

Commentary on American Academy of Pediatrics 2012 Circumcision Policy Statement.

By the staff of

Doctors Opposing Circumcision

Doctors Opposing Circumcision has been provided with an advance copy of the two-page American Academy of Pediatrics (AAP) 2012 *Circumcision Policy Statement*¹ and the accompanying thirty-page electronically-published “technical report” entitled *Male Circumcision*.²

The Circumcision Policy Statement was created by a “Task Force on Circumcision”, which was appointed in 2007. No non-MD parents of children voted for the AAP or its 'task force.' The task force included the following members:

- Susan Blank, MD, MPD, an infectious disease specialist, who has a well-documented religio-cultural bias in favor of male circumcision.
- Andrew Freedman, MD, a pediatric urologist, who is reported to have circumcised his own son for religio-cultural reasons and who derives twenty percent of his practice from treating boys for circumcision-generated problems;
- Douglas Diekema MD, who *twice* — first in 1996 and again in 2010,* — on behalf of the AAP, proposed a lucrative “ritual nick” to the genitals of female children, despite the existence of a U.S. federal law forbidding this practice;³ and,
- Steven Wegner, MD, JD, a doctor-lawyer, who serves on the AAP Committee on Health Care Financing, (whose sole focus is the income flow, over \$1.25 billion, annually, —\$2.25 billion or more if circumcision could be made mandatory).

It is clear that the members of the task force were chosen with a view to obtaining an outcome favorable for the continued practice of circumcision of male children and to provide for third-party payment to doctors."

The task force was augmented by representatives from the American College of Obstetricians and Gynecologists, and one the American Academy of Family Physicians, representing the two trade associations, other than the AAP, which profit most from performing medically unnecessary non-therapeutic circumcisions on children. Those trade associations are called “stakeholders”(p. 585 and p. e756). Stakeholders are people with a financial interest in an enterprise. When all charges are considered, medically unnecessary,

non-therapeutic circumcision produces more than \$1.25 billion in income annually for the stakeholders.⁴

It appears that no member of the task force had a foreskin.

The task force asserts that current evidence that the health benefits of male circumcision outweigh the risks, but has failed to produce any sort of analysis to support that conclusion. Previously available cost-benefit studies do not support that conclusion.^{5 6 7 8}

No information on nature and function of the foreskin

Male circumcision is a radical operation that irreversibly excises and amputates a healthy functional body part. The part removed is the foreskin or prepuce of the penis, which constitutes more than fifty percent of the skin and mucosa of the penis.⁹ The foreskin, which is a complex structure containing, smooth muscle, large vascular structures, and is highly innervated, has numerous protective, immunological, mechanical, sensory, and sexual physiological functions.^{10 11} The task force on circumcision, however, makes absolutely no mention of the nature or function of the foreskin, although this information is of great relevance to making a decision regarding circumcision, although information is readily available in the medical literature, as we have shown.

Rights of the child

It is well established in both domestic law and international human rights law that a child is a person with rights of his own from the moment of birth. The task force on circumcision, however, treats the child-patient as a non-person with no legal rights of his own. There is no mention of the child's *right to bodily integrity*¹² or the child's right to *security of his person* and *special protection during childhood*,¹³ which are violated by male circumcision. The child is seen as a chattel possession of the parents, with which they can do whatever they please. The AAP has failed to understand that domestic and international laws for the protection of individuals are written for the protection of the *best interests* of those individuals and that the violation of those laws *cannot* be in the best interests of those individuals.

Medical Ethics

Although the section on medical ethics is much expanded from the previous statement of 1999,¹⁴ it still suffers the same faults. Infants and children may not consent, so surrogate consent must be granted by parent or guardians, if child circumcision is to be performed. Although the statement quotes from the statement on consent, it omits the section that limit the power of the surrogate to consent:

Only **patients** who have appropriate decisional capacity and legal empowerment can give their **informed consent** to medical care. In all other situations, parents or other surrogates provide **informed permission** for diagnosis and treatment of children with the **assent** of the child whenever appropriate.¹⁵

Since the typical infant circumcision is a non-therapeutic surgical operation that is neither diagnosis nor treatment, this section would prohibit parental consent, so the task force ignored it. It appears that no one has the power to consent to non-therapeutic excision of healthy body tissue from a child's body, which is the conclusion of appellate courts in Canada,¹⁶ Australia,¹⁷ and Germany.¹⁸

This task force relied, as did the previous task force, on a paper by Fleischman *et al.* (1994) on caring for gravely ill children.¹⁹ This paper is totally inappropriate and inapplicable to the care of healthy children who do not need treatment.

The Task Force consistently asserts parental rights while ignoring the rights of the child. It is clear from reading the task force's distortion of medical ethics, that the protection and preservation of ritual circumcision is a major preoccupation of the AAP.

Use and misuse of medical literature

Due to the emotional issues created by involuntary amputation of part of the male phallus,^{20 21} the medical literature is "voluminous, argumentative, polemical, confusing, chaotic, and contradictory."²² For this reason, references can be found to support either side of an argument.

The task force examined medical literature published from 1995 to 2010. By doing this they excluded important articles unfavorable to male circumcision that were published before 1995 or after 2010. The task force then selectively cherry-picked the medical literature to support its predetermined position that male circumcision has health benefits. Much of their medical literature was produced by a team from the pro-circumcision Bloomberg School of Public Health, which is funded by Michael Bloomberg, the well-known billionaire and current mayor of New York City.

Sexually transmitted disease

The task force claims that male circumcision reduces STD infection by forty to sixty percent. The task force frequently uses unreliable studies from Africa that may not be applicable to the United States, of which many were produced by the pro-circumcision Bloomberg group.

American studies that do not confirm the task force hypothesis that the foreskin contributes to STD infection were ignored. Van Howe (1999) said in his systematic review, "In summary, the medical literature does not support the theory that circumcision prevents STDs."²³

A longitudinal study of a birth cohort in Dunedin, New Zealand found little difference in STDs in circumcised and intact males.²⁴

Human immunodeficiency virus

The decision to create a new task force was based on the publication in 2005 and 2007 of three randomized clinical trials (RCTs) that were carried out in Africa. The three studies purported to prove that male circumcision provided a 60 percent reduction in female to male heterosexual transmission of HIV.

Since 2007 a substantial number of papers have been published that debunk the claims of the three RCTs.^{25 26 27 28 29 30} The task force totally ignored these important papers.

Recent evidence shows higher rates of HIV infection among circumcised men as compared to non-circumcised men in numerous population groups, however the task force did not choose to report this information.

The three RCTs, even if they are correct, studied HIV transmission among *adults* in *Africa*. They are not applicable to children in North America. Nevertheless, the task force has attempted to use these RCTs to promote the practice of male circumcision in North America.

Urinary tract infection (UTI)

The 2012 task force, in its zeal to promote male circumcision, has resurrected the UTI myth, which was partially debunked by the 1999 task force.³¹ Furthermore, Chessare (1992) showed, even if the claims about UTI were correct, that the complications from circumcision exceed the benefits from prevention of UTI.³² (The task force would not have read this significant paper because it was written in 1992.)

The best way to prevent UTI is breastfeeding, which is well known to the AAP,³³ but the task force chose not to divulge this information to the public, apparently preferring to promote male circumcision, instead of child health.

Bacterial Vaginosis (BV)

The task force on circumcision proposes that male infants should be circumcised to protect adult women from BV! This is a ludicrous suggestion at best.

The studies that suggest male circumcision prevents BV were carried out in Africa and may not be relevant to North America. One study was authored by known pro-circumcision doctors associated with the Bloomberg School of Public Health,³⁴ so it is likely to suffer from researcher bias. The other study found that black race, cigarette smoking, lack of vaginal H₂O₂-producing lactobacilli, and anal intercourse before vaginal intercourse were confounding factors.³⁵ The science that supports this claim is extremely dubious at best.

Even if the science was indisputable, it is not clear that amputation of a body part from a child to help an unknown adult non-related party is in the child's best interest. The task force on circumcision has not provided any evidence that a surgical excision operation of a

healthy functional body part from a child to help an unknown adult party is in any child's best interest.

In a few cases, organ removal has been found to be in the best interest of the child, if the organ removal is to help a family member, however that is not the case here. Parents may not grant surrogate consent to surgery unless it is the best interest of the incompetent child-patient.³⁶

Sexual function and sensation.

The task force used dubious studies carried out in Africa by pro-circumcision researchers,³⁷ ³⁸ studies that did not study the foreskin,³⁹ ⁴⁰ and an unreliable telephone survey from Australia.⁴¹

The task force ignored significant findings that did not meet their objective. Solinis and Yiannaki (2007) studied couples and reported:

There was a decrease in couple's sexual life after circumcision indicating that adult circumcision adversely affects sexual function in many men or/and their partners, possibly because of complications of surgery and loss of nerve endings.⁴²

Frisch *et al.* (2011) reported:

Circumcision was associated with frequent orgasm difficulties in Danish men and with a range of frequent sexual difficulties in women, notably orgasm difficulties, dyspareunia and a sense of incomplete sexual needs fulfilment. Thorough examination of these matters in areas where male circumcision is more common is warranted.⁴³

Taylor (2007) speculated that the ridged band of the foreskin regulated the bulbo-cavernosus reflex.⁴⁴ Podnar (2012) found that it is difficult to elicit the bulbo-cavernosus reflex (now called the penilo-cavernosus reflex) in circumcised men.⁴⁵

The task force, inadvertently or intentionally, has withheld significant information on the adverse effect of circumcision on sexual function from the American people.

Lack of knowledge of the foreskin

The task force has displayed an appalling lack of knowledge of the human foreskin. This may not be surprising because it appears that not one of the task force members possessed this normal and natural body part. The task force falsely claimed (citing Camille *et al.* 2002) that "adhesions (actually fusion, not adhesions) present at birth spontaneous dissolve by age 2 to 4 months" (p. e763), however Camille *et al.* actually said no such thing.⁴⁶ Øster (1968) proved that the fusions break down slowly over a widely variable period of years and can last to as late as 17 years of age.

The task force says that penile wetness (subpreputial moisture) is “considered a marker for poor hygiene and is more prevalent in uncircumcised men than in circumcised men.” In actuality, sub-preputial moisture is completely normal in the intact male,⁴⁷ and contains lysozyme and other protective substances.⁴⁸

As one trial lawyer exclaimed, “if they are wrong about this, what else are they wrong about!”

It’s all about the money

The AAP has been concerned about state Medicaid agencies stopping payment for unnecessary circumcision because its doctors get less money. The protection of the source of the money is so important to the AAP that a section on financing newborn circumcision by third-party payers has been included in this so-called medical position statement.

A careful reading of this 2012 Circumcision Policy Statement shows that the task force was created five years ago with the clear intention of using fear of HIV infection to make infant circumcision nearly universal in the United States. If this happened, the medical industry’s income from circumcision would increase from about \$1.25 billion to about \$2.25 billion. The AAP, ACOG, and AAFP apparently saw HIV infection prevention as the way to make this happen. Unfortunately for their scheme, the three African RCTs have been debunked in the five years that have elapsed since the formation of the task force.

One apparent purpose for this statement is to cause taxpayer-funded Medicaid to start paying doctors to perform non-therapeutic, unnecessary circumcisions again.

To increase the income of their members (fellows), these medical associations are willing to put all American boys under the circumcision knife and expose them to all of the risks of surgery.

Conclusion

The 2012 Circumcision Policy Statement was created by a team put together for the specific purpose of protecting the goose that lays golden eggs for the medical industry. None of the members had any specific expertise in circumcision and know little or nothing about human foreskins. They collected a lot of literature but ignored older but useful studies. The advice given by this Circumcision Policy Statement is designed to support the continuation of an income stream for its stakeholders and also to protect ritual circumcision by misapplication of ethical and legal rules for therapeutic operations to a non-therapeutic operation.

The American Academy of Pediatrics – and more importantly the vulnerable children they claim to protect – would have been better served had the task force been fully neutral. Rather than choosing individuals with ethnic, religious, financial, professional, and even psychological motives to continue the practice of circumcision, a better choice would have

been an unpaid group of volunteers, with no financial or cultural stake in the procedure. A group composed of Europeans, medically trained and some not, from historically non-circumcising cultures, would have been much more scientifically honest and more credible. This the AAP failed to do."

The Canadian Paediatric Society,⁴⁹ the British Medical Association,⁵⁰ the Royal Dutch Medical Association,⁵¹ and the Royal Australasian College of Physicians⁵² have issued statements that stand in opposition to this new position of the AAP.

Parents should be aware that the so-called medical information in the AAP Circumcision Policy Statement is tainted with conflict-of-interest.

Government and insurance company officials should be aware that the claims of this statement are designed to protect third-party payment and should not be considered genuine medical advice.

The American public should have none of this. The public should reject the 2012 AAP Circumcision Policy Statement.

The American Academy of Pediatrics has overplayed its hand and should repudiate this travesty of a medical article immediately, before it loses even more credibility.

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