with severe intellectual disability and type 2 diabetes presented with

primary amenorrhea, abdominal pain, and a palpable mass. Following a diagnosis of a high transverse vaginal septum, the family requested a hysterectomy despite discussions about alternative options. A multidisciplinary medical board, consisting of gynecologists, a psychiatrist, and a hospital administrator, ultimately approved a total abdominal hysterectomy with bilateral salpingectomy. After obtaining informed written consent from her parents, the procedure was performed, resulting in a pain-free post-operative recovery. Notably, the intervention had a positive impact, enabling the young woman to attend a specialized school for individuals with disabilities.

Case 3

In October 2023, a 25-year-old visually impaired woman, with a history of transverse vaginal septum and multiple prior interventions, presented with ongoing issues. After consulting with her family, she opted for a hysterectomy. A left hemihysterectomy with left salpingectomy was performed, along with drainage of a left tubo-ovarian abscess. The patient’s post-operative

Quick Response Code	Access this article online	How to cite this article :
	Website : www.healthlinejournal.org	Deshpande J. Hysterectomy Dilemmas in Females with Disabilities: A Multidisciplinary Approach. Healthline. 2025;16(2): 149-151
	DOI : 10.51957/Healthline_713_2025	

Received : 27-06-2025 Accepted : 19-06-2025 Published : 30-06-2025

recovery was uncomplicated, and she experienced a significant improvement in her quality of life, continuing to work as a teacher for visually impaired children.

Discussion:

Social Concerns

The management of menstrual hygiene and prevention of unwanted pregnancies pose significant challenges for caregivers of intellectually disabled women, often leading them to consider hysterectomy as a solution. Additionally, the financial burden of hormonal treatments in low-income countries contributes to this preference. However, it is essential to educate caregivers about alternative, non-invasive options such as:

- Depot medroxyprogesterone acetate (DMPA)
- Implants
- Progesterone-releasing intrauterine devices (IUDs)

To ensure informed decision-making, sterilization decisions should involve multidisciplinary consultations, discouraging routine non-therapeutic hysterectomies and prioritizing education on improving menstrual hygiene management.^[1]

Ethical Considerations

Performing a hysterectomy on minors with intellectual disabilities raises significant ethical concerns, particularly when it results in permanent sterilization. It is essential to strike a balance between the patient's best interests, autonomy, and reproductive rights.

Notable cases, such as the Shirur home incident, underscore the importance of adhering to due process and upholding human rights. International and Indian legal frameworks, including:

- Universal Declaration of Human Rights
- Mental Healthcare Act (2017)
- Indian Constitution (Article 21)
- Rights of Persons with Disabilities Act (2016)

protect individuals from torture, degrading treatment, and involuntary medical procedures that lead to infertility without free and informed consent.

Medical professionals must exercise caution when approaching such cases, considering delayed decision-making when possible and ensuring that the chosen intervention prioritizes the patient's best interests.

Medicolegal Concerns

The legal framework governing hysterectomy decisions in developing countries, including India, is often ambiguous. In contrast, countries like the UK, Australia, and South Africa have established distinct legal frameworks. The UK prioritizes individual representation in court to ensure decisions align with the patient's best interests, while Australia requires legal authorization for sterilization procedures, underscoring the need for clear guidelines. South Africa has enacted unambiguous laws permitting hysterectomy in specific situations. Similarly, in the USA, the American College of Obstetricians and Gynecologists (ACOG) recommends thorough assessments for informed consent and consultation with caregivers when patients have limited capacity, while also cautioning against potential family pressure and suggesting hospital ethics committee involvement in complex cases. Unlike these countries, India lacks a clear legal framework and guidelines for addressing these complex issues.^[2,3]

Conclusion and Future Directions:

In conclusion, addressing hysterectomy dilemmas in females with disabilities necessitates a tailored, multidisciplinary approach. Establishing clear guidelines and a comprehensive legal framework is crucial to prioritize women's interests while safeguarding their rights.

The public health concerns surrounding hysterectomy decisions for females with disabilities are multifaceted. Ensuring informed consent and respecting reproductive autonomy are crucial, while addressing healthcare disparities and inequalities is also essential. Additionally, supporting caregivers and providing education on alternative options can help alleviate burden and promote better care. A clear medicolegal framework is necessary to guide decision-making and prevent coercion, ultimately prioritizing patient-centred care and promoting equitable treatment for women with disabilities.

To bridge the existing gap, establishing a specialized board or tribunal, known as the “Board for Hysterectomy in Special Circumstances” is crucial. This multidisciplinary body would comprise a diverse range of professionals, including gynaecologists, psychologists, psychiatrists, legal advocates, human rights agencies, caregivers, social workers, experts in intellectual disabilities, and special education professionals. By bringing together these experts, the board would provide comprehensive, one-stop solutions for women with disabilities, prioritizing their rights, interests, and well-being. This collaborative approach would ensure informed decision-making and support, ultimately enhancing the quality of life for women with disabilities.

While it is essential to prevent forced or coerced hysterectomies, adult women seeking the procedure for medical reasons should not be denied solely based on their childbearing status, respecting the principle of reproductive autonomy.

Ultimately, striking a balance between medical necessity, ethical considerations, and patient autonomy is paramount.

Declaration:

Funding: Nil

Conflict of Interest: Nil

References:

1. Pradhan M, Dileep K, Nair A, et al. Forced surgeries in the mentally challenged females: ethical consideration and a narrative review of literature. *Cureus*. 2022;14(7): e26935. doi.10.7759/cureus.26935. PMID:35989803;PMCID:PMC9378952.
2. Sterilization of women, including those with mental disabilities. ACOG Committee Opinion No. 371. American College of Obstetricians and Gynaecologists. *Obstet Gynecol* 2007;110: 21720. doi:10.1097/01.AOG.0000263915.70071.29.
3. ACOG Committee opinion no. 668 summary: menstrual manipulation for adolescents with physical and developmental disabilities. *Obstet Gynecol*. 2016;128(2):4189. doi: 10.1097/AOG.0000000000001585.