



ATTORNEYS for the RIGHTS of the CHILD
Safeguarding Children's Bodily Integrity

Attorneys for the Rights of the Child
2961 Ashby Avenue
Berkeley, CA 94707
USA
510-464-4530

April 2, 2013

Canadian Paediatric Society
2305 St. Laurent Blvd.
Ottawa, ON K1G 4J8
CANADA

Established in 1997, Attorneys for the Rights of the Child (ARC) addresses the legal and human rights implications of genital cutting performed on non-consenting male, female and intersex children. We are aware that the Canadian Paediatric Society (CPS) is in the process of reviewing its 1996 policy statement regarding infant male circumcision.

With chapters-in-formation in Canada, ARC believes that the CPS has an obligation to expand its review of circumcision beyond highly contested and often contradictory medical studies and to consider growing international recognitions of the boy child's human right to bodily integrity. As discussed in my enclosed article, soon to be published by the *Journal of Medical Ethics* (JME), "Circumcision of Male Infants as a Human Rights Violation," circumcision violates rights to privacy, to life, to liberty, to security of person, and to physical integrity under the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the Convention on the Rights of the Child.

Such recognition is especially important in the wake of the disastrous policy statement on infant male circumcision that was issued in August 2012 by the American Academy of Pediatrics (AAP). The revised policy was rejected by members of the international pediatric community in a recent statement by the Germany's official Paediatric Association, the Berufsverband der Kinder- und Jugendärzte (BVKJ).

As discussed in my enclosed article, "Out of step: Fatal flaws in the latest AAP policy report on neonatal circumcision," recently published by the JME, the AAP's

policy report and the associated technical report suffer from troubling deficiencies regarding important topics and discussions that are omitted:

- an incomplete and seemingly biased review of the medical literature
- available information that is improperly analyzed
- poorly documented and often inaccurate presentation of relevant findings; and
- unsupported conclusions.

The AAP documents ignored vital issues that would be helpful to both parents and physicians:

- discussion of the important functions and benefits of the male prepuce
- explaining simple hygienic care of the intact penis
- enumerating less radical, non-invasive (non-surgical) methods to prevent disease
- acknowledging the growing claims and documentation by circumcised men of adverse long-term consequences of infant circumcision
- acknowledging the ethical conflict in imposing non-therapeutic surgical alteration on a non-consenting minor (*)
- discussing the double standard of opposing parental wishes for any genital cutting of daughters (even a symbolic nicking or the removal of the female foreskin) while supporting parents request for the surgical removal of half the skin system of their sons' penises. (**)
- growing international recognition that every child, regardless of gender, race, religion or cultural background, has a basic human right to bodily integrity and eventual autonomy over their sexual organs. (*)

(*) These points were explored in great depth in my enclosed JME article (written with Robert Van Howe), "Out of step: Fatal flaws in the latest AAP policy report on neonatal circumcision."

(**) This point was explored in great depth in my enclosed article (written with Robert Darby), "A Rose By Any Other Name: Rethinking the Similarities and Differences between Male and Female Genital Cutting," in *Fearful Symmetries: Essays and Testimonies Around Excision and Circumcision*, edited by Chantal Zabus (Rodopi, 2009)

The AAP policy, while not officially endorsing routine circumcision of all male newborns, erroneously concludes that medical benefits may outweigh the risks and then 'passes the buck' to parents to decide. However, the AAP not only fails to acknowledge the absence of any studies of long-term adverse outcomes, but does nothing to inform parents of the foreskin's functions and benefits nor of non-invasive alternatives that can accomplish the same alleged benefits as the surgery.

As explained more fully in the enclosed article, "Out of step: Fatal flaws in the latest AAP policy report on neonatal circumcision." the AAP fails to demonstrate a single true benefit to male circumcision. On the other hand, the risks and harms of this surgery include the permanent loss of the protective, sexual and

immunological functions of the foreskin. The primary motivations for this practice are not medical, but cosmetic and social. Parental rights cannot ethically be used to override the rights of the child, who is the true patient.

Sections of other international human rights treaties, to which Canada is a signatory, are applicable to forced circumcision of minors (see enclosed table). Numerous European nations are under the same legal obligation as Canada to honor those treaty commitments. Increasingly, national medical organizations in countries such as Sweden, Finland, and the Netherlands are calling for an outright ban on infant circumcision, whether performed for religious or cultural reasons.

In Germany, for example, the BVKJ vehemently opposed the German bill that later legalized circumcision, instead favoring an alternative bill that preserved boys' right to bodily integrity. That alternative would have made non-therapeutic circumcision of males legal only after the age of 14 and with the boy's fully informed consent. In Austria in November 2012, criminal charges of inflicting grievous bodily harm were brought against two circumcisers. The charges mention the child's right to physical integrity, the absence of informed consent, and that religious motivation does not excuse the wrongful act.

Any nation professing to care about the health and human rights of children must now join respected medical, legal and political authorities in Europe by recognizing that these two issues are not mutually exclusive and that infant circumcision of males contravenes both.

As a further document for the CPS to consider in formulating an updated policy on circumcision of male infants, we refer you to ARC's recently published summary of court cases involving circumcision (www.arclaw.org/resources/settlements). As you can see, the trend is not favorable for any policy that even mildly endorses the continuation of this practice.

ARC hopes that the Committee finds this information helpful and that the forthcoming CPS statement will take a forward-looking approach to the boy-child's human rights that is consistent with the growing worldwide opinion that parental proxy consent for non-therapeutic genital cutting of non-consenting minor males lacks justification in human rights, medical ethics, and the law.

We look forward to your response to our input and statement of concerns.

All best,

J. Steven Svoboda
Executive Director
Attorneys for the Rights of the Child