



## **Circumcision Policy for Male Infants, Children and Adults in South Africa**

Submitted Wednesday 25 April 2007

The Children's Act 38, 2005, includes updated legislation prohibiting unnecessary circumcision of infants and children without medical justification. The National Health Act, 2003, recognises the patient's right to be fully informed, before any medical treatment or service is rendered. Any health practitioner that does not obtain informed consent can be found guilty of violating the bodily integrity of his or her patient. This applies to adults and children. Even when a minor is not in a position to consent, he or she must still participate in the decision making process.

The South African Medical Association's (SAMA) position statement on non-medical circumcision of minors reflects that, *"from a medical point of view, there is no medical justification for routine circumcision in neonates and children."* SAMA has yet to implement clear medical guidelines or a circumcision policy.

This letter serves to assist the SAMA with the creation of a circumcision policy for genital surgery performed on children, and includes recommendations for proper medical management of foreskin problems of children and adults.

Some medical practitioners continue to unnecessarily circumcise children without valid medical justification, despite circumcision not being recommended by a single medical association worldwide. Infant circumcision entails the complete ablation of normal, healthy human tissue. This practice is entrenched as a social norm, and the government needs comprehensive regulations in place to protect children. Circumcisions carried out within medical facilities require strict guidelines.

Recent research *in adult men* has led to calls for voluntary circumcision of some adult males in an attempt to curb HIV acquisition. There are many problems inherent in this course, most notably; it can be misinterpreted as suggesting children can be circumcised using HIV acquisition as a medical reason. This would be unlawful and unethical. The Children's Act, Act 38 of 2005, makes clear that circumcision of children less than 16 years is prohibited without a 'medical reason'. The distinction must be made between "medically indicated" reasons and "prophylactic" reasons. A medical reason means that a condition or disease requiring treatment is present and requires intervention. A prophylactic reason is to prevent a future condition or disease that may or may not develop. The Children's Act thus authorizes circumcision only for medical reasons, not prophylactic reasons. Defining these medical reasons is the purpose of the Circumcision Policy.

### **SUGGESTED CIRCUMCISION POLICY: MEDICAL CIRCUMCISION OF CHILDREN**

#### **Rationale**

The foreskin (or prepuce) has important protective, erogenous, and sexual functions.<sup>1</sup> The removal of the foreskin by circumcision places a life-long, irreversible burden on the patient. Circumcision has a wide variety of short- and long-term complications, including death.<sup>2</sup>

1. Appropriate diagnosis and conservative management of foreskin problems should always precede any form of surgical intervention.

### **Natural History of the Foreskin**

Previous guidelines on development of retractile foreskin have been shown to be inaccurate.<sup>9-11</sup>

The foreskin continues to develop through puberty.<sup>1,12-14</sup> The process of separation is spontaneous and does not require manipulation.

By 10.4 years of age, 50% of boys will have a retractable foreskin;<sup>14</sup> by 16-17 years 95 percent of boys will have a retractable foreskin.<sup>12</sup>

Some boys do not develop a retractable foreskin until after puberty.<sup>1,12-14</sup>

Non-retractile foreskin is not a condition/problem and does not require treatment.<sup>1,12-14</sup>

### **Alternatives to Circumcision**

Topical steroid ointment plus manual stretching usually is successful in accelerating retractability of the foreskin, but should not be used until after puberty, unless there is a problem with voiding.<sup>15</sup> Lateral preputioplasty now is well proven and is to be preferred to circumcision if surgery is deemed necessary.<sup>16,17</sup>

Balanoposthitis, an inflammation of the glans penis and/or foreskin, may be caused by mechanical trauma, an environmental irritant (including soap), or by a pathogen. When a pathogen is present, it may be a fungus, a virus, or bacteria. Each requires a separate treatment modality. Careful diagnosis with a patient history, biopsy, and a swab and culture is necessary to determine appropriate treatment and assure successful outcome.<sup>18</sup>

2. If foreskin surgery is absolutely indicated, the medical circumcision must preserve as much foreskin tissue and function as possible, sacrificing only as much tissue as needed to resolve the pathology. *Preputioplasty* must be considered in the first instance. The current commonly performed radical ablation of the foreskin is only necessary in the rarest of circumstances.

### **Indications for circumcision**

Absolute medical indications for circumcision are malignancy of the foreskin, gangrene, frostbite, and irreparable physical trauma.

Balanitis xerotica obliterans (BXO) is a conditional indication for circumcision. Many cases may successfully be treated by a combination of topical steroid ointment and preputioplasty.<sup>18</sup>

Yeast balanoposthitis secondary to diabetes mellitus is a conditional indication for circumcision.

Recurrent, troublesome episodes of inflammation beneath the foreskin (balanoposthitis) are an occasional indication for circumcision, however, determining and eliminating the cause of the problem is usually successful in restoring the foreskin to health.<sup>20</sup>

Occasionally specialist paediatric surgeons or paediatric urologists may need to perform a circumcision for some rare condition.

Under these guidelines, it is anticipated that the circumcision of a male child will become extremely rare.

3. If a circumcision must be undertaken for **medical** reasons, the written and *informed* consent of *both* parents must be obtained, with informed consent based on the doctors explaining the risks of surgery, as well as the effects of the loss of the foreskin of the child anatomically, physiologically, sexually and psychologically, both immediate and long-term.

### **Ethical and Legal Considerations**

Various developments in law and ethics raise new questions about the appropriateness of non-therapeutic circumcision of children.<sup>3,4</sup> Most circumcisions of children in South Africa are without medical indication. The therapeutic circumcision of male children

should be undertaken only for clear and immediate medical indications, and then only after failure of conservative therapeutic measures.<sup>6</sup> If a circumcision is undertaken for medical reasons, the written *informed* consent of *both* parents should be obtained.<sup>6</sup>

4. Written confirmations of the presenting pathology and diagnosis by the attending doctor and verification by a paediatric surgeon must accompany the decision prior to surgery. Consent forms must be logged at a National Circumcision Register, to be created.
5. Foreskin specimens must be sent to pathology to confirm the diagnosis and the results forwarded to a National Circumcision Register monitoring the circumcision of minors. The consent forms and pathology reports must be accurately recorded in a National Circumcision Register and kept well beyond the age of majority. The name of the doctor performing the circumcision must be noted in the report.
6. If the child has sufficient maturity, informed assent of the child must be obtained<sup>6,8</sup>, with informed assent based on the circumcisor explaining the risks of surgery, as well as the effects of the loss of the foreskin of the child anatomically, physiologically, sexually and psychologically.  
The doctor's duties are to the child-patient, whose *best interests* should be kept paramount.<sup>6</sup> The parents and, when competent, the child, must be made fully aware of the implications of circumcision as it is a non-reversible procedure.
7. Criteria to be fulfilled in performing surgery: The operation must *only* be performed by a paediatric surgeon, paediatric urologist or under the supervision of a doctor sufficiently trained in paediatric surgery.

The child must receive adequate pain control during and after the operation, employing either general anesthesia or penile ring block. This operation must be undertaken in an operating theatre or an environment capable of fulfilling guidelines<sup>21</sup> for any other surgical operation. There should be close links with the patient's GP and community services for continuing care after the operation. Accurate records of all procedures and audit of results are essential.

8. Circumcisors must be made aware that minors on whom they perform circumcisions do not relinquish their rights to legal recourse against their circumcisor upon reaching majority.
9. The person responsible for the operation must be available and capable of dealing with any complications that may result from the surgery.
10. If the regulations are transgressed in any way, the legal implications will occur with the offenders liable to criminal prosecution as with female genital mutilation.

## **MEDICAL CIRCUMCISION OF ADULTS**

### **Rationale:**

The foreskin (or prepuce) has important protective, erogenous, and sexual functions.<sup>1</sup> The removal of the foreskin by circumcision places a life-long, irreversible burden on the patient. Circumcision has a wide variety of short- and long-term complications, including death.<sup>2</sup>

1. Appropriate diagnosis and conservative management of foreskin problems should always precede any form of surgical intervention.

### **Alternatives to Circumcision**

Topical steroid ointment plus manual stretching usually is successful in accelerating retractability of the foreskin.<sup>15</sup> Lateral preputioplasty now is well proven and is to be preferred to circumcision if surgery is deemed necessary.<sup>16, 17</sup>

Balanoposthitis, an inflammation of the glans penis and/or foreskin, may be caused by mechanical trauma, an environmental irritant (including soap), or by a pathogen. When a pathogen is present, it may be a fungus, a virus, or bacteria. Each requires a separate treatment modality. Careful diagnosis with a patient history, biopsy, and a swab and culture is necessary to determine appropriate treatment and assure successful outcome.<sup>18</sup>

2. If foreskin surgery is absolutely indicated, the medical circumcision must preserve as much foreskin function as possible, sacrificing only as much tissue as needed to resolve the pathology. *Preputioplasty* must be considered in the first instance. The current commonly performed radical ablation of the foreskin is only necessary in the rarest of circumstances.

### **Indications for circumcision**

Absolute medical indications for circumcision are malignancy of the foreskin, gangrene, frostbite, and/or irreparable physical trauma.

Balanitis xerotica obliterans (BXO) is a conditional indication for circumcision. Many cases may successfully be treated by a combination of topical steroid ointment and preputioplasty.<sup>18</sup>

Yeast balanoposthitis secondary to diabetes mellitus is a conditional indication for circumcision.

Recurrent, troublesome episodes of inflammation beneath the foreskin (balanoposthitis) are an occasional indication for circumcision, however, determining and eliminating the cause of the problem is usually successful in restoring the foreskin to health.<sup>20</sup>

3. If a circumcision must be undertaken for **medical** reasons, the written and *informed* consent of the patient, with informed consent based on the doctors explaining the risks of surgery, as well as the effects of the loss of the foreskin anatomically, physiologically, sexually and psychologically, both immediate and long-term. Include full disclosure that circumcision reduces penis sensitivity and reduces sexual pleasure.<sup>22-23</sup> These consent forms are to be logged at the National Circumcision Register.
4. Written confirmations of the presenting pathology and diagnosis by the attending doctor and verification by a paediatric surgeon must accompany the decision prior to surgery. Foreskin specimens must be sent to pathology to confirm the diagnosis and the results forwarded to a National Circumcision Register. The consent forms and pathology reports must be accurately recorded in a National Circumcision Register and kept well beyond the age of majority. The name of the doctor performing the circumcision must be noted in the report.
5. **Criteria to be fulfilled in performing surgery:** The operation must *only* be performed by a surgeon, urologist or under the supervision of a doctor sufficiently trained in penile surgery.
6. **Voluntary circumcision.** The written and *informed* consent of the patient must be obtained, with informed consent based on the doctors explaining the risks of surgery, as well as the effects of the loss of the foreskin anatomically, physiologically, sexually and psychologically, both immediate and long-term, to include full disclosure that circumcision reduces penis sensitivity and reduces sexual pleasure.<sup>22-23</sup> These consent forms are to be logged at the National Circumcision Register. A doctor cannot coerce into a circumcision for any reason.

NOCIRC-SA and our partner organisations;

- ICGI (International Coalition for Genital Integrity),
  - DOC (Doctors Opposing Circumcision) and
  - NORM-SA (National Organisation of Restoring Men –South Africa),
- would like to offer our full assistance with the creation of these policies.

Yours sincerely,

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