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

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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

their son should "resemble" the father or that locker-room repercussions will occur if the child is not circumcised). I make it clear that there is controversy among medical experts as to whether a medical indication for this procedure exists. I only offer the service of circumcision after explaining that I do not recommend that the procedure be performed. This discussion usually includes the fact that although approximately 85% of men in the United States are circumcised, about 85% of men worldwide are not. We also discuss that whether a child is circumcised is not the determining factor in how self-esteem develops, and that the cruel locker-room derision can occur because of height, weight, color, intelligence, and the like.

I work out of three hospitals in suburban Atlanta, where approximately 50 Ob-Gyns are on staff. To my knowledge, two other physicians use dorsal penile nerve block (DPNB) for routine newborn circumcision. I found it interesting in Dr Holton's study that no difference was seen in pain scores with or without the use of DPNB. My ability to place the block has become more effective with time and experience. Using 1 mL of lidocaine hydrochloride (Xylocaine) without epinephrine in a TB syringe with a 30-gauge needle, my initial success rate was 20%. This rate has increased to 90% (based on anecdotal observation) with experience. I have decreased the volume of local anesthetic required to approximately 0.50 mL. Although the infant usually has some discomfort with the injection, the nurses and I agree that it is minimal compared with circumcision. Some babies cry just from being held or strapped down, but this cry differs from that associated with the distress of surgery.

In retrospect, I probably started using DPNB more for myself than for the newborns. I never have liked doing circumcisions, and if the babies were more comfortable, I was less distressed. With time and experience, I have found that DPNB clearly prevents the surgical pain. About 1 in 10 newborns will have a small bruise develop at the injection site. This bruise can almost always be prevented by holding firm pressure on a gauze pad placed over the injection site.

Dr Holton summarizes: "If pain control is not considered for newborn calcaneal heal puncture, pain control should not be considered for newborn circumcision...." Of course, the opposite logic holds as well. If pain control is considered for newborn circumcision, should not pain control be considered for newborn calcaneal puncture? I agree with Dr Holton that "parents of newborns should be reassured that any pain the newborn may experience during circumcision (or other procedures) is short lived and will not significantly affect the newborn's well-being." I am not certain that this statement absolves our responsibility to relieve pain and suffering, bringing up the larger issue of whether circumcision should be offered routinely. I wonder if the osteopathic medical profession is not sometimes age-biased against pain relief for newborns just because they "don't remember it." Certainly, the risks of the relief must always be balanced with any benefits, as Dr Holton clearly states. These issues seem far from resolved in the medical community.

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Response

To the Editor:

I have been asking questions about circumcision for more than 20 years. The first one I asked as a medical student was, "Why am I doing this?" The answer was, "Because the mother wanted it done." No further explanations were forthcoming. I, too, have heard the reasons given to Dr Clofine by mothers who wanted their newborns circumcised, in addition to some other ideas, such as "It prevents cancer," and "You can't get into the Army if you aren't circumcised." The callousness with which circumcision was being performed was best stated by a pediatric resident who knew of my interest in circumcision when he asked, "Why so much heat over such a little piece of meat?" This query was probably the beginning of my motivation to learn and teach parents about circumcision.

It became clear that circumcision was being performed without concern for a medical indication, and even more importantly, without any effort to obtain any semblance of informed consent. I started my quest to understand circumcision. I gathered every article I could find on the topic and put together a letter titled, "Information for Newborn Circumcision," which I gave to parents. At that time, the circumcision rate at my residency training facility was 97%. Within 4 months, the rate had dropped to 76%, and within 2 months of discontinuing distribution of the letter, the rate had rebounded back to 97%. My letter became the basis of informed consent that I continued to give parents until informed consent became a matter of legal necessity with the passage of the Texas Medical Disclosure Panel of Informed Consent in 1988. Even then, it took nearly 5 more years before this information was officially made available for parents to sign before their newborns could be circumcised in the hospital.

My second question was, is circumcision a medical issue or a traditional surgery, based on lack of