Female circumcision: When medical ethics confronts cultural values

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Suppose a physician is asked to perform a procedure that has no recognized medical value and may harm the person who undergoes it. Suppose that the person requesting it is doing so not on her behalf, but for her young daughter. How should the physician respond?

The answer is easy. The doctor will probably say that medical ethics forbids undertaking any procedure that is potentially harmful and has no therapeutic value.

But suppose that the request is so deeply rooted in the cultural background of the woman making the request that the mere suggestion that the procedure is inappropriate would be regarded as a deep insult to her cultural identity. Furthermore, suppose that the woman claims that failure to perform the procedure would harm the girl's self-esteem and cultural identity, and affect her societal integration. And suppose she points out that the World Health Organization's (WHO) definition of health includes the notion of social well-being.

Is the physician who refuses to perform the procedure not making a judgement about the ethical acceptability of those cultural values and rejecting WHO's definition of health?

Is it unethical for a physician to perform female circumcision? The answer is yes, but explanations are needed.

Female circumcision, which has already been banned by the College of Physicians and Surgeons of Ontario, does indeed present an ethical problem. But is it unethical for a physician to perform it? The answer is yes, but explanations are needed.

If a woman competently requests the circumcision for herself and fully understands the nature and implications of what she is asking, it is like any other request for a procedure that involves medical skill and expertise. The physician must be sure that the woman really does understand the nature of her request, and that it is voluntary. When all is said and done, if there really is an informed, competent and voluntary request, then it is essentially a request for cosmetic surgery, albeit an extreme version.

But this does not mean that a physician automatically has to perform the procedure. Here the nature of the physician–patient relationship, and the ethical duties of the medical profession, come into play.

The profession has a monopoly on providing medical services. This means it must ensure that doctors provide all medical services that are appropriate and necessary, and can be provided under the prevailing circumstances. Therefore, physicians have a duty to provide such services even if they do not like it — assuming the duty is a condition of their profession.

However, having a duty to provide all medically appropriate and necessary services that are possible is different from having a duty to provide all medical services that are possible and that anyone might ask for. At that point, we are no longer dealing

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with the services that form the basis of the professional monopoly or that are socially mandated.

We are in the realm of what physicians and patients might voluntarily agree to as a matter of contract. Here, the personal values of physicians can play a role as long as they are not unethical: the physician may refuse to provide the service.

People who think that physicians have to ignore their own qualms and simply do what they are asked have a mistaken understanding of the physician-patient relationship, and of the medical profession's obligations.

The patient (or patient proxy) does have the ultimate right to decide whether to accept or reject any diagnostic measure or treatment — this is the heart of patient autonomy. However, the physician's entry into a professional relationship with a patient does not turn that doctor into a moral eunuch. Unquestionably, physicians may not impose their own values on their patients. But that does not mean that physicians must be ethically uncritical.

If what the patient wants violates a fundamental ethical principle, then no matter how much the patient wants it, the physician does not have to agree to do it. The reason is simple: no one has a duty to do something that is unethical. This is not a matter of personal values, but of basic, universal and fundamental ethical principles that apply to all people.

Of course, the request for female circumcision is usually made by a woman on behalf of a child. Should the physician then refuse? Yes. Female circumcision is special because the woman is acting as proxy decision maker for a child. Proxy decision makers do not have the right to use their values and perspectives — they must do what is in the best interests of the incompetent person, and may use their values or standards only as long as this will not imperil the welfare of their charge. Most important, they may use them only if they do not demean the incompetent person.

Values that treat people as mere objects for the gratification of others, or for advancing a certain view, fail that test. It does not matter that such values are hallowed in tradition and are a cultural mainstay.

Canada is not a melting pot of cultures: it is a mosaic. The people who live here are not forced to abandon their cultural heritage and accept a homogenous cultural identity. In fact, at its best Canada encourages its people to preserve their cultural heritage. By charter and law, it is illegal to discriminate on the basis of that heritage or that background. This cultural attitude is the reflection of a fundamental ethical principle: respect for people. Every person is someone of incommensurable value, and the beliefs of that person are worthy of respect.

Respect — but not unreflective acceptance. Some of the countries where female circumcision is common have accepted that it is a violation of the dignity and integrity of a woman. They have outlawed the practice, tradition notwithstanding. The United Kingdom and France have done the same.

For its part, Canada and Canadian physicians cannot consistently espouse the principle of respect for people on the one hand, and then agree to a practice that violates that principle. Canadian physicians cannot consistently accept the principle of respect for people in the name of medical ethics, and then perform procedures they know to be medically inappropriate, harmful and demeaning only because they do not want to offend a misplaced cultural sensitivity.

With due alteration of detail, the same ethical reasoning holds for male circumcision. There rarely are medical reasons for performing the procedure; personal preference or religious values of the parents usually underlie the request.

If these are insufficient to justify the circumcision of girls then, unless there are distinguishing medical reasons, they are also insufficient to justify the circumcision of boys. To argue differently is to be guilty of discrimination on the basis of sex. The fact that female circumcision is a more serious intervention does not alter the situation. Both involve what in other contexts would be called nonconsensual mutilation of a minor for nonmedical reasons.■