Controversy surrounding newborn circumcision continues

To the Editor:

In his article, "Comparison of newborn circumcision pain to calcaneal heel puncture pain: Is newborn circumcision pain control clinically warranted?" (*JAOA* 1996;96:31-33), Dr Holton concludes that the pain of calcaneal heel stick justifies inflicting the pain of amputating a body part without anesthesia. A wide chasm exists between a procedure screening for illnesses, which if left untreated, result in profound lifelong consequences, and one without a clearly proven medical benefit that permanently removes a functioning body part.

The studies suggesting an association between urinary tract infections (UTIs) and the foreskin were labeled "methodologically flawed" by the American Academy of Pediatrics (AAP).[1] To date, no prospective studies have been performed that control for confounding factors, such as hygiene practices, outpatient treatment, urine collection method, diagnostic criteria for UTIs, rooming-in, breastfeeding, socioeconomic status, parental education level, race, prematurity, perinatal health, and congenital urinary tract anomalies. In addition, the role of circumcision in preventing penile cancer has recently been called into question.[2]

The number of patients in Dr Horton's study is small (eight); thus, the effectiveness of dorsal penile nerve block (DPNB) remains unclear. Although DPNB significantly lowers the corticosteroid response to the procedure, the corticosteroid levels are still much higher than in infants who do not undergo circumcision. Two large studies have demonstrated DPNB to be a relatively safe procedure.[3] The merits of DPNB can be debated. However, it is now clear that newborns have a lower pain threshold than older infants and children. With this in mind, a simple intervention, such as eutectic mixture of local anesthetics (EMLA) cream may be effective in relieving the pain provoked by calcaneal heel stick.

To reassure parents of newborns that "any pain the newborn may experience during circumcision...is short lived and will not significantly affect the newborn's well-being" is without foundation and inconsistent with the medical literature on this subject. It has been found that newborn circumcision alters a newborn's behavior for at least 7 days after the procedure.[4] It also has been demonstrated that circumcised boys cried louder and longer than intact boys or girls (who had calcaneal heel sticks) when receiving their primary immunizations. This behavior suggests that the pain from circumcision may have long-lasting effects on pain response and perception.[5]

The most effective way to minimize the pain and long-term psychologic consequences of newborn circumcision is to refuse to perform it. The AAP Committee on Bioethics[6] recently stated that providers have legal and ethical duties to their child patients that exist independent of parental desires. The report also casts doubt on whether a physician can ethically perform newborn circumcisions. Because a newborn is not competent, neither informed consent nor patient assent can be obtained. Parental permission is only acceptable in situations where medical intervention has a clear and immediate medical necessity. Routine newborn circumcision does not satisfy this requirement. The committee suggests that nonessential treatments, which could be deferred without substantial risk, be delayed until the child's consent can be obtained.

References

1. American Academy of Pediatrics Task Force on Circumcision: Report of the Task Force on Circumcision. *Pediatrics* 1989;84:388-391.

2. Holly EA, Palefsky JM: Factors related to risk of penile cancer: New evidence from a study in the Pacific Northwest. *J Natl Cancer Inst* 1993;85:2-4.

3. Snellman LW, Stang HJ: Prospective evaluation of complications of dorsal penile nerve block for neonatal circumcision. *Pediatrics* 1995; 95:705-708.

4. Dixon S, Snyder J, Holve R, Bromberger P: Behavioral effects of circumcision with and without anesthesia. *J Dev Behav Pediatr* 1984;5:246-250.

5. Taddio A, Goldbach M, Ipp M, Stevens B, et al: Effect of neonatal circumcision on pain responses during vaccination in boys. *Lancet* 1995;345:291-292.

6. Committee on Bioethics: Informed consent, parental permission, and assent in pediatric practice. *Pediatrics* 1995;95:314-317.

Michelle R. Storms, MD
Marshfield Clinic—Mercer Center
Mercer, Wis

To the Editor:

I agree with Dr Holton that there are no medical indications for routine newborn circumcision. As a practicing obstetrician-gynecologist (Ob-Gyn), I am in the position of offering the service of newborn circumcision at the request of many parents. In obtaining their consent, I am very clear that the indications for the procedure are religious, cosmetic (many women in this country have never seen an uncircumcised penis; it does not look "right" to them), or social (parents believe