

Is infant male circumcision an abuse of the rights of the child?

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YES Improved understanding of the normal anatomy of the infant foreskin means there is now rarely a therapeutic indication for infant circumcision,¹ and the procedure is not supported by international medical opinion.² Ritual (non-therapeutic) male circumcision, however, continues unchecked throughout the world, long after female circumcision, facial scarification, and other ritual forms of infant abuse have been made illegal. The law and principles pertaining to child protection should apply equally to both sexes, so why do society and the medical profession collude with this unnecessary mutilating practice?

Ritual male circumcision is an ancient religious rite for Muslims and Jews, and the crux of this debate revolves around the primacy of parental religious conviction versus the primacy of the human rights of the child, the preservation of its bodily integrity, and its right of self determination.

In addition to religious justification, there have been many spurious and now unsupported health claims for circumcision—including the prevention of penile cancer, masturbation, blindness, and insanity³—most of which, like reduction in HIV transmission identified more recently, relate to adult sexual behaviour and not to the genital anatomy or best interest of a child. There may be a case that male circumcision reduces HIV risk in sexually active adults, but the decision about whether to have this procedure should be left until the person is old enough to make his own informed healthcare choices.

Male genital mutilation is not a risk-free procedure. There are potential anaesthetic risks, and the short term risk of bleeding and infection associated with any surgical procedure.⁴ Longer term potential complications include pain on erection, penile disfigurement, and psychological problems.⁵ A recent report shows that the non-circumcised adult penis is more sensitive than the circumcised penis, largely because the five most sensitive areas, identified in the study, are removed during circumcision.⁶ This implies a reduction in future sexual sensitivity for circum-

cised adults. Far from being a harmless traditional practice, circumcision damages young boys.

Legal protection

Article 24(3) of the UN convention on the rights of the child commits all ratifying states to “take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children” and article 19(1) says: “States shall take all appropriate legislative administrative social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse.”⁷

UK courts have interceded in the past to protect the best interests of children whose parental belief systems have put children at risk. However, male circumcision remains lawful if both parents consent.⁸⁻¹⁰ Since the Human Rights Act has been implemented, however, single parental consent has been found to be insufficient to show that the procedure is in the child’s best interest.¹¹

As far as female genital mutilation is concerned, in the United States the Federal Prohibition of Female Genital Mutilation Act states that in applying the law, “no account shall be taken . . . that the operation is required as a matter of custom or ritual.” These terms are closely mirrored in the UK Female Genital Mutilation Act 2003. Both the US and the UK legal systems therefore discriminate between the sexes when it comes to protecting boys and girls from damaging ritual genital mutilation.

The UK’s General Medical Council abdicates all responsibility for male circumcision to society as a whole,¹² but in June 2007 the BMA, which had previously offered general guidance,¹³ decided that “any decision to provide medical or surgical treatment to a child, or any decision to withhold medical or surgical treatment from a child, should: consider the ethical, cultural and religious views of the child’s parents and/or carers, but without allowing these views to override the rights of the child to have his/her best interests protected.”¹⁴

Male circumcision was not specifically mentioned, but it cannot be in the best interest of a child to be subjected, without its consent, to an irreversible surgical pro-



cedure, often without anaesthetic, which will provide no medical benefit but which has proved adverse consequences both in terms of potential complications for some and reduced penile sensation in adulthood for all.

Religious perspective

Some faiths view male circumcision, often done by people who are not medically qualified, as important for entering a covenant with their God. However, given the age of the children involved it cannot be said that this covenant is freely entered into by the individual concerned.

In the US, elements of the Jewish community are beginning to rethink this issue.¹⁵ They suggest bringing Jewish boys into the covenant symbolically, with the potential for the child to be circumcised when old enough to consent to the procedure himself. Muslims already circumcise boys at an older age, and further delay to allow the child to consent could equally be considered. How much stronger would that covenant be, when entered into by a fully competent young man with full knowledge of its religious implications and the potential risks involved.

The unpalatable truth is that logic and the rights of the child play little part in determining the acceptability of male genital mutilation in our society. The profession needs to recognise this and champion the argument on behalf of boys that was so successful for girls.

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Most circumcisions take place for religious rather than medical reasons. **Geoff Hinchley** argues that the practice is harmful and should be stopped but **Kirsten Patrick** believes that the future sexual health benefits justify parental choice



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NO Circumcision is one of the commonest surgical procedures performed on males, despite there being few absolute medical indications for it. The tradition of male infant circumcision accounts for this paradox. About 30% of men are circumcised; in most English speaking and Muslim countries circumcised men are in the majority, and most were circumcised in infancy.¹ Although opponents argue that infant circumcision can cause both physical and psychological harm, recent strong evidence shows that circumcision is medically beneficial. If competently performed, it carries little risk.² It cannot be compared with female circumcision, which has been shown to be no more than genital mutilation without medical benefit and with an unacceptably high likelihood of pain, immediate and long term medical complications, and psychosexual scarring.³

Although any surgical operation can be painful and do harm, the pain of circumcision, if done under local anaesthesia, is comparable to that from an injection for immunisation. Indeed, we urge parents to immunise their children, a procedure for which the infant cannot give consent and which carries the risk of adverse events ranging from fever to anaphylaxis and aseptic meningitis.

Evidence of benefit

The medicalisation of male infant circumcision in some countries in the 1940s and 1950s followed from a widespread belief that it

reduced the incidence of urinary tract infections. However, a recent meta-analysis suggested the reduced risk conferred by infant circumcision, when taking into account the risks of complication, is meaningful only for boys with vesicoureteric reflux (for whom the number needed to treat is 4).⁴

Examination of data from seven case controlled studies of cervical carcinoma showed that circumcised men were less likely than uncircumcised men to have human papillomavirus infection.⁵ Male circumcision was associated with a reduced risk of cervical cancer in women with high risk sexual partners.

More robust research on HIV transmission has intensified the infant circumcision debate. A Cochrane review of observational studies in 2000, updated in 2005, confirmed that male circumcision was associated with a reduced risk of HIV infection.⁶ Stronger evidence has come from African randomised controlled trials investigating circumcision as an intervention to prevent HIV infection in heterosexual men.⁷⁻⁹ Two trials were stopped early at the interim analysis because they showed a reduced incidence of HIV infection among circumcised heterosexual men equivalent to a protection of more than 50%, after controlling for other factors.⁷

Male circumcision in a relatively high risk population gives protection from HIV that is equivalent to what a vaccine of moderate efficacy would have achieved.⁷ An AIDS expert, speaking at conference earlier this year, called for all boys born in South African public hospitals to be offered routine circumcision. "It is so blindingly obvious that there are real reasons for circumcision," he said.

South Africa's prevalence of HIV infection is one of the highest in the world, second only to India's. The benefit would be less in other countries, but circumcision could still reduce the spread of HIV. An estimated 39.5 million adults and children worldwide live with HIV; 3.8 million adults were newly infected with the virus in 2006, only a third of whom live in sub-Saharan Africa, and every region of the world saw an increase in the number of people infected with HIV; 40% of new infections were in 15-24 year olds.¹⁰ In the absence of a vaccine, surely any other reasonable weapon of prevention seems worth considering?

What is more, a 2006 systematic review

and meta-analysis showed that circumcised men have a significantly diminished risk of acquiring chancroid and syphilis, while data from a large New Zealand birth cohort followed up to age 25 years suggested that uncircumcised men are almost twice as likely to get a sexually transmitted infection.^{11 12}

Where's the harm?

Although the complication rate for infant circumcision is essentially unknown (because most operators are unregistered), considerable data from best practice environments suggests that it is between 0.2% and 3%, with most complications being minor.^{13 14} Case reports have associated circumcision with life threatening complications.

No robust research exists examining the long term psychological effects of male infant circumcision. Most evidence of psychological trauma in men is anecdotal. Until a large, representative study of sound methodology examines this issue, we cannot know for sure if men who grew up without a foreskin feel that they were assaulted. Only a tiny proportion of the billions of circumcised men have reported emotional distress as a result of it, in uncontrolled and retrospective studies.

What do the guidelines say?

Despite the fact that no medical body advocates routine infant circumcision, most agree that male infant circumcision is safe and acceptable and recommend that the procedure is carried out by a competent operator using adequate anaesthesia.¹⁵⁻¹⁷ Male circumcision is not illegal anywhere in the world.

The most recent BMA guidelines state that where a procedure is not therapeutic but a matter of patient or parental choice, doctors have no ethical obligation to refer on.¹⁸ I disagree. It is far better to help parents to find a competent operator than to force them to navigate unregulated circumcision services alone. Circumcision is a choice that parents will make on behalf of their male children, for cultural or other reasons, and regulating its provision is the wisest course of action.

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All references are in the version on bmj.com

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