Bias and Male Circumcision

To the Editor: As a physician without a strong opinion about male circumcision (MC), I found the article by Morris et al[1] in the May 2014 issue of *Mayo Clinic Proceedings* initially convincing, but on closer inspection, it is marred by bias. The authors make no mention of position statements against MC[2,3] or strong international critique of the American Academy of Pediatrics (AAP) position,[4] and they omit the AAP's own conclusion that "health benefits are not great enough to recommend routine circumcision for all male newborns."[5] Ignoring this equipoise, they claim that MC benefits "vastly exceed" risks and suggest that parents who do not authorize MC are unethical and violate the rights of children. The bias does not stop there. Morris et al claim that important analyses were published since the AAP report, but the reference citations are to Morris's own work—one article that is unavailable on PubMed and one without any references likely to affect the AAP policy. Table 4 in their article suggests the risk of penile cancer from nonreceipt of MC is 1 per 1000.[1] However, the AAP notes that up to 322,000 circumcisions and 644 complications may be needed per cancer avoided—possibly more, because the rate is falling and human papillomavirus vaccination (likely to attenuate other benefits of MC) should further lower it, and, in the absence of phimosis, retention of the foreskin may be *protective*.[2] They entirely dismiss potential harms of MC on male sexual experience, ignoring male self-report of MC harm that makes MC controversial to begin with. Is the distress of these men irrelevant? Morris has previously claimed that the statement "the foreskin has a functional role" is not "supported by research,"[3] which would surely perplex many men who value or miss their foreskins. Although I do not feel strongly about MC, I do believe that any issue deserves a dispassionate review of the facts. Morris et al, who note potential "cosmetic" advantages of infant MC over adult MC while claiming correction of harelip has "no medical benefit," did not provide a dispassionate review,[1] and readers may want to consider alternative viewpoints.[2,4]

Ian Jenkins, MD
San Diego, CA

1. Morris BJ, Bailis SA, Wisewell TE. Circumcision rates in the United States: rising or falling? what effect might the new affirmative pediatric policy statement have? *Mayo Clin Proc*. 2014;89(5):677-686.
2. Fetus and Newborn Committee, Canadian Paediatric Society. Neonatal circumcision revisited. *CMAJ*. 1996;154(6):769-780.
3. Morris BJ, Wodak AD, Mindel A, et al. The 2010 Royal Australasian College of Physicians' policy statement 'Circumcision of infant males' is not evidence based. *Intern Med J*. 2012;42(7):822-828.
4. Frish M, Aigrain Y, Barauskas V, et al. Cultural bias in the AAP's 2012 Technical Report and Policy Statement on male circumcision. *Pediatrics*. 2013;131(4):796-800.
5. American Academy of Pediatrics Task Force on Circumcision. Male circumcision. *Pediatrics*. 2012;130(3):e756-e785.

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In reply—Bias and Male Circumcision

We thank Dr Jenkins for his letter but disagree with his comments. The position statement by the Canadian Paediatrics Society he cites is nearly 2 decades old and will shortly be replaced by a new policy[1] reported to be in line with the affirmative American Academy of Pediatrics (AAP) policy.[2] Jenkins also refers to a dated, non–evidence-based policy placed on the Internet by the pediatrics division of the Royal Australasian College of Physicians (RACP), but then cites as a reference a withering critique of that flawed policy by Fellows of the RACP and other professional medical bodies that was published in an official journal of the RACP after peer review.[3]

Jenkins seems unaware that the so-called strong international critique of the AAP position by European doctors was convincingly rebutted by the AAP's Task Force, who argued persuasively that cultural bias was evident in Europe, not the United States.[4]

Contrary to Jenkins' quote, the AAP concluded that "evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks," "significant complications are rare," and the benefits "justify access to this procedure for families who choose it."[2] The AAP also stated that "parents should weigh the health benefits and risks in light of their own religious, cultural, and personal preferences, as the medical benefits alone may not outweigh these other considerations for individual families."[2] When added to the AAP's recommendation that there be unbiased parental education, sterile technique, adequate physician training, effective pain management, and third-party coverage, the policy is as strong a recommendation as might be possible in the current era of autonomy in which even vaccinations can be refused by parents.

Our conclusion that benefits vastly exceed risks is based on a detailed risk-benefits analysis, not an ad hoc "claim." Given this, it would indeed be unethical for parents to deny the right of their male children to the protection afforded by male circumcision against adverse medical conditions, some of which are quite serious or even fatal.

The AAP report considered the literature to early 2010, meaning numerous studies were not cited, not just our own in peer-reviewed journals.

In his discourse on penile cancer, Jenkins refers to the AAP but cites the Canadian Paediatrics Society policy. The AAP's policy states, "909 circumcisions to prevent 1 penile cancer event" and "2 complications…for every penile cancer event avoided."[2] The study the AAP cites is of higher quality than the one Jenkins "cherry picks." The former accords, moreover, with our 1 in 1000 figure in Table 4 for lifetime prevalence in uncircumcised males. Although the human papillomavirus (HPV) vaccine

