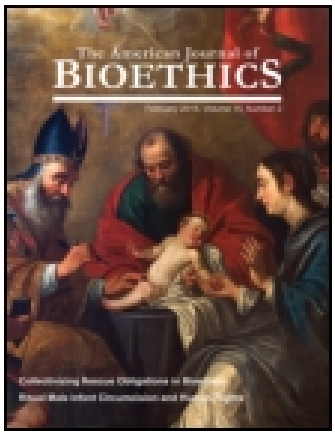

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Neonatal Male Circumcision, If Not Already Commonplace, Would Be Plainly Unacceptable by Modern Ethical Standards

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Neonatal Male Circumcision, If Not Already Commonplace, Would Be Plainly Unacceptable by Modern Ethical Standards

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Let us imagine that a group of respectable doctors proposed a new procedure for neonates involving the permanent modification of their tongues by a special laser, significantly reducing their ability to taste sweet foods.[1] It would not destroy this ability, and those who had undergone the procedure at birth would still be able to enjoy sweet foods to some extent (without knowing how these foods might taste had they not undergone the procedure). Performing the procedure in the neonatal period would also mean that the patient has no memory of the pain and in any case, (usually local) anesthetic could always be used. The procedure would have no cosmetic drawbacks (there would be no noticeable difference in the appearance of the tongue) and only in a few rare cases would something go wrong, such as the tongue's ability to regenerate taste buds being permanently lost, resulting in little to no ability to taste anything. Moreover, this procedure would bring lifelong health benefits to those who underwent it: They would no longer exhibit such a strong preference for sweet foods and as a result would consume less sugar. This in turn would lead to a reduced risk of dental caries, obesity, diabetes, cardiovascular disease, and certain types of cancer.

How might the medical establishment, expectant parents, and society in general respond to the preceding proposal? It seems likely that they would be far from convinced that such a procedure may be carried out on children too young to consent, even if (as proponents of the procedure are wont to argue), by delaying the decision until the children can decide for themselves, some of the benefits are lost—children are after all especially given to eating sweet foods.

One might well ask why neonatal male circumcision (NMC), defended by Jacobs and Arora (2015) in their target article, is any different. Indeed, in a number of respects this is a far more radical procedure. Unlike the tongue burning, for instance, it renders the penis quite different in appearance and function (the glans is always exposed and dry and the foreskin can no longer roll back and forth over it during masturbation or sexual intercourse). It is also a surgical procedure involving a greater number of steps (one of which involves tearing the foreskin from the glans, to which it adheres in infancy). It thus takes longer to perform, carries a greater risk of complications, and is more painful, irrespective of whether anesthetic is used. Postoperative pain (especially every time the infant urinates) must also be taken into account. Furthermore, circumcision without consent is a sexual violation, which we generally treat more severely than other kinds of violation (e.g., *ceteris paribus*, rape is regarded as worse than other forms of bodily assault). Finally, the benefits of the tongue-burning procedure might be far greater than those of NMC, given how common tooth decay, obesity, and the associated noncommunicable diseases have become throughout the (both developed and developing) world.

The fact that NMC has the weight of tradition behind it should count for very little. Practices such as slavery, honor killings, and forced marriages are also very ancient and have been found in many, if not all, cultures. Jacobs and Arora seem to acknowledge that the argument from tradition cannot succeed where the practice under consideration is truly egregious. They essentially just assume, however, that NMC does not fall into this category. Although they make much of the purported medical benefits, these are insufficient to discharge the burden of proof that must ultimately rest on the shoulders of those who would take a knife to a newborn boy's genitals. Even assuming that these benefits are real, and that there is no less invasive way to obtain them than amputating a part of the penis, they remain small. Another way to put this point is that the absolute risk reduction of various diseases and conditions as a result of NMC is very slight; by far the majority of boys who undergo circumcision will experience no benefit. One reason why so many of us are willing to accept that such small benefits can justify NMC is that

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1. Joseph Mazor (2013) has in fact already drawn an analogy between circumcision and such a procedure.

we already tend to regard it as an utterly "trivial" (Jacobs and Arora themselves use this term) intervention. This is why it is useful to refer back to our initial thought experiment, from which it can be seen that potentially much greater health benefits would not suffice—at least in most people's minds—to justify a less invasive procedure.

The authors seem to put much store by the fact that two major monotheistic religions, Judaism and Islam, require male circumcision to be performed in infancy or childhood. From a secular humanist perspective, this sort of defense may appear no different from the argument from tradition. Some, however, might believe that religious considerations are imbued with a special status such that they can "trump" other values, even those as fundamental as autonomy and bodily integrity. Let us assume this premise, for the sake of argument, and see where it leads. The authors may or may not be aware that in Sunni Islam, the dominant branch of Islam, two of the four schools of jurisprudence, Shafi'i and Hanbali, consider Type 1 female circumcision to be obligatory, while the other two schools, Maliki and Hanafi, recommend the practice.[2] The scriptural support for this is no weaker than that for male circumcision—both are derived from the secondary source of Islamic law known as the Hadīth (Muhammad's prophetic example) and neither is to be found in the Qur'ān, the primary source of Islamic law. Thus, if we defer to religious justifications, we shall find that in many cases, the circumcision of female as well as male children could be permitted on this basis. Some might take this to be a *reductio ad absurdum* of the argument from religion, but others may bite the bullet. It would be interesting to know where Jacobs and Arora stand on the matter.

A final question that might be posed to the authors: Why it is so important that circumcision be carried out in infancy or early childhood? Apart from the argument that the medical benefits would not be immediately attainable (convincingly laid to rest by a group of European paediatricians in their response to the latest American Academy of Pediatrics policy statement on NMC: Frisch et al. 2013), there is another answer to this question, which is seldom if ever stated explicitly by circumcision proponents. If the practice were not imposed upon defenseless children, its continuity might be threatened. The low rate of voluntary adult circumcision (including even in Sub-Saharan Africa, where circumcision has been fiercely promoted as a way to prevent the spread of HIV; see, e.g., "Circumcision plans go awry in Swaziland" 2013; also see the discussion on "demand creation" strategies in Hankins, Forsythe, and Njeuhmeli [2011]) indicates that few grown men would be prepared to undergo the procedure unless there is a compelling reason to do so and adequate anesthesia is provided. At present, the desire to conform to a culture that practices circumcision may constitute such a reason for a number of men, but absent this reason, the only remaining ones would be idiosyncratic personal preference (in much the same way that some people choose to get genital piercings) and medical necessity. A scenario in which widespread circumcision essentially dies out and thereafter proves difficult—if not impossible—to revive in a modern context is what apologists of religious circumcision seem to fear, and not without justification. Fear of change (without being able to show why that change is for the worse), however, is no more a moral argument than blind deference to tradition or religious injunctions. ■

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2. Type 1 female circumcision is defined by the World Health Organization as (Type 1a) removal only of the clitoral hood, the female anatomical equivalent of the male foreskin, or (Type 1b) removal of the clitoral hood as well as part or all of the external clitoris. Muslim female circumcision (or "Sunnah circumcision" as it is sometimes called) is generally understood by religious scholars to refer to Type 1a, although in practice it is often more severe.