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CIRCUMCISION IN AMERICA IN 1998

Attitudes, Beliefs, and Charges of American Physicians

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Medicalised circumcision of newborn males—a non-therapeutic, non-religious amputation of the foreskin of non-consenting infant boys—is currently performed on approximately half of all boys born in the United States.[1] As the most common surgical procedure performed in the United States, circumcision has become part of routine hospital and physician practice over the past few generations as a result of a combination of parental ignorance, medicalised myths, physician ignorance, and fear of "offending" misinformed parents.[2–5] That physicians are also paid handsomely for what some perceive as "a mere snip" has not escaped the attention of those who have studied this almost uniquely American custom.

1. A BRIEF HISTORY OF CIRCUMCISION IN AMERICA

American physicians have been almost entirely alone in their continuing attempts to rationalise newborn male circumcision through specious and unscientific medicalised arguments. Today, few physicians persist in claiming that circumcision can cure mental illness by reducing sexual desire, lust, and masturbatory behaviours.[6–7] Likewise, few physicians persist in claiming, as did physicians late in the nineteenth and early twentieth centuries, that circumcision prevents tuberculosis, hernia, alcoholism, epilepsy, curvature of the spine, rheumatism, asthma, lameness, clubfoot, headaches, or a host of other unrelated medical conditions.[8] Nevertheless, there still exists a significant medical bias in favour of this essentially unjustifiable procedure.

In recent years, as routine neonatal circumcision has gradually become less common than it was in the 1950s and 1960s, and as parents and many physicians have begun to question the rationale for continuing it, other physicians have gone to elaborate lengths to attempt to justify the procedure and to attempt to justify their participation in the circumcision of children. In some cases, this has evolved from a personal religious bias and has led to the labelling of critics of routine circumcision as anti-Semites.[9]

Male and Female Circumcision, edited by Denniston *et al.*
Kluwer Academic / Plenum Publishers, New York, 1999.

1.1. A Procedure in Search of a Disease for Justification

Through publication of poorly constructed and analysed studies, or through the imprimatur of nationally recognised medical organisations, proponents of mass circumcision have misrepresented the medical literature. Today, advocates of circumcision claim that circumcision prevents "phimosis,"[10] reduces the incidence of urinary tract infections in the first few months in life,[11,12] prevents penile cancer,[13,14] or protects against sexually transmitted infections such as HIV.[15–16] By ignoring the large body of evidence that demonstrates that these conditions are not prevented by circumcision, and, in the case of sexually transmitted infections, are apparently more commonly found in circumcised men,[17–18] advocates of mass circumcision appeal to an anti-intellectual ideology. Medical and popular media, with seeming innocence and ignorance, accept this ideology and assume a stance that requires holding beliefs that do not stand up to the rigors of evidence-based medical research.

1.2. Change is Difficult: The Role of Physician Prowess

The persistence of these irrational beliefs and their promotion in medical textbooks and journals has been associated with a continuing pro-circumcision bias among many physicians, who, as would be expected, have not been willing to change old attitudes and behaviours and give up a lucrative surgical procedure. This has been particularly persistent among urologists and obstetricians/gynaecologists.[19] Surprisingly, this is also true for paediatricians and family physicians, for whom circumcision is one of only a handful of regular hospital procedures (lumbar puncture being the other most common) for which they have been trained and for which they are reimbursed.

For generations, American physicians have been particularly attracted to surgical procedures, which are more lucrative than non-surgical medicine. Physician "prowess" has been linked, although irrationally, to the ability to perform these surgical interventions. Giving up a "time-honoured" procedure engenders in many physicians, a loss of self-esteem and a sense of diminished prowess, however immature and self-serving this may seem to non-medical outsiders.

2. BACKGROUND OF THE SURVEY

To my knowledge, in the past few years, there has been no recent detailed survey of American physicians regarding their practices, beliefs, personal knowledge, and what they teach parents regarding neonatal male circumcision. A study designed to capture this information, in an anonymous fashion, was developed in the Spring of 1998 and sent out primarily to family physicians associated with ASPN (Ambulatory Sentinel Primary Care Network), one of the two largest research-based primary care groups in the United States and Canada.

Thirteen physician members, including myself, and a non-ASPN paediatrician from the Marshfield Clinic in Wisconsin, agreed to act as study co-ordinators, soliciting, in a blinded fashion, information from all physicians in their communities who, in the past or present, have performed neonatal male circumcision. Four-hundred-eighty-five (485) surveys were sent to these co-ordinators in May 1998. By mid-July 1998, 7 ASPN co-ordinators from disparate geographic localities in the United States, and the

paediatrician, had returned approximately 250 surveys. Practice sites were located in Colorado, Michigan, New Mexico, North Dakota, Pennsylvania (rural and urban/suburban), Washington, and Wisconsin. Of the returned surveys, 213 were complete and accepted for analysis for this report.

The remainder of responses were either incomplete, were from physicians who had never performed circumcisions (mostly internists), or had been altered to become political statements in favour of circumcision without accompanying answers to the survey questions. Additional surveys have since been received from the same and other sites and reveal no significant differences in attitudes, beliefs, and practice behaviour from those respondents in the cohort of 213 used for this report.

2.1. Anonymity and Demographics

The survey instrument was designed to be anonymous, with respondents giving only their age, gender, specialty, state in which they practice, the size of their community, years of practice since residency, and whether they are board-certified or board-eligible within their specialty. The few surveys that were returned with signatures or other clues to the identity of the respondent were discarded. Anonymity was believed to promote more honest and factual answers, especially regarding fees charged and beliefs about circumcision. Despite this, several respondents refused to give their age or gender, and many, who appeared to practice in the same communities, gave widely varying estimates of the size of their communities. For example, practitioners (primarily university-based) from Denver, Colorado, one of the ASPN sites, varyingly reported that the size of their community ranged from 500,000 to 2,000,000 people.

Physicians were asked whether they are currently primary care providers for newborns, children, or adults in their hospitals and office practices, and whether they practice obstetrics. All physicians were queried as to whether they have ever performed newborn male circumcisions, and whether they currently perform this surgery.

2.2. The Physicians and their Specialties

The average age of the 213 respondents was 45, with a range of 31 to 83 years. 67% were male, 33% female, and among specialties responding, 67% were family physicians, 19% were paediatricians, 12% were obstetrician/gynaecologists, 1% were urologists, and 1/2% each were general practitioners and surgeons. The respondents averaged 14 years in practice since residency, with a range from 1 to 58, and 92% of the 213 physicians had performed newborn male circumcisions during practice. Only 71% of these physicians, however, currently perform the surgery, and female physicians were as likely to offer and perform the procedure currently as their male counterparts. Current numbers of circumcisions performed varied from 1 to greater than 200 per year per physician for those 71% performing them.

2.3. Why Some Physicians No Longer Do Circumcisions

Physicians who had stopped performing circumcisions were asked to give the reasons why they had stopped. From a large number of potential reasons given, as well as other specific and personal answers offered, seven significant reasons emerged. These are, in ascending order:

(1) resistance by parents: 4%
(2) violates the child's rights: 5%
(3) new research convinced me to stop: 8%
(4) worries about bad outcomes and lawsuits: 9%
(5) other physicians willing to do it for me: 21%
(6) did too few to "keep up skills:" 22%
(7) traditional medical reasons are not justified: 24%

Interestingly, no physician who had stopped circumcising reported as reasons for stopping:

(1) inadequate reimbursement
(2) had a significant complication or bad outcome, or
(3) my hospital required too much parent education, signed consent forms, paperwork, hassles, etc.

Fewer than 3% of respondents gave other reasons for stopping. These included:

(1) it's "wrong for obstetricians"
(2) it's "too violent"
(3) had to counsel too many "New Age" parents
(4) what was a routine "snip" became an inconvenience
(5) my colleagues convinced me to stop
(6) practice changes (i.e., no more obstetrics, paediatrics, or newborns)
(7) change in community standards, i.e., only family physicians or paediatricians or obstetrician/gynaecologists do it in those communities
(8) changed practice to only outpatient or ER
(9) it's a "cultural fad"
(10) "won't do office circumcisions"

3. EDUCATION OF PARENTS OF NEWBORN MALES

For those 71% of the physician respondents who still perform circumcisions, 52% claim that they always educate both parents before the surgery about the complications and risks of circumcision. 95% claim that they always obtain a signed surgical consent form. These numbers are consistent with prior studies showing:

> [T]hat physicians routinely inform parents about a small minority of the medical complications and risks associated with elective circumcisions. When selecting which medical complications to mention to parents, physicians appeared to use a policy based on their subjective assessment of the frequency and seriousness of the complications' occurrence. Subsequent analyses revealed that the physicians' probability estimates were biased and their seriousness assessments were consistently less than those expressed by mothers of newborn sons.[20]

There was no significant difference between male and female respondents, or between family physicians and paediatricians.

3.1. Who Educates Parents? Who Obtains Consent?

Obstetrician/gynaecologists and urologists were much less likely to provide any education or to obtain consent, consistent with their perceived roles as surgical "consultants" and not as primary care providers.[21] Often, hospital nurses were assumed to

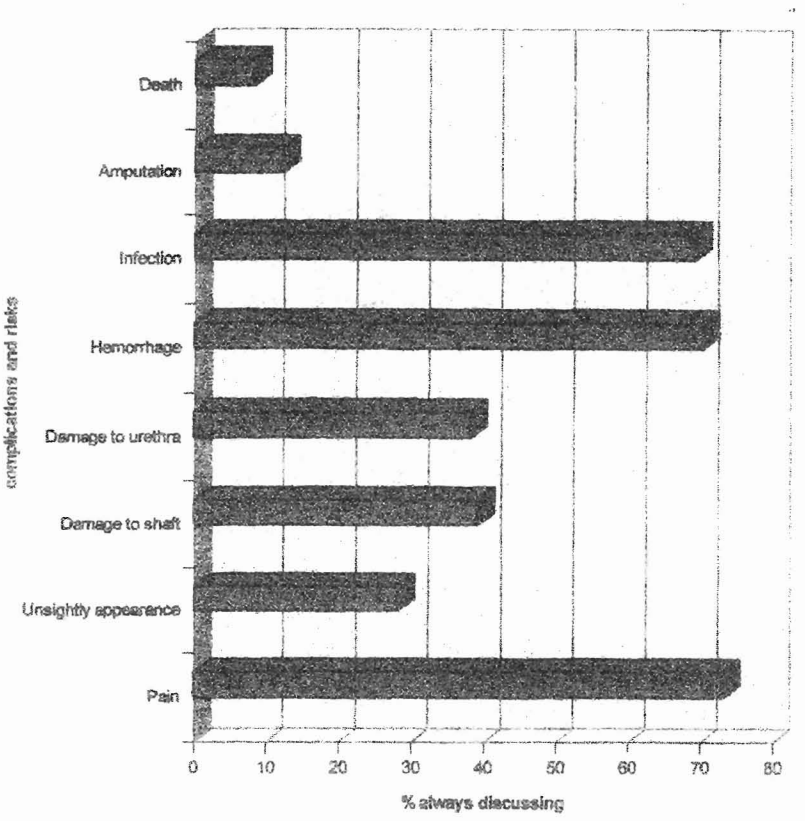

Figure 1. Parent education.

be the educators and were required to obtain consent for the surgeon, a scenario that is clearly inappropriate, unethical, and illegal for any hospital-based surgery.

3.2. Risks and Complications: Who Tells What to Whom?

Physicians were given a list of the eight common categories of known complications and risks of circumcision. These include pain, unsightly appearance, damage to the penile shaft, damage to the urethra, haemorrhage, post-operative infections, penile amputation, and death. They were asked whether they always, sometimes, rarely, or never mention these to both parents in their pre-circumcision education.

Although it is quite likely from written comments attached to many of the returned surveys that many physicians, and perhaps the majority, never actually spend time educating and discussing these issues with both parents of the male child, nevertheless, the survey results are presented as if the respondents had actually answered the question honestly.

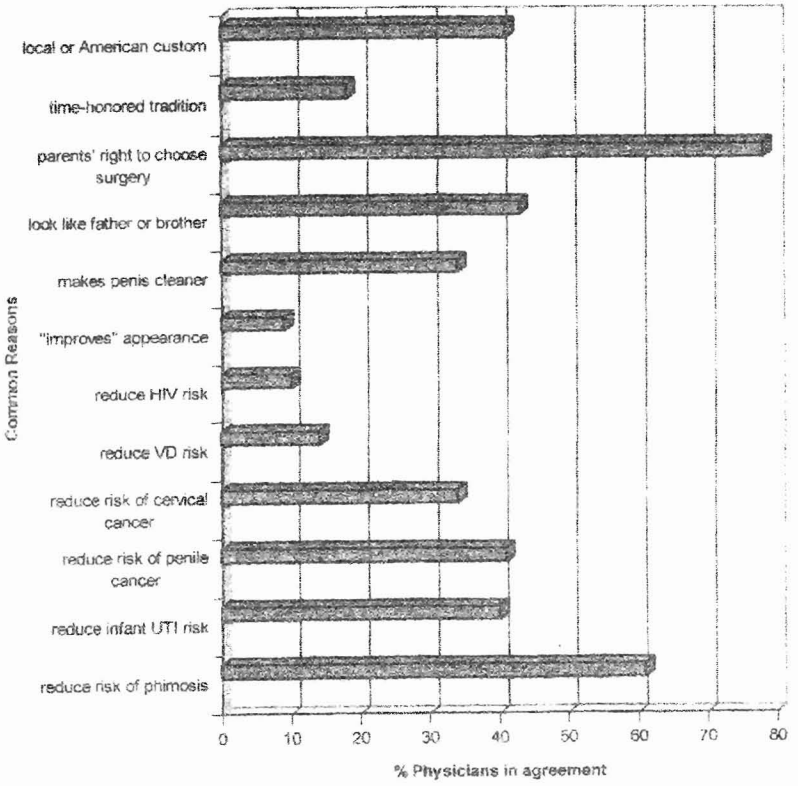

Figure 2. Promoting circumcision to parents.

3.3. Ignoring Disasters

Of the eight major categories of complications and risks, only three are discussed more than half the time with parents. These are the traditional medical side-effects of almost any surgical procedure: pain, haemorrhage, and infection. Physicians, however, claimed to mention these only 73%, 70%, and 60% of the time, even though it is unlikely that any parent would not be aware that circumcision—with or without anaesthesia—would cause pain, would be associated with at least some bleeding, and could be associated with post-operative infection.[22]

The other five categories were mentioned much less commonly:

damage to the penile shaft: 39%
damage to the urethra: 38%
unsightly post-operative appearance: 28%
penile amputation: 12%
death of the infant: 8%

Despite reports in the popular media of circumcision-caused tragedies, and despite reports in medical literature showing estimates of over 200 deaths per year from

newborn circumcision in the United States,[22–24] the majority of circumcising physicians (77% and 83% respectively) stated that they rarely or never mention these latter complications, and 60–70% do not mention that there might be surgical damage to the penis beyond the damage caused by circumcision.

3.4. Telling Parents What You Want Them to Hear

In essence, the circumcising physician rarely downgrades, denigrates, or qualifies his or her "skills" for a procedure that has essentially no medical justification. This would invite potential legal action.

It is obvious that the majority of American physicians are not informed about the complications and risks of circumcision. Death, amputation, and anatomical damage post-operatively are rarely mentioned, despite the fact that hospital surgery consent forms routinely list these for all other surgery performed in hospitals or out-patient surgery centres. Circumcision has escaped the attention of physicians as a surgical procedure with significant potential complications and risks.

4. PUSHING CIRCUMCISION: PHYSICIAN JUSTIFICATIONS

Those physicians currently performing circumcisions were asked to identify, using a list of the most common reasons and arguments used to justify, promote, or otherwise support the practice of circumcision, what justifications for circumcision they mentioned in their discussions with parents prior to the surgery. Physicians were asked whether they agreed, disagreed, or were unsure that each reason was legitimate. These "reasons" varied from "medical" to "customary" to "parent's rights." All of the medical reasons physicians offered had, in fact, been previously debunked by primary scientific research, had been declared defunct in statements issued by various medical organisations, such as the American Academy of Pediatrics (AAP),[25] American College of Obstetricians and Gynecologists (ACOG),[26] the American Academy of Family Physicians,[27–28] or had been shown to be inaccurate in classic review articles in the medical literature.[29–33] Nonetheless, physicians persisted in using disproven theories to justify circumcision to parents.

4.1. What Do Circumcising Physicians Say They Believe?

In percentage of agreement with the statements, respondents stated that circumcision reduces the risk of phimosis (61%), reduces the risk of infantile urinary tract infections (40%), reduces the risk of penile cancer (41%), reduces the risk of cervical cancer in the adult female sexual partner of the circumcised male (34%), and surprisingly, reduces the risk of sexually transmitted diseases (14%), including HIV infection (10%).

Similarly, physician respondents felt that circumcision "makes the penis cleaner" (34%), improves the "appearance" of the penis (8%), makes an infant "look like father or brother(s)" (43%), is a "time-honoured" procedure (18%), and is an American custom (41%). The vast majority of respondent physicians, however, claimed that it is the parents' "right" to choose the surgery for their son (78%).

4.2. Ignorance is Bliss

The results of this survey demonstrate that physician ignorance of science, medical ethics, and law is rampant, that confusion and self-delusion persist, and that significant and appropriate medical education in America regarding circumcision does not exist. The majority of respondents reported that they believed that circumcision was justified for the prevention of "phimosis," whereas, in fact, there is no difference in the rates of balanopreputial adhesion between circumcised and intact boys.[51] The majority of respondents also reported that they believed that it is the parents' "right" to choose to have their child circumcised without legitimate medical justification, subjecting the child to surgical risk.

Circumcising physicians responded that they justify operating for other reasons as well. These included, in this survey, five general categories. First, physicians believe that they are "acceding to the wishes of parents and family preference". Secondly, they claim to operate for "personal choice," but one must question whose choice this is. Since it cannot be the child's choice, it must be the personal choice of the parents or the surgeon. Thirdly, 6% of respondents claim to justify their performance of circumcision for religious reasons. These physicians report that they believe that they are fulfilling a religious duty by circumcising non-Jewish, Christian boys. Fourthly, some circumcising physicians reported that they try to discourage circumcision but perform it anyway. Lastly, several physicians claim that circumcision has "minimal benefit, but still do it."

5. HOW MANY, HOW MUCH, WHY?

The final section of the survey asked a number of questions pertaining to the number of circumcisions performed annually, fees charged, and beliefs regarding ethical and scientific issues, as well as personal feelings about circumcision. Respondents were remarkably candid in their answers, except for giving a typical fee charged for the procedure. Despite anonymity, approximately half of all respondents did not or would not give their charges, many professing ignorance of what their personal practice or office charged, but stating to a single digit exactly how many circumcisions they perform annually.

Physicians in the respondent practice sites circumcise an average of 26 boys per year, with the range varying from 11 (Santa Fe, New Mexico) to 44 (rural Pennsylvania). The average charge of those physicians responding was $121, varying from $20 to $300 per operation. Physicians reported that they circumcise 64.7% of their newborn males, with a range from 20.4% (Santa Fe, New Mexico) to 88.5% (sites in Michigan). Only 1 site (Santa Fe) reported that fewer than half of the infant males were circumcised, and the other sites ranged from 54% to 88.5% as noted.

5.1. The Role of Reimbursement

Physicians were asked if they would stop offering and performing circumcisions if they were not reimbursed. If reimbursement were ended, 48% would quit, and 40% claim they would continue to circumcise whether or not they were paid. The question did not discriminate between third-party reimbursement and private payment, and one could assume that many physicians would simply transfer the charges to the patient's family, rather than the insurance company, as has occurred in situations where

Medicaid, Blue Cross-Blue Shield, or other third-party payers have stopped paying for newborn circumcision.

One elderly paediatrician, currently charging only $20 per circumcision, was adamant in his response that he would not circumcise without being paid for it. There were no significant differences between male and female physicians, or between family physicians and paediatricians on the issue of circumcision and reimbursement.

5.2. Benefit Versus Harm: What Physicians Personally Believe

Thirty-one percent (31%) of respondents stated that circumcision provides more benefits than harm, while 53% felt that circumcision causes more harm than benefit, and 5% were unsure of either position. If circumcision were "banned" by medical organisations such as the American Medical Association, the American Academy of Pediatrics, the American Academy of Family Physicians, or the American College of Obstetricians and Gynecologists, 52% of respondents would stop performing circumcision, 37% would not quit, and 11% were either unsure or did not answer. Generally, sites with the highest numbers of circumcision percentages and greatest numbers of circumcisions per year per physician had the greatest percentage of physicians unwilling to stop circumcision, whether "banned" or not.

5.3. Physicians Do What They Want

Only 16% of physicians (range from 0 to 23%) responded that they were concerned about losing patients (a loss of revenue is implied) if they refused to circumcise newborn males. While 77% were not concerned about potential loss of patients (income), as noted, 48% would quit if they were no longer reimbursed. The discrepancy seems to be explained by side-comments written on the surveys implying that no one (especially medical specialty organisations) has the right to tell these physicians what they can and cannot do. This seemed to hold more for older and middle-aged male physicians than female physicians.[35] Of course, if medical malpractice companies stopped providing coverage for circumcision, physicians might be less cavalier in their attitudes and behaviours.

5.4. On Becoming Numb to the Procedure

Physicians were asked whether they never, sometimes, or always felt personally uncomfortable while performing circumcisions. Only 13% of respondents reported always feeling uncomfortable, 38% sometimes felt that way, and 43% claim to never feel uncomfortable. Interestingly, there was no significant difference between male and female respondents on this question.

Physicians were not asked whether they use anaesthesia while performing circumcision, as significant variation in this separate aspect of the surgery correlates with personal preference, training, and hospital policies.[36–37]

It is apparent, whether circumcision is seen as significant or minor surgery, whether anaesthesia is employed or not, and whether physicians ever or even think about complications and risks, that it has become so commonplace, so engrained in practice, and so much a part of the hospital nursery routine, that it has become severed from other medical realities. Physicians seem to have disassociated themselves emotionally from the fact that they are operating, usually without anaesthesia, on the

genitals of a strapped-down, innocent, presumably unwilling, and never-consenting newborn baby for reasons, as shown above, that are spurious, irrational, and clearly tainted by issues of financial reward.

5.5. Deluding Oneself: Opposing and Justifying the Unjustifiable

Finally, physicians were asked about their personal feelings, and whether they continue to perform infant circumcision even though they might personally oppose the practice. Of the 71% of the 213 respondent physicians currently performing newborn male circumcision, 37% reported that they continue to perform it while personally opposing it, 65% continue to perform circumcision while personally supporting the practice, but as already noted, 53% of all these physicians believe circumcision is more harmful than beneficial.

These numbers reveal that the physicians in this study are circumcising infants without giving it much thought or regard, and/or they are performing a procedure for essentially irrational reasons, knowing that they will be paid, while simultaneously rationalising that they have somehow supported what they believe the baby's parents want, having told these parents what they think they need to know in order to get them to agree to it.

5.6. Persistence of an Unjustifiable Procedure

Nowhere else in American medical practice does a surgical procedure exist that physicians continue to offer and perform, despite significant personal opposition to the procedure. Despite the "finest" medical educational systems and hospitals in the world, this study reveals that, with regard to newborn circumcision, American physicians demonstrate an amazing ignorance of basic science, ethics, and legal issues. It is very clear that primary care and surgical physicians currently performing circumcisions are undereducated and confused about the medical literature, are mistaken in their belief that they provide informed consent to parents.

6. EVIDENCE AND ETHICS-BASED MEDICAL PRACTICE

In today's medical-legal climate, physicians are constantly reminded that treatments and procedures must be justified through outcomes and evidence-based practice.[38] No treatment, test, intervention, procedure, or therapeutic plan is routinely acceptable any longer. One of the ultimate rules of ethical physician behaviour is that the patient should not be harmed in the process.

Routine tonsillectomy, coincidental appendectomy, and radical mastectomy are three familiar procedures that are no longer routinely acceptable as standards of care. Newborn circumcision, which has been an American routine for only the last 40 to 50 years, is, unlike those aforementioned procedures that have some, albeit minor, place in modern medical practice, a procedure in search of a justification. Its persistence is fortified by unscientific arguments, anchored through a pervasive promotional campaign that conditions parents to demand circumcision for their sons, and financially remunerated at a high level and therefore "good" for physicians and hospitals. Lastly it has legally definable (but rarely admitted and imparted) set of complications and risks for the patient.

7. CONCLUSIONS

This study reveals that, across the country, American physicians from specialties that perform circumcisions are ignorant of the medical facts regarding the penile foreskin and, in conjunction with hospitals and misinformed parents, attempt to justify and rationalise newborn male circumcision. In many cases, despite personal beliefs that circumcision is more harmful than beneficial, some physicians are unwilling to give up their participation in this almost uniquely American custom, which many of them have personally experienced as infants.

Attempts to link circumcision with any number of unscientific "benefits" have proven to be the smokescreen behind which circumcising physicians have safely hidden from the reality that circumcision is a vestige of a primitive, tribal blood ritual that has been displaced from the middle-eastern desert to the sterile environment of the North American hospital. Circumcision has become a medical procedure that is performed by masked and gowned and often anonymous members of the medical tribe. That American parents have been conditioned to request it, that physicians perform it, and that insurance companies pay for it, helps to reinforce the aura of legitimacy surrounding circumcision.

Training American physicians to divorce themselves from participation in unethical, financially self-serving, and harmful interventions such as circumcision is a matter of utmost importance. As Milos and Macris have written:

> Only by denying the existence of excruciating pain, perinatal encoding of the brain with violence, interruption of maternal-infant bonding, betrayal of infant trust, the risks and effects of permanently altering normal genitalia, the right of human beings to sexually intact and functioning bodies, and the right to individual religious freedom, can human beings continue this practice.[39]

This study has shown that misunderstanding and misapplication of basic medical-legal information, confused by and coupled with insupportable parental authority arguments, and buttressed by solid financial remuneration, has allowed the persistence of a procedure that cannot be scientifically supported. Because organised medicine has done little to end newborn male circumcision, and because physicians have tended to ignore medical and scientific arguments against it, legal and constitutional actions against those who routinely perform newborn male circumcision may ultimately be required to end this practice. As Van Howe has succinctly stated:

> Solicitation of this surgery must be prohibited. Circumcision is essentially an issue of sovereignty. As the citizens of the United States become more enlightened about individual human rights, they will demand that the American medical establishment reform itself and align itself with the universal principles of human rights and medical ethics. As a result, routine neonatal circumcision will end.[40]

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