Circumcision Controversies

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INTRODUCTION

Circumcision, in the simplest terms, is “... the removal of the prepuce of a male.”1 Beyond this basic definition nearly every aspect of circumcision from its origin to its indications, and with whom the responsibility for consent for this operation truly lays, contains some aspect of controversy.

Most newborns in this country are circumcised and there is little disagreement about the technical aspects of this common procedure. There have been volumes written on the potential harms and benefits of circumcision. The American Academy of Pediatrics, to whom many look to for guidance in the treatment of children, have traditionally taken a noncomittal stance on this matter.2 In the modern political environment in the United States, the newest controversies surrounding circumcision exist in the legal and socioeconomic arenas.

Although sober proponents and detractors of circumcision agree that there is no overwhelming medical evidence to support either side, there is considerable disagreement regarding parents consenting to a nonemergency prophylactic procedure in their minor children. Also, at a time when the cost of health care has become a national issue, many question the government funding for these procedures because there

KEYWORDS

- Circumcision
- Informed consent
- Phimosis
- Neonatal

KEY POINTS

- The fate of neonatal circumcision is as obscure as its origin. Despite the exhaustive research on this subject, the lack of consensus calls for even more unbiased study.
- If medical research does not answer ongoing questions regarding neonatal circumcision, clinicians should be aware of the sobering reality that there are legal and socioeconomic forces marshaling, which are eager to answer these questions for us.
- The controversies surrounding neonatal circumcision behooves individual clinicians to be knowledgeable of the history of the procedure, to be aware of the details of the procedure, to keep abreast of new findings on the subject, and to decide for themselves a defensible opinion (pro, con, or neutral) so that they can provide honest, and most importantly, competent care of their patients.
is no overwhelming proof that they are beneficial, necessary, or the only method to achieve the desired goals.

Although there are accepted reasons for circumcision in adults, in the United States, most circumcisions are done on neonates, which is the most discussed and controversial procedure. This article examines neonatal circumcision and the difficult problems surrounding this seemingly simple procedure.

HISTORY

Adequate knowledge of all aspects of the procedure is essential for the health care providers who advise parents about their child’s potential circumcision so they can provide comprehensive information to help with this important decision. Circumcision is one of the oldest and one of the most commonly performed operations, even in contemporary medicine. The origin of this procedure dates back millennia and there is some controversy, along with a fascination, as to where and how it actually began.

Although most are familiar with the Jewish and Muslim traditions, circumcision is practiced in many societies from all over the globe. Throughout history, men in societies in Africa, Australia, the Americas, and other parts of the world have been circumcised with no connection to a Muslim or Jewish faith. Much research has gone into the origins of these rituals and how they evolved, but in most cases no written history can pinpoint the origin or reason for these often elaborate rituals.

There are some historical records of circumcision. The first recorded history of circumcision is from ancient Egypt, where wall paintings in Egyptian tombs depict the operation. Also, studies of mummies from nearly 4000 years ago show that they were circumcised. Researchers have surmised that circumcisions may have been performed to help break a young child’s bond with his mother or, in older boys, to initiate the young men fully into the tribe. Circumcision has been used as a less lethal and morbid way for oppressors to mark and humiliate enslaved men. Also, from antiquity to the nineteenth century, circumcision was thought of as a way to stanch the emerging sexual desires of young men. The existence of so many rites in so many places proves that circumcision has no single origin.

The Jewish tradition of circumcision is the most familiar, iconic, and well documented. Although it is hypothesized that the practice may have originated with the mutilation of Jewish slaves to demonstrate the hegemony of their masters, the tradition begins with Abraham in the Old Testament (Genesis 17:23). Within Judaism, there has always been some minor controversy as to the necessity of circumcision; however, more recently, there have been external forces attempting to limit the Jewish practice. For example, in San Francisco, there was a resolution entertained to ban circumcision, even for religious reasons, within the city limits.

Muslims, too, have a long tradition of circumcision also dating from the same covenant between God and Abraham. Muhammad, the Muslim prophet, was circumcised. Unlike the Jewish tradition, which requires circumcision for inclusion in the faith, circumcision is not necessary to be a Muslim because it is never mentioned in the Qur’an. Although circumcision is considered a strong tradition (sunnah) for men, circumcision in women, practiced by Muslims in some parts of the world, is considered less of a tradition (makrūmah) in the Muslim faith but has engendered great concern in the West. The United States government enacted The Female Genital Mutilation act to criminalize the practice.

For Christians, who make up the majority of Americans, circumcision holds no particular religious significance. Christians were excused from the circumcision covenant in many New Testament verses; Romans (2: 28–29) and Galatians (5:6) among
them. Despite this exclusion, more than 1.2 million circumcisions were performed in the United States in 2005, indicating that religious tradition is not the biggest driver in a family’s decision.\(^8\)

Beyond the religious history of circumcision, there is a transition, mostly in the late nineteenth and early twentieth century, of this religious practice into a medical procedure. The first serious medical discussions of circumcision were directed toward phimosis and other foreskin problems associated with sexually transmitted diseases. Medicine was a fledgling specialty at this time and medical knowledge was rapidly expanding, although not always in beneficial directions. In America, Dr Lewis Sayer, a nineteenth century orthopedic surgeon, became a strong champion of circumcision after he used either amputation or manipulation of the foreskin to cure young male patients with paralysis. Dr Sayer was an influential physician and his support of circumcision encouraged others to expand the indications for the procedure. On both sides of the Atlantic, circumcision soon became a treatment of impotence, masturbation, bedwetting, night terrors, and even homosexuality.\(^3,4,9,10\)

As medical knowledge advanced, so did surgical technique. Beyond better techniques, 2 developments in the late nineteenth century made newborn circumcision possible. First, better anesthesia and analgesia made procedures on younger patients safer. Second, the acceptance of germ theory prompted physicians to suspect the moist environment under the foreskin as a breeding ground for future pathologic conditions. If the foreskin caused significant problems in adults, the reasoning went, then earlier circumcision would prevent those problems all together.\(^3,4\) Modern advocates of circumcision continue to use this notion, the prevention of further problems, as their primary argument, although they wish to prevent different pathologies than prior proponents. The central controversy surrounding circumcision is the question as to whether this prevention is medically, financially, or morally justified.

**INDICATIONS**

Patients with true phimosis, balanitis, noniatrogenic paraphimosis, and localized pathologic conditions of the foreskin (warts for example) are accepted as candidates for circumcision, and it is also accepted that these conditions are not present in the newborn. Rickwood\(^11\) says a generous estimate would be that less than 2.5% of newborns would require circumcision based on these criteria. Newborn circumcision is motivated by the prevention of these problems during a period when the operation is purportedly cheaper, safer, and easier. The counter-argument from a medical standpoint is that operating on many healthy boys to relieve potential problems is not preferable to operating on the few boys who might actually develop those problems when they are adults and have demonstrable improvement from surgery.

**PHIMOSIS AND URINARY TRACT INFECTION**

Phimosis is a pathologic condition in which the patient’s foreskin is not retractable. This condition is painful and can cause the foreskin to balloon during urination, hurt during erection, and lead to urinary tract infection (UTI). In adults, this condition is effectively treated with circumcision. Men are born with a physiologic phimosis in that, in most, the foreskin does not easily retract at birth. This condition is usually asymptomatic and resolves as the boy ages, and most boys by puberty will have a retractable foreskin. If the foreskin does become symptomatic, boys are candidates for circumcision.\(^11\) Topical steroids have also been used in the treatment of pathologic phimosis with success in most patients.\(^12\)
Boys with foreskin, whether or not true phimosis is present, have an increased incidence of UTI, especially in the first months of life. Wiswell followed up a large number of boys born at military hospitals and showed a dramatic difference in the rate of infection between boys who were circumcised and uncircumcised and in the morbidity and mortality between the groups. Wiswell found that the circumcised boys had few complications from the removal of their foreskin, whereas the uncircumcised group had UTI's, hospitalizations, as well as 2 deaths and concluded that routine circumcision seemed justified and medically prudent. More recently, Spach and colleagues showed that a foreskin may predispose young adults to infection.

Opponents of this approach, correctly point out that most problems Wiswell found were easily treated with antibiotics that death was rare, and that 98 boys would have to undergo circumcision to prevent just 2 urinary infections. They advocate treating only the boys who have demonstrable foreskin-related pathologic conditions.

**COST**

Medical cost has become an enormous concern in American society. The United States spends between $150 and $200 million per year to perform newborn circumcisions. The true measures of costs are difficult to assess because the complications of having foreskin are a small but a life-long risk. Compared with other medical interventions, including circumcision under anesthesia, neonatal circumcision is relatively inexpensive. Schoen and colleagues compared the costs of circumcising newborns and the life-long medical expenses associated with having foreskin, and concluded that circumcision was justified on financial and medical grounds.

The rate of newborn circumcision seems affected by a patient’s insurance status. Leibowitz and colleagues found that newborns on Medicaid were significantly less likely to be circumcised in states where Medicaid no longer funded the procedure although other, more limited studies found no such link. At present, 15 states have stopped the funding for newborn circumcision and 2 states have variable coverage. As Medicaid currently covers about 40% of births in the United States, the financial aspects of circumcision may become more predictive of its future than the medical ones.

Proponents of newborn circumcision state that the newborn procedure is less expensive in the long run. Newborn circumcision reduces expenditures on the up to 10% of patients who may require later circumcision. There is also mounting evidence that HIV, syphilis, and other sexually transmitted diseases, in both men and women, can be prevented or reduced by circumcision along with their attendant costs of treatment. Advocates of circumcision maintain an unintended consequence of circumcision being culled from the government payment plans will be a disproportional risk and burden on the poor who will not be able to afford this valuable prophylaxis.

Opponents of newborn circumcision would be correct to point out that most of these problems could be prevented with changes in life-style. They also propose that elective circumcision should only be done on men of an age to consent to the removal of their foreskin. Opponents are adamant that the monetary costs of this procedure are not fungible with the harm circumcision causes.

**PARENTAL CONCERNS**

Although it is laudable to pursue the scientific and economic truths, most parents decide on the newborn circumcision without strong information about its benefits or risks. Bean and Egelhoff found that most parents had decided the fate of their child’s foreskin before the boy’s birth. Most parents and physicians believe that the discussion they have with their physician about the circumcision after birth is unbiased.
The reasons parents cite to circumcise their child are their wish that the child look like his father, their wish that he be like other boys, cleanliness, or their fears of sexual rejection later in life as being more important than any medical indications. Despite parental concerns, most of these issues are not critically germane. There is evidence that young men are not always aware of their own circumcision status. Conflicting evidence exists as to the effects neonatal circumcision has on a man’s psychological well-being as well as his personal and sexual relationships in adulthood. Opponents of circumcision argue that, these concerns could be addressed later when a child’s own wishes could be considered.

HEALTH CONCERNS

Another proffered reason to circumcise newborns is the prevention of penile cancer and other penile maladies. There has been renewed interest in circumcision in places where it has not traditionally been performed because of the research into this particular aspect of circumcision. Cancer of the penis is a rare but serious condition, and in 2011, there were 1360 new reported cases in the United States, where most men affected are uncircumcised, and the majority die from the disease. Although circumcision status is a risk factor for penile cancer, it is not the only factor. Some countries, without a tradition of circumcision, also have very low and falling rates of penile cancer. This decline may be associated with an increased socioeconomic status, better hygiene, marital status, and possibly other lifestyle issues that may or may not make circumcision the only method of prevention for this disease.

As HIV continues to take its toll around the world, the medical community has searched desperately for ways to stanch the morbidity and mortality of this tragic epidemic. Circumcision, in adult men, has been shown to be protective against the spread of the disease in Africa, in areas where education has not been as effective. Similar to HIV, other sexually transmitted diseases seem to affect circumcised men less frequently than men who remain intact. The behavior of these men has much to do with these infections. Critics of circumcision argue that perhaps greater attempts could be made to alter these adult behaviors or, failing that, circumcision could be performed on these adult men in lieu of condoning the removal of the foreskin of a baby.

TECHNIQUES

Although there is considerable discussion about whether circumcision should be performed, there is little controversy as to how. The 3 main methods of circumcision performed in the United States, namely Plastibell, Gomco, and Mogen, all have their proponents. Each method, by a competent operator, has an acceptably low complication rate. The last controversy over technique is the use of anesthesia. There was a belief, now disproven and abandoned, that newborns did not feel pain and that it was inconsequential to them. Circumcision, by whatever device, should be performed with local anesthesia.

CONSENT

There is an honest disagreement in the medical community about the medical risks and benefits of circumcision, and there is accumulating evidence that circumcision may benefit the individual over their life time. This growing surety must be tempered by the fact that, barely a century ago, physicians were sure that this same procedure was a cure for a variety of postulated ills, such as masturbation and bedwetting. These views have been discredited. Even in those instances in which contemporary wisdom
says that circumcision is helpful, there is little incontrovertible evidence that circumcision needs to be done on newborns. No medical association in the western world condones routine neonatal circumcision.\(^{38}\)

The medical merits of circumcision are not the only argument surrounding this procedure. Ethicists, lawyers, philosophers, and members of anti-circumcision groups also have concerns about the legal and moral issues surrounding the operation. The question of what informed consent is for newborn circumcision, and who, if anyone, is truly capable of consenting for the child when no real medical issue exists are matters of significant disagreement.

In any operation, the consent of the patient is paramount. In the United States the performance of a medical procedure (absent a life-threatening emergency) without the patient’s consent, is battery. Informed consent includes the physician’s duty to disclose to the patient what reasonable people would need to know about a procedure to make an informed decision, the patient’s understanding of the information being presented, and the patient’s freedom to come to a decision without undue external influence.\(^{38}\)

**PARENTAL ROLE**

A newborn does not understand the complexities of any procedure and so, as in many decisions that involve children, the duty falls to the parents. There are no valid arguments against a parent’s rights to consent to procedures if the operation is life saving, life sustaining, or of undeniable benefit to the patient.\(^{39,40}\) Parents who make medical decisions for their children are doing so under the concept of substituted judgment; the idea that the person making the decision for the patient will do so as the incompetent patient would have, were they able. In cases of circumcision, the parent is consenting to the procedure because they conclude it is what the boy would want faced with the same decision. There is case law, however, that says that children are not simply the chattel of their parents. Courts have stopped parents from unfettered consent on the behalf of the child in other medical scenarios: children have been forbidden from being tissue donors for their siblings because the procedure was of no medical benefit to them personally. Further, men who are medically competent rarely volunteer for elective circumcision, suggesting that most American parents may be coming to the wrong conclusion about their boy’s future wishes about his foreskin.\(^{38}\)

There are serious questions as to whether parents even have any standing here. If newborn circumcision is a cosmetic procedure, mutilative or psychologically harmful, and not the beneficent safe procedure advocates claim, are the parents acting in the best interest of the child?\(^{41}\) Parents can consent for immunizations, so there is precedence for allowing invasive procedures based on future benefits. The benefits of immunizations are less controversial than those of circumcision, however. An evenhanded presentation by the clinician actually has been shown to have little effect on the parents’ ultimate decision. Despite this frustration, practitioners should not dismiss the cultural and social reasons that parents cite in their decision. These beliefs are often as important than any list of complications a practitioner provides.\(^{22,42,43}\) The solution to these legal and moral questions is mired in the deadlocked medical opinions of the worth of this operation. If there were unanimity, these other issues could be more easily resolved.

**HEALTH CARE PROVIDER’S ROLE**

As the technique of circumcision has been refined and made safer, acquiring an informed consent may be the most difficult role for the practitioner in this process.
The doctor has to ensure that the parents of the patient understand the reasons why their child should or should not be circumcised, how the procedure will be performed, and what the short-term and long-term consequences might be. Physicians are obligated to ensure that this information is presented in a way the parents can comprehend, and then be sure the parents are not pressured toward any decision.38

Proponents of circumcision argue that this consultation should include a discussion of how removal of the foreskin in the infant provides the boy with life-long protection against UTI’s, sexually transmitted diseases (including HIV), and penile cancer. Further, they believe neonatal circumcision benefits society as a whole not simply because it curbs these ills, but because when done at this young age, it is without significant morbidity, has negligible mortality, and is cheaper than doing the same procedure on older boys.44,45

Opponents of newborn circumcision argue that the loss of foreskin during circumcision, in itself, is an irreversible and unnecessary harm and that parents cannot consent to procedures that do not benefit their child. They say that most of the purported medical benefits of circumcision can be mitigated by other methods (eg, antibiotics for infections) that don’t require circumcision. They believe circumcision should be performed under similar circumstances to other invasive procedures, at the time of demonstrable pathologic conditions. In their view, elective circumcision should be done only with the consent of the patient and that this later circumcision, if it is performed at all, provides the same health benefits without the gruesome assault on a helpless newborn. The circumcised child, they say, has a normal penis at birth and is potentially exposed to complications and possible lifelong deformities from these complications without medical or moral justification. The costs, detractors say, are not only monetary.38

In most instances of surgery on children, the physician presents to the family what is believed to be the medical truth based on the facts at hand and the accumulated medical knowledge of what is prudent in these circumstances. The lack of consensus in the medical community about circumcision places practitioners in a precarious position. If a clinician sincerely feels as though circumcision isn’t indicated, should they perform it at the parent’s behest? Conversely, if a clinician feels neonatal circumcision is indicated, should they pursue legal action against parent who decline circumcision? Finally, and most probably, if a physician is truly ambivalent about the necessity of circumcision is it disingenuous or greedy for them to perform a procedure they do not recommend?

SUMMARY

The ultimate fate of neonatal circumcision is as obscure as its origin. Despite the exhaustive research on this fascinating subject, the lack of consensus calls for even more unbiased study. If medical research does not answer the outstanding questions about circumcision, clinicians should be aware of the sobering reality that there are legal and socioeconomic forces marshaling eager to answer these questions for us. Competent provision of neonatal circumcision behooves individual clinicians to be knowledgeable of the history of the procedure, to be aware of the details of the procedure, to keep abreast of new findings on the subject, to safely perform the operation and to decide for themselves a defensible opinion (pro, con, or neutral), so that they can provide honest, and most importantly, competent care of their patients. No matter the ultimate outcome of this debate, there can be no arguing with physicians who are earnestly trying to do the best for their patients.
REFERENCES


