

2010 Royal Australasian College of Physicians, *Circumcision of Infant Males*: “Ethical and human rights concerns have been raised regarding elective infant male circumcision because it is recognized that the foreskin has a functional role, the operation is non-therapeutic and the infant is unable to consent. After reviewing the currently available evidence, the RACP believes that the frequency of disease modifiable by circumcision, the level of protection offered by circumcision, and the complication rates of circumcision do not warrant routine infant circumcision in Australia and New Zealand.”

2010 Royal Dutch Medical Association, *Non-therapeutic Circumcision of Male Minors*: “There is no convincing evidence that circumcision is useful or necessary in terms of prevention or hygiene... Non-therapeutic circumcision of male minors is contrary to the rule that minors may only be exposed to medical treatments if illness or abnormalities are present, or if it can be convincingly demonstrated that the medical intervention is in the interest of the child... Non-therapeutic circumcision of male minors conflicts with the child’s right to autonomy and physical integrity.”

2009 College of Physicians and Surgeons of British Columbia, *Circumcision (Infant Male)*: “Current understanding of the benefits, risks and potential harm of this procedure no longer supports this practice for prophylactic health benefit. Routine infant male circumcision performed on a healthy infant is now considered a non-therapeutic and medically unnecessary intervention.”

2006 British Medical Association, *The Law and Ethics of Male Circumcision: Guidance for Doctors*: “To circumcise for therapeutic reasons where medical research has shown other techniques to be at least as effective and less invasive would be unethical and inappropriate... The medical benefits previously claimed have not been convincingly proven... The BMA considers that the evidence concerning health benefits from non-therapeutic circumcision is insufficient for this alone to be a justification for doing it.”

2002 American Academy of Family Physicians, *Position Paper on Neonatal Circumcision*: “Evidence from the literature is often conflicting or inconclusive... A physician performing a procedure for other than medical reasons on a non-consenting patient raises ethical concerns.”

1999 (reaffirmed 2005) American Academy of Pediatrics, *Circumcision Policy Statement*: “Existing scientific evidence... [is] not sufficient to recommend routine neonatal circumcision.”

1996 Canadian Paediatric Society, *Neonatal Circumcision Revisited*: “Circumcision of newborns should not be routinely performed.”

1996 Australian Medical Association, *Circumcision Deterred*: “The Australian College of Paediatrics should continue to discourage the practice of circumcision in newborns.”

1996 Australasian Association of Paediatric Surgeons, *Guidelines for Circumcision*: “The Australasian Association of Paediatric Surgeons does not support the routine circumcision of male neonates, infants, or children in Australia. It is considered to be inappropriate and unnecessary as a routine to remove the prepuce [foreskin], based on the current evidence available... We do not support the removal of a normal part of the body, unless there are definite indications to justify the complications and risks which may arise. In particular, we are opposed to male children being subjected to a procedure which, had they been old enough to consider the advantages and disadvantages, may well have opted to reject the operation and retain their prepuce.”

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American Academy of Pediatrics, Task Force on Circumcision. 1999. Circumcision policy statement. *Pediatrics* 102(3):686-693.
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Commission on Clinical Policies and Research. 2002. *Position Paper on Neonatal Circumcision*. Leawood, Kansas: American Academy of Family Physicians.
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<http://www.racp.edu.au/page/policy-and-advocacy/paediatrics-and-child-health>

Royal Dutch Medical Association (KNMG). 2010. *Non-therapeutic Circumcision of Male Minors*.
www.circumstitions.com/Docs/KNMG-policy.pdf

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ON THE ETHICS OF CIRCUMCISION FOR POTENTIAL MEDICAL BENEFIT

From: "The Ethical Canary: Science, Society, and the Human Spirit" by Margaret Sommerville, founding director of the Centre for Medicine, Ethics, and Law at McGill University, Montreal.

A common error made by those who want to justify infant male circumcision on the basis of medical benefits is that they believe that as long as some such benefits are present, circumcision can be justified as therapeutic, in the sense of preventive health care.

This is not correct.

A medical-benefits or 'therapeutic' justification requires that:

- 1) overall the medical benefits sought outweigh the risks and harms of the procedure required to obtain them,
- 2) that this procedure is the only reasonable way to obtain these benefits, and
- 3) that these benefits are necessary to the well-being of the child.

None of these conditions is fulfilled for routine infant male circumcision.

If we view a child's foreskin as having a valid function, we are no more justified in amputating it than any other part of the child's body unless the operation is medically required treatment and the least harmful way to provide that treatment.

FOR MORE INFORMATION, VISIT:
www.cirp.org www.IntactAmerica.org
www.circinfo.org www.circumcision.org
www.NOCIRC.org
www.ColoradoNOCIRC.org

Excerpts from

Circumcision Position Statements of Medical Societies Worldwide



***NO national medical
organization in the world
recommends routine
circumcision of male infants.***
