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The Most Revolutionary Thing about the 2012 AAP Policy Statement on Infant Male Circumcision that Nobody Noticed

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In 2007, I was granted an invitation to participate as the Urology representative on the task force charged with reviewing the AAP Policy Statement on Infant Male Circumcision. The AAP was very anxious to incorporate the growing body of literature on male circumcision and HIV transmission that was just developing in a series of large trials in Africa. The task force instead chose to completely re-evaluate the policy and review the entire literature not just update a paragraph on HIV. That decision led to a 5-year long process resulting in the policy statement and technical report published in 2012.

The policy was met as expected with a wide range of reviews. Anti-circumcision activists vilified the report and the authors, often very personally. (I have subsequently received over 20,000 angry emails. Most are a form letter, though many are hate filled curses and more than a few include threats of violence.) Pro-circumcision forces, to the small extent that they exist, welcomed the report, though they were disappointed that it did not go far enough. European medical societies published detailed critiques, while pro-circumcision researchers equally published rebuttals of their critiques. The circumcision battle raged unabated and has continued to generate hundreds of pages of scientific reports. Yet for most of the clinically practicing medical community, it was quietly received and life moved on with varying degrees of acceptance. And for parents, did it make a difference?

It raises the question, was the document incremental or revolutionary? Most people would say incremental, with the sense that it was slightly more pro-circumcision than the 1999 and 2002 policy. But I would argue it was revolutionary. We just didn't realize it at the time and it is still mostly unrecognized today. But we should take note.

The main media takeaway from the policy was the formulation that "the health benefits of newborn male circumcision outweigh the risks." Even if you never read the whole policy statement, or the 30-page technical report, you probably remember that statement. It was a nice easily digestible soundbite and was basically all the lay media could handle. But that was only half of the story.

The statement concludes that “the benefits of newborn male circumcision **justify access to this procedure for families who choose it.**” Nowhere in the report is there a recommendation for universal circumcision. In fact, one could interpret this statement as a rearguard action to protect the viability of newborn circumcision in an environment where it was being threatened nationally and internationally with legislative bans and legal decisions. The focus, however, was the families’ right to choose. The report details the risks and benefits and asks only “Parents are entitled to factually correct, nonbiased information.” And that “Parents should determine what is in the **best interest of their child.**”

What was truly revolutionary was the recognition deeper in the statement that “Parents should **weigh the health benefits and risks in light of their own religious, cultural, and personal preferences**, as the medical benefits alone may not outweigh these other considerations for individual families”. Why is this revolutionary? Because since the beginning of the modern “health” circumcision, as opposed to the religious “ritual” circumcision, we have pretended that circumcision was a purely medical question. Parents have been presented with just the risks and benefits as a purely surgical procedure, not unlike other health care decisions, with the conceit that we could accurately weigh the risks and benefits and come to a “correct” decision. This despite acceptance that this was a non-therapeutic procedure (there is no active disease being treated) and its “prophylactic” benefits were tenuous at best. There was no risk stratification as to who would be most likely to benefit from a prophylactic procedure. We tried to ignore the non-medical issues. Thousands of scientific studies have been produced to document and measure these risks and benefits. Whatever the prevailing health concern of the day, there are studies for a relationship with circumcision. These have included many where a link seems intuitive, including urinary tract infections, sexually transmitted diseases, penile cancer, sexual dysfunction, and HIV, as well as some that are less closely associated such as recent studies on circumcision and prostate cancer or childhood autism. This battle of the scientific press shows no signs of weakening. Every week there are new reports showing why everyone or no one should be circumcised.

Parents, to a large extent, have been equally complicit. They often justify their decision based on “medical benefits,” repeating myths and over stating the benefits. But if you dig deeper, you generally will find that it is not the questionable decrease in penile cancer that drives this decision. It is a deeper desire based on culture, esthetics, personal experience, family identification, or some other non-medical belief. What is revolutionary about the guidelines was that for the first time this was brought out into the open, fully acknowledged, and given respect. It was a clarion call to recognize that circumcision is not just a medical decision, but has a non-medical realm. Those empowered to make this proxy decision for the child are the well-intentioned, well informed, parents trying to act in their children’s best interest. The role of the provider is not to make this decision for the parents, but to provide the information so that they can make the best decision for their family. This also is a recognition that there is not a single right answer for everyone. The fact that the benefits probably outweigh the risks means there does not need to be a prohibition. We are not intentionally trying to harm children. But it also does not mean circumcision is necessary or even in the best interest of everyone.

Some have criticized this as valuing parents’ rights over the child’s right to bodily integrity. That is a valid argument. And that is the discussion we should be having, instead of the enormous

effort trying to prove that there is a single medical answer. Likewise, for those who would like to see circumcision rates decrease or disappear, the recognition that decision-making is, in reality, happening in the non-medical sphere should induce you to move your efforts there. Rather than demonizing the doctors, we would all be better served in working to change the culture, support parents who choose to have their children remain intact, and promote the benefits of a healthy foreskin. This would be a better course than horror stories or bloody posters.

As pediatricians, you have been forced into the front line of a cultural battle masquerading as a medical debate. The AAP policy statement and technical report provide you with not just the medical information you need to inform the parent but an opening to recognize that there is more to the decision than the medical. We need to challenge our parents to acknowledge and question what they want, why they want it, and how does that contribute to their child's best interest. These non-medical issues do deserve our respect and validation. By helping families cut through the scientific clutter and appreciating their feelings, we can hopefully prevent parents feeling pressured to have a circumcision they do not want, while preserving the opportunity for those for whom it is very important. Most importantly, parents will be encouraged to make decisions openly, honestly, and individually tailored to be the right choice for their family. And that would be revolutionary.