



Circumcision: Is it Still Ethical and Legal?

The prepuce should be harvested and used by Eskom as an amazing source of alternate energy; the amount of heat produced per gram by simply discussing this sliver of tissue is phenomenal! The recent rekindled interest in circumcision as an adjuvant to the prevention of HIV infection warrants another look at this surgical intervention.



History of circumcision

The origins of circumcision are truly lost in the sands of time. Certainly there is beautifully preserved evidence of circumcision from the pyramids. Sixth Dynasty (2345–2181BC) tomb artwork in Egypt is thought to be the oldest documentary evidence of circumcision, the most ancient depiction being a bas-relief from the necropolis at Saqqara (ca. 2400BC).

The very essence of the debate around the prepuce turns on whether or not this 'organ' is a useful termination to the male genitals or simply an unnecessary skin-tag under which undesirable gleet and potential pathogens can squat.

In 1861, one PC Remondino wrote a scholarly history of circumcision entitled "History of Circumcision from the Earliest Times to the Present". It is quite clear that his opinion of the foreskin was less than complimentary. In Chapter XIX he aired his anatomical prowess and waxed-poetic that, "If the prepuce only was endowed with an olfactory sense,—as, for instance, if a nervous filament from the first pair of nerves had been sent down alongside of the pneumogastric and then, by following the track of the mammary and epigastric arteries, had at last reached the prepuce, where the olfactory sense could have been turned on at will, like an incandescent lamp,—it might have been a very useful organ, as in that sense it could have scented danger from afar, if not from near, and enabled man to avoid any of the many dangers into which he unconsciously drops. But, seeing that the prepuce, to say nothing of being neither nose, eye, nor ear to warn one away from danger, or a leg to run away on after once in it, having not even the precautionary sensitiveness of a cat's moustachios, it cannot, in any way that we can see, be compared to any other useful part of the body."

About the author

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Reasons for circumcision

These can be usefully divided into three groups: medical, religious/cultural or routine.

Medical indications

Medical indications cited have included:

- The treatment of local diseases such as phimosis, paraphimosis and balanitis
- The prevention of STIs such as syphilis, gonorrhoea, herpes and now HIV
- The prevention of urinary tract infection in boys
- The prevention of cancer of the penis
- The prevention of cancer of the cervix in partners

Many of these medical 'indications' have been refuted or qualified by substantial restrictions. I will concentrate on HIV later.

Religious/cultural

Two of the major world religions, Judaism and Islam advocate circumcision early in life. Jewish boys are circumcised on the eighth day of life by a trained religious Jew, a *mohel*, whereas the Moslem boy is usually circumcised before the age of seven years and this may be performed by a medical professional.

Cultural circumcision is common in SA amongst a number of tribes. About 90% of IsiXhosa speaking males are circumcised whereas only about 12% of TshiVenda speakers have had the procedure.¹ Cultural circumcision is performed as a pre-pubertal 'rite of passage' into manhood. The recent tragic deaths of more than 30 initiates in Mpumalanga was related to haemorrhage, dehydration and exposure and will form the basis of an ethics article in the future.



Routine circumcision

There are huge differences in routine neonatal circumcision (RNC) rates between North Americans and Europeans. The estimated rate of RNC in the USA is about 75% while that in the UK is 8.5%. These differences in attitude can be exemplified by the statements from official paediatric organisations on either side of the 'pond'. The most recent statement from American Academy of Pediatrics states², "Evaluation of current evidence indicates that the health benefits of newborn **male circumcision** outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it." The Dutch Paediatric Association has come to an opposite view. They opined that "A broad alliance of medical organisations in the Netherlands has officially adopted the view that circumcision of underage boys without a medical reason violates children's human rights and contravenes the Dutch constitution. The possible medical advantages are insufficient to justify circumcision on grounds of prevention."

Circumcision of children and the law in SA

The Children's Act 38 of 2005 is explicit regarding circumcision. Section 12(8) of the Children's Act regulates circumcision of male children under the age of 16. It states in full: Circumcision of male children under the age of 16 is prohibited, except when:

(a) circumcision is performed for religious purposes in accordance with the practices of the religion concerned and in the manner prescribed; or

(b) circumcision is performed for medical reasons on the recommendation of a medical practitioner.

From this we can see that there is no legal provision for RNC by a medical practitioner.

Circumcision for HIV prevention

Scientific basis

A recent comprehensive review regarding the prevention of HIV infection gives comment on circumcision as a preventive measure.⁴ The authors state that "Male circumcision (MC) has been recognised fairly recently as a potential preventive measure, but its overall impact may depend on the target population. Multiple trials in Africa have shown efficacy of MC in reducing HIV acquisition in heterosexual men by 38%-66%, with uncircumcised men showing an four-fold higher infection risk in sub-Saharan Africa." These comments are based on three prospective trials (including one local trial) and have formed the basis for the enthusiasm to add circumcision to armamentarium for AIDS prevention. Not all available data supports these experimental findings. An epidemiological study in a high risk population compared previously, mostly traditionally circumcised men, to uncircumcised men and found no evidence of protection.¹

There is as yet, no evidence that newborn or infant circumcision will be protective. There are also some worries that circumcised men will consider themselves protected from HIV infection and undertake high-risk sexual behaviour. A very

recent study among female sex workers in Zambia reported that men often used their circumcision status to try to convince sex workers to forego condoms.⁵

While there has been widespread recommendation of using MC for HIV prevention there have been some voices of concern. The practicalities of a massive roll-out campaign in an under-resourced Africa should not be ignored. In the research situation it was consenting adults who were circumcised by doctors but, for practical reasons, it is now being encouraged that newborns be circumcised by nurses in clinics. Fox & Thomson⁶ have concluded that "the understandable haste to find a solution to the HIV pandemic means that the promise offered by preliminary and specific research studies may be overstated. This may mean that ethical concerns may be marginalised." Neonatal or early infant circumcision would then require that newborn boys, more than a decade remote from their sexual debut, would be circumcised using surrogate parental consent engendered by fear.⁷

SA paediatric surgeons and neonatologists have also voiced their concerns⁸ by stating that "Neonatal non-therapeutic circumcision to combat the HIV crisis in Africa is neither medically nor ethically justified on the basis of current medical evidence or universally recognised ethical and human rights principles."

Conclusions

To my mind, the medical benefits of circumcision are still the subject of robust debate. I don't think that the information around HIV and newborn/infant circumcision is available to ensure that benefits outweigh risks and the programme would be cost-effective when compared to other proven interventions. It is difficult to ascertain the child's best interests in this case and decisions by surrogates are easily manipulated. If circumcision is to be offered for HIV prevention, then this should be delayed until the age of consent or at least assent.

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