

CULTURAL MALE CIRCUMCISION
REPORT OF COMMITTEE 2004/2005

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1. MEMBERSHIP

Professor Denis Gill	Chairman, Professor of Paediatrics Royal College of Surgeons, Ireland and Children's University Hospital, Temple Street
Dr. John Devlin	Deputy Chief Medical Officer Department of Health and Children
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Mr. Dan Kelly	Institute of Urology
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2. TERMS OF REFERENCE

The Minister for Health and Children asked Professor Denis Gill to chair a committee to consider the issues surrounding male circumcision. The terms of reference of the group were:

- * To establish the cultural needs for circumcision
- * To address ethical considerations with particular respect to the welfare of children.
- * To make recommendations on timing and procedures to be followed in the event of male circumcision being considered appropriate
- * To recommend procedures for health care personnel to be followed, following detection of circumcision being performed in a non-health care setting.

3. RECOMMENDATIONS

The committee's recommendations in relation to their terms of reference are listed below.

1. Cultural male circumcision should be provided in the Irish health service.
2. Circumcision should be performed by surgeons and anaesthetists who are appropriately trained and competent, and in adequately equipped units.
3. Circumcision should usually be a day case procedure.

- 4. Medical and nursing staff who have ethical objection to cultural male circumcision should be allowed to opt out of this service.**
- 5. Circumcision should only be performed with written, informed parental consent.**
- 6. The wellbeing of the infant male being circumcised is paramount. The procedure should be as safe and pain free as possible. The infant should receive pre-operative assessment and post-operative observation.**
- 7. Cultural male circumcision provided in the Irish Health Services should be made available in the first year of life, ideally in the second six months for safety considerations.**
- 8. Screening tests for medical conditions should be available when necessary.**
- 9. Appropriate information for health-care professionals and the public on service provision should be made available.**
- 10. Circumcisions carried out by untrained people should be reported to the Health Service Executive and should be investigated and decisions taken on the basis of the facts of each case.**
- 11. The Health Service Executive should provide a regional service capable of performing the requisite number of circumcisions.**

12. Immigrant groups, reception centres and appropriate Government Departments, maternity units and GPs should inform families of service availability and how to access it.
13. An ongoing audit by the HSE of the numbers of cultural male circumcisions being performed and their outcome is essential for planning services and in ensuring quality service provision.

4. INTRODUCTION

Male circumcision is performed for two general reasons namely where there are medical indications or for cultural requirements. The tragic death of a male infant following a circumcision performed outside the health-care setting highlighted the need to provide recommendations for health-care providers to help prevent such circumstances arising again. The Minister for Health and Children established a group to advise on the needs, ethical recommendations and practical guidance on circumcision performed for cultural reasons. At all times, the welfare of the child was considered paramount.

The committee received submissions from a number of sources and reviewed the international experience in this area. The committees' recommendations are intended for both the public and private health-care settings. Finally, it is anticipated that this report will be circulated to the statutory and voluntary agencies in health and other relevant sectors.

5. CONTEXT

There are few more contentious issues in medicine than routine or cultural male circumcision. A recent internet search produced 747,000 sites of information, opinion, advice and debate. This report is not concerned with the medical arguments for and against male circumcision. The report is about male circumcision for cultural and/or religious reasons. Male circumcision is standard practice in Orthodox, Jewish society, in Muslim communities, and in many African Christian groups. In recent years, there has been a growing request for cultural circumcision to be available in Irish public hospital service.

One of the earliest accounts of circumcision was found in Egypt some 6,000 years ago. Cultural circumcision is thought to have originated from the order in the Book of Genesis (17:10) “Every man among you shall be circumcised”. For many years, cultural circumcision has greatly exercised medical and lay opinion in the international literature. Nonetheless male circumcision is widely practiced in many societies.

Estimated Rates of Circumcision	
Muslim Males	>95%
Jewish Males	>95%
White Americans	60%
White Europeans	<1%
Nigerian males	Majority

China	<1%
Japan	<1%
Worldwide	10-20%

Cultural male circumcision raises difficult questions about the rights and freedoms of individuals. Male circumcision is considered by many in certain religious faiths to be essential to the practice of their religion. Some would regard any restriction or ban on male circumcision as an intrusion on a fundamental human right. If doctors are unwilling or unable to carry out the procedure in a timely fashion, parents would turn in greater numbers to individuals who lack the skills and experience to perform circumcisions safely and competently. The welfare of children who are circumcised must be paramount, whatever the reason for undertaking the procedure.

The first and fundamental question is: Should the committee recommend cultural male circumcision in the health service? If the answer to that question is Yes, the following simple medical questions follow:

- When should circumcision best be performed?**
- Who should do circumcisions?**
- Where should they be done?**
- What support services are required?**
- What are the cost implications?**
- What ethical considerations arise?**
- How many such circumcisions would be required?**
- How to provide a service?**

If the answer reached were to be no, not to provide cultural male circumcisions in the health service, the committee would be obliged to consider and recommend alternatives, in order to ensure that preventable tragedies, such as occurred in Waterford do not recur.

The committee sought reports and submissions from involved and interested parties, studied the recommendations of medical bodies, in particular, those of the American Academy of Paediatrics and the British Association of Paediatric Surgeons.

6. CIRCUMCISION: SURGICAL ASPECTS

In Ireland, circumcision is usually performed for medical reasons but is also being performed for cultural indications. Having considered the ethical, clinical and cultural issues relevant to the terms of reference, the committee recommends the provision of circumcision for cultural indications in the health services.

Parents seeking cultural circumcision are seen in the surgical outpatients. If the infant is considered suitable for circumcision, he is listed for a day case procedure. Parents are informed of the operative procedure and its potential risks. If the child is over six months of age and from a region where sickle cell anaemia is prevalent, an appropriate blood test should be taken. It is not usual practice to perform cultural circumcision under six months of age unless there are over-riding medical reasons to do so. On the day of surgery, the parents and child are processed through the admission department and admitted on the Day Ward. Following a medical and

nursing review and examination, the child is deemed fit for anaesthesia or otherwise. A written informed parental consent is obtained, if not already done so. It is imperative that both informed and written consent be obtained from parents. It will be necessary to provide information in languages other than English. On occasion, interpreters may be required to adequately inform parents. The majority of circumcisions are performed with the infant fully anaesthetised in an operating theatre staffed by doctors, competent in the performance of this operation and by anaesthetists trained in anaesthesia of children.

The operation usually takes 10-20 minutes but with anaesthetic time, theatre time, and recovery time, the entire procedure may take between 40-90 minutes. As such, there is a significant demand on theatre time and space, nurse time, anaesthetic and surgical time. Since the prime consideration is the safety of the infant, it is imperative that all personnel dealing with children in theatre and recovery units are appropriately trained in the delivery of care to infants and small children.

In general, the procedure is well tolerated though it is not unusual for some discomfort to persist for several days afterwards. There are specific potential complications which are discussed as part of the informed consent with parents. Complications which are mostly minor are estimated to involve between 1 and 2% of circumcisions. These complications include:

- **Narrowing of the opening of the penis**
- **Bleeding from the incision site**
- **Damage to the urethra (tube draining urine from the bladder)**

- Anaesthetic problems
- Infection at the operative site.

On occasions the infant may have to return to theatre usually to stem minor bleeding.

There has been historical and ongoing controversy about the appropriateness of performing circumcision for non-clinical reasons. Sometimes this has been due to concern on the ethics of the procedure, the demands these procedures place on the health service, the possible displacement of other patients in need of surgery from over-subscribed lists. Some surgeons have opted not to offer cultural circumcisions and their opinions must be respected. The health service must be cognisant of the need for investment in terms of personnel and resources to deal with cultural circumcision and should provide these resources to support the service. The planning and delivery of these services is a matter for the Health Services Executive. In keeping with good practice guidelines, it is the belief of paediatric and general surgeons that this procedure should be performed in child friendly facilities by appropriately trained staff. The workload estimates and potential costs are dealt with elsewhere in this document.

The committee recognises that Orthodox Jewish circumcisions are performed by trained Rabbis in Ireland. These circumcisions are carried out with parental consent, are deemed to be in the interest of the child, and are competently performed. The committee is not aware that any significant problems have been attributed to Orthodox Jewish circumcisions in Ireland. Rabbinical circumcisers are

trained by the Initiation Society in the UK. The committee is satisfied that the practice of neonatal Orthodox Jewish circumcision be permitted to continue in this jurisdiction but recommends that the situation be kept under review.

Recommendations

- 1. Cultural male circumcision should be provided in the Irish health service.**
- 2. Circumcision should be performed by surgeons and anaesthetists who are appropriately trained and competent, and in adequately equipped units.**
- 3. Circumcision should usually be a day case procedure.**
- 4. Medical and nursing staff who have an ethical objection to cultural male circumcision should be allowed to opt out of this service.**
- 5. Circumcision should only be performed with written, informed, valid parental consent.**

7. CIRCUMCISION: ANAESTHESIA

Circumcision like any other medical procedure must be undertaken in hygienic conditions, with appropriate pain relief and after care. If a doctor decides to circumcise a male child, he or she must have the necessary skills and expertise to perform the operation and use appropriate measures including anaesthesia to

minimize pain and discomfort. Circumcision should be carried out where adequate paediatric anaesthetic services are available. Anaesthesia for children requires specially trained medical and nursing staff and specialist facilities. Adequate assistance to the anaesthetist by skilled staff with paediatric training must be available. Paediatric anaesthetic equipment must be available where children are treated and staff must receive regular retraining in paediatric life support. This will entail a properly staffed and funded service and includes an acute pain service covering the needs of children. Good clinical practice standards must be met when carrying out circumcision.

There remains a question of at what age should circumcision be carried out? Studies in morbidity and mortality during anaesthesia suggest that children under 6 months of age carry a greater risk for morbidity and mortality compared to older children. Therefore, if possible, it is advisable to delay circumcision until the child is beyond 6 months of age to try to decrease this.

Recommendations

- 6. The wellbeing of the infant male being circumcised is paramount. The procedure should be as safe and pain free as possible. The infant should be processed through the paediatric unit for pre-operative assessment and post-operative observation.**

- 7. Cultural male circumcision provided in the Irish Health Services should be made available in the first year of life, ideally in the second six months for safety considerations.**

8. CIRCUMCISION: MEDICAL ASPECTS

Any infant presenting for circumcision needs to be fit for surgery and fit for an anaesthetic. The committee's consensus was that cultural circumcisions are best performed in the second six months of the first year of life. The major medical considerations are:

- a) bleeding tendency and**
- b) sickle cell anaemia in infants from West Africa.**

Bleeding tendency can usually be determined by family history, but might rarely require coagulation studies. Tests for sickle cell anaemia are recommended for infants from endemic areas of West Africa.

A suitable brief information leaflet or booklet on male circumcision and its implications would be beneficial.

Recommendations

- 8. Screening tests for medical conditions should be available when necessary.**

- 9. Appropriate information for health-care professionals and the public on service provision should be made available by the HSE.**

9. MEDICO-LEGAL CONSIDERATIONS

Articles 40, 41 and 43 of the Irish Constitution recognize the rights of individuals, rights of families, and freedom of religious expression. It is a fundamental principle of consent in the Irish legal system that parents are acting in the best interests of their child. We, as a society, expect parents to make a positive decision in favour of newborn screening procedures, immunisation injections, blood transfusions and operative interventions as medically indicated.

A medical procedure such as male circumcision should only be carried out by people who are competent. Male circumcision is generally assumed to be lawful provided that:

- It is performed competently**
- It is believed to be in the child's best interests**
- There is valid consent.**

The safe performance of any circumcision requires that the operator be a surgeon trained in this procedure and be competent and experienced. Circumcisions performed by untrained people in inappropriate environments are not acceptable in Ireland. Health-care professionals who become aware of such practices or incidents should report them to the Health Service Executive. Circumcisions carried out by an

incompetent person and resulting in injury to the child could be deemed to be a form of child abuse and be subject to child protection legislation or criminal law. Such incidents will need to be reported to the Health Service Executive, properly and appropriately investigated and decisions taken on the facts of the individual case. The Health Service Executive should monitor the incidence of these cases as part of its surveillance of child protection activities.

Recommendation

10. Circumcisions carried out by untrained people should be reported to the Health Service Executive and should be investigated and decisions taken on the basis of the facts of each case.

10. ESSENTIALS FOR SAFE CULTURAL MALE CIRCUMCISION

- **Informed signed parental consent**
- **Fit, well, fully assessed infant**
- **Competent surgeon**
- **Competent anaesthetist**
- **Appropriate equipment and operative surroundings**
- **Nursing and medical staff skilled with infants and children**
- **Post-operative observation**
- **Information provided to family doctors**

- **Post operative surgical review.**

Some practical, but important points are outlined below. These are included to illustrate the significance of a bleed in a newborn infant and the requirement to provide analgesia.

- **The blood volume of a 3kg (6½lb) newborn infant is approximately 250ml**
- **The blood volume of a 3.5kg (7½lb) newborn infant is approximately 280ml (½ pint)**
- **Newborn infants feel pain. Anaesthesia and analgesics are appropriate at this age and at all circumcision procedures**
- **The complication rate of newborn circumcision is generally quoted to be 1-2%; most complications are minor. Blood loss must always be estimated and clinically assessed.**

11. WORKLOAD ESTIMATES

From the figures available to the committee it is estimated that 1,500-2,000 cultural male circumcisions could be required annually. The figures will depend on immigration trends, family size in Irish Muslim society and population demographics. The Health Service Executive will need to quantify regional demands for cultural male circumcision, and to identify hospitals, facilities and resources required to provide a service in individual regions.

Cultural male circumcision may place significant demands on theatre time and space, nurse time, anaesthetic and surgical time. The health services and individual hospitals will need to quantify clinic space, theatre time, and recovery requirements. Costings can be estimated from current casemix information.

The operation usually takes 10 to 20 minutes but with anaesthetic time, theatre time, and recovery time, the entire procedure may take between 40 and 90 minutes. 1,500 procedures with an entire procedure time of 40 minutes equates to approximately 1,000 hours per annum or 20 hours per week for 48 weeks of activity. It needs therefore to be recognised that in a situation where hospital resources are finite, increasing numbers of elective circumcisions may have an impact on the volume of other surgical procedures that can be performed. It will be a matter for the Health Service Executive to engage with individual acute hospitals or networks in order to establish the extent to which the procedure can be offered and to reach agreement with regard to funding arrangements.

In order to provide greater access to circumcision it is desirable for the procedure to be provided in as many regions as possible.

The National Consultative Committee on Racism and Interculturalism in their submission to the committee summarised the position as follows :

“The accrued ethnic and religious diversity in Ireland today implies an increased demand for male circumcision”

“a common sense, evidenced-based policy can be developed that seeks to take account of the balance between resources and need to ensure that there is greater provision/access to male circumcision services in Ireland on a targeted/possibly regional basis. The main rationale for this approach includes:

- Increasing demand for such services**
- The importance of sending a positive signal on making reasonable accommodation of cultural, ethnic and religious diversity in our health services, particularly since circumcision is regarded with great importance in many communities**
- The potential risks involved in not providing such services i.e. the negative message it sends out about diversity, the fact that Ireland will be out of step with many countries and the greater potential of ‘back-street’ operations resulting in increased chances of infection, mutilation or even death.”**

“particular attention should be paid to those people who cannot afford private medical assistance and to ensure that services are targeted to where they are most needed, that is where demand is greatest.”

“if circumcision procedures are not accessible in Irish hospitals, then emergency services will be likely to be called out to deal with the consequences of botched operations on an emergency basis and considerable police time will be involved in subsequent extensive investigations.”

“In short, it makes sense from an intercultural, efficiency and ethical perspective that circumcision procedures are more widely accessible in Irish hospitals than at present. Particular attention should also be given to the provision of adequate and accessible information to the parents of those undergoing the procedure to allow informed choices to be made.”

Recommendations

- 11. The Health Service Executive should provide a regional service capable of performing the requisite number of circumcisions.**

- 12. Immigrant groups, reception centres and appropriate Government Departments, maternity units and GPs should inform families of service availability and how to access it.**

- 13. An ongoing audit by the HSE of the numbers of cultural male circumcisions being performed and their outcome is essential for planning services and in ensuring quality service provision.**

12. SUBMISSIONS TO CIRCUMCISION COMMITTEE

- National Consultative Committee on Racism and Interculturalism.**

- Irish College of General Practitioners.**

- **Dr. A. DeSouza, Specialist in Public Health Medicine of Eastern Health Board.**
- **The National Network of Refugees, Asylum Seekers and Immigrant Support Groups.**
- **The Faculty of Paediatrics, Royal College of Physicians of Ireland.**
- **Dr. Nick Van Der Spek, Paediatrician, North Eastern Health Board.**
- **Department of Public Health Medicine and Epidemiology, University College Dublin.**
- **Association on Irish Humanists.**
- **Dr. Ronit Lentin, Department of Sociology, Trinity College Dublin.**
- **Spirasi**
- **Islamic Foundation of Ireland. (Yahid Al-Hussein, Imam). Midland Health Board.**
- **Ms. Emily Logan, Ombudsman for Children.**
- **Mr PW Eustace, Mayo General Hospital**

Oral submissions were given by:

- **Professor Denis Cusack, Department of Medical Jurisprudence, UCD.**
- **Dr. Ellard Eppel, GP, Dublin (deceased 2005).**
- **Dr. Pearlman, Chief Rabbi.**

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