

Letters

COMMENT & RESPONSE

Circumcision Is a Religious/Cultural Procedure, Not a Medical Procedure

To the Editor Morris and Tobian¹ note that parents are granted wide latitude in authorizing surgical procedures for their children. But that latitude is not unlimited and is fiduciary in nature. Fundamentally, male circumcision is a religious and cultural cosmetic procedure, not a valid medical procedure.

Almost 70 years ago, writing in a much less child-protective era than the present, in *Prince v Massachusetts*, the US Supreme Court held that “neither rights of religion nor rights of parenthood are beyond limitation.... Parents may be free to become martyrs themselves. *But it does not follow they are free, in identical circumstances, to make martyrs of their children* [emphasis added]....”²

Morris and Tobian refer to the asserted “rarity” of “adverse outcomes” from circumcision. Yet as the American Academy of Pediatrics tells us, “The true incidence of complications after newborn circumcision is unknown.”³ Moreover, unlike other medical procedures such as immunizations, which prevent serious childhood diseases, male circumcision provides no benefit to the vast majority of boys or men (and robs them of the most sensitive portion of the penis). Hence the serious injuries that do sometimes result from this needless procedure, up to and including death (estimated to be in the 3 digits annually in the United States), are truly unjustifiable tragedies.

Morris repeatedly cites his own polemics in an attempt to back up his plea that circumcision is safer in the newborn. Yet there is no evidence that the procedure is safer or better tolerated in infancy, and evidence exists to the contrary.⁴

Morris and Tobian’s contentions about “medical” benefits—claimed since the late 1800s—have been repeatedly shown to

be weak, most recently in a powerful 2013 statement by 38 distinguished physicians from throughout Europe and Canada.⁵ Urinary tract infections strike girls much more frequently than boys, and in all such cases are treated with oral antibiotics, not surgery. But if genital surgeries on girls did reduce such infections, would Morris and Tobian favor rolling them out universally? Could they even advocate research into the question without falling afoul of medical ethics? The clear and obvious answer is no.

Circumcision breaks the cardinal ethical rule for physicians, “First, do no harm.”

With the scarce medical resources we have available today, it is time to call a halt to this procedure, which even the American Academy of Pediatrics cannot claim has benefits sufficient to justify its universal practice.

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2. *Prince v Massachusetts*, 321 US 158, 170 (1944).

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