

# JAMA Pediatrics Circumcision Patient Page Correction Analysis and Impact Report

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**Role:** Advanced Ethics Researcher, Public Health Advocate

**Document Type:** Impact Assessment of Advocacy Intervention

**Target:** JAMA Pediatrics Patient Page – “What Parents Should Understand About Infant Male Circumcision”

**Original Publication Date:** July 28, 2025

**Correction Date:** December 19, 2025

Original publication: July 28, 2025 Correction issued: December 19, 2025 Source: JAMA Pediatrics Patient Page Purpose of correction: Address concerns raised in public comments regarding wording, balance, accuracy, and neutrality.

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# 1. Summary of Key Changes

The updated article introduces more neutral terminology, removes disputed claims, softens benefit statements, and adds ethical context. It also removes references to outdated AAP policy positions and clarifies risk framing.

Overall, the revised version is less prescriptive, less biased toward circumcision, and more aligned with current ethical and scientific debates.

## 2. Detailed Comparison: Original vs Updated

### A. Terminology Corrections

Replacement of “Uncircumcised” With “Intact” and Neutral Anatomical Language

#### Original article:

- The infographic used the label “**Uncircumcised penis.**”
- This terminology defines the intact penis by what it *lacks* (a circumcision), which is value-laden and non-anatomical.

#### Updated article:

- The term “**uncircumcised**” has been **removed entirely**.
- It is replaced with “**intact penis**” in the infographic and with **neutral anatomical descriptions** in the text, such as:
  - “tissue, often called the foreskin”
  - “foreskin”

#### Effect of the change:

The updated terminology avoids implying that the intact state is a deviation from normal and instead uses **accurate, neutral, and descriptive language**.

### B. Ethical Clarifications Added

Bodily autonomy explicitly acknowledged New text: “A common reason ... is their wish for the child to choose when they are older, **reflecting current ethical debates on bodily autonomy**.” This was not present in the original..

### C. Removal of AAP Policy References

#### Original article:

The article relied on language derived from the American Academy of Pediatrics (AAP) 2012 Technical Report, including statements such as:

- “**The American Academy of Pediatrics supports access to the procedure...**”
- “**Current evidence finds the benefits are greater than the risks.**”

These statements implied an active, current AAP endorsement, despite the fact that the 2012 AAP policy expired in 2017 and has not been renewed. The “benefits outweigh risks” phrasing is taken directly from the expired policy and has no current standing.

### Updated article:

All references to AAP policy have been removed.

The updated article no longer:

- Cites the AAP as supporting access to circumcision
- Uses the “benefits are greater than the risks” formulation
- Relies on the expired 2012 AAP Technical Report for authority or justification

### Significance:

The removal of these statements eliminates the misleading impression that the AAP currently endorses circumcision or maintains an active policy position. It also removes the outdated “benefits outweigh risks” framing, which was a central point of concern because it relied on an expired policy and did not reflect current evidence standards or ethical considerations.

## D. Adjustments to Claims About Benefits

### Original article:

The original article included several statements that framed early circumcision as providing strong, immediate, or ongoing health advantages. These included:

- **“Health benefits start immediately...”**
- **“Early circumcision also allows early and continuous health benefits compared with waiting until the individual can choose.”**

This language implied that early circumcision provides substantial, immediate, and continuous medical benefits, overstating both the magnitude and timing of any risk reduction.

### Updated article:

The revised article removes these benefit-framing claims and replaces them with more neutral, qualified language. Specifically:

- Removes **“Health benefits start immediately.”**
- Removes the entire sentence **“Early circumcision also allows early and continuous health benefits compared with waiting until the individual can choose.”**
- Adds the more measured phrasing **“providing a small level of reduced lifelong risk.”**
- **Effect of the change:**

These revisions eliminate the implication that early circumcision provides strong or immediate protection and remove the unreferenced claim of “early and continuous health benefits.” The updated language reframes risk reduction as **small, long-term**, and **not immediate**, correcting the earlier overstatement of benefits.

## E. Adjustments to Complication Descriptions

### 1. Removal of comparison to tonsillectomy bleeding risk

#### Original article:

“A child is 10 times more likely to have bleeding after their tonsils are removed...”

#### Updated article:

This comparison is removed entirely.

### 2. Complication framing softened

#### Original article:

“It is not well known how often other mild complications occur, **but these risks are low**. The risk of having the imperfect amount of skin removed is small, and removing extra skin later in life is **cosmetic**.”

This phrasing minimized risk by asserting that complication rates are low and by presenting revision surgery as purely cosmetic.

#### Updated article:

“It is not well known how often other mild complications occur. The risk of having the imperfect amount of skin removed is small, and removing extra skin later in life is **typically cosmetic**.”

The updated version removes the risk-minimizing phrase “but these risks are low” and softens the certainty around revision surgery by changing “cosmetic” to “typically cosmetic.” This acknowledges uncertainty rather than minimizing risk.

## F. Sexual Function Section Revised

#### Original article:

“No data that support decreased ability, sensation, or satisfaction.”

#### Updated article:

“Studies... suggest that there is not decreased ability, sensation, or satisfaction.” This is a weaker claim, acknowledging ongoing debate.

## G. Removal of Cultural/Traditional Bias

#### Original article:

“Circumcision is a practice that has been a part of human culture for thousands of years.”

#### Updated article:

This historical justification is removed.

## **H. Conflict of Interest Disclosure Expanded**

### **Original article:**

“Patent pending for a training model.”

### **Updated article:**

Adds: “...which has not yet been approved and no fees have been received.” This responds to concerns about bias.

## **I. Correction Notice Added**

The updated version includes a formal correction statement: “This article was corrected on December 19, 2025, to address concerns about wording and to add clarification and improve the intended balance.” This was not present in the original.

Table: Side by Side Table of Key Corrections

Topic / Section	Original Version (from PDF)	Corrected Version (Dec 19, 2025)
<b>Opening definition</b>	"Circumcision is the process of removing the skin that covers the tip of the penis."	"Circumcision is the process of removing the tissue, often called the foreskin, that covers the tip of the penis." (More anatomical, avoids "skin" simplification.)
<b>Terminology for non-circumcised penis</b>	Uses the term <b>"uncircumcised"</b> in figure labels and captions.	Replaces "uncircumcised" with <b>"intact"</b> or uses neutral anatomical terms such as "foreskin" or "tissue."
<b>Ethical considerations</b>	No mention of bodily autonomy.	Adds: "reflecting current ethical debates on bodily autonomy."
<b>Reasons not to circumcise</b>	Focuses on parents wanting child to choose later; lists complications.	Expanded to include ethical concerns, pain, sexual function, and safety concerns.
<b>AAP policy reference</b>	States AAP supports access to newborn circumcision.	Removed entirely after commenters noted the AAP position was outdated.
<b>Benefit framing</b>	"Health benefits start immediately."	Removed. Benefits now described as "providing a small level of reduced lifelong risk."
<b>Infection risk</b>	Strong claims: lower risk of bladder infection, HIV, herpes, HPV, cancers.	Still lists risks but softens language; emphasizes small reduction, not strong protection.
<b>Sexual function</b>	"No data that support decreased ability, sensation, or satisfaction."	Softened: "Studies... suggest that there is not decreased ability, sensation, or satisfaction." (Acknowledges debate.)
<b>Complication rates</b>	States risk is 1 in 500; compares to tonsillectomy bleeding ("10 times more likely").	Removes tonsillectomy comparison; keeps 1 in 500 but adds nuance about uncertainty in mild complication rates.
<b>Clinician skill</b>	Claims risks are lower with well-trained clinicians.	Removes implication of proven difference; keeps general safety statement.
<b>General anesthesia</b>	States newborn circumcision avoids general anesthesia required later.	Retains this but removes claims about adequacy of local anesthesia.
<b>Cultural/historical justification</b>	"Circumcision has been a part of human culture for thousands of years."	Removed (responds to criticism that history is not a medical justification).
<b>Cleanliness</b>	"Easier to keep the penis clean."	Retained.
<b>Tone</b>	More promotional; benefits emphasized.	More neutral; risks and ethical issues more balanced.
<b>Conflict of interest</b>	States patent pending.	Expanded: "...not yet approved and no fees have been received."
<b>Correction notice</b>	None.	Added: "This article was corrected on December 19, 2025..."

Table: Sources of Influence on Corrections to JAMA Pediatrics Circumcision Patient Page

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Correction Made	Kevin Barrett Letter to JAMA Editorial Leadership (Nov 18)	Public Comments (July–Dec)	Most Likely Source of Influence
Removal of AAP policy reference	✓ Explicitly documented expired policy, red warning, misuse	⚠️ Armstrong mentioned AAP history but not expiration	Kevin Barrett letter
Removal of “uncircumcised” terminology	✓ Argued trivialization of foreskin anatomy	✓ Bollinger criticized term as biased	Both (shared influence)
Addition of bodily autonomy framing	✓ Raised ethical & human-rights concerns	⚠️ Winter-Stoltzman mentioned parental choice but not ethics	Kevin Barrett letter
Removal of paraphimosis section	✗ Not mentioned	✓ Van Howe criticized as scare tactic	Public comment (Van Howe)
Softening of benefit claims (“small level of reduced risk”)	✓ Critiqued overstatement & context	✓ Van Howe also criticized benefit inflation	Both (shared influence)
Removal of tonsillectomy comparison	✓ Highlighted lack of citations	✗ No commenter raised citation issues	Kevin Barrett letter
Removal of unsupported statistics (10–20× bleeding risk)	✓ Identified as unreferenced and misleading	✗ No commenter raised this	Kevin Barrett letter
Expanded conflict of interest disclosure	✓ Raised COI mitigation concerns	✗ No commenter raised COI	Kevin Barrett letter
Removal of cultural/historical justification (“thousands of years”)	✓ Critiqued trivialization of anatomy & bias	✓ Van Howe compared history to slavery	Both (shared influence)
More neutral tone overall	✓ Identified bias, omissions, misleading framing	✓ Multiple commenters noted bias	Both (Kevin Barrett letter was primary)
Addition of formal correction notice	✓ Requested investigation, correction, transparency	✗ No commenter requested formal action	Kevin Barrett letter
Improved anatomical accuracy (“tissue, often called the foreskin”)	✓ Highlighted anatomical misrepresentation	⚠️ Bollinger criticized terminology but not anatomy	Kevin Barrett letter
Removal of strong claims about immediate benefits	✓ Identified overstatement	✓ Van Howe criticized benefit inflation	Both
Clarification of anesthesia claims	✓ Raised concerns about misleading statements	✗ No commenter addressed anesthesia	Kevin Barrett letter
Removal of images (paraphimosis, diagrams)	✗ Not mentioned	✓ Van Howe criticized paraphimosis framing	Public comment (Van Howe)



### 3. Impact Assessment

#### Timeline of Key Events

**July 28, 2025** – JAMA Pediatrics publishes the Patient Page “What Parents Should Understand About Infant Male Circumcision.”

**July–August 2025** – Early comments posted directly on the article (Bollinger, Winter-Stoltzman, Armstrong, Mehta, Shah). These raise concerns about terminology, history, sexual function, and non-professional practice but do not trigger any visible correction or editorial action for several months.

**September 11, 2025** – Van Howe posts a detailed comment alleging misinformation, misuse of terminology, mischaracterization of paraphimosis, and other inaccuracies.

**November 18, 2025** – Formal letter of concern submitted by Kevin Barrett to the AMA Editorial Governance Committee and COPE. This letter focuses on:

- Use of expired AAP policy.
- Absence of citations for quantitative claims.
- Overstatement of benefits.
- Incomplete conflict of interest disclosure.
- Ethical and human rights omissions.
- Trivialization of foreskin anatomy and function.
- Informed consent implications.

**December 7, 2025** – Bryan Garner posts a comment referencing AAP Task Force members questioning circumcision benefits.

**December 11, 2025** – Author reply (Thompson) acknowledges the concerns, apologizes for terminology such as “uncircumcised,” and states that a **correction has been requested** “to add clarification and improve the intended balance.”

**December 19, 2025** – JAMA Pediatrics issues a formal correction and publishes a revised version of the Patient Page.

### 4. Alignment Between the Formal Complaint and the Corrections Implemented

This section compares the key points in the formal letter with the specific changes made in the corrected article.

#### A. Expired AAP Policy and Misrepresentation of Current Guidance

##### Issue raised in letter:

- The article relied on the 2012 AAP policy that had expired in 2017.
- The expired policy was presented as current and authoritative.
- Failure to disclose its expiry misled readers and breached editorial accuracy.

##### Outcome in corrected article:

- All references to AAP policy and the phrase “The American Academy of Pediatrics supports access...” were removed.
- The corrected text no longer asserts that current AAP policy supports access or that benefits outweigh risks based on that statement.

### Impact linkage:

- Earlier article comments mentioned AAP history but did **not** identify the policy as expired or challenge its current validity.
- The formal letter explicitly documented the expiry, the red notice on AAP documents, and the implications for editorial integrity.
- The removal of the AAP reference matches the complaint exactly, strongly suggesting direct influence.

## B. Lack of Citations for Quantitative and Comparative Claims

### Issue raised in letter:

- The article contained numerical claims such as “10 to 20 times higher risk” and “10 times more likely to have bleeding after tonsil removal” without any citations.
- This violated basic standards of transparency and verifiability for quantitative claims.

### Outcome in corrected article:

- The tonsillectomy comparison was removed entirely.
- The strong relative risk language was softened, and quantification was reduced or reframed more cautiously.

### Impact linkage:

- No public commenter raised the absence of citations as a formal compliance issue.
- The corrections specifically target the unreferenced quantitative claims highlighted in the letter.
- This alignment indicates that the complaint directly influenced the removal or modification of unsupported numerical statements.

## C. Overstatement of Benefits and “Lifelong Protection” Framing

### Issue raised in letter:

- The article overstated benefits by suggesting “lifelong protection” against infections and cancers, without sufficient context or qualification.
- It failed to describe the limited and context-specific nature of evidence (e.g., HIV risk in specific populations).

### Outcome in corrected article:

- The phrase “health benefits start immediately” was removed.
- Benefits are now described as providing only a “small level of reduced lifelong risk,” explicitly downgrading the strength of the claim.
- The revised wording is more cautious, less promotional, and more aligned with a conservative interpretation of the evidence.

### Impact linkage:

- Although some commenters criticized benefit claims, the formal letter framed this as an issue of **overstatement**, **context**, and **public health messaging**.
- The final wording closely reflects the requested change: benefits are acknowledged but clearly limited and modest.

## **D. Conflict of Interest Disclosure and Bias Concerns**

### **Issue raised in letter:**

- The article disclosed a patent pending for a neonatal circumcision training model but did not explain how this financial interest might bias content.
- No mitigation measures or safeguards were described.

### **Outcome in corrected article:**

- The conflict of interest statement was expanded to clarify that the training model has not been approved and that no fees have been received.
- This additional detail increases transparency and allows readers to better assess potential bias.

### **Impact linkage:**

- No other commenter raised concerns about conflict of interest or its implications for content bias.
- The expansion of the disclosure appears directly responsive to the concerns articulated in the formal letter.

## **E. Ethical and Human Rights Omissions (Bodily Autonomy and Consent)**

### **Issue raised in letter:**

- The article failed to address ethical debates about bodily autonomy, non-therapeutic procedures on infants, and informed consent.
- For a patient-facing document guiding parental decisions, this omission was presented as a significant ethical failure.

### **Outcome in corrected article:**

- The revised text now explicitly refers to “current ethical debates on bodily autonomy” as a reason some parents choose not to circumcise.
- Ethical concerns are now acknowledged as legitimate and relevant factors in decision-making.

### **Impact linkage:**

- Some commenters referenced parental choice, but the explicit ethical framing—“current ethical debates on bodily autonomy”—is conceptually aligned with the formal letter.
- This suggests a direct influence of the ethics-focused complaint on the revised framing.

## **F. Trivialization of Foreskin Anatomy and Function**

### **Issue raised in letter:**

- The article reduced circumcision to “removing the skin that covers the tip of the penis,” trivializing the foreskin as ordinary skin.
- The letter argued that the foreskin is specialized mucocutaneous tissue with protective, sensory, and mechanical roles and that omitting this information compromises informed consent.

### **Outcome in corrected article:**

- The opening definition was revised from “skin” to “tissue, often called the foreskin, that covers the tip of the penis.”
- The terminology is more anatomically accurate and less dismissive of the structure being removed.

### **Impact linkage:**

- Other commenters criticized terminology (“uncircumcised”), but your letter emphasized anatomical and functional accuracy.
- The corrected wording reflects this anatomical focus and supports the argument that your complaint shaped the revision.

## **5. Evidence of Causal Influence: Timing and Editorial Behavior**

The timeline strongly supports a causal relationship between the formal complaint and the correction:

- Public comments raising substantive concerns were posted as early as July and September but did not yield a correction for several months.
- The formal ethical complaint was submitted on November 18.
- Within approximately one month, the authors publicly acknowledged the need for a correction (December 11).
- The formal correction and revised text were published on December 19.

This pattern suggests that:

- Article-level comments alone were insufficient to trigger editorial action.
- Escalation via a formal, structured complaint to governance bodies was a key turning point.
- The correction closely followed the timing of the governance-level intervention rather than earlier comments.

## 6. Overall Evaluation of Approach Efficacy

### 6.1 What Worked Well

- **Structured framing:** Organizing concerns under clear headings (policy, evidence, ethics, anatomy, COI) facilitated editorial review.
- **Evidence-based critique:** Referencing specific sentences, policies, and omissions allowed direct, actionable corrections.
- **Targeting governance bodies:** Addressing the AMA Editorial Governance Committee and COPE elevated the complaint beyond the comment section.
- **Alignment with editorial standards:** Framing issues in terms of accuracy, transparency, bias, and informed consent resonated with COPE and AMA norms.

### 6.2 Measurable Outcomes

- Removal of expired and misleading policy references.
- Removal or softening of unsupported quantitative claims.
- Expanded conflict of interest disclosure.
- Inclusion of bodily autonomy in the ethical framing.
- More accurate description of foreskin tissue.
- More balanced and cautious benefit statements.
- Addition of a formal correction notice acknowledging the need to improve wording and balance.

These changes are concrete, verifiable outcomes directly aligning with the issues raised.

## 7. Conclusion

The available evidence strongly supports the conclusion that the formal ethics and compliance complaint submitted on November 18, 2025, was a decisive factor in prompting JAMA Pediatrics to correct and revise its Patient Page on infant male circumcision.

While earlier public comments contributed important perspectives, they did not, on their own, trigger editorial action over several months. In contrast, the structured, governance-directed complaint:

- Coincided temporally with the initiation of corrections.
- Addressed specific issues that are now clearly reflected in the revised article.
- Produced measurable change in policy representation, risk/benefit framing, ethical context, and conflict of interest transparency.

This demonstrates the efficacy of a methodical, ethics-driven, documentation-heavy advocacy approach when engaging with major medical journals and governance structures.

12/22/25, 2:57 AM

Formal Concern Regarding JAMA Pediatrics Patient Page on Circumcision (July 28, 2025)

# Formal Concern Regarding JAMA Pediatrics Patient Page on Circumcision (July 28, 2025)

1 email in thread.

Email 1 of 1

**Date:** November 18, 2025 12:23 PM +08:00

**From:** <kevinrbarrett@bigpond.com>

**To:** "jamams@jamanetwork.org" <jamams@jamanetwork.org>, <contact@publicationethics.org.uk>

**To:** Editorial Governance Committee, American Medical Association Committee on Publication Ethics (COPE)

**Date:** 18th of November 2025

Dear Members of the AMA Editorial Governance Committee and COPE,

I am writing to raise serious concerns regarding the JAMA Pediatrics Patient Page titled "Circumcision" (published July 28, 2025). The article is available at the following address:

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2836902>

After reviewing the article in detail, I believe it contains multiple compliance and ethical failures that warrant correction or retraction.

## 1. Reliance on Expired AAP Policy

The article explicitly states: "*The American Academy of Pediatrics supports access to the procedure for newborns so that parents can choose. Current evidence finds that the benefits are greater than the risks, but each family needs to make the right choice for themselves.*"

This wording directly reflects the **AAP's 2012 policy statement**, which concluded that "*the benefits are great enough to justify access to this procedure for families who choose it.*"

- That policy expired in 2017 and has not been renewed.
- No current AAP material maintains this specific claim about benefits justifying access.
- The AAP has itself marked both the policy and the accompanying technical report with a prominent red-bordered notice at the top of the documents stating: "This Policy Has Expired."
- Quoting this material without clarifying its expired status completely goes against the intention of the AAP, which explicitly signals that the statement should no longer be treated as current guidance.
- Presenting it as current misleads readers into believing the AAP presently endorses circumcision in these terms.
- Failure to disclose the expiration constitutes a significant breach of editorial accuracy.

## 2. Absence of Citations for Key Claims

The article makes numerous quantitative and comparative assertions without references, including:

- “Risks of bleeding are about 10 to 20 times higher when done after the newborn period.”
- “A child is 10 times more likely to have bleeding after their tonsils are removed than with a newborn circumcision.”
- “There are no data that supports decreased ability, sensation, or satisfaction with sex after circumcision.”

Such claims require peer-reviewed evidence. Their omission violates **AMA** and **COPE** standards for transparency and verifiability.

### 3. Overstatement of Benefits

The article asserts that circumcision provides “*lifelong protection*” against infections and cancers. This framing is misleading:

- Evidence for HIV prevention is context-specific (primarily heterosexual populations in sub-Saharan Africa).
- HPV and herpes risk reduction is modest and not universal.
- “Lifelong protection” is an overstatement unsupported by current consensus.

### 4. Conflict of Interest Disclosure

The lead author discloses a patent pending for a neonatal circumcision training model. However:

- The article does not explain how this financial interest may bias the content.
- No mitigation measures are described. This incomplete disclosure undermines trust in the neutrality of the publication.

### 5. Ethical and Human Rights Omissions

The article fails to acknowledge ethical debates surrounding bodily autonomy, informed consent, and non-therapeutic infant circumcision.

- For a “Patient Page” intended to guide parental decision-making, omission of these perspectives creates bias.
- Balanced discussion is required under COPE’s principles of integrity and transparency.

### 6. Omission and Trivialization of Foreskin Anatomy and Function

The article describes circumcision only as “*removing the skin that covers the tip of the penis.*”

- This phrasing trivializes the foreskin by reducing it to ordinary skin, ignoring its specialized anatomy and functions.
- The foreskin is mucocutaneous tissue with protective, sensory, and mechanical roles. Its removal has anatomical and functional consequences that must be disclosed for informed consent to be complete.
- By omitting this information, the article undermines parental understanding of what is being removed and fails to meet ethical standards for informed medical decision-making.

- This omission, combined with language that minimizes the foreskin's role, creates bias and compromises the integrity of the consent process.

### Requested Actions

Given these concerns, I respectfully request that the **AMA** and **COPE**:

1. **Investigate the editorial process** that allowed expired policy and unsupported claims to be published.
2. **Issue a correction or retraction** clarifying the current status of AAP policy and providing proper citations.
3. **Review conflict of interest disclosures** to ensure transparency and mitigation of bias.
4. **Update editorial guidelines** for Patient Pages to require balanced discussion of ethical perspectives in addition to medical data.
5. **Ensure that informed consent materials include clear, accurate information about foreskin anatomy, function, and purpose.** For example:
  - a. The foreskin is specialized mucocutaneous tissue, not ordinary skin.
  - b. It protects the glans in infancy and childhood.
  - c. It contains specialized nerve endings contributing to erogenous sensation.
  - d. It plays a mechanical role in sexual activity, including natural lubrication and mobility. Omitting these facts undermines parental understanding of what circumcision removes and compromises informed consent.
6. **Require balanced framing of risks and benefits** so that potential harms (loss of tissue, pain, complications) are not minimized or trivialized compared to claimed benefits.
7. **Mandate citation of peer-reviewed evidence** for all quantitative claims (e.g., bleeding risk ratios, infection rates, comparative surgical risks).
8. **Include acknowledgment of ethical and human rights perspectives** (bodily autonomy, consent, cultural variation) to ensure parents receive a complete picture.
9. **Provide a transparent response from both AMA and COPE** outlining the specific actions each organization will take to correct these issues. Transparency requires not only investigation but also communication of the corrective measures to stakeholders.

### Conclusion

This article risks misleading parents, clinicians, and policymakers by presenting outdated policy, unsupported claims, incomplete disclosures, and omitting critical anatomical information. As JAMA Pediatrics is a flagship journal under the AMA, adherence to the highest standards of accuracy and ethics is essential.

Under the expectation of transparency, I request a formal response from both the AMA and COPE detailing the corrective actions each will take to address these concerns.

I appreciate your attention to this matter and look forward to your response.



Sincerely,

Kevin Barrett

Advanced Ethics Researcher

Public Health Advocate

**Attachments - 1 total**

- **Formal Concern Regarding JAMA Pediatrics Patient Page on Circumcision (July 28, 2025).pdf** - 129331 bytes
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12/22/25, 3:00 AM

Concern Regarding JAMA Pediatrics Patient Page on Circumcision (July 28, 2025)

# Concern Regarding JAMA Pediatrics Patient Page on Circumcision (July 28, 2025)

1 email in thread.

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Email 1 of 1

**Date:** December 12, 2025 2:44 AM +08:00

**From:** "Annette Flanagin (she/her/hers)" <Annette.Flanagin@jamanetwork.org>

**To:** "kevinrbarrett@bigpond.com" <kevinrbarrett@bigpond.com>

RE: Freymiller C, Thompson LA. What Parents Should Understand About Infant Male Circumcision. JAMA Pediatr. 2025;179(9):1048. doi:10.1001/jamapediatrics.2025.2214

Dear Dr Barrett

Thank you for your email. JAMA Network Editorial leadership has discussed your concerns, and we are working with the authors to correct this Patient Page.

Sincerely,

Annette Flanagin  
Executive Managing Editor  
Vice President, Editorial Operations  
JAMA and JAMA Network  
[annette.flanagin@jamanetwork.org](mailto:annette.flanagin@jamanetwork.org)

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