

Protect (All) Your Boys from Early Trauma

It sounds like a conspiracy. The [government](#) is about to officially sanction intentional harming of infants. They want medical personnel to pressure [parents](#) to accept infant, child, even teen circumcision. Not only is the move based on faulty data and reasoning, it is unethical.

The Centers for Disease Control (CDC) want to make it official doctrine ([link is external](#)): for doctors to pressure parents into agreeing to circumcise their male children, whether at birth or in the teen years. The comment period for their new guidelines closes on January 15, 2015.

Why infant circumcision is irrational

The advocates use the wrong baseline for their arguments. The foreskin is there for good reason, including for sexual pleasure in both male and female over the lifespan. Most men in most parts of the world for the overwhelming vast majority of history have intact penises. Just because Americans, Jews and Muslims have high rates, does not make it “normal” or “good.”

Circumcision advocates say it will prevent disease. [The data are old and unreliable \(link is external\)](#). But babies don't get penile cancer or HIV from sexual activity. So the argument that infants should be circumcised for prevention of these diseases does not hold water.

Besides, the rates are so small for these diseases in adults, that there must be other causes (or else it would be obvious that having a foreskin is a danger).

Men's lifetime risk of acquiring HIV is less than 2% and can be lowered to near 0% with condom-wearing (Hall 2008). Note also what the CDC admits in its recommendations: “Most new HIV infections in the United States are attributed to male-to-male sex, a population for which male circumcision has not been proven to reduce the risk of HIV infection.”

Infant girls have a much greater chance -- 12% -- of getting breast cancer. Should we

argue for prophylactic removal of their breast buds at birth? We don't think so. Again, there are causes to disease other than having a body part.

The data showing a slight relation between intact foreskin and urinary tract infections (UTI) in boys probably has multiple causes, including [ignorance about how to treat the penis](#). (Note however, that the CDC guidelines do not include any data for infant UTIs!)

Every other medical institution outside the USA discredits or bans infant circumcision. This is due to the fact that the data about the harm foreskin does are atrocious – unreliable and [biased](#).

Even the [American Academy of Pediatrics \(Sept 9, 2012\)](#), ([link is external](#)) (with critique of it [here \(link is external\)](#)), in its mild advocacy of infant circumcision (instead of condemnation), admitted that there are no studies of infant disease or longitudinal studies of adults. They say “data scant and inconsistent on severity,” “impossible to adequately assess,” “financial costs of care, emotional tolls, or the need for future corrective surgery...unknown.” So the recommendations for infant circumcision are based mostly on hot air.

Circumcision advocates appear to be ideologues, not impartial advisers. We have extremism dressed as rational advice.

Why infant circumcision is unethical

Medicine is supposed to be about doing no harm. Taking off the most sensitive part of the male body is doing harm, undeniably. It harms sexual relations for couples. And there are psychological effects such as alexithymia (Bollinger, 2010). In our lab, we have unpublished data in several samples of adults showing a relation between circumcision and self-protective [morality](#) (opposite of compassionate morality).

Ethical medicine is supposed to be about informed consent. That means the decision should be left to the boy when he becomes mature enough to weigh the evidence (age 18, 21, or 25, depending on what aspect of development you consider—like auto insurance companies, I vote for age 25).

Remember Dr. Seuss' story about Sneetches ([link is external](#))? An entrepreneur developed machines to put on star tattoos (status symbol) on the “disadvantaged.” But when those with original stars saw “those people” getting them, the elites wanted their stars taken off (as the new status symbol). Pretty soon sneetches competing with one another started rotating between one machine that provided tattoos and another that took them off. So the entrepreneur made lots of money—until the sneetches came to their senses. Taking off infant foreskins and then restoring foreskins to adult circumcised penises is a profitable business too.

PARENTS: For clear, easy and plain-language help making the circumcision decision, try the CIRCUMCISION DECISION MAKER at <http://circumcisiondecisionmaker.com/> ([link is external](#)).

TAKE ACTION for boy [health](#), wellbeing and autonomy by [submitting a comment at the CDC website](#) ([link is external](#)). **The comment period for their new guidelines closes on January 16, 2015.**

LEARN MORE details on research and obtain more references:
<http://www.doctorsopposingcircumcision.org/> ([link is external](#))

POSTS IN BLOG SERIES ON CIRCUMCISION

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[Pro-Circumcision Culturally Biased, Not Scientific: Experts](#)

REFERENCES

Anand et al., "Can Adverse Neonatal Experiences Alter **Brain** Development and Subsequent Behavior? *Biol Neonate* 77 (2000): 69-82.

Craig A, Bollinger D. Of waste and want: A nationwide survey of Medicaid funding for medically unnecessary, non-therapeutic circumcision. In: Denniston GC, Gallo PG, Hodges FM, Milos MF, eds. *Bodily Integrity and the **Politics** of Circumcision: Culture, Controversy, and Change*. New York: Springer; 2006:233-46.

Bollinger, D. "Lost Boys: An Estimate of U.S. Circumcision-Related Infant Deaths," *Thymos: Journal of Boyhood Studies* Volume 4, Number 1 (2010).

Boyle, G., et al., "Male Circumcision: Pain, **Trauma**, and Psychosexual Sequelae," *Journal of Health Psychology* 7 (2002): 329-343.

Goldman, R., "The Psychological Impact of Circumcision," *BJU* 83 (1999): suppl. 1: 93-102.

Hall, H. et al., Estimating the lifetime risk of a diagnosis of the HIV infection in 33 states, 2005-2005; *J Acquir Immune Defic Syndr.* 2008;49(3):294-297.

Hammond, T., "A Preliminary Poll of Men Circumcised in Infancy or **Childhood**," *BJU* 83 (1999): suppl. 1: 85-92.

Kim D, Pang M. The effect of male circumcision on **sexuality**. *BJU Int* 2007;99(3):619-22.

Lander, J. et al., "Comparison of Ring Block, Dorsal Penile Nerve Block, and Topical Anesthesia for Neonatal Circumcision," *JAMA* 278 (1997): 2157-2162.

Schwartz, William M., MD et al., *PEDIATRIC PRIMARY CARE: A Problem-solving Approach*, 2nd Edition, Year Book Medical Publishers, Inc., 1990, pp. 861-862.

Solinis, I., & A. Yiannaki (2007). Does circumcision improve couple's sexual life? *JOURNAL OF MEN'S HEALTH AND **GENDER***, Volume 4, Number 3, Page 361

Stang, H. et al., "Circumcision Practice Patterns in the United States," *Pediatrics* Vol. 101 No. 6 (1998): e5.

Taddio A, et al., "Effect of neonatal circumcision on pain response during subsequent routine vaccination." *Lancet* 1997;349(9052):599-603.

Tang WS, Khoo EM. Prevalence and correlates of premature ejaculation in a primary care setting: A preliminary cross-sectional study. *J Sex Med*, 14 Apr 2011

Van Howe, R., "Variability in Penile Appearance and Penile Findings: A Prospective Study," *BJU* 80 (1997): 776-782.

Van Howe, R., "A Cost-Utility Analysis of Neonatal Circumcision," *Med Decis Making*, December 1, 2004; 24(6): 584 - 601.

Sample statements against infant circumcision by other medical organizations worldwide:

Circumcision of Male Infants ([link is external](#)). Sydney: Royal Australasian College of Physicians, 2010.

Fetus and Newborn Committee, Canadian Paediatric Society. *Neonatal circumcision revisited* ([link is external](#)). (CPS) *Canadian Medical Association Journal* 1996;154(6):769-80.

Intergovernmental Bioethics Committee. *Universal Declaration on Bioethics and Human Rights*. Adopted by the General Conference of the United Nations Educational, Scientific and Cultural Organization on 19 October 2005.

Medical Ethics Committee. *The law & ethics of male circumcision - guidance for doctors* ([link is external](#)). London: British Medical Association, 2003, 2006.

Non-therapeutic circumcision of male minors ([link is external](#)). Utrecht, Royal Dutch Medical Association (KNMG), 2010.