

Dr. Mary E. Lynch's letter "Male and female circumcision in Canada" (*Can Med Assoc J* 1993; 149: 16). Kluge falsely equates male circumcision with clitoridectomy and then dismisses the former as having little medical value, and Lynch ridicules parents who think male circumcision will prevent phimosis or urinary tract infections (UTIs).

Wiswell and Hachey's<sup>1</sup> report of nine studies indicated that uncircumcised male infants are on average 12 times more likely to have a UTI. They found no contrary studies.<sup>1</sup> Some UTIs scar the kidneys and may result in end-stage renal disease.<sup>2</sup> As well, older uncircumcised males are at increased risk for UTIs.<sup>3</sup>

Penile cancer occurs almost exclusively in uncircumcised men. Meanwhile, the female sexual partners of men with penile cancer are at increased risk for cervical cancer.<sup>4,5</sup>

Fink<sup>6</sup> reviewed more than 50 studies showing that uncircumcised men are at increased risk for sexually transmitted diseases. Important African studies — some by Canadians — have demonstrated that uncircumcised heterosexual men have a fivefold to eightfold increased risk for HIV infection.<sup>7</sup> Moreover, a new US study has shown that uncircumcised homosexual men have a twofold increased risk for HIV infection.<sup>8</sup>

It is unfortunate that some provincial health insurance plans no longer cover prophylactic circumcision in male newborns and even more unfortunate that some doctors appear to be giving false information on the subject. Medical ethics dictates that new parents receive informed counselling about consent for and refusal of the procedure.

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## References

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[Dr. Kluge responds:]

Mr. Jones presents a one-sided picture of research into the medical appropriateness of male circumcision. To get another picture one should read Dr. Keith Morgan's letter (*Can Med Assoc J* 1993; 149: 1382–1383) and research cited by Poland.<sup>1</sup>

However, to continue citing opposing research results would merely be to engage in a battle of references without coming to grips with the central issue, as outlined by Morgan in his discussion of penile cancer, among other issues: Is it ethically appropriate to perform circumcisions because there is some statistical evidence that a potentially curable disease with a low incidence rate may be prevented by surgery, even though the disease also occurs in people who have undergone the surgery<sup>2</sup> and the incidence rate of the disease in countries where the surgery is not routinely performed is similar to that in countries where it is?<sup>3</sup>

If the answer to this question is Yes then the same underlying principle should be applied to all similar cases: whenever there is statistical evidence that a potentially curable disease or condition with a low incidence rate could be prevented by surgery, but the evidence also indicates that the incidence rate is the same in other countries where the

surgery is not routinely performed, we should still perform the surgery in every person in whom the disease or condition might develop. All sorts of medical conditions would be implicated. I suspect that we would be operating nonstop on just about every part of the human body if we took this stance. I shudder to think of the cost — and the implications for public health. The more appropriate action would be to investigate why the incidence rate of the disease or condition differs between countries.

Even if further investigation corroborated the results of studies Jones cites on the risk of HIV infection among uncircumcised men, the very mention of this issue in this context is disturbing. Because condoms are good protection against HIV infection the transmission rates among circumcised and uncircumcised men using condoms should be the same. Therefore, Jones must be talking about transmission rates among men who do not use condoms. It is universally agreed that unprotected sexual intercourse is inappropriate. The sexual transmission of HIV will be retarded or stopped not by circumcising males but, rather, by appropriate sexual behaviour. To suggest that all men be circumcised so that some who engage in irresponsible sexual behaviour will have a lower rate of HIV transmission runs the risk of encouraging such behaviour among circumcised men. Is that appropriate?

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## References

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