

2012 AAP MALE CIRCUMCISION POSITION STATEMENT and TECHNICAL REPORT

Pediatrics 2012;130(3):585-586 and e756-e785

A flawed and biased report – selected examples – compiled by Gillian Longley RN, BSN, MSS

For more analysis please see: Svoboda JS, Van Howe RS. Out of step: Fatal flaws in the latest AAP policy report on neonatal circumcision. *J Med Ethics* 2013;39(7):434-441. Frisch M, et al. Cultural bias in the AAP's technical report and policy statement on male circumcision. *Pediatrics* 2013;131(4):796-800.

WHAT THE REPORT SAYS...	WHAT THE REPORT NEGLECTS TO SAY...
<p>"...health benefits are not great enough to recommend routine circumcision for all male newborns..." p. 585</p>	<p>Makes this statement once only in the brief separate summary "Policy Statement", but nowhere in the nearly 30-page "Technical Report." Repeatedly emphasizes other statements promoting circumcision in the technical report.</p>
<p>"The health benefits of newborn male circumcision outweigh the risks..." (repeated throughout)</p>	<ul style="list-style-type: none"> • Fails to do a comprehensive quantitative comparison of benefits and risks, thus the repeated claim that "benefits outweigh risks" does not logically follow. • Fails to provide information on alternative, non-surgical methods of preventing or treating diseases discussed. • Fails to discuss the much greater importance of behavioral factors over circumcision status, for disease prevention. • Fails to state that safe sex behaviors must continue to be taught and practiced whether a male is circumcised or not. • Fails to state that circumcision is not guaranteed or necessary to prevent any disease. • Fails to mention that numerous observational studies, from Europe, Africa, Australia/New Zealand, Puerto Rico, and the United States, fail to show the claimed health benefits (such studies were excluded from the review). • Pads the discussion of benefits with diseases that they admit are rare in the US. • Mentions "good evidence" that circumcision increases the risk of females acquiring HIV from their circumcised partners, but ignores this in its claim that "the benefits outweigh the risks." p. e765
<p>"Significant acute complications are rare... acute complications are usually minor." p. e772</p>	<p>Downplays or dismisses the risks of circumcision. States several times that the true rate of circumcision risks is unknown, but then illogically claims that "the benefits outweigh the risks," without knowing the true incidence of the risks.</p> <ul style="list-style-type: none"> • "The true incidence of complications after newborn circumcision is unknown." p. e772 • "It is unknown how often these late complications require surgical repair; this area requires further study." p. e 772 • "Based on the data reviewed, it is difficult, if not impossible to adequately assess the total impact of complications." p. e775 • "Financial costs of care [after complications], emotional tolls, or the need for future corrective surgery are unknown." p. e775 <p>Fails to mention that there is no systematic collection in the U.S. of prospective data on adverse events following circumcision, or to call for such a system. The most severe complications (e.g. loss of the glans or penis, death, MRSA infection) were not considered at all on the basis that they were typically reported only as case studies (excluded from the review). However, not all serious complications of circumcision are reported in the literature, so again, the true rate of complications is not known, and is probably greater than the claimed "rare and minor" (Pediatric Death Review Committee, Ontario Coroner's Office 2007).</p>
<p>[Psycho-emotional harms of circumcision] ABSENT</p>	<p>No mention of psychological harms of circumcision, or acknowledgement of men's feelings of anger or distress about having been circumcised without their consent.</p>
<p>CDC cost study quoted "did not include adverse effects that make newborn circumcision less cost-effective. However, the authors concluded that male circumcision was a cost-effective strategy..." p. e775.</p>	<p>The ONLY cost-effectiveness study referenced in this statement did NOT consider circumcision complication rates! Report ignores recent comprehensive cost-utility analysis (Van Howe 2004) that found that "neonatal circumcision increased incremental costs by \$828.42 per patient" and concluded that "neonatal circumcision is not good health policy and support for it as a medical procedure cannot be justified either financially or medically."</p>
<p>"The benefits of newborn male circumcision justify access to this procedure for those families who choose it..." (repeated throughout) "The preventative and public health benefits associated with newborn male circumcision warrant third-party reimbursement of the procedure." (throughout)</p>	<p>Without adequately accounting for the complications of circumcision, there can be no accurate accounting for the costs of circumcision. The AAP admits that the financial costs of care following complications are unknown. p. e775 Until the true rates and costs of circumcision complications are known, it is not justifiable to recommend that health systems should cover the costs of circumcision, under the false implication that neonatal circumcision is significantly cost-effective. There is NO direct evidence of public health benefit in the United States, only extrapolations from cherry-picked RCTs done in Africa under completely different socioeconomic and epidemiological conditions. There is plenty of observational evidence that circumcision does NOT improve public health (e.g. the US has the highest rate of neonatally circumcised men [nonreligious] in the world, AND the highest rates of STDS and HIV of all developed countries, far higher than non-circumcising Europe). Calling for reimbursement without medical justification violates medical ethics.</p>
<p>[The foreskin itself] ABSENT</p>	<p>The report completely fails to discuss the foreskin in its own right. It does not even define the foreskin, let alone describe its anatomy. It fails to discuss the protective functions of the foreskin, and categorically dismisses the sexual functionality of the foreskin.</p>
<p>"The literature review does not support the belief that male circumcision adversely affects penile sexual function or sensitivity, or sexual satisfaction." p. e769</p>	<p>Detracts from the validity of the question of circumcision's effect on sexuality by referring to it as a "belief" rather than a "hypothesis." Categorically dismisses any effect circumcision might have on sexuality, based only on two African satisfaction surveys done before and after circumcision in the HIV trials. However, the report ignores recent relevant anatomical and survey evidence showing detriment to sexual function from circumcision (e.g. Taylor 1996, Cold and Taylor 1999; O'Hara and O'Hara 1999, Taves 2002, Bensley and Boyle 2003, Frisch et al 2011), and misrepresents the findings of Sorrells 2007 fine-touch sensitivity study (see below). Fails to admit the need for more research on the functions of the foreskin and to gain a better understanding the effects of circumcision on sexual function both for men and women.</p>

<p>“There is fair evidence [Sorrells et al 2007] that men circumcised as adults demonstrate a higher threshold for light touch sensitivity with a static monofilament compared with uncircumcised men; these findings failed to attain statistical significance for most locations on the penis however, and it is unclear that sensitivity to static monofilament (as opposed to dynamic stimulus) has any relevance to sexual satisfaction.” p. e 769</p>	<p>The AAP report fails to mention which points were found to be significantly less sensitive in circumcised men. Specifically they fail to mention the most important finding of the Sorrells study, namely, that the most light-touch sensitive areas on the penis were the ones ablated by circumcision. Also, the AAP misreports that the study was done on men circumcised as adults. While dismissing the Sorrells results because the testing did not reflect the “dynamic stimulus” of actual sexual activity, again, the AAP fails to acknowledge the need for further research in this area.</p>
<p>“The parents should determine what is in the best interest of the child.” p. e759</p>	<p>Fails to discuss the child as the primary stakeholder in the circumcision decision. Fails to discuss the child’s rights and human rights, in the light of the UN’s Universal Declaration of Human Rights and the Convention on the Rights of the Child and the principles of medical ethics.</p>
<p>“Parents who are considering deferring circumcision should be explicitly informed that circumcision performed later in life has increased risks and costs.” Lists risks: 1) longer healing time, 2) requires sexual abstinence during healing, 3) exposure to disease risk, if sexually active before procedure done, 4) increased risk of disease, if sexually active during healing period, 5) claims higher surgical risk for post-neonatal circumcision, 6) the male is unlikely to choose circumcision for himself later. p. e760</p>	<p>The explicit directive to warn parents of the risks of deferring circumcision – without giving similar warning about the risks of circumcising newborns immediately – constitutes biased and manipulative information-giving, designed to pressure parents into a decision in favor of immediate circumcision. This advice seems to unjustifiably assume that circumcision would ultimately be the preferred and likely choice. Indeed, if the male would be unlikely to choose it for himself as an adult, this is all the more reason not to force it on a child.</p> <p>Parents should also be explicitly told that circumcising in infancy carries the following risks:</p> <ul style="list-style-type: none"> • the procedure is irreversible, and once the foreskin is gone, it cannot be put back, • that the sexual and protective functions of the foreskin are permanently altered, • that the procedure in infancy is less precise than with the larger adult organ, • that circumcision in infancy involves tearing the foreskin away from the glans (leaving the entire glans a raw wound), whereas in adults the foreskin has already separated, • that the infant’s pain is less likely to be adequately addressed than an adult’s, and • that the child may grow up to be deeply distressed or angry that his foreskin and his choice were taken away for him for no compelling medical reason, with no recourse.
<p>Recommends research “to help inform acceptance of the procedure during infancy versus deferring the decision until the child can provide his own assent/consent.” p. e777</p>	<p>In several locations, the concept of deferring the decision until the child can provide his own assent/consent is discouraged as risky, with the decision to circumcise in infancy promoted as preferable. p. e760, e777 Clear attempt to manipulate parental choices to promote infant circumcision, thus irrevocably disallowing the male’s input into the decision. For a procedure that is medically unnecessary and elective, this overruling of patient autonomy violates medical ethics and goes against the AAP’s own statement on pediatric proxy consent. (1995)</p>
<p>Discusses Mogen clamp as a “commonly used technique” in the U.S. p. e774 States “complications of the Mogen are rare; ... only case reports of amputation.” p. e775</p>	<p>Fails to mention that the company that makes the Mogen clamp has gone out of business because of several multi-million-dollar lawsuit settlements for amputations of the glans. Case reports DO count for something.</p>
<p>“Parents are entitled to factually correct, non-biased information about circumcision...” (throughout)</p>	<p>The omissions and distortions found in the content of this “technical report,” aimed at professionals who will in turn inform and thereby influence parents, constitute a degree of informational manipulation that can only be described as itself biased. How are parents to get “unbiased” information, and how are they to make fully informed decisions, if they are not even told about what the foreskin is and what it is there for; what is not known about the true rate and range of risks and harms of circumcision; or about alternative ways to prevent and treat diseases or problems that circumcision is claimed to prevent?</p>
<p>“Analgesia is safe and effective in reducing the procedural pain associated with newborn circumcision.” p. e770</p>	<p>Cites the Cochrane Review on Pain Relief for Neonatal Circumcision (Brady-Fryer et al. 2004) as supporting the claim that analgesia is effective, but fails to note their conclusion that: “Based on 35 clinical trials involving 1,997 newborns, it can be concluded that DPNB and EMLA do not eliminate circumcision pain, but are both more effective than placebo or no treatment in diminishing it.” In other words, “it’s better than nothing.”</p>
<p>Refers to “non-circumcised penis,” or “uncircumcised males.” (throughout)</p>	<p>Implies that circumcision is the standard, or the expected eventual endpoint. In actuality, the natural, intact penis is the standard to which the surgically-altered penis should be compared. The terms “natural,” “normal,” or “intact” are more accurate and unbiased than “non-circumcised.”</p>
<p>“Most adhesions present at birth spontaneously resolve by age 2 to 4 months...” p. e763</p>	<p>The balano-preputial membrane that fuses the inner foreskin to the surface of the glans in the fetus and young child is not an “adhesion” in a pathological sense, but a normal part of the development of the intact penis. No citation is given to support the claim of spontaneous resolution by 2 to 4 months. However, numerous studies exist showing that the average age at full retractability of the foreskin is about age 10 years. (e.g. Øster 1968, Kayaba et al. 1996, Thorvaldsen and Meyhoff 2005). This misinformation can lead to incorrect advice, harmful interventions, or unnecessary referrals for circumcision by improperly informed physicians.</p>
<p>The report focuses exclusively on circumcision. Recommendations are geared to “workforce development,” training and materials, and research priorities designed to promote the practice.</p>	<p>Ignores the anatomy, function, development, and conservative treatment of the intact penis, including any call for research or promotion of improved medical education on these. Ignores the issue of conscientious objection of health professionals and students to participation in circumcision.</p>
<p>IN CONCLUSION: The AAP’s statement is out of line with those of numerous medical, legal, and ethical bodies in Europe and Australia/New Zealand that have looked at the exact same evidence and concluded that: 1) there is no medical value to neonatal circumcision, 2) it violates the principles of medical ethics and human rights, and 3) it should probably be banned (e.g. Royal Dutch Medical Association 2010, Swedish Paediatric Society 2012, Tasmanian Law Reform Institute, 2012).</p>	