

Banning Circumcision Not Medically Recommended

Dr. Todd Huffman, for the Eugene Register-Guard, 31 July 2011

In the city with a peerless history of daring the popular culture to rethink its norms and conventions, voters in San Francisco are being asked this November to once again challenge the status quo, by outlawing the circumcision of any male age seventeen or younger.

Were the measure to pass, the practice would be a misdemeanor offense punishable by a fine of up to \$1000 or to a year in jail. There would be no religious exemptions.

Notwithstanding the plainly foreseeable legal challenges alleging violations of constitutionally protected religious freedoms, given that the measure would ban throughout the city a religious rite considered sacred by Jews and Muslims, a ban would also limit the time-honored right of doctors and patients to confer regarding the medical benefits and risks to a surgical procedure, one in this case for which there is limited scientific evidence to either overwhelmingly support or repudiate its routine practice.

Sponsors of the ballot measure liken male circumcision to female circumcision practices already banned by federal law. These self-labeled "intactivists" believe that they are simply extending the same protections to males.

At first glance, this appears a reasonable proposition. Why should the removal of a baby boy's foreskin be any different than the removal of a baby girl's clitoris? Aren't both, as the forces against circumcision provocatively ask, forms of "forced genital cutting", of "genital mutilation"?

As legitimate is the debate regarding both the potential health benefits and the ethical and human rights issues relating to infant male circumcision, removing the foreskin from a male is not analogous to removing the clitoris from a female in terms of pain or long-term consequences. In attempt to generate support for their cause, the intactivists have created a false equivalency.

It isn't an easy decision for parents to have their infant son circumcised, or leave his foreskin intact. There is much information to overwhelm the already stressed new parent who is trying to make an informed choice. There are risks and benefits to each decision.

Parents may want their sons circumcised for religious, social, or cultural reasons. For some groups, such as followers of the Jewish and Islamic faiths, circumcision is a symbolic ritual. Other parents choose to have their sons circumcised out of concern for family tradition and father-son consistency, or for the future attitudes of peers. Some even choose circumcision having carefully considered the potential preventive health benefits and found them superior to the risks.

The numbers of American parents choosing to circumcise their infant males has been steadily declining, from a peak of 85% in the 1960s to around 50% today. A growing number of parents feel that circumcision is unnecessary, since circumcision is not essential to their child's health. A

growing number of insurers, including Medicaid in many states, are no longer covering the procedure, also contributing to its decline.

And the rising percentage within the U.S. population of immigrants from countries in Asia and Latin American where circumcision is not a cultural norm has also contributed to the fall in the percentage of infant males being circumcised in this country.

Today, the World Health Organization estimates that approximately one-third of males across the world are circumcised, of whom 70% are Muslim. Among non-Muslim nations, there are few and becoming fewer countries in which the majority of men are circumcised, among them parts of Africa and Southeast Asia, South Korea, the Pacific islands, Israel, and the United States.

The U.S. today, however, is unique among first world nations for even circumcising half of its newborn males. Only one in five Australian and New Zealand newborn males, one in ten Canadian, one in twenty English and Japanese, and one in one hundred German and Scandinavian newborn males are being circumcised.

While many American Christians practice circumcision, as a cultural norm, the procedure is not a religious requirement within the Christian faith, and is seldom practiced by Christians outside the United States.

Since 1971, the American Academy of Pediatrics has steadfastly reiterated its conclusion that there was no absolute medical indication for routine circumcision. The AAP takes the neutral position that "in the case of circumcision, in which there are potential benefits and risks, yet the procedure is not essential to the child's current well-being, parents should determine what is in the best interest of the child."

The American Medical Association supports the AAP position, and further points out that "policy statements issued by professional societies representing Australian, Canadian, and American pediatricians do not recommend routine male circumcision."

Surveyed in 1997, only 24% of American pediatricians recommended circumcision to all or most parents, and attitudes against circumcision have likely hardened since then.

The bottom line medical position is that routine infant male circumcision has medical advantages and benefits as well as disadvantages and risks. Given that neither the risks nor benefits are particularly compelling, this is a decision most medical professionals feel is best made by the parents of the newborn, who are taking into account religious, cultural, and ethnic traditions in addition to medical factors.

Circumcision is a generally safe procedure but there are risks of minor complications and some rare but serious complications. The biggest risks are of bleeding and infection in the short-term, and of scarring, or of an undesirable cosmetic outcome, in the long-term. The overall complication rate to infant male circumcision is roughly one per one hundred procedures.

Circumcision has its benefits, as well. The procedure reduces the risk of urinary tract infection in young boys, though the absolute risk reduction is only one percent. Studies show that just over 100 newborn males must be circumcised to prevent one young male from developing a UTI.

Male circumcision has also been shown to reduce the risk of HIV acquisition by men during male-female intercourse, though it does not reduce the spread of the virus among gay men. Accordingly, the World Health Organization is promoting male circumcision as an important strategy from reducing the spread of the AIDS virus in sub-Saharan countries, given the region's high rates of HIV infection. Studies show that between 20 and 70 infant males must be circumcised to prevent one case of HIV infection.

However, most of the studies on the relationship between acquiring HIV and being circumcised have been conducted in developing countries, where the challenges of maintaining good hygiene and access to condoms are not generalizable to the U.S. population.

Among the other modest benefits of circumcision include greater ease of hygiene, and fewer fungal and bacterial infections of the foreskin, though most of these infections are mild and responsive to over-the-counter medications.

Prohibiting circumcision by threat of a misdemeanor offense seems nonsensical when one considers that medical cost-benefit analyses of circumcision done in many countries have consistently found that the benefits and risks balanced each other out. Once again, there is to date no evidence to support an absolute "right" or "wrong" answer to the question of circumcision.

There is no need for a law. If parents do not believe in circumcision, they sail within safe medical waters not choosing the procedure for their sons. Moreover, the majority of medical professionals would applaud them their choice.

As for those who choose the procedure, for whichever the myriad of traditional reasons, they, too, are anchored within safe harbor. Unless there emerges clear and compelling scientific evidence to wholly disapprove of ritual infant male circumcision, parents and physicians must remain free of legal threat when making what for most is a complicated and difficult decision.