**Final**

**MALE CIRCUMCISION GUIDANCE**

**Introduction**

Unlike female genital mutilation, male circumcision, which is the surgical removal of part or all of the foreskin of the penis, is not illegal. The procedure is usually requested for social religious or cultural reasons. Additionally, there are some parents who request it for perceived medical benefits.

There is no legal requirement for those undertaking the procedure to be medically trained or to have proven expertise and this is unregulated activity. Traditionally, religious leaders or respected elders may conduct the practice.

**Circumcision for therapeutic / medical reasons**

The British Association of Paediatric Surgeons advises that there is rarely a clinical indication for circumcision. Doctors should be aware of this and reassure parents accordingly.

Where parents request circumcision for their son for assumed medical reasons, it is recommended that circumcision should be performed by or under the supervision of doctors trained in children's surgery in premises suitable for surgical procedures.

Doctors / health professionals should ensure that any parents seeking circumcision for their son in the belief that it confers health benefits are fully informed that there is a lack of professional consensus as to current evidence demonstrating any benefits. The risks / benefits to the child must be fully explained to the parents and to the young person himself, if Gillick competent.

The medical harms or benefits have not been unequivocally proven except to the extent that there are clear risks of harm if the procedure is done inexpertly.

**Nontherapeutic circumcision**

Male circumcision that is performed for any reason other than physical clinical need is termed non-therapeutic circumcision.

**Legal position**

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| The legal position on male circumcision is untested and therefore remains unclear. Nevertheless, professionals may assume that the procedure is lawful provided that:* It is performed competently, in a suitable environment, reducing risks of infection, cross infection and contamination.
* It is believed to be in the child's best interests.
* There is valid consent from parents or those holding parental responsibility and the child, if old enough, is Gillick competent. Those giving consent must understand the implications (including that it is a non-reversible procedure) and risks (The British Association of Paediatric Surgeons leaflet provides helpful information <https://www.baps.org.uk/content/uploads/2017/03/PS02lite_en.pdf> )
* Note that where a child lacks competence and there are two parents who hold parental responsibility, both must consent to the non-therapeutic circumcision – if there is a difference of opinion, legal advice should be sought.
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| If doctors or other professionals are in any doubt about the legality of their actions, they should seek legal advice. |

**Principles of good practice**

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| The welfare of the child should be paramount, and all professionals must act in the child's best interests. Children who can express views about circumcision should always be involved in the decision-making process:* Even where they do not decide for themselves, the views that children express are important in determining what is in their best interests.
* Parental preference alone does not constitute sufficient grounds for performing a surgical procedure on a child unable to express his own view. Parental preference must be weighed in terms of the child's interests.
* If in some cases legal advice has been sought and when the courts have confirmed that the child's lifestyle and likely upbringing are relevant factors to consider. Each individual case needs to be considered on its own merits.
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| Where a child is living in a culture in which circumcision is perceived to be required for all males, the increased acceptance into a family or society that circumcision can confer is considered to be a strong social or cultural benefit. Some religions require circumcision to be undertaken within a certain time limit, and so a decision to delay circumcision may also be harmful. Clearly, assessment of such intangible risks and benefits an assessment of best interests in relation to non-therapeutic circumcision should include consideration of:* The child's own ascertainable wishes, feelings, and values.
* The child's ability to understand what is proposed and weigh up the alternatives.
* The child's potential to participate in the decision, if provided with additional support or explanations.
* The child's physical and emotional needs.
* The risk of harm or suffering for the child.
* The views of parents and family.
* The implications for the child and family of performing, and not performing, the procedure.
* Relevant information about the child and family's religious or cultural background.
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**Doctors Response**

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| Doctors are under no obligation to comply with a request to circumcise a child and circumcision is not a service which is provided free of charge. Nevertheless, some doctors and hospitals are willing to provide circumcision without charge rather than risk the procedure being carried out in unhygienic conditions. |
| Poorly performed circumcisions have legal implications for the doctor responsible. In responding to requests to perform male circumcision, doctors should follow the guidance issued by the:* [General Medical Council: Guidance for doctors](http://www.gmc-uk.org/guidance/ethical_guidance/children_guidance_34_35_undertaking_procedures.asp);
* [British Medical Association: in respect of responding to requests to perform male circumcision](https://www.bma.org.uk/advice/employment/ethics/children-and-young-people/male-circumcision);
* [British Medical Association : Nontherapeutic male circumcision (NTMC) of children – practical guidance for doctors](https://www.bma.org.uk/media/1847/bma-non-therapeutic-male-circumcision-of-children-guidance-2019.pdf)
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If the procedure is to be carried out by a religious leader or respected elder, parents are advised to confirm that the practitioner has undergone relevant training and has proven experience and competence.

**Recognition of harm**

Circumcision may constitute significant harm to a child if the procedure was undertaken in such a way that he:

* Acquires an infection as a result of neglect.
* Sustains physical functional or cosmetic damage.
* Suffers emotional, physical, or sexual harm from the way in which the procedure was carried out.
* Suffers emotional harm from not having been sufficiently informed and consulted, or not having his wishes considered.

Harm may stem from the fact that clinical practice was incompetent (including lack of anaesthesia) and / or that clinical equipment and facilities are inadequate, not hygienic etc.

The professionals most likely to become aware that a child is at risk of, or has already suffered, harm from circumcision are professionals such as GPs, Health Visitors, Emergency Department staff, School Nurses and Early years staff.

**Multi agency response**

If a professional in any agency becomes aware, that the child has been or may be harmed through male circumcision, a referral must be made to Children's Social Care in line with [Safeguarding children procedures](https://derbyshirescbs.proceduresonline.com/p_making_ref_soc_care.html). Children’s Social Care should assess the risk of harm to other male children in the same family, including unborn children.

If further advice is required please refer to the [threshold document](https://www.proceduresonline.com/derbyshire/scbs/user_controlled_lcms_area/uploaded_files/Threshold%20Document%20FINAL%20December%202019.pdf) and the [escalation policy](https://www.proceduresonline.com/derbyshire/scbs/user_controlled_lcms_area/uploaded_files/Multi%20Agency%20Dispute%20Resolution%20%26%20Escalation%20Policy%20Dec%202019%20Final.pdf) if you feel that you need to escalate your concerns further.

**Role of Community / Religious Leaders**

Community and religious leaders should take a lead in the absence of approved professionals and develop safeguards in practice. This could include setting standards around hygiene, advocating and promoting the practice in a medically controlled environment and outlining best practice if complications arise during the procedures.

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