

‘Circumcision is modern medical care’

“Medicalized” circumcision in the U.S. started in 1870 as an anti-masturbation punishment for teenagers invented by doctors, and has yet to be proven as an effective health measure. There is no valid diagnosis, no conservative treatment plan, no histology, no pathology, and no urgent need for amputation of healthy, nerve-dense tissue.

At best it is cosmetic; at worst it is a mutilation, and never therapeutic for a neonate. Not a single medical society worldwide recommends it – not the AMA, not the AAP, not ACOG, not RACP, not the BMA, not ACS.

Only the U.S. circumcises infants routinely for non-religious reasons.



‘What about a hygiene benefit?’

If we circumcise 100,000 boys we allegedly prevent 900 transient, curable UTIs (0.9 percent – many possibly iatrogenic; some even diagnostic) and one penile cancer case, in an 80-year-old (American Cancer Society statistics).

We have also caused between 1,000 complications (one percent, AAP stats) or 5,000 to 7,000 complications (five to seven percent, British urology stats) including hundreds of permanent, sexually crippling, botched circumcisions and at least one death. The STD studies are murky and inconclusive and do not suggest prophylaxis worth even the immediate risk, let alone the lifetime losses.

2

Gain v. loss: 100,000 infant circumcisions

900 easily curable UTIs alleged to be prevented

one penile cancer case alleged to be prevented

1000 to 7000 avoidable complications caused

100,000 traumatic unnecessary procedures

‘He had congenital phimosis & adhesions’

A neonate’s foreskin is naturally attached to the glans by a synechia, the balano-preputial lamina. That membrane is there for good reasons and we should respect it the way we respect the female hymen.

It is not an adhesion, nor redundant, nor a birth defect. Its function is to protect the sensitive glans during infancy and it will naturally separate as the infant matures. The glans is a mucoid internal organ, like an eyeball. It should stay moist and protected.

‘I don’t believe in it, but the parents insisted’

The boy is our patient, not the parents.

As the physicians we have an independent ethical duty to decide whether our tiny patient requires this “care” and whether the benefit substantially outweighs the well-documented risks of harm and lifetime loss of protection and sensation. Parents do not own children and have no ethical right to modify them without medical urgency, or to ask us to do so. We have a paramount legal and ethical obligation to protect our tiny patient, and no legal reason to humor or conspire with his parents.

3

‘It is their family’s cultural tradition’

Tradition does not trump ethics or science, and it should not affect our medical judgment. We do not use tradition to defend female circumcision, though it was once traditional medical care in the U.S. We are also not trained or licensed as “cultural brokers.”

It is inappropriate and unethical to withhold medical facts and stray outside scientific medicine into imagined cultural sensitivity. This is a procedure invented by *us*, not parents. This is *our* culture, not theirs. Conformity is not the same as good medicine, and the argument that boys need to look like dad – capricious at best – is not a medical concern.

‘The parents signed the consent’

Unless that proxy consent discloses every known medical risk and loss and suggests alternative, conservative

care, it may prove insufficient to shield us. Young men are claiming their parents were misled or cajoled

into signing skimpy consents – material facts withheld, pain and lifetime sensation losses ignored. Legal scholars and ethicists say that if circumcision is not medically necessary, the boy can later claim that no consent was legally effective, no matter how comprehensive.

Indeed, the likelihood of the child’s consent is one measure



Turn to panel 5.

4



From panel 4.

of a sufficient proxy. Not one healthy intact man in 500 elects circumcision as an adult. What does that suggest about your neonate's most likely preference?

“Another doctor might botch it”

Possibly, which means we have a further ethical duty to describe honestly every single risk, the pain, the long-term sexual sensation loss, etc. to dissuade parents. Show them a video of a circumcision and most parents will abandon their position instantly.

“It's disgraceful that men now sue their circumcisers”

Disgraceful too that they suffered unwanted, non-therapeutic, sexually desensitizing cosmetic surgery as a minor. When young men learn of the sexual pleasure they were denied without medical justification – research now readily available on the internet – more will start filing claims against the physicians who circumcised them. The first cases are already in the courts. One settled recently for a substantial sum. Do not risk your career for a paltry circumcision fee. Let us warn our colleagues.

Learn to be “foreskin-friendly”

PLEASE STUDY our Foreskin Curriculum online at www.DoctorsOpposingCircumcision.org

© 2003 Doctors Opposing Circumcision - Design by Graphic Arts Network Inc.



**DOCTORS
OPPOSING
CIRCUMCISION**

2442 NW Market Street, Suite 42
Seattle, WA 98107

Does being born a healthy male require surgical correction?

