

CIRCUMCISION and INFORMED CONSENT

The American Academy of Pediatrics (AAP) recommends that parents considering non-therapeutic circumcision of a son should be given accurate and unbiased information. But exactly what information should be given? Parents need to have information about anything that might possibly have implications for their son's wellbeing during or after the surgery, just as they would want to have if they were considering elective surgery for themselves.

Most parents start with little or no knowledge of circumcision or its effects. Written consent forms, and the discussions parents have with healthcare providers before signing them, are often brief and over-simplified and often do not provide parents with a comprehensive understanding of what they are agreeing to. Many parents make this irreversible decision without complete information. Some will deeply regret their decision later, when they learn facts they did not have an opportunity to consider.

This handout is not designed to be a stand-alone informed consent document. Its purpose is to act as a guide for professionals to the topics they can address that are *most often omitted* from informational sources. These are the missing facts and concepts that parents need to help them have a fully informed understanding of circumcision and its alternative -- leaving their child's genitals intact.

The standard elements of informed consent include: a description of the procedure, its potential risks and benefits, and similar information about alternatives to the procedure.

DESCRIPTION OF THE PROCEDURE:

This should not just be a general description, such as, "circumcision is the removal of the skin that covers the end of the penis." The different types of procedures should be explained step by step. It is best to have parents view pictures or a video of a circumcision, so that they are fully aware of what is involved.

DESCRIPTION OF THE RISKS:

Procedural risks: Circumcision consent forms most often list a few general and immediate surgical risks, such as infection, bleeding, and pain. However, parents should know that circumcision carries other not uncommon risks specific to the procedure, some of which may not manifest until years later. These include: too little or too much skin removed (resulting in later problems, such as adhesions or tight painful erections), injury to other parts of the penis (glans, shaft, or urethra), need for repeat surgery (1/100), and meatal stenosis (1/10). The more elective a procedure (as is the case with newborn circumcision), the more thorough the disclosure of risk should be, especially when the decision is made by someone other than the person whose body will be affected. Therefore, rare but catastrophic risks, such as partial or complete loss of the penis, and death, should be included. Parents should also know that the true rates of circumcision complications are not known, because there is no systemic collection of this information in the U.S.

Loss of the foreskin itself: Parents should understand that circumcision entails the loss of a normal and functional body part, removing approximately 50% of the skin of the penis. They should understand the anatomy and purposes of the foreskin, including its protective functions and its multiple sexual functions, both sensory and mechanical.

Pain: Regarding the pain of circumcision, informed consent should include: the understanding that anesthesia may only reduce but is not guaranteed to eliminate the pain of circumcision; the AAP's recommendation for pain medication during and after the procedure; and the fact that not all doctors use anesthesia. Parents should know that the pain experienced during and after circumcision may adversely impact successful initiation of breastfeeding.

Ethics: Medical organizations recognize that an unnecessary surgery which removes a normal, healthy body part from an individual who is unable to give his consent raises ethical concerns. Ethical considerations should be discussed with parents, including concerns regarding the child's rights to physical integrity and self-determination, and the fact that the child is the primary stakeholder in the circumcision decision.

DESCRIPTION OF THE BENEFITS:

Medical recommendations: Discussion of potential benefits of circumcision often center on lists of specific diseases that have at different times been thought to be prevented by circumcision (e.g. urinary tract infections [UTIs], STDs, and penile or cervical cancer). However, parents should understand that the professional consensus is that circumcision is neither medically necessary, nor is it recommended by any major medical organization in the world. They should also understand that the potential benefits do not clearly outweigh the risks and disadvantages of circumcision, and that other less invasive and more effective approaches exist for preventing and treating disease.

Absolute vs. relative risk: When discussing disease prevention and circumcision, absolute risk numbers are more accurate descriptors of real-life significance than relative risks, which tend to exaggerate the impression of benefit. For example, instead of saying only that uncircumcised boys are x times more likely to have a UTI, it is more helpful to explain that no more than 1% of baby boys will experience a UTI whether they are circumcised or not. Or instead of saying only that circumcised men are less likely to get penile cancer, it is more realistic to explain that in developed countries, penile cancer is rare (1/100,000) whether circumcision is practiced or not.

DESCRIPTION OF THE ALTERNATIVE:

Normalizing genital wholeness: The alternative to circumcision is to leave the child's genitals whole and unaltered. Parents should be provided information that helps them understand that not circumcising is a valid and natural alternative, and that the foreskin is a normal, healthy, valuable body part. Parents should know that not circumcising is the norm in most of the world (about 75% of the world's males are intact); that the United States is the only country to routinely circumcise male infants for non-religious reasons; that the U.S. rates have dropped from approximately 90% to 56% in recent decades; and that all mammals, both male and female, are born with a prepuce (foreskin).

Understanding care of the foreskin:

Parents should be given information about correct care -- and the ease of care -- of the foreskin, including normal development of the intact penis in childhood (see NOCIRC's pamphlet on care of the intact penis). They need to understand that problems of the foreskin are uncommon and usually conservatively treatable, and that the likelihood of need for later circumcision is very low (see Fleiss's "Protect Your Uncircumcised Son"). Parents concerned about disease should be reminded of relevant personal behaviors that are most useful in preventing disease, such as breastfeeding, not smoking, sexual health habits, simple hygiene, and hand washing.

ADDITIONAL INFORMATION:

Probability of success: There is no objective measure of the "probability of success" of newborn circumcision because there is no disease process being treated, neither is there is any definition of the "right" amount of skin to be removed. There is no guarantee that circumcision will eliminate the risk of a particular disease, make hygiene better or easier, or achieve a given desired cosmetic effect.

Information on recuperation and after-

care: Parents should understand what is involved with post-circumcision pain control and wound care as part of pre-consent education.

Social concerns: Although social concerns -- such as wanting the boy to look like a circumcised father or brother, or fears of teasing -- are not strictly a part of informed consent, parents may need assistance to put such concerns into perspective. No research evidence exists to confirm or refute parental concerns of this type. Providers can help parents weigh any social concerns against circumcision's known risks and non-essential nature, and suggest alternate parenting approaches that promote self-esteem and emotional health in children.

RESOURCES:

Legal and ethical analysis of informed consent for circumcision: www.cirp.org/library/legal/conundrum/

Medical organization position statements: www.cirp.org/library/statements/

In-depth, referenced genital integrity position statements: www.icgi.org/Downloads/ICGIoverview.pdf
www.doctorsopposingcircumcision.org/pdf/GenitalIntegrityStatement.pdf

Risks and benefits of circumcision in absolute numbers, from the Canadian Paediatric Society:
www.caringforkids.cps.ca/babies/Circumcision.htm

Information on the anatomy and function of the foreskin: www.doctorsopposingcircumcision.org/video/prepuce.html -- and --
www.coloradonocirc.org/files/handouts/Anatomy_and_Physiology.pdf

Analysis of ethical issues, from the College of Physicians and Surgeons of British Columbia:
https://www.cpsbc.ca/cps/physician_resources/publications/resource_manual/malecircum

"Answers to Your Questions About Care of Your Young Son's Intact Penis": www.nocirc.org/publish/4pam.pdf

"Protect Your Uncircumcised Son" by Paul M. Fleiss, M.D.: www.mothering.com/articles/new_baby/circumcision/protect-uncircson.html

"What Your Doctor May NOT Tell You About Circumcision" by Paul M. Fleiss, M.D. and Frederick M. Hodges, Ph.D. New York: Warner Books. 2002.

"Circumcision and Foreskin Care Resources for Birth Care Providers": Extensive collection of pamphlets, articles, video links, etc.: www.icgi.org/birth_care_providers.htm

Longley GE. Framing the foreskin: A content analysis of circumcision information handouts for expectant parents. [Master's Thesis.] University of Colorado Denver, December 2009. Available from ProQuest Theses and Dissertations Database. UMI# 1478360.

A pamphlet for health care
and birth professionals

THE ELEMENTS OF INFORMED CONSENT:

APPLICATIONS TO MALE INFANT CIRCUMCISION



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