

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

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