

Male Infant Circumcision: A Brief Overview of the Issues

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Circumcision is an ancient cultural imposition on males that was adapted as a surgical operation – in the English-speaking countries only – during the puritanical period of 19th-Century, pre-germ-theory medicine. Its stated aim in medicine was to excise or amputate the highly sensitive part of the penis known as the foreskin or prepuce, for ‘moral hygiene’ reasons.[1] Medical necessity for circumcision has never been conclusively established,[2,3,4] and the medical version of the practice remains highly controversial.

‘Medicalized’ neonatal male circumcision has been classified as non-therapeutic[2,5] and elective.[3,6] No penile disease is present in healthy newborn male infants, and therefore no therapeutic action – and certainly no amputative surgery – is required. No medical organization in the world, including the American Academy of Pediatrics, recommends circumcision as a routine procedure for all male infants.[7] As an elective procedure, non-therapeutic circumcision cannot be considered the proper or most conservative standard of care for a healthy minor. Some health insurance providers will not reimburse for non-therapeutic circumcision,[6] and non-therapeutic circumcision of male infants is a declining practice in Canada and the United States. [4,5] Aside from religious purposes, infant circumcision has never been commonly practiced in the non-English speaking countries of the developed world.[5,8]

The foreskin or prepuce

Evolution has evidently created the foreskin to further several important anatomical functions, and these have apparently been a feature of all mammals for millennia.[9] The foreskin protects the glans penis from friction and abrasion throughout life. It also protects the glans penis and its urethral opening from ammonia and feces during human infancy,[10] which itself may help prevent meatal disease.[11] The foreskin is highly innervated[12] and the region of most acute sensation on the penis.[13] The foreskin has been described as “primary, erogenous tissue necessary for normal sexual function.”[14]

Risks and disadvantages

Circumcision places the child at known surgical risk. The principal risks of circumcision are pain, hemorrhage, infection, and surgical accident potentially leading to mutilation.[15] Death may occur from exsanguination (severe loss of blood)[16,17,18] or from systemic infection.[15,19,20]

Interference with sexuality

A Danish study reported that “[c]ircumcision was associated with frequent orgasm difficulties in Danish men and with a range of frequent sexual difficulties in women, notably orgasm difficulties, dyspareunia [pain with intercourse], and a sense of incomplete sexual needs fulfilment.”[21] A Belgian survey found that circumcised men, as compared with uncircumcised men, had a lower level of penile sensation and greater difficulty in reaching orgasm.[22] Circumcision has been shown to increase the difficulty of penetration,[23,24] to cause erectile dysfunction,[25] and to cause symptoms of sexual arousal disorder in the female partner.[26]

Medical organization positions on alleged benefits

Medical societies in the United Kingdom,[27] the Netherlands,[2] Australia/New Zealand,[3] Canada,[4] and the United States [7,28] have released recent position statements on circumcision of male children. None recommends circumcision as a routine procedure for all boys.

The British Medical Association (BMA) (2006) states: “The medical evidence about [circumcision’s] health impact is equivocal... To circumcise for therapeutic reasons where medical research has shown other techniques to be at least as effective and less invasive would be unethical and inappropriate... The BMA considers that the evidence concerning health benefits from non-therapeutic circumcision is insufficient for this alone to be a justification for doing it.”

The Dutch Royal Medical Association (2010) states: “There is no convincing evidence that circumcision is useful or necessary in terms of prevention or hygiene...”

The Royal Australasian College of Physicians (RACP) (2010) states: “After reviewing the currently available evidence, the RACP believes that the frequency of disease modifiable by circumcision, the level of protection offered by circumcision, and the complication rates of circumcision do not warrant routine infant circumcision in Australia and New Zealand.”

The Canadian Paediatric Society (CPS) (2015) states: “With newborn circumcision, medical necessity has not been clearly established... [T]he risk:benefit ratio of routine newborn male circumcision is closely balanced ... The CPS does not recommend the routine circumcision of every newborn male.”

By stark contrast, the American Academy of Pediatrics (AAP) (2012) states: “Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks[,] ... although health benefits are not great enough to recommend routine circumcision for all male newborns...”[7, p. 585]

Except for the statement from the British Medical Association, all of the above statements were based on a review of the same evidence. Yet the American Academy of Pediatrics stands alone in its claim that the benefits of circumcision outweigh the risks. It should be noted that the AAP made this claim without conducting any quantitative or longitudinal analysis of the risks and benefits, and while admitting that the true rate of complications and the full impact – financial, emotional, or otherwise – of circumcision complications is unknown.[28, pp. e772, e775] Thus their key risk:benefit claim is not logically supported, and certainly not to the standard required of evidence-based medicine.

A critique of the AAP's 2012 statement, penned by 38 heads of non-U.S. organizations for pediatrics, pediatric surgery, and pediatric urology, accuses the AAP of "cultural bias" and states that the claimed benefits are "questionable, weak, and likely to have little public health relevance in a Western context." The critique concludes that

there is growing consensus among physicians, including those in the United States, that physicians should discourage parents from circumcising their healthy infant boys because non-therapeutic circumcision of underage boys in Western societies has no compelling health benefits, causes postoperative pain, can have serious long-term side effects, constitutes a violation of the United Nations' Declaration of the Rights of the Child [sic], and conflicts with the Hippocratic oath: primum non nocere: First, do no harm.[29]

Ethical and legal issues

The practice of non-therapeutic circumcision of children fails the five fundamental demands of modern bioethics: beneficence, non-maleficence, proportionality, autonomy, and justice.[30] Further, it violates multiple internationally established principles of human rights.[31,32] The authority and discretion of parents to grant consent for a non-therapeutic irreversible amputation of functional tissue has also been questioned.[33]

Circumcision of the newborn fails the test of beneficence because of lack of proven medical benefit.

Circumcision of the newborn fails the test of non-maleficence because the risks, complications, injuries, and harms are all unnecessary.

Circumcision of the newborn fails the test of proportionality because the potential benefits have not been clearly shown to outweigh the known risks and harms.

Circumcision of children fails the test of autonomy because the permission is by surrogate, thus obviating the child's future choice.

Circumcision fails the test of justice because it excises healthy functional tissue, thereby violating the patient's right to bodily integrity.

International human rights law enunciates certain universal rights including security of the person, freedom from cruel and degrading treatment,[31] and the right to protection from traditional practices prejudicial to the health of children.[32] Circumcision of a healthy child violates all these rights. Medical codes of ethics require respect for the human rights of the patient, and especially of the helpless child-patient.[34]

Parental powers are limited; they arise from legal responsibilities to the child, not mere power over the child. Decisions for children must be made only in the child's best interests.[27,35] One ethicist describes the child's right to an "open future," that is, that any decision which might be postponed must wait for the child's assent at majority.[36] Doctors must respect the child-patient's rights; parental authority is restricted to the granting of surrogate permission for the diagnosis and treatment of actual disease. As the AAP's Committee on Bioethics notes:

...[P]roviders have legal and ethical duties to their child patients to render competent medical care based on what the patient needs, not what someone else expresses. ...The pediatrician's responsibilities to his or her patient exist independent of parental desires or proxy consent.[37]

Conclusion

No medical organization in the world recommends routine circumcision for all boys. There is no medical indication for circumcision present in the healthy newborn. Circumcision is non-therapeutic and elective in nature and thus merely cultural and outside evidence-based medical care. Circumcision irreversibly removes a normal, healthy body part from a non-consenting patient for no compelling medical reason or necessity. In doing so, it violates every principle of medical ethics and a host of human rights principles.

Non-therapeutic circumcision of the newborn is largely unknown outside of the English-speaking nations and is almost never performed in advanced nations such as Argentina, Austria, Brazil, Chile, China, Denmark, Finland, Germany, Italy, Japan, Spain, Sweden, France, Norway, Poland, and Russia. There is no proof that the children – or adults – of these nations suffer unduly for lack of circumcision.

Doctors Opposing Circumcision rejects the position of the American Academy of Pediatrics.[38] D.O.C. continues to believe that a whole and complete body provides optimum physical, emotional, and sexual health and well-being. We recommend that parents reject non-therapeutic child circumcision if solicited or marketed to by hospitals or medical doctors. Further, we urge health providers to cease to perform or refuse to participate in this outdated and harmful practice.

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