

Circumcision:

Human Rights and Ethical Medical Practice

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When the American Academy of Pediatrics published its "Circumcision Policy Statement" in the March 1, 1999, issue of *Pediatrics* a notable amount of media and public commentary followed. The principle findings and recommendations of the statement are:

- The scientific data are not sufficient to recommend neonatal circumcision of males.
- The procedure is not essential to the child's well-being.
- Parents should determine what is in the best interests of the child.
- To make an informed choice, parents should be given accurate and unbiased information and be provided the opportunity to discuss this decision.
- Existing scientific evidence demonstrates *potential* medical benefits of newborn circumcision.
- Analgesia is safe and effective in reducing the procedural pain associated with circumcision and should be provided if a decision for circumcision is made.
- Circumcision should be done only on infants who are stable and healthy.

The full document is available on the Web at <http://www.nocirc.org/position/aap1999.htm>.

While this statement represents welcome progress in an area that has concerned many humanists and free-thinkers for the better part of this century, it falls short of taking an uncompromising stand on the issues of human rights and medical ethics that surround the medicalization of ritual circumcision. It also repeats the false claim that there are potential benefits to the practice.

From a purely medical standpoint, circumcision is justified only when performed to correct a pathological condition, never to remove normal healthy tissue, and the health benefits must outweigh the risks involved. From the standpoint of medical ethics, experimental and clinical procedures are not to be performed on a person who does not benefit from them.

The way defenders of circumcision try to argue around these objections is to expand the concepts of benefit and beneficiary to include a future class of unknown persons who may or may not develop a clinical condition. Within this class are not only the adult the infant may become but women or men with whom the adult may have intercourse. Yet it is impossible to predict whether any specific normal, healthy newborn or infant will develop any future clinical condition that may merit a medical circumcision or, by remaining whole and then failing to use proper hygiene, may contribute to a medical condition in another person.

From the standpoint of human rights, every newborn, infant, and child has a right to be free from the compelled donation of body parts or tissue--in this case, the foreskin--even if such might benefit a third party in the future. This issue was central to the case of *McFall v. Shimp* in the Court of Common Pleas of Allegheny County, Pennsylvania, in which the plaintiff sought to force provide bone marrow on the grounds of the plaintiff's dire need and the defendant's status as a rare, compatible donor. In his decision of July 26, 1978, Judge J. Flaherty declared:

For a law to compel the Defendant to submit to an intrusion of his body would change every concept and principle upon which our society is founded. To do so would defeat the sanctity of the individual and impose a rule which would know no limits and one could not imagine where the line would be drawn....Forcible extraction of living body tissue causes revulsion to the judicial mind.

In this context, the AAP "[Circumcision Policy Statement](#)" continues, in effect, to endorse, whenever parents so choose, a concept that our common law condemns. This becomes particularly onerous when the beneficiary of this "forcible extraction" is an unknown future person where the incidence of alleged future diseases has been acknowledged by the AAP in the same statement to be insufficient to justify the application of routine circumcision.

This practice further violates the "sanctity of the individual," denying the newborn, infant or child the right to bodily security and integrity. Neither the parent nor anyone else--even by proxy via the medical profession--should have the right to inflict such harm or injury. In other contexts this would be recognized as child abuse.

Nor should anyone have the right to deny the newborn, infant or child his rights as a born person, as set forth in the Fourteenth Amendment of the U.S. Constitution, which states:

All persons born or naturalized in the United States, and subject to the jurisdiction thereof are citizens of the United States and of the State wherein they reside. No State should make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without the process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

Furthermore, the equal protection clause in the above takes on new relevance given the Federal Genital Mutilation Act of 1993 and Public Law No. 104-208 of September 30, 1996, both of which declare it a criminal offense to inflict genital mutilation on a female. Males should receive equal protection under these laws.

Arguably, circumcision violates international law as well, specifically the [Universal Declaration of Human Rights](#), to which the United States is a signatory. Article 3 states; "Everyone has the right to life, liberty and security of person" and Article 5 which states, "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment." Similar protections are provided in the United Nations [Convention on the Rights of the Child](#), which the United States has signed but not ratified.

In light of all the above, the AAP "[Circumcision Policy Statement](#)" attempts on the basis of religious or cultural customs--to confer on parents rights that they should not have and endorses the denial of rights to the newborn, infant, or child. The AAP would be better advised to restrict its recommendations and actions about circumcision to medical procedures affecting pathological conditions. Attempting to validate ritual or religious circumcision falls beyond the purview and responsibilities of medicine and the AAP.

But if the AAP insist on commenting about such matters, then it should amend its statement to oppose the medical circumcision of normal, healthy newborns, infants and children irrespective of gender, taking a position consonant with its own 1998 policy statement opposing female genital mutilation and 1999 position paper, [The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level](#).

Circumcision is a needless act of violence performed upon a resisting and nonconsenting newborn infant, or child. The pain and trauma of the procedure cannot be adequately ameliorated by anesthesia or analgesia, and the suffering can continue long after the painkiller has worn off.

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