

# The Ethics of Circumcision of Male Infants

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**ABSTRACT:** Infant circumcision has recently attracted controversy, with professional groups recommending it and various individuals trying to criminalize it. Circumcision is beneficial in the prevention of certain diseases, causing minimal tangible harm to those circumcised. This article argues that government should affirmatively adopt policies tolerating minority practices. Such activities should be banned only if they cause substantial damage to society or its members, or if they engender risks or injuries to which no reasonable person would consent. The benefits and risks of circumcision are outlined. Circumcision of male infants does not trigger cause for government to abolish it, and should be permitted if parents desire it. This article also summarizes common arguments against circumcision and attempts to refute them. These arguments are based on a desire for gender equality as well as a belief that minors should not undergo elective bodily alteration. If there are no unusual risks, parents can ethically authorize, and physicians ethically perform, elective infant circumcision for prophylaxis of disease, ritual purposes, or aesthetic reasons. Furthermore, the state should permit this.

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Infant circumcision has recently attracted much attention<sup>1</sup>. Activists in San Francisco attempted to criminalize non-therapeutic circumcision of minors. In 2012, a German trial court held that ritual circumcision was a criminal violation of boys' human rights. However, the American Academy of Pediatrics

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Abbreviations: AAP = American Academy of Pediatrics, HIV = human immunodeficiency virus, KNMG = Koninklijke Nederlandsche Maatschappij tot bevordering der Geneeskunst (Royal Dutch Medical Association), UNCRC = United Nations Convention on the Rights of the Child, WHO = World Health Organization.

<sup>1</sup>Unless referring specifically to infants or adults in the text, the word "circumcision" refers in this article to circumcision of persons under 18 years of age.

has found that the health benefits of infant circumcision outweigh the risks and should be a matter of parental choice [1].

This raises two questions. First, is it ethical to perform infant circumcision? Physicians asked to perform the procedure must engage this ethical issue as professionals. Second, how should government be involved? As citizens, physicians must consider this broader question as well. Elective circumcision is performed on a majority of boys in the United States, but only a few in many European nations. Some medical organizations have declared elective infant circumcision to be unethical [2]

Circumcision is removal of the penile prepuce (foreskin). It may be performed for treatment of disease or for non-therapeutic reasons (prevention of disease, religious reasons or aesthetic purposes). The earlier it is done the safer and less uncomfortable the procedure.

This article will elaborate on and defend the prevalent American view that non-therapeutic infant circumcision should be at the discretion of parents. I will contrast my position with that of the Royal Dutch Medical Association [2], which is a comprehensive and articulate statement of the opposite position<sup>2</sup>.

## DEMOCRACY AND MINORITY PRACTICES

Proponents of liberal democracy<sup>3</sup> debate whether government should defer to the religious practices of its citizens. Isaiah Berlin [3] defines two extreme positions, which he calls monism and pluralism. Monism delegitimizes beliefs and practices that do not enhance individual choice or promote equality. Pluralism, on the other hand, allows tolerance of non-liberal practices of minority religious and cultural groups. Schweder [4] has invoked this dichotomy in addressing ritual infant circumcision.

Liberal democracy intrinsically conflicts with theistic religion. Liberal democracy holds individual freedom to be preeminent and regards the state as its defender against all comers, including religions. Therefore, adherence to religion and its practices is voluntary in liberal democracies. However,

<sup>2</sup>Several interesting related topics cannot be discussed due to space limitations. One of these is regulation of Infant Circumcision performed by non-physicians such as *mohelim* (Jewish practitioners of infant circumcision). Another is the role of regulation of the manner in which circumcision is done, to promote safe techniques. A third is the subject of female genital alteration.

<sup>3</sup>Defined as a secular government, chosen by free election, and committed to the interest of its citizens in achieving their individual goals.

for a religious person, when God commands, humans must obey. Religious demands trump those of the state [5]. Islam [6] and Judaism [7] assert authority over wide aspects of life such as diet, dress, and familial roles, and both require circumcision. Jewish scripture requires circumcision on the eighth day of life (Leviticus 12:3). The Muslim requirement derives from the *Sunnah* and *Hadith*. It is usually performed in infancy or childhood [8]. There are potential conflicts between these religions and regimes that do not recognize these religious mandates.

### WHY PLURALISM RATHER THAN MONISM?

Opponents of circumcision might not want to find themselves in this hypothetical situation. A democratic nation that regards public health as a supreme priority requires universal infant circumcision to prevent transmission of HIV. But a religious or cultural minority rejects circumcision. Parents whose conscience precludes compliance are imprisoned. Leading ethicists regard these beliefs with condescension. Politicians are outraged that these parents would tolerate dissemination of an incurable disease to preserve the prepuce.

Today's majority can be tomorrow's minority due to demographic and social changes. Suppression of others' practices facilitates suppression of ours. Mutual tolerance best protects all in living according to their beliefs and values. Allowing freedom to others helps preserve our own freedom. Also, suppression of minority cultural practices leads to alienation of minority members from society. They may withdraw from involvement with society or actively battle it. Challenges to practices important to a minority can elevate secondary issues into high stakes conflicts. Finally, undermining parental authority and choice makes parenthood less attractive. One motivation for parenthood is a desire to perpetuate one's way of life. And, people who fear punishment for their childrearing practices may refrain from having children.

These are practical reasons for favoring a pluralist over a liberal approach. There are principled reasons as well. First, individualism is a poor model for understanding human behavior. Voluntary decisions are made in a "socially and historically structured context" which both creates and restrains choice [9]. Had Princess Christina of the Netherlands and I been switched at birth (we were born on the same day) our respective beliefs and choices may well have been quite different. But members of a majority culture are likely to consider their own practices voluntary and reasonable, while perceiving minority practices they eschew to be coerced or unreasonable. Actually, both are likely to be voluntary choices influenced by cultural conditioning. We should not suppress the customs of others merely because of

unfamiliarity or disgust. Humility requires us to give others the benefit of the doubt. Most parents care deeply for their children and try to do what is best for them. Parents generally are more concerned for their children than are activists who do not know the child but who find their parents' choices distasteful.

Finally, the best ideas and programs are likely to prevail in an educated open society. If infant circumcision is truly injurious, it will decline without government coercion.

### ● THE LIMITS OF PLURALISM

Minorities cannot be entirely self-governing. However, pluralistic tolerance requires consideration of children as members of their parents' culture or religion. I propose two criteria that must be satisfied before a government may morally reverse a parental decision to engage their children in a parental minority group

**Governments should not interfere with religious or cultural practices that do not impose significantly on society or on citizens outside the religious or cultural group, unless the practice is one to which no reasonable person would assent**

practice. First, the practice must not significantly burden society or its members outside the group, as with refusal of vaccination. Second, the practice must not create burdens that a reasonable person would not accept for himself, and that a reasonable

parent would not accept for her child, such as child marriage or slavery. The burden on society or individuals must be actual and not hypothetical. It is evident that infant circumcision has little effect on the general society or its members. It also is safe and is unlikely to impact adversely on quality of life.

### ADVANTAGES AND COMPLICATIONS OF CIRCUMCISION

Infant circumcision causes few untoward effects, but circumcision becomes riskier with increasing age. Infants experience little pain during circumcision with appropriate analgesia. A Cochrane review shows that dorsal penile block is safe and highly effective at reducing pain from infant circumcision; local anesthetic cream also is effective, but less so [10]. Infant circumcision rarely causes serious complications. In one study, 10 of almost 20,000 such procedures required surgical revision, 9 of which were successful [11]. The KNMG report suggests a mortality of only 1 in 500,000. Circumcision beyond infancy is done under general anesthesia. It is more difficult and has a higher complication rate than infant circumcision. In the UK, 1% of boys circumcised between 1 and 14 years old required reoperation [12]. Half of these operations were done to correct anatomic complications. Adult circumcision has a complication rate of 2–7%, greater than the rate in children [13].

Circumcision reduces the transmission of many communicable diseases. It decreases heterosexual HIV transmission by > 50% [14], resulting in endorsement by the World Health Organization. Circumcision also reduces the incidence of cervical cancer in female contacts. It virtually eliminates penile

cancer. It reduces the incidence of HPV, herpes simplex and trichomonas in men and in their partners.

Randomized trials of circumcision performed on healthy adults found that circumcision did not reduce sexual satisfaction [15]. All studies of sexuality in men who had been circumcised as infants are retrospective. The largest found that circumcised men had greater sexual satisfaction and a lower rate of erectile dysfunction than a cohort of uncircumcised men [16]. Reports that infant circumcision impairs sexual performance or pleasure tend to be speculative or anecdotal. Women from religious or cultural groups that practice circumcision may prefer circumcised men as sexual partners [17]. Certainly, the vast majority of the hundreds of millions of men who have undergone the procedure have successful sexual lives. Finally, physical, emotional and spiritual integration with one's co-religionists is beneficial. Religious ritual circumcision initiates boys into a community that will provide spiritual and other advantages throughout life, and possibly beyond.

### Infant male circumcision should be permitted by liberal democratic governments

#### ARGUMENTS AGAINST INFANT CIRCUMCISION

There are three principal arguments for suppression of circumcision. The first is that it is dangerous and interferes with quality of life. The data do not support these assertions. Second, circumcision is said to be incompatible with gender equality goals. Finally, it is asserted that infant circumcision violates a fundamental human right to unconsented changes to bodily integrity and disregards the principle of respect for autonomy.

##### ● THE GENDER EQUALITY ARGUMENT

Some opponents of infant circumcision are concerned that it singles out boys for pain and risk. Another objection reverses the identity of the harmed party, saying that boys are favored since there is no comparable rite for girls [18]. Either way, if comparable physical alteration for both boys and girls is not possible, then no physical alteration is permissible. Those for whom gender equality is the touchstone of the ethics of infant circumcision have no ethical dilemma. They need not circumcise their boys. But for the state, the criterion must be significant tangible harm. This is not the case. Circumcision probably provides net benefits to boys and certainly does not harm them sufficiently to invoke the power of the state. Any harm to girls is indirect and hypothetical. Therefore, gender considerations should not override parental prerogative to circumcise boys.

#### DOES CIRCUMCISION VIOLATE A FUNDAMENTAL HUMAN RIGHT?

The human rights argument asserts that infant circumcision violates a fundamental right to bodily integrity that parents may breach only to treat illness [2]. Only an adult can consent

to permanent alteration of the body. There are three problems with this argument. The first is that it is pretextual, in that concerns with bodily integrity seem limited to circumcision in many societies<sup>4</sup>. The second is that bodily integrity *per se* is not generally accepted as a fundamental right. Finally, the international treaty frequently cited as the basis for this right of bodily integrity does not actually assert such a right.

Prior to addressing the human rights argument it is necessary to address three issues, all raised by the KNMG report. The first is whether religions that practice infant circumcision actually require it. Opponents cite Jewish sources that contest it, implying that the procedure is not as central as religious proponents claim [2, pp 11-12]. Such sources are outliers and

generally lay people rather than scholars of Judaism [20]. Actually, even liberal Jewish denominations regard circumcision as mandatory [21]. But Judaism has

multiple denominations, and the beliefs of some Jews are not necessarily the beliefs of others. An Orthodox Jew would be no more influenced by the views of a theological radical [20] than a Lutheran by a Catholic bishop's views on sterilization. It is inappropriate to conflate all strains of Judaism. Certainly, a secular state (as opposed to one with an established state religion) should not rule on the religious validity of the views of a religious denomination.

The second issue is whether children share the religion of their parents. Monist critics characterize religion as strictly an adult choice [2, pp 14-15, 22]. Religious people and pluralists are likely to regard children as belonging to the religion of their families. The United Nations Convention on the Rights of the Child Article 30 implicitly agrees with the pluralist point of view. So does ordinary practice. Religious families provide a religious environment and education for their children, who generally identify with the religion in which they are being raised. Even religions that officially require mature consent for membership implicitly regard members' children as being part of their religious community. It seems farfetched to imagine a Pentecostalist who believes in adult baptism saying "my children have no religion, but they can decide to adopt mine when they grow up."

Finally, opponents of infant circumcision, in saying that circumcision can be deferred until adulthood [2, p 15], implicitly equate infant circumcision with adult circumcision. It is disingenuous to suggest that the procedure is comparable at both ages. Adult circumcision is more dangerous and painful than infant circumcision. It is disruptive, requiring time for convalescence. It is expensive, as it must be done in an operating room under anesthesia. It is more disruptive and causes greater loss of privacy, as the circumcised individual must take time off work and must refrain from sexual activity and

<sup>4</sup>Although some European nations preclude aesthetic procedures on children such as ear piercing or tattoos.

other activities. Adult circumcision simply is not a reasonable substitute for infant circumcision. An adult cannot consent to his own infant circumcision.

In fact, many nations that condemn circumcision are not as quick to condemn other comparably invasive and dangerous non-therapeutic procedures. If elective alteration of a child's body is impermissible without compelling medical reasons, then any elective procedure that inflicts comparable pain or physical alteration must also await legal maturity. This would preclude cosmetic orthodontia, breast implants, correction of simple harelip, administration of human growth hormone to short children, and removal of supernumerary digits.

Cosmetic orthodontia often involves dental extraction and may require surgery on the jaw. Even without these it can cause many dental and general medical complications [23]. Although more painful and dangerous than infant circumcision, it is well accepted in the UK [24] and Norway [25], nations that disfavor infant circumcision.

Orthodontia does not involve a sexually sensitive organ, but cosmetic breast implants do. A woman's breasts are important to her body image – arguably as important as a man's penis is to his. American adolescents often obtain breast implants before the age of consent. Breast implants are riskier than circumcision. Up to 20% must be removed for scarring, chronic pain or numbness, which are often permanent [26]. Although teenagers have greater capacity for consent than infants, they notoriously underestimate risks. Consequently, if circumcision should not be permitted until age 18 then neither should aesthetic breast surgery.

Circumcision seems unique among aesthetic childhood procedures in attracting controversy. Perhaps critics who do not object to orthodontia or breast augmentation in minors are using human rights as a pretext for opposition to ideas or groups associated with infant circumcision. Perhaps a genital procedure alien to their direct experience simply disgusts them.

Let us now consider the source and substance of the putative right to bodily integrity. The KNMG finds an inalienable right in the Dutch Constitution (which is not a source for identifying universal right) and the European Convention on Human Rights, Art. 8 [2, p 15]. The latter reads: "There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary...for the protection of health or morals, or for the protection of the rights and freedoms of others."

Article 8 does not say what those rights and freedoms are; the KNMG simply asserts such a right not to undergo infant circumcision. Some find the right in the United Nations Convention on the Rights of the Child (UNCRC), Art. 24, § 3 of this international treaty calls upon states to "abolish[]

traditional practices prejudicial to the health of children." Of course, assertion of a rule is not an explanation of why the rule is correct. Dekkers and co-authors [27] present an articulate argument for a right to bodily integrity based on natural law and on intuition. Even they find only a *prima facie* right. Furthermore, neither the UNCRC nor the ethics literature provides an authoritative rule for resolving conflicts between rights. If UNCRC Art. 24, § 3 precludes infant circumcision, then interpretation of Art. 24, § 3 and Art. 30 (affirming the child's right to "profess and practice" his religion) would permit it.

But Art. 24 § 3 does not in fact call for abolishing infant circumcision. First, its language does not do so. The net health effects of infant circumcision are positive, at least according to the AAP and the WHO. If infant circumcision is not prejudicial to the health of children, it does not violate Art. 24, § 3. Second, Art. 24, § 3 never was intended to eliminate circumcision. Almost all Islamic states have signed or ratified UNCRC, as has Israel. They never would have agreed to the abolition of an essential practice of their established religions.

In fact, one can construe Art. 24, § 3 to require infant circumcision. The Article seeks to abolish "traditional practices prejudicial to the health of children." If circumcision of minors is traditional in Turkey and Israel, abstention from infant

circumcision is traditional in the UK and Scandinavia. The latter tradition is conducive to transmission of various serious illnesses, including HIV, among sexually active minors. Nevertheless, pluralist considerations dissuade this author from advocating a requirement for all children to undergo circumcision.

UNCRC Art. 5 gives wide latitude to the child's parents. Furthermore, UNCRC Art. 30 awards children the right "to profess and *practice* his or her own religion" (my emphasis). This recognizes children as members of religious communities. Also, if the framers of UNCRC wished to restrict religion to words and rites they would have limited themselves to the verb "profess," omitting "practice." The best reading of Art. 30 is that infant circumcision is permissible as a religious practice. Such a parental decision is presumed to be in the child's best interest. Such a decision can also be construed as substituted judgment on behalf of the child. A boy who belongs to a religion that practices circumcision may be presumed to want to follow the dictates of that religion.

**It is ethical for physicians to perform non-therapeutic infant circumcisions if the boy's parents believe it is in his best interests, considering both medical and non-medical factors**

**ROLE OF THE PHYSICIAN IN CIRCUMCISION**

Infant circumcision should be legal under appropriate circumstances. Reasonable parents may wish to circumcise their children for reasons of health, religion or aesthetics. Even

if the parent's choice is not optimal, it is not so harmful as to invoke government involvement. But what government allows may still be unethical for physicians to perform.

Circumcision can be examined in the light of the four cardinal principles of contemporary medical ethics [28]. Beneficence and non-maleficence considerations show that circumcision appears to convey more benefits than risks, and the magnitude of the risk does not make it unconscionable to perform it electively. Benefits may arise from considerations other than physical health. Physicians are not expert in assessing these non-medical benefits, though they ought to inform parents of health benefits, risks and alternatives. Parents can factor these together with non-health advantages and disadvantages in deciding whether to circumcise their son. Because of the strong presumption in favor of parental decision-making, autonomy considerations do not preclude infant circumcision. Finally, there is the question of justice. The propositions that gender equity or a fundamental right to bodily integrity warrant abolition by the state of circumcision appear to be justice arguments. I have refuted both of these.

What, then, is the appropriate role of the physician asked to perform infant circumcision? If the procedure is legal, she should treat this procedure as she would any elective procedure performed on a minor. Doctors should only perform circumcision if they are capable of performing the procedure. Circumcision should not be performed if medically contraindicated. A physician contemplating performing infant circumcision should ascertain that the parents understand the anatomical results, risks, benefits, and alternatives. Neither proponents nor opponents of elective infant circumcision should attempt to coerce the patient. If the physician has conscientious objections to performing the procedure she should provide non-directive counseling and refer the patient to a physician who will perform it. If the parents grant informed consent, the physician may ethically perform the circumcision. She should do this in a manner that maximizes safety and minimizes discomfort. If at least one custodial parent is ambivalent or opposed, the doctor should not perform the procedure without first consulting the institutional ethics committee or other appropriate authority in medical ethics for guidance.

## CONCLUSION

I have argued for a pluralist approach requiring that government abstain from interfering with minority practices unless the practices cause significant and actual harm to society or to persons outside the minority group, or unless no reasonable person would consent to the practice.

Parents can consent on their child's behalf to procedures that are in the child's best interests. The degree of risk and pain inherent in infant circumcision falls within acceptable boundaries for elective procedures performed on minors. The pain,

danger, and perceived benefits of circumcision are comparable to those of many generally accepted elective procedures. Infant circumcision should be permissible under a liberal democratic government.

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**Capsule**

**A vaccine strategy that protects against genital herpes by establishing local memory T cells**

Most successful existing vaccines rely on neutralizing antibodies, which may not require specific anatomical localization of B cells. However, efficacious vaccines that rely on T cells for protection have been difficult to develop, as robust systemic memory T cell responses do not necessarily correlate with host protection. In peripheral sites, tissue-resident memory T cells provide superior protection compared to circulating memory T cells. Shin et al. describe a simple and non-inflammatory vaccine strategy that enables the establishment of a protective memory T cell pool within peripheral tissue. The female genital tract, which is a portal of entry for sexually transmitted infections, is an immunologically restrictive tissue that prevents entry of activated T cells in the absence of inflammation or infection. To overcome this obstacle, the authors developed a vaccine strategy that they term “prime

and pull” to establish local tissue-resident memory T cells at a site of potential viral exposure. This approach relies on two steps: conventional parenteral vaccination to elicit systemic T cell responses (prime), followed by recruitment of activated T cells by means of topical chemokine application to the restrictive genital tract (pull), where such T cells establish a long-term niche and mediate protective immunity. In mice, prime and pull protocol reduces the spread of infectious herpes simplex virus 2 into the sensory neurons and prevents development of clinical disease. These results reveal a promising vaccination strategy against herpes simplex virus 2, and potentially against other sexually transmitted infections such as human immunodeficiency virus.

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Eitan Israeli

**Capsule**

**Host microbe interactions have shaped the genetic architecture of inflammatory bowel disease**

Crohn’s disease and ulcerative colitis, the two common forms of inflammatory bowel disease (IBD), affect over 2.5 million people of European ancestry with rising prevalence in other populations. Genome-wide association studies and subsequent meta-analyses of these two diseases as separate phenotypes have implicated previously unsuspected mechanisms, such as autophagy, in their pathogenesis and showed that some IBD loci are shared with other inflammatory diseases. Jostins and team expand on the knowledge of relevant pathways by undertaking a meta-analysis of Crohn’s disease and ulcerative colitis genome-wide association scans, followed by extensive validation of significant findings, with a combined total of more than 75,000 cases and controls. The authors identified 71 new associations, for a total of 163

IBD loci, that meet genome-wide significance thresholds. Most loci contribute to both phenotypes, and both directional (consistently favoring one allele over the course of human history) and balancing (favoring the retention of both alleles within populations) selection effects are evident. Many IBD loci are also implicated in other immune-mediated disorders, most notably with ankylosing spondylitis and psoriasis. They also observed considerable overlap between susceptibility loci for IBD and mycobacterial infection. Gene co-expression network analysis emphasizes this relationship, with pathways shared between host responses to mycobacteria and those predisposing to IBD.

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Eitan Israeli

“A decent provision for the poor is the true test of civilization”

Samuel Johnson (1709-1784), English lexicographer