Joint Response from
Georganne Chapin, MPhil, JD
Executive Director, Intact America
and
Marilyn Fayre Milos, RN
Executive Director, National Organization of Circumcision Information Resource Centers
to
The Canadian Paediatric Society's 2015 Position Statement on Newborn Male Circumcision[1]

October 2, 2015

On September 8, 2015, the Canadian Paediatric Society (CPS) released its new statement on Newborn Male Circumcision. Appearing three years following the American Academy of Pediatrics' report on the same subject, and two years after announcing it was forthcoming, the statement's expressed goal is to give "guidance to health care providers and up-to-date information for the parents of newborn boys, to enable them to make informed decisions regarding circumcision."

On a positive note (and because to do otherwise would be unconscionable), we admire the CPS for acknowledging that routine circumcision of male infants and children is not medically necessary. The statement's authors also acknowledge the protective and sensory function of the foreskin, and recognize that it is normal (i.e., not pathological) for the foreskin to be nonretractile in a male infant or child. Further, the CPS states that applicable law and bioethical principles require that medically unnecessary surgery be deferred until a person is old enough to choose for him- or herself. If only the CPS had stopped there.

However, in an obvious effort to appease those Canadian physicians and others who continue to advocate for (and carry out) the routine removal of boys' genital tissue, the statement's authors confuse the issue, contradict themselves, and put forth a hodgepodge of irrelevant and even fraudulent citations in the course of their obfuscation. The net effect reveals (1) the extraordinary dilemma in which North American physicians find themselves at a time when many of their European colleagues are calling for an outright ban on the circumcision of children, and (2) the CPS's lack of a game plan (and courage) to end the practice.

The complete text of the IA/NOCIRC response to the CPS continues below:

This response, jointly prepared by Intact America (IA) and the National Organization of Circumcision Information Resource Centers (NOCIRC), highlights serious methodological and ethical problems in the CPS 2015 statement, and calls for that organization publicly acknowledge the errors, misleading information and outright dishonesty therein; to revoke, correct and reissue the document; and to follow

[1] Sorokan ST, Finlay JC, Jefferies AL, Newborn male circumcision, Paediatric Child Health 2015;20(6):311-15.

the facts to their logical conclusion – a call for doctors to cease removing functional, protective genital tissue from children who cannot consent.

Inaccuracies in the CPS statement begin early, under **"Methods."** The authors tells us that, in preparing the statement, they conducted a literature review whose "focus was on neonatal and infant male circumcision and its outcomes." However, of 47 numbered references, 30 are focused solely on adults; fourteen of these highlight findings from circumcision programs carried out among adult men in high-HIV-prevalence areas of sub-Saharan Africa, and six cite to articles on other sexual health issues among adults.

Under **"The foreskin and circumcision,"** a cryptic, single-sentence paragraph states, "Appropriate care for the uncircumcised penis has been well reviewed [citation] and should include anticipatory guidance on hygiene and an understanding of the normal nonretractile foreskin." The citation in this sentence links through a secondary source to a 2010 World Health Organization/UNAIDS document that provides how-to information on tools and techniques used in circumcision; nowhere in this document is there any mention of "appropriate care for the uncircumcised penis." The "through" link provided by the CPS is to "Circlist," a pro-circumcision website created by Australian academic Brian Morris, known for his extreme position that all males should be circumcised.

Under **"Phimosis treatment,"** despite the admonition that phimosis needs to be differentiated from the normal nonretractile foreskin, no guidance for making this distinction is provided. Rather, topical steroid cream is promoted (inappropriately) as a "treatment" for boys who have not reached puberty and whose foreskins are simply nonretractile, and the CPS authors state, "An estimated 0.8% to 1.6% of boys will require circumcision before puberty, most commonly to treat phimosis." However, the cited reference, from an English study, actually says: "The incidence of pathological phimosis in boys was 0.4 cases/1000 boys per year, or 0. 6% of boys affected by their 15th birthday, a value lower than previous estimates *and exceeded more than eight-fold by the proportion of English boys currently circumcised for 'phimosis'*."[2] (emphasis added) Two references to "… dermatoses of the penis," cite, respectively, to an Australian study that found circumcision rates between 1981 and 1999 to be seven times higher than the incidence of phimosis in the relevant population,[3] and a clinical study of adult men attending a dermatology clinic in England.[4]

Under **"UTI reduction,"** the CPS says "uncircumcised" male infants may have a slightly elevated risk of urinary tract infections (UTIs), but also that there's no evidence UTIs in children with normal kidneys lead to long-term problems. Following this moderate statement, the CPS

---

[2] Shankar KR, Rickwood AM. The incidence of phimosis in boys, BJU Int 1999: 84(1): 101.
[3] Spilsbury K et al. Circumcision for phimosis and other medical indications in Western Australian boys. Med J Aust 2003: 178(4): 155.
[4] Mallon E et al. Circumcision and genital dermatosis. Arch Dermatol. 2000; 136(3): 350.

authors cite a meta-analysis conducted by Professor Morris which calculated, astonishingly, that, "over a lifetime… 23% of all UTIs [are attributable] to lack of circumcision."[5] The CPS then recommends that readers question this statistic, "…because the adult data were limited to a single study of only 78 men." One might ask, then, why did the CPS include the information at all?

Under **"STI reduction,"** several paragraphs and 14 references are devoted to studies about the association between HIV and circumcision status among recently circumcised, poor adult African men from areas with extremely high HIV prevalence. The CPS states, "Observational studies undertaken in sub-Saharan Africa have also suggested that there is a similar degree of protection when circumcision is performed in the neonatal period," but references offered in support of this "suggestion" deal only with adult circumcision.

Evidence about circumcision's impact on reducing sexually transmitted infections other than HIV is deemed "conflicting." A better descriptor might be "non-existent." The CPS neglects to cite a study that showed no association between circumcision and HIV or other STIs in a U.S. Navy population,[6] and also neglects to point out that HIV/STI rates in developed countries with very circumcision rates under 10 percent are lower than HIV/STI rates in the United States, where three-quarters of adult men have been circumcised.

Most importantly, the CPS fails to point out that babies do not have sex and thus are not at risk for sexually transmitted infections.

Under **"Cancer reduction,"** the CPS statement cites a 2002 article showing that female partners of circumcised men have a reduced risk of cervical cancer. It fails to cite a 2013 article by some of the same authors, suggesting that HPV vaccines and cervical cancer screening are better choices for prevention than circumcision.[7] ***The CPS fails to point out that no reputable organization (including the American Cancer Society) recommends male circumcision as a preventive measure for cervical cancer in women, and that (2) removing body parts from one (non-consenting) person to perhaps lower another person's future risk of disease is ethically unacceptable.***

---

[5] Morris BJ and Wiswell TE. Circumcision and lifetime risk of urinary tract infection in childhood: A meta-analysis. J Urol 2013; 189(6).

[6] Thomas AG, Bakhireva LN, Brodine SK, Shaffer RA. Prevalence of male circumcision and its association with HIV and sexually transmitted infections in a U.S. Navy population. *Int Conf AIDS*. 2004 Jul 11-16;15: abstract no. TuPeC4861.

[7] Albero G, Castellsgue X et al. Male circumcision and genital human papillomavirus: a systematic review and meta-analysis. Sex Transm Dis. 2012 Feb;39(2):104-13.

Under **“Potential risks of circumcision,”** the CPS briefly reviews and dismisses risks such as infant pain, bleeding, and infection, and reassures readers: “Severe complications, such as amputation of the penis and death from hemorrhage or sepsis, are rare occurrences.” The authors refer to “some parents or older boys [being] not happy with the cosmetic result,” but dismiss this concern because “no specific data from the literature to quantify this outcome could be found.”

The CPS can hardly claim to be unaware of the growing outcry reported in the mainstream press and social media among parents who feel they were lied to or tricked into circumcising their sons, and among boys and men of all ages upset at having undergone the cosmetic amputation of their foreskins without their consent. It is remarkable that the CPS does not consider victims’ outrage to be a “potential risk of circumcision.”

Meatal stenosis is cited as “the most common late complication of circumcision,” with a rate of 2–10 percent. Based on a study from Iran, the CPS suggests that a six-month regimen of applying petroleum jelly to reduce irritation of the glans will “almost completely” prevent the problem. The CPS authors omit alarming statistics from the Iranian article regarding infection and bleeding—11.7 and 18.8 percent, respectively—among the circumcised children in the control (“non-lubricant”) group. The CPS fails to reveal that (a) ischemia caused by severing of the frenular artery (damage not remediable with Vaseline) during circumcision also is believed to be a cause of meatal stenosis,[8] and (b) meatal stenosis occurs only in circumcised males and is therefore can be prevented completely by forgoing circumcision.[9]

With regard to sex, the CPS states, “The foreskin serves to cover the glans penis and has an abundance of sensory nerves, but medical studies do not support circumcision as having a negative impact on sexual function and sexual satisfaction in males or their partners.” This sentence is footnoted with three articles—two about self-reports (to the circumcision-promotion team) by recently circumcised African men, and one from a 2006 British Journal of Urology report, ***which directly contradicts the CPS’s assertion,*** to wit:

> …Masturbatory pleasure decreased after circumcision in 48% of the respondents, while 8% reported increased pleasure. Masturbatory difficulty increased after circumcision in 63% of the respondents but was easier in 37%. About 6% answered that their sex lives improved, while 20% reported a worse sex life after circumcision.
>
> [Thus, there] was a decrease in masturbatory pleasure and sexual enjoyment after circumcision, indicating that adult circumcision adversely affects sexual function in many men, possibly because of complications of the surgery and a loss of nerve endings.[10]

---

[8] Persad R et al., Clinical presentation and pathophysiology of meatal stenosis following circumcision, Brit J Urology 1995 75(1): 91-93.

[9] Angel CA ed. Meatal stenosis. http://emedicine.medscape.com/article/1016016-overview.

[10] Kim D, Pang MG, The effect of male circumcision on sexuality, BJU Int 2007 Mar 99(3): 619-22. Epub 2006 Nov 28.

The CPS neglects to cite a 2011 report with similar findings—a national health survey from Denmark showing 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 fulfillment."[11]

Under **"Ethics and legalities of circumcision,"** the CPS says:

> *The procedure often raises ethical and legal considerations, in part because it has lifelong consequences and is performed on a child who cannot give consent. Infants need a substitute decision maker – usually their parents – to act in their best interests. Yet the authority of substitute decision makers is not absolute… [but] is limited only to interventions deemed to be medically necessary. [Where] medical necessity is not established or a proposed treatment is based on personal preference, interventions should be deferred until the individual concerned is able to make their own choices.*

That should be the end of it, correct? But no. The statement continues (bullets and italics added):

- *"However, there are some health benefits, especially in certain populations*. ("Some health benefits," still does not mean medical necessity. And, possibly to avoid revealing unpalatable stereotypes, the CPS offers no clarification as to which "populations" might benefit.

- *"Furthermore, performing circumcision in older boys, who are able to provide consent, can also increase risk and costs to the individual."* If we follow this logic, then we should be carrying out all kinds of unnecessary interventions on infants and children—e.g., appendectomies, tonsillectomies, breast removal, toenail and tooth removal—in order to avoid the possibility of having to do them later.

So, rather than calling for doctors to stop cutting children's normal, healthy genitals, the CPS tells parents and individual health care providers to familiarize themselves with "the legal issues related to consent," and to then decide whether or not circumcision is OK for a particular baby. To help in this endeavor, the CPS suggests they read the July 2013 issue of the Journal of Medical Ethics—which is "devoted to the topic" (and which, as an academic publication, is behind a pay-wall on the internet).

---

[11] Frisch M, Lindholm M and Gronbaek M, Male circumcision and sexual function in men and women: a survey-based, cross-sectional study in Denmark, Int J Epidemiology 2011 doi: 10.1093/ije/dyr104 First published online: June 14, 2011

This "recommendation" from the CPS constitutes a complete and cynical abdication of professional responsibility. As the Canadian Children's Health and Human Rights Partnership (CHHRP) has said, in its response to the CPS statement, "[Parents] do not have the medical knowledge to decide if surgery is medically indicated for their child… Where else in medicine do physicians place this burden on parents?"[12]

The **"Summary"** section of the CPS statement re-emphasizes some of the more curious tenets that went before (e.g., that circumcision of young boys eliminates the need for later circumcision), and then concludes cryptically: "It is important to remember that most data regarding the benefits and outcomes following circumcision come from countries other than Canada, which can make application to our population difficult."

What's a Canadian to do?

In closing, the authors provide a very short list of "Selected resources" to help parents and physicians figure it all out. One is a CPS brochure reinforcing the message that "The Canadian Paediatric Society does not recommend routine circumcision of every newborn boy." The second is a brochure from the American Academy of Pediatrics, providing more reasons for circumcision than against, but still coming up short of recommending the procedure. The third, however, is a pro-circumcision pamphlet from the "Circumcision Academy of Australia," an organization founded by Brian Morris, with no transparency, no listed headquarters, no official status comparable to the CPS, the AAP, or (for that matter) the Australasian College of Physicians,[13] …and no scientific credibility. Morris's shrill two-page pamphlet is almost hysterically pro-circumcision, claiming:

- "…benefits exceed minor risks by over a hundred to one!" (this statement in oversized red letters);
- a "3- to 7-fold" reduction in the risk of getting HIV (AIDS) during sex with an infected woman;
- "over 20-fold decrease in risk of invasive penile cancer, …which usually requires penile amputation or disfiguring surgery…"; and this,
- "…most women prefer the appearance of the circumcised penis. They also prefer it for sexual activity…"

---

[12] Canadian Children's Rights Group Questions New Circumcision Policy, Sept. 9, 2015. http://chhrp.org/index.php/news/

[13] Royal Australasian College of Physicians. *Circumcision of Male Infants*. Sydney: 2010. This 2010 document states: "[The] frequency of diseases modifiable by circumcision, the level of protection offered by circumcision, and the complication rates of circumcision do not warrant routine infant circumcision in Australia and New Zealand."

The references Morris provides in his pamphlet are to his own websites, except for links to (1) a marketing brochure by Australian physician Terry Russell who calls circumcision “a lifetime vaccination with many benefits,” and boasts of having performed (together with his partners) over 38,000 circumcisions, and (2) a marketing website for Sam Kunin, a Los Angeles-based physician/mohel who now appears to be selling longevity, detox/cleansing and weight loss products.

Seeing this drivel in one of three “selected” resources in the CPS statement, one cannot help but wonder at the politics that permitted Prof. Morris to insert himself in its preparation. Somewhere along the way, it seems, the CPS (1) abdicated responsibility for following its own findings to their logical conclusion, (2) relinquished editorial control of its work, and (3) never circled back to check references and critically read the final version. Had they done so, the CPS would have realized that the statement as it now stands is an embarrassment to the organization and its members.

Thanks in large part to growing and publicly expressed discontent among circumcised men, and the availability of good information on websites and other social media, parents are becoming increasingly reluctant to remove parts of their sons’ genitals. The equivocations and obfuscations in documents like the CPS statement might fool some of the people some of the time, but they will be increasingly irrelevant as people learn that pediatric trade associations are so financially self-interested and so historically and ethically compromised that they cannot be trusted to do what’s best for children.

The CPS should publicly apologize for the errors and dishonesty in its 2015 statement, and follow the facts to their logical conclusion—a call for doctors to cease removing functional, protective genital tissue from children who cannot consent.

October 2, 2015

Georganne Chapin, MPhil, JD, Executive Director, Intact America

Marilyn F. Milos, RN, Executive Director, National Organization of Circumcision Information Resource Centers