

gence can be proved. Although St-Amand won the case, he lost a great deal. The patient's family received no compensation and must share the high cost of the 4-year proceedings.

Canadian physicians and patients need a system in which compensation for medical misadventure is separated from disciplinary action for professional negligence. They also need protection from the kind of "expert" witness described in the article, one who "has opinion, will travel."

Only one group, the lawyers, gained from this farce. A commission chaired by a lawyer could not be expected to recommend abolition of tort, but we doctors should have been wiser.

Harry E. Emson, MA, MD, FRCPC
Saskatoon, Sask.

Reference

1. *Brief to the Federal/Provincial/Territorial Review of Liability and Compensation Issues in Health Care*, CMA, Ottawa, 1988

Family Physician Asthma Group of Canada

Two years ago Dr. Grahame Owen (Oakville, Ont.) and I began soliciting interest in the formation of a group that would be committed to helping people with asthma lead a full life. With help from Dr. Gerry Alexander (Niagara-on-the-Lake, Ont.) a steering committee met on Mar. 6, 1993. I was elected chair and Dr. Alexander treasurer-secretary. The other committee members are Drs. Owen, Alain Couet (Ottawa), Caroline Despard (London, Ont.) and Robert Hauptmann (Lethbridge, Alta.).

The group is dedicated to

helping family physicians maintain and increase their skills in assisting those with asthma. It will develop a speaker bank, a database and a set of practical tools to assist in this endeavour.

For further information please contact me, at West Coast Medical Clinic, 3 Church St., Corner Brook, NF A2H 2Z4, phone (709) 634-2818, fax (709) 634-5649, Dr. Alexander, at 519 King St., Welland, ON L3B 3K4, phone (416) 734-3223 or 732-4777, fax (416) 732-7262, or any other committee member.

Mervyn M. Dean, MB, ChB, MRCGP
Corner Brook, Nfld.

Male and female circumcision in Canada

I applaud *CMAJ* and Dr. Eike-Henner Kluge for the publication of Kluge's article "Female circumcision: When medical ethics confronts cultural values" (*Can Med Assoc J* 1993; 148: 288-289).

It is high time that the medical profession took a more definitive stand on the issue of circumcision. I agree with Kluge's reasoning and conclusions that the circumcision of girls and boys is unethical and is "nonconsensual mutilation of a minor for non-medical reasons."

I am pleased to read that the College of Physicians and Surgeons of Ontario has banned the practice of female circumcision and hope that other provinces will follow suit.

Male circumcision is still widely practised. Frequently the decision to circumcise is not grounded in religious or cultural identity. In my discussions with parents who have opted for circumcision of their infants, their reasons stem from complete ig-

norance ("Doesn't it prevent bladder infections and problems with small foreskins?") or ambivalence or bewilderment (neither parent is really quite sure why it was done, since there was minimal or no discussion beforehand, or the father had been circumcised and the couple thought it was "just done").

In Canada we now have a medical-legal responsibility for full disclosure before consent is given for any medical treatment. Circumcision as practised at present often does not involve full disclosure. Many parents remain unaware of how it is actually done; they do not realize that the procedure is excruciatingly painful and is often performed without any anesthetic or analgesia. This is inexcusable in light of the very simple and safe regional block of the dorsal nerve of the penis, which, done properly, can provide complete anesthesia for the procedure.¹

Circumcision without analgesia is not only unethical, it is barbaric. It is our fault as physicians that this is allowed to continue.

As long as circumcision is practised, physicians must ensure that parents are fully informed about it. We should emphasize that it is painful and insist that proper analgesia be administered.

Mary E. Lynch, MD, FRCPC
Victoria General Hospital
Halifax, NS

Reference

1. Cousins MJ, Bridenbaugh PD (eds): *Neural Blockade in Clinical Anesthesia and Management of Pain*, 2nd ed, Lippincott, Philadelphia, 1988: 657, 685

Dr. Kluge has done a commendable job in discussing the ethical implications of female circumcision. He has also succinctly argued why ethical physicians should not condone a procedure that is seen as a violation of the