Is male circumcision harmful?

Professor of public health RICHARD WAMAI and psychological researcher RONALD GOLDMAN go head-to-head.

**NO**

**Richard**

Why would so many human cultures, historically dominated by males, have for thousands of years removed a piece of skin that wraps around the end of the penis if doing so caused harm or impeded sexual enjoyment?

The answer is, of course, that male circumcision (MC) does no harm. In fact, when the World Health Organization (WHO) and, later, the American Academy of Pediatrics (AAP – the largest association of paediatricians in the world) considered the best available scientific evidence on MC for adults and infants, they concluded that the health benefits far outweigh its minor risks. The benefits include protection against a horde of sexually transmitted infections, including HIV. Additionally, a circumcised penis has been found to improve sexual function, sensation and satisfaction, to be more appealing to women both cosmetically and for hygiene reasons, and, when done purely for religious or cultural reasons, it promotes a sense of identity and belonging.

Despite the solidity of evidence on its benefits, opposition to MC by groups or individuals in non-circumcising societies remains. Since their claims are not supported by quality research and fail to withstand scrutiny by academic and medical experts, the opposition appears motivated by ideological or other reasons. Such opposition has failed spectacularly: in Germany, politicians last year voted four to one that infant circumcision does not violate children’s rights or endanger their welfare.

Thus, while evoking strong sentiments – perhaps because it targets a vital sexual organ – circumcision for men and infant boys is not harmful.

**Ronald**

Most of the world instinctively avoids circumcision, recognizing it as just as harmful as cutting off other natural, healthy, functioning body parts.

AAP and WHO’s positions on circumcision are influenced by personal, cultural, financial, and professional conflicts of interest. No medical organization finds any proven medical benefit for circumcision, and European organizations oppose circumcision.

Circumcision is painful and traumatic. Some infants do not cry because they go into shock. After circumcision, infants exhibit behavioural changes and disruptions in mother-child bonding. Anaesthetics, if used, do not eliminate pain. There are many surgical risks, including, in rare cases, death. Some doctors refuse to perform circumcisions because of ethical considerations.

Circumcision removes about a third of the erogenous tissue on the penile shaft, including several kinds of specialized nerves, resulting in thickening and progressive desensitization of exposed erogenous tissue. The adult foreskin is a double-layer movable sleeve of approximately 75 square centimetres. It protects the penis head, enhances sexual pleasure, and facilitates intercourse. Circumcised men are more likely to have erectile dysfunction, orgasm difficulties and premature ejaculation. Female partners have more problems with sexual function, fulfilment and painful intercourse. Conflicting studies on sexual effects of circumcision leave the burden of proof on those who advocate circumcision.

Dissatisfied men wish they had a choice and report anger, feelings of loss, sadness, sexual anxieties, and reduced emotional expression. Psychological factors affect every aspect. Circumcised men often have difficulty acknowledging the harm and generally accept information favouring circumcision.

**Richard**

The series of statements about circumcision and the foreskin made by you are either outright wrong, or not supported by quality research. Simply making a statement does not make it true, no matter how ‘believable’ it might sound.

There is no evidence to support the suggestion that low rates of circumcision worldwide (about 70 per cent of men are uncircumcised) therefore means the practice is harmful. Nevertheless, the focus here is on whether there is harm where MC is practised.

Almost everything you say has been examined in well-designed studies, including large randomized controlled trials and reviews carried out by reputable bodies of multi-disciplinary researchers. Not only have these statements been, on the whole, proven to lack scientific merit, but almost all the sources you cite have been debunked repeatedly in peer-reviewed quality publications. This literature – most of which can be found on websites such as Clesinghouse on Male Circumcision and Circinfo.net – is well-referenced by scientific and policy bodies such as the WHO, the AAP and the Centers for Disease Control and Prevention (CDC).

Furthermore, the assertions you make about the AAP and WHO have no credibility whatsoever. Such an argument appears to serve a self-fulfilling proposition of a personal anti-circumcision position; the position of these global medical organizations on adopting MC for its medical
benefits is a matter of public knowledge. The reader can therefore be assured that circumcision does not adversely affect overall health, sexual function, sensation, pleasure or satisfaction.

Ronald
Repeated references to AAP, WHO, and CDC do not change the facts. These groups have lost global credibility on circumcision because of their highly biased pro-circumcision positions. In addition to its other conflicts and deficiencies, the AAP has legal and political reasons to defend circumcision. Circumcision policies in countries that do not circumcise recognize the functions of the foreskin and the psychological effects of removing it.

Circumcision advocates’ biases include seeking to show ‘benefits’ only and receiving millions of dollars of funding for that view, consequently weakening the reliability of their research, including randomized controlled trials. The WHO pro-circumcision ‘expert’ promotes the sale of his own circumcision devices! Conversely, circumcision critics often work as volunteers trying to help protect males from this traumatic genital surgery.

One example of psychological factors producing bias is that circumcision is more often supported by doctors who are circumcised. Advocating circumcision, denying harm, and ignoring psychological factors help them avoid the emotional discomfort of questioning their own circumcision. Instead, they accept presumed medical ‘authorities’, without questioning conflicts of interest, motivations, defences and emotions that led to the cascade of flawed research and policies.

Psychological factors do not magically disappear from advocates involved in presumed ‘reputable bodies’, ‘well-designed studies’ and ‘quality publications.’ Actually, these factors multiply due to less attention to detail, more conformity, and fear of debate, as erroneous ideas about circumcision spread like an epidemic.

Psychologists know there is a compulsion to repeat trauma. As a trauma, circumcision is a psychological issue disguised as a medical issue.

Richard
Rejecting values and conventions of science, opponents of MC are entitled to their own personal opinions. Declarative statements denying the credibility of the AAP, WHO and CDC and fallacious arguments about adverse effects of MC will be recognized by educated readers as specious in fact.

The fact is that the AAP, the WHO, the CDC, UNAIDS and other bodies (whose members include uncircumcised bioethicists and psychologists) have painstakingly examined hundreds of research studies and weighed the evidence for and against MC, including that provided by opponents, and endorsed MC for infant males, older boys and men. They have delineated its considerable benefits for disease prevention, finding no adverse effects on sexual function, sensation or satisfaction or human rights. These bodies would lose credibility if they pandered to the extremist views of opponents, or if they came to conclusions discordant with the scientific evidence.

Global medical, policy and funding organizations, governments, civil society groups, human rights, gender and women’s health advocates, and youth in numerous countries endorse MC. Men need to understand that its benefits vastly exceed risks and that over their lifetime up to half of uncircumcised males may suffer an affliction attributable to foreskin retention. MC produces enormous health and economic benefits and not providing it to males who want it and to parents choosing it for their infant boys would be an ethical violation.

Proponents of MC strongly support acceleration of its implementation to save lives and promote health as a biomedical and ethical imperative.

Ronald
Your previous statements are unsupported, false and misleading. Deficiencies and biases found in pro-circumcision literature are illustrated by the findings of renowned meta-researcher John Ioannidis. He shows much of medical research is ‘misleading, exaggerated and often flat-out wrong’. His work is widely accepted by medical people.

Ioannidis says: ‘Claimed research findings may often be simply accurate measures of the prevailing bias.’ The prevailing bias is pro-circumcision. Circumcision advocates design studies to produce desired results. ‘There is an intellectual conflict of interest that pressures researchers to find whatever it is that is most likely to get them funded,’ says Ioannidis. ‘At every step in the process, there is room to distort results.’ He notes that opposing views are often suppressed.

Circumcision harms have been ignored, not refuted. (I asked the WHO’s pro-circumcision ‘expert’ to describe the anatomy and functions of the foreskin. He didn’t know!) Psychological and sexual harms of circumcision are reported by clinicians and circumcised men. Women with comparative sexual experience greatly prefer genitaly intact men. Other studies find more sexual difficulties for circumcised men and 4.53 times higher likelihood of using drugs for erectile dysfunction. Thousands of dissatisfied circumcised men have had their foreskins restored. Questions about harm remain unanswered.

Beware of biased ‘authorities’. Pro-circumcision researchers often ignore feelings and common sense. Don’t make that mistake. Watch a circumcision video and trust your feelings. Imagine having your genitals cut by force. Common sense tells you that losing 75 square centimetres of erogenous tissue has negative consequences, and involuntary surgery on a natural, healthy, functioning body part and inflicting trauma is harmful.
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