

Ethical Evaluation of Non-Therapeutic Male Circumcision



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SUMMARY

Elective circumcision for nonmedical reasons is a surgical approach which is historically long standing and accepted as the most performed procedure. The necessity of the procedure is usually for religious and traditional reasons alongside some medical ground related benefits to enable its social acceptability. The discussion of the subject from the aspect of ethics becomes necessary as there is no consensus about the benefits or harmfulness of nonmedical circumcision. Fundamental ethical discussions about circumcision, which contradicts legal acceptance criteria of any medical application, are related to the basic concepts of the existence of an individual such as sovereignty, the loss of bodily integrity, and privacy. The recent legal processes and the fact that the European Council and the American Academy of Pediatrics have put the issue on their agenda have increased the necessity of these ethical evaluations. The responsibility of consideration and evaluation of ethical permission of every circumcision procedure, besides discussing the necessity of circumcision for improvement and protection of health rests on the shoulders of the physicians because the dignity and intellectual identity of the profession require so.

Key Words: Circumcision, male; personal autonomy; privacy; body integrity

INTRODUCTION

In June 2012, the Cologne Court stated the opinion that circumcisions, except for those performed due to medical causes, are criminal assaults. The court's justification for this ruling was that a child's rights over his own body should outweigh his parents' religious freedom (<http://www.bianet.org>). Although routine circumcisions were not recommended before June 2012, except for necessity, a technical report published by The American Academy of Pediatrics (AAP) in August 2012 stated that the potential benefits of circumcision outweigh the risks and costs (AAP 2012). These conflicting opinions have exacerbated the discussion regarding male child circumcision, and the answer to the question "Are non-therapeutic male child circumcisions morally permissible?" is being discussed.

Circumcision

Circumcision is defined as the excision of the prepuce at the end of the male reproductive organ, and thereby reveals

the glans penis (Yılmaz et al 2008). It is accepted as the oldest and most common surgical intervention (Sivaslı et al 2003). Male circumcision is performed for religious, social, aesthetic and health reasons (Savulescu 2013), which suggests that there should also be an increase in the number of female child circumcisions. There are several reasons to have a circumcision (Dekkers et al 2005), including those performed to correct a pathologic status and to prevent cosmetic or mental disorders, which are accepted as therapeutic interventions. Since these interventions have medical indications, they have been excluded from the scope of this article.

Although the frequency of circumcision varies, the procedure is performed almost all over the world (Sivaslı et al. 2003). Variations in the rates of circumcision depend on many factors, including race, ethnic group, religion, culture and geographical area (Üstüner et al 2008). The World Health Organization (WHO) estimates that a third of the world's males (30-33% of males 15 years and over) are circumcised. Circumcision is frequently performed in regions where there

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are large Muslim populations, including some regions of South East Asia, America, the Philippines, Israel and South Korea. It is observed less frequently in Europe, Latin America, in some regions of South Africa, and in the greater part of Asia and Oceania (WHO 2007). A decrease in the number of circumcisions was observed in the second half of the last century. In the USA, 80% of men were circumcised in 1976, and this rate decreased 61% in 1981 and continues to decrease (Gee and Ansell, 1976; Poland, 1990). In the United Kingdom, circumcision was performed in about 30% of males in the 1930s, but regressed to 6% in 1975 (Annand and Carr, 1989). These decreases have been attributed to increased doubts about the medical benefits of circumcision and the experience of pain and discomfort during the process (Yavuz et al 2011). In Turkey, 100% of the males are accepted as circumcised (Sivaslı et al 2003, Oral et al 2011). In addition, more than 100 million women worldwide are estimated to be circumcised (Shah et al, 2009), although female circumcision is not practiced in Turkey (Verit, 2003). For this reason, this article is limited to non-therapeutic male child circumcisions.

According to The Gospel of Barnabas, circumcision was implemented because the Prophet Adam swore an oath to cut meat from his body after eating the forbidden fruit. In addition, the mother goddess Cybele cult, which is a common cult in Anatolia, indicated that male genitalia was cut as a sacrifice by Attis, lover of mother goddess Cybele, and therefore, the priests continued the practice, which is now known as circumcision (Kadioğlu et al 2006). Further, the presence of circumcised men depicted in cave paintings indicates that this practice began over ten thousand years ago. In addition, there are depictions of circumcision in Egyptian tomb reliefs, which are dated 2300 BC (Sivaslı et al 2003).

In Western societies, circumcision is generally performed during the newborn period. It is performed on the 7th day of life in Jewish practice, which is the time given in the Old Testament. In Islam, there is no indicated age for circumcision. However, the 7th day rhetoric in Islam is dependent on the Prophet circumcising his grandchildren on the 7th day. Ultimately, the age of circumcision in Islam was permitted to be anytime in the period between the 7th day of life and marriage (Kadioğlu et al 2006). In Turkey, circumcision is usually performed between 3-7 years of age (Sivaslı et al 2003). Şahin et al (2003) reported that 15% of Turkish children are circumcised before the age of 1 year, 8% between 1-3 years, 35% between 3-6 years, and 41% are circumcised after 6 years of age, with the mean age of 7 years. Family values play an important role in the choice of circumcision age in Turkey (Sivaslı et al 2003).

Circumcised men have 3-40 times less penile malignancies than do non-circumcised men and have fewer sexually transmitted diseases. In addition, circumcision provides benefits to

the solution of infertility, urinary system infections, enuresis, excessive masturbation and contributes to resolving phimosis (Yılmaz et al 2008, Sivaslı et al 2003). The 2012 technical report of the American Academy of Pediatrics suggested that many urinary system infections, which are reduced with circumcision, can easily be treated with antibiotics without tissue loss in non-circumcised males. This report also indicated that the protective benefits of circumcision against HIV/AIDS, genital herpes, genital warts and penile cancer is controversial, and that this should not justify the exposure of children to a surgical intervention before they can make their own decisions. It has been stated that religious and cultural reasons for circumcision are completely individual cases, and the Cologne Court decision draws attention to this component of the issue (Earp 2013). In 1934, Prof. Dr. Cemil Topuzlu form the Medical Council of Turkey compared circumcision with the removal of children's appendices because they may be injured in the future and with the removal of their nails because dirt may be accumulating inside them (Yavuz et al 2011).

Many experts report that the prepuce plays a role in the prevention of the glans penis and immune response. It has also been reported that the prepuce includes high amounts of specific nerve receptors and free nerve endings equivalent to the sensitivity of the fingertip, lips or oral mucosa. These nerve endings provide erogenous sensitivity, normal erection, and enable the necessary structures to allow the movement of skin on the penile shaft and head, play a stimulating role during masturbation, and help provide smooth and gentle movements between the penis and vagina during sexual intercourse (Bensley and Boyle 2001, Fleiss 1997).

There are variabilities in the rates of complications reported during circumcision procedures. The critical complication rates reported by Gee and Ansel (1976) were 0.2%, were 0.2-5% by Baskin (1997), were 1.5-5% by McCarthy (1992), were 2-10% by Williams and Kapila (1993), and were 0.06 to 55% by other researchers. In Turkey, a study by Özkan et al in 2012 indicated that there was an increased likelihood for complications during collective circumcisions (19%). The most common early side effects as a result of circumcision are pain, bleeding, swelling, and inadequate skin removal. These side effects are mild, and can be treated. However, severe complications can also occur during the procedure, such as mortality due to excessive bleeding and amputation of the glans penis (Weiss et al 2010). Later side effects can also occur, and these include pain, wound infection, penile skin bridge, infection, urinary retention, meatal ulcer, meatal stenosis, fistulas, loss of penile sensitivity, sexual dysfunction and glans penis edema. Generally, it has been reported that there are less side effects and no severe side effects after circumcision in newborns and infants. In older age groups, the rate of side effects can be as high as 14%, even though the practice

is performed in sterile environments (Weiss et al 2010). Previous studies recommend performing circumcision in the newborn period, since it decreases urinary system infections 10 fold in the first year, and especially in infants younger than 3 months. In addition, it has been stated that circumcisions performed during this period have better aesthetical results (Wiswell et al 1993).

While the complication rate of circumcisions performed by professionals is 5% in developed countries, this rate is 10% in those performed by health technicians and up to 85% in those performed by traditional mohels. These rates are increased further in collective circumcisions in developing countries (Cankorkmaz et al 2011). Although it is a simple surgery, the possibility of many complications, such as infection, bleeding, glans incision, skin necrosis, urethral fistula, excessive or insufficient cutting of the prepuce, glans hyperalgesia, urinary retention, sepsis, acute obstructive uropathy, necrotizing fasciitis and penile necrosis, indicates that circumcision should be performed by experienced doctors who are familiar with basic surgical principles (Tekgül 2000).

Religion and Circumcision

Today, circumcision is mainly practiced in connection with Judaism and Islam. In the Old Testament, God told the Prophet Abraham, "Every male among you should be circumcised, and this should be regarded as an agreement between you and me, all those 8 days old among you should be circumcised for generations." Because of this, circumcision is an order in Judaism that is accepted as a visible sign of the agreement between God and mankind (Yavuz et al 2011).

In Islam, circumcision is not God's command, but is a request of the Prophet. In the traditions of the Prophet, circumcision is accepted as a behavior suitable for human nature, as is washing the mouth and nose, fixing the mustache, cutting nails, and removing hair in some parts of the body. It was considered to be a requirement of "disposition" (Yerdelen 2013). This requirement constitutes the universality of circumcision in Muslim societies. At the same time, the perception that circumcision is needed prior to entering sexual life and for reproductive ability constitutes its traditional and ritual aspect (Yilmaz et al 2008). Besides the request of Prophet, there is a myth that the Prophet was circumcised and that he had his grandchildren circumcised, which also increases the prevalence of Muslim male circumcision. It is believed that circumcision stems from Pre-Islamic ancient Arab and Semitic tradition (Kadioğlu et al 2006).

In Christianity, there is controversy regarding circumcision. Although circumcision is present in the New Testament, and Jesus Christ is circumcised, many priests have given up the practice. Today, except for the Church of Abyssinia, there are no Christian churches ordering circumcision (Ateş 1996).

Although circumcision is often based on religious reasons, several studies have been conducted to address the medical aspects of circumcision. These studies were performed in order to justify the procedure, because its direct relationship with health supports its acceptance in the community and improves an individual's physical integrity (Sivaslı et al 2003). These studies have scrutinized the benefits, indications, counter indications, application age, complications, and techniques of circumcision (Yılmaz et al 2008). These studies have reported that circumcision is practiced for more religious and traditional reasons in Turkey than for health reasons. Şahin et al (2003) reported that the reason mothers circumcise their children is 84.8% religious and traditional. This said tradition creates social pressure and causes boys to feel "less male" unless they are circumcised. Öztürk emphasized that circumcision is equivalent to masculinity and power in Turkey, and its social effects limit the negative effects of circumcision. Being uncircumcised is not acceptable in Turkey. Uncircumcised boys are embarrassed about this situation and feel defective (Öztürk 1973, Öztürk 2004).

Akkayan (2006) has defined the act of replacing phenotypic characteristics of the biologic natural structure completely or within a long time period by breaking, cutting, splitting, crushing, and dysforming with cultural reasons as "mutilation"; without any justification as to attain health, not limited by personal and/or a few personal desire, as the result of behavioral patterns shared by an important portion or entire society, principles, concepts and rules are clear at tradition or custom level. Akkayan expresses circumcision as a kind of mutilation (2006) and states that specifically naming and defining this humiliation type expresses the persistence, acceptance and sanctification of this application.

The effect of circumcision on mental health

Freud stated that attention is directed to the genital region during the 4th or 5th years of life, and that the genital organ gains a narcissistic importance in this period. This period, which is called the phallic-oedipal period, is important, since this is the time when the child discovers basic anatomic differences and the formation of his/her own sexual identity. During the phallic-oedipal period, boys develop a strong sexual interest in their mother and a desire to have her. This interest generally begins around the age of 3 and peaks at the age of 4-5 years. At the same time, boys want to eliminate their father, who is their biggest rival. Because of offensive desires against the father, the child expects serious punishment, and this expectation leads to the anxiety of castration (Yavuz et al 2011). The phallic-oedipal period, which is also the preferred circumcision age in Turkey, is a period in which the child discovers his sexual identity and understands that everyone doesn't have a penis. This understanding often brings the thought that the penis is superior to anything else. It has been

stated that performing circumcision at this age can create a fear of losing the genital organ, which is defined as a fear of castration, and this can cause serious psychological problems (Yılmaz et al 2008). Psychoanalysts hold the opinion that interventions performed to the genital organs of children in the phallic-oedipal period increase the castration anxiety of the children (Yavuz et al 2011). Threats and jokes about cutting the child's penis when he misbehaves is one of the factors that increase this fear (Üstüner et al 2008).

Inappropriate attitudes toward the practice of circumcision, insufficiently informing the child before circumcision, not preparing him psychologically, the turmoil, the bustle, the crowd, the rush, cheating and surgical errors that may occur along with the procedure can create psychological trauma and have negative emotional and psychological influences on the child (Özkan et al 2012).

In addition, since it assumed that all males are circumcised in Turkey, and since most circumcisions are performed on school age children, there is an increase of circumcision demands during summer holiday seasons. This increased demand can cause an excess workload for physicians performing circumcisions. It can also affect the quality of care, and takes up time that could be allocated to other patients (Oral et al 2011).

On the other hand, collective circumcision practices that are used as propaganda for political advertising can hinder quality of care due to a lack of experienced, qualified physicians. These collective circumcisions often have increased complications. In addition, collective circumcisions often cause all of the children to cry, due to the fear of the intervention, which can cause adverse psychological effects. In addition, those performing collective circumcisions often lack scientific knowledge.

Consequently, when circumcision is considered in Turkey, it is known as an intervention that is integrated with religious beliefs, including the ritual of passage to manhood. It is known as a requirement of compliance to society, and provides a feeling of belonging. It prepares one for his sexual life, and self-ruling is learned while withstanding the pain experienced during the procedure. The individual matures, and the body, or at least a part of it, can be sacrificed for the sake of belief, and all of these are reasons, along with health issues, that increase the acceptability of circumcision in society.

The Legal Context of Circumcision Practice

In Turkey, circumcision is performed in 100% of males due to traditional structure and religious grounds, and therefore, it is commonly performed by non-physician health care staff and even by non-medical personnel. To our knowledge, there is no study addressing the prevalence of circumcision performed by non-physicians in Turkey. However, there are regional studies. In a study conducted by Sivaslı et al (2003) in

the Gaziantep region, it was found that circumcision was often performed by a family member, at a rate of 74.5%, which is probably due to economic reasons. In the study that Şahin et al (2003) conducted in Ankara, they found that circumcision was performed by a traditional circumciser at rate of 13.3%. Traditional circumcisers increase the health risks to the patient. Collective circumcision practices also increase the health risk in Turkey, and also cause several ethics violations. However, socio-economic changes in recent years, development of attitudes about health rights, and the increase of access to health care services has increased society's standards for circumcision by physicians. On the other hand, since increased medical malpractice litigations have caused payment to be based on performance criteria of health care services for the last ten years, health care organizations have been shifting towards less risky applications, which has positively affected the number of circumcisions practiced by the physician.

One of the conditions of being able to perform any medical application is to ensure compliance with the law. Compliance with the law entails that the procedure is performed by medical staff, that informed consent is obtained from the patient, and that the procedure is necessary based on scientific medical data (Hakeri, 2012). Evidence that the prevalence of circumcision in Turkey depends on religious and traditional structure is the presence of legal infrastructure regarding this issue. The 3rd, 58th, 59th and 60th articles of the Law on Medicine and the Practice of Medical Sciences dated 1928 and numbered 1219, which is the basic legislative law of the health field in Turkey and was in force until January 18, 2014¹ (www.mevzuat.gov.tr) were considered. The law states that according to the traditional structure and prevalence,

ARTICLE 3- No one can perform surgical interventions who does not have a diploma of medicine or documents about being an expert in the field of surgery and subbranches in accordance with the definition of law mentioned above. Small surgical interventions can be performed by every physician. Health officers who graduated from the schools opened and managed by Ministry of Health and those who graduated from schools equal to the education of these schools and approved and registered by Ministry of Health –limited with the conditions written in the regulations- can perform small interventions. Any circumcisor whose qualifications and conditions are qualified by this Law can perform circumcision.

ARTICLE 58 – No one except physicians and those who graduated from the school of sanitary officer, managed by the Ministry of Health and Sanitation, or those who graduated from schools equal to the education of these schools and approved and registered by Ministry of Health and Sanitation can not perform circumcision without permission. However, those who can prove with official documents that they have been performing this job more than ten years and are licenced are given permission by Ministry of Health and Sanitation.

ARTICLE 59 – Those who worked as a circumcisor for less than 10 years or those who cannot prove that they have been performing this job more than 10 years with official documents can be given permission after being examined following a training in a hospital regarding the operation under the supervision of an expert surgeon and then licenced by Ministry of Health and Sanitation.

The cost for this operational training is provided by the hospital administration.

ARTICLE 60 – A person who wants to reside in a site in order to perform circumcision is obliged to provide their name, identity and notification about documents to the local health authority within a week and is obliged to inform and report about transferring or moving to another site .

non-physician health staff and even circumcisers other than the health care staff can perform circumcision. Compliance to laws related to circumcision is considered different than compliance to general medical practices. In non-therapeutic male child circumcisions, the law indicates that the procedure must be performed by a health care professional and that there is a need for scientific medical data. Although circumcision follows the rules of traditional structure and religious principals, the procedure, when performed by non-health staff, must also comply with the law. In addition, consent may be obtained from the participant or his custodian.

However, the many socioeconomic and cultural changes in Turkey caused the law to be changed. These laws were dated January 18, 2014, and numbered 28886 and 1219, and changes were made to the 58th, 59th and 60th articles (regarding circumcisers) and the 3rd article (regarding circumcision). With these changes, only a physician is allowed to perform circumcision. Practice of circumcision by a non-physician was made conditional, as expressed in the following statement “however, in extraordinary and exceptional cases, performing circumcision may be permitted by the Ministry to the people who are trained by Ministry of Health and under the supervision of a physician”.

Ethical Dimension of Circumcision

There is no medical consensus as to the balance between the benefits and risks of circumcision. Medical professionals wish to prevent harmful effects stemming from circumcision, but these problems may be treated medically or surgically with consent from the family.

Ethical arguments regarding circumcision include that the practice of circumcision is an unnecessary tampering of the child's body, the child cannot make an informed consent, and that the parents' rights are more important than those of the child's (Çatakli et al 2012, Yavuz et al 2011). In addition, the intervention is controversial with regards to the protection of the right to privacy because it is an intervention into the private lives of children.

As mentioned above, circumcision practices are highly dependent on religious and traditional justifications. Post-enlightenment contemporary medical ethics created basic philosophical modern codes with a secular understanding, and these codes include concepts such as autonomy, informed consent, individual rights, bodily integrity, freedom of religion in society, protection of misuse, and self-determination. The tension regarding circumcision stems from the following: Those who advocate that circumcision should be considered an open assault on human rights (Svoboda and Van Howe 2013) and those who advocate that circumcision is a practice that should be allowed morally and legally (Mazor 2013). In addition, while Western culture defines the circumcision

of female children as unacceptable, it accepts the procedure when performed on males. This is a socially logical explanation that cannot be explained by ethics (Earp 2013).

i. Rights and Ethics

International texts have indicated that children should be able to benefit from health care services at every step, should have equal rights with adults, and should be included in the informed consent of medical procedures. Circumcision is a practice that depends greatly on religious and traditional features, and involves the removal of healthy tissue. Therefore, children should have a voice as to whether they want to undergo this procedure.

In order to have a non therapeutic practice accepted in society, the practice should be a serious public health problem, it must cause serious infection, the effect of the application should be well justified, the application should be performed in the most appropriate way, should be as least-invasive as possible, should be the best preventive method to achieve the desired public health status, should provide individual noticeable benefit, and should not depend on the fiction of hypothetical future attitude of the person. Since circumcision does not meet these rules for non-therapeutic practice, families should not have the authority to provide consent.

Health practices that are centered on the parents' religious and cultural demands provide benefits to the families, but not to the children. In these cases, the circumcised child is an instrument for the benefit of the parents, which can lead to the abuse of human dignity.

The 13th Article of the Convention on the Rights of the Child indicates that children have the right to freely express their thoughts (<http://www.tbmm.gov.tr>). In addition, in the 6th Article of the Human Rights and Biomedicine Convention, it is indicated that for medical interventions performed on persons who do not have the ability to give consent, a direct benefit to the person is necessary, and the person should participate in the permission process as much as possible (<http://sbu.saglik.gov.tr>). Also, the Council of Europe Parliamentary Assembly made the advisory decision that circumcision is an abuse of physical integrity and should not be performed until the age of 14 so that the child can participate in the decision (<http://www.ntvmsnbc.com>).

Caregivers and health care workers should provide sufficient medical care to children. The responsibility of the physician is independent from the demands of the parent. We should not ignore the human rights and legal rights of children. Circumcision is an abuse of human rights such as privacy, liberty, personal security and physical integrity. The 3rd article of the Universal Declaration of Human Rights guarantees living rights, freedom and personal security, while the 12th Article guarantees the right of privacy. In addition, the 9th

and 17th Articles of the International Civil and Politics Rights Convention and the Children's Rights Convention's 16th article emphasize the parallel rights of children and adults (Svoboda and Van Howe 2013). The 8th Article of the European Human Rights Convention expresses that there should be respect in private and family lives (www.anayasa.gov.tr). Circumcision causes irreversible injury to the genital region of the person and abuses the human right of allowing consent before a nontherapeutic medical procedure. People should consider the non-medical benefits and risks of circumcision before making their decision. However, the clinician cannot make this decision for a child; it is up to the discretion of the family. The job of physicians is to protect the health of the patients by adhering to the proven scientific medical knowledge and the principals of medical ethics (Svoboda and Van Howe 2013). However, physicians should do what they believe most fits with their values, and should be centered more on the individual rather than society.

ii. Ethical Approach in Context of Philosophy of Law

From the perspective of philosophy of law, circumcision contradicts with the Constitution. The 17th Article of the Constitution states that "All are entitled to living, protection and development of material and spiritual existence. Except the medical necessities and circumstances provided by law, a person's bodily integrity is inviolable; ..." (www.tbmm.gov.tr). Since circumcision is not a medical necessity, it is in conflict with this statement. In the international texts that emphasize the right to privacy, it has been clearly stated that the said rights can only be intervened with under circumstances determined by law. Because of these, we believe that the right of privacy is abused in Turkey, where there isn't any law related with the practice of circumcision. In addition, every medical intervention alters the individual's bodily integrity. Informed consent provides compliance with the law. Hakeri evaluated consent as an additional condition, and states that it cannot fulfill the lack of indication rule alone. In this case, the condition providing the legality of circumcision in Turkey is the concept of social indication (Hakeri 2012) and the application is required to be performed by physicians.

Since the practice of circumcision is controversial, obtaining parents' consent violates ethics principles and legal processes. At an event regarding circumcision that made national headlines, the court accepted the request of a mother to let her children decide whether to be circumcised at age 18, and banned the father from allowing circumcision on the children when they were younger (<http://sabah.com.tr>).

The American Academy of Pediatrics Committee on Bioethics stated in 1995 that parental informed consent can be applied only in cases of clear and immediate medical necessities, and that in other cases, the physician and the family should wait until a time that when the child's consent can be obtained

(AAP Committee on Bioethics 1995). However, the technical report of 2012 is not compatible with this ethical approach. It suggests that there should be more circumcisions consented by families.

iii. Health Politics and Ethics

In the debate, it should be understood that in countries such as Turkey where health services are quickly abandoned due to market conditions, the perception that health care is a 'right' is gone, and it has now become a trade material. The qualities of the physicians are evaluated only by quantitative performance criteria, the defensive medical practices are increased due to increased malpractice lawsuits, and the performance criteria are completed with simpler and less complicated interventions. In these times, circumcision practices will be sustained, and medical justifications can be brought to the forefront in order to rationalize the practice. However, according to a recent publication in Massachusetts, circumcision practices caused \$700,000 in malpractice payments in June 2012 (Svoboda and Van Howe 2013).

iv. Limitations of Medicine and Ethics

When religious and cultural components are at play, parental consent should be obtained for circumcision, and the procedure should be performed by health care workers. Akkayan (2006) stated that various applications, such as wrapping, drilling, splitting, cutting or ablation, etc., on various limbs, organs or body parts should not be included within medicine since they harm the integrity of the body.

In the medical world, there is a common consensus that there will be even more benefits to this practice in the future, and that complication rates will decrease. This statement is controversial, and therefore, it is important that the individual undergoing the procedure provides consent.

v. Labelling of the individual

In countries such as Turkey where circumcision is a religious phenomenon, children should not be forced to undergo the procedure since they may not have those religious beliefs as they grow older. Prof. Dr. Zekeriya Beyaz said that circumcision "...is a sign and symbol of Muslims. Circumcision has the characteristics of a biological seal of Muslim children. Circumcised children believe they are lifelong Muslims" (<http://sabah.com.tr>). Therefore, circumcised children will be labeled as Muslims, even if they do not wish to follow the religion in the future.

Conclusion

Circumcision is not a medically ethical procedure. It favors the rights of the society over those of the individual, which is highly important to human rights and goes against the goals of medicine.

Circumcision is mostly accepted as a religious and cultural phenomenon. Therefore, physicians should obtain informed consent from the families before performing the procedure.

In Turkey today, although there is intense social pressure surrounding the issue of circumcision, it is best for a family to make an informed decision only after discussing the risks and benefits of the procedure with a physician. If the family persistently wants the circumcision, the procedure should only be performed by a physician in order to reduce the risks to the child.

Physicians should question the family in every circumcision case, and ask the family whether circumcision is necessary for health and protection, how it will affect the health of the individual, and if circumcision should be morally allowed. Due to the renewed legal regulations in Turkey, physicians are the only individuals who can perform circumcision, and therefore, they should be the advocates of individual autonomy. Physicians have a duty to protect individuals from diseases and from harms to their individual rights. In addition, physicians must critically think about whether circumcision is morally correct.

REFERENCES

- <http://www.bianet.org/bianet/din/139376-alman-mahkemesi-sunnet-yasadisi> Accessed Date: 13.11.2013
- www.mevzuat.gov.tr Accessed Date: 5.3.2014
- <http://www.resmigazete.gov.tr/main.aspx?home=http://www.resmigazete.gov.tr/eskiler/2014/01/20140118.htm&main=http://www.resmigazete.gov.tr/eskiler/2014/01/20140118.htm> Accessed Date: 5.4.2014
- http://www.anayasa.gov.tr/files/bireysel_basvuru/AIHS_tr.pdf Accessed Date: 20.11.2013
- www.tbmm.gov.tr/anayasa.htm Accessed Date: 20.11.2013
- <http://www.tbmm.gov.tr/komisyon/insanhaklari/pdf01/137-160.pdf> Accessed Date: 16.11.2013
- <http://sbu.saglik.gov.tr/hastahaklari/biyotipsozlesme.htm> Accessed Date: 17.11.2013
- <http://arsiv.sabah.com.tr/2006/07/16/gun117.html> Accessed Date: 30.11.2013
- <http://www.ntvmsnbc.com/id/25469797/> Accessed Date: 30.11.2013
- AAP (2012) Technical report; Male circumcision, task force on circumcision Retrieved November 13, 2013, from the link: <http://pediatrics.aappublications.org/content/130/3/e756.full.html>.
- AAP Committee on Bioethics (1995) Informed consent, parental permission, and assent in pediatric practice. *Pediatrics*, 314-7
- Akkayan T (2006) Bedenin Kültürel Gereklilerle Sakatlanması ve Söğüt'te Sünnet. <http://dergiler.ankara.edu.tr/dergiler/71/1760/18661.pdf> Accessed Date: 16.11.2013
- Anand KJ, Carr D (1989) The neuroanatomy, neurophysiology, and neurochemistry of pain, stress, and analgesia in newborns and children. *Pediatr Clin North Am*, 36:795-822
- Ateş AO (1996) İslam'a Göre Cahiliye ve Ehl-i Kitab Örf ve Adetleri, Beyan Yayınları, İstanbul, 259-61
- Baskin LS (1997) Circumcision. *Handbook of Pediatric Urology*. LS Baskin, BA Kogan, JW Duckett (Ed). Philadelphia: Lippincott-Raven,
- Bensley AG, Boyle GJ (2001) Physical, sexual and psychological effects of male infant circumcision: an exploratory survey. Understanding circumcision: a multidisciplinary approach to a multidimensional problem, GC Denniston, FM Hodges, MF Milos, (Ed). Kluwer Academic/Plenum Publishers, New York, p. 207-31
- Cankorkmaz L, Çetinkeya S, Köylüoğlu G (2011) Pratisyen Hekimlerin Sünnetle İlgili Bilgi Düzeyleri. *Balkan Med J* 28: 264-8
- Çataklı T et al (2012) Bir Hastaneye Başvuran Annelerin Sünnet Hakkındaki Bilgi Düzeyleri. *Erciyes Med J* 34: 116-20
- Dekkers W, Hoffer C, Wils JP (2005) Scientific Contribution, Bodily Integrity and Male and Female Circumcision. *Med Health Care Philos*, 8: 179-91.
- Earp BD (2013) The ethics of infant male circumcision. *J Med Ethics* 39:418-20
- Fleiss PM (1997) The case against circumcision. *Mothering*, 36-45
- Gee WF, Ansell JS (1976) Neonatal circumcision: a ten year overview. *Pediatrics*, 58: 824-7
- Hakeri H (2012) Tıp Hukuku. Seçkin Yayıncılık, 5th Edition, 406-8
- Kadıoğlu HH, Aydın İH, Bekiryazıcı E (2006) Dini ve Tıbbi Açından Sünnet. *Atatürk Üniversitesi İlahiyat Fakültesi Dergisi* 25: 1-16
- Mazor J (2013) The child's interests and the case for the permissibility of male infant circumcision. *J Med Ethics* 39: 421-8
- McCarthy KH, (1992) Studd JW, Johnson MA. Heterosexual transmission of human immunodeficiency virus. *Br J Hosp Med*. 48: 404-9.
- Oral A, Bahadır GB, Güven A (2011) Çocukluk Çağı Sünnet Komplikasyonları ve Önlenilebilirliği. *TAF Prev Med Bull* 10: 605-10
- Özkan A, Özorak A, Oruç M (2012) Bin Dokuz Yüz Sünnet Olgusunda Komplikasyonların Retrospektif İncelenmesi. *Konuralp Tıp Dergisi* 4: 8-12
- Öztürk O (1973) Ritual circumcision and castration anxiety. *Psychiatry*, 36: 49-59
- Öztürk O (2004) Kişilik gelişimi. *Ruh Sağlığı ve Bozuklukları*. 10th Edition, Ankara, p.75-97
- Poland RI (1990) The question of routine neonatal circumcision. *NEJM*, 322, 1312-5.
- Savulescu J (2013) Male Circumcision and the Enhancement Debate: Harm Reduction, not Prohibition. *J Med Ethics* 39: 416-7
- Shah G, Susan L, Furcroy J (2009) Female circumcision: history, medical and psychological complications, and initiatives to eradicate this practice. *Can J Urol*, 16:4576-9.
- Sivaslı E et al (2003) Gaziantep Bölgesindeki Anne ve Babaların Sünnet ile İlgili Bilgi, Tutum ve Davranışları. *Çocuk Sağlığı ve Hastalıkları Dergisi*, 46: 114-8
- Svoboda JS, Van Howe RS (2013) Out of step: fatal flaws in the latest AAP policy report on neonatal circumcision. *J Med Ethics* 39:434-41
- Şahin F, Beyazova U, Aktürk A (2003) Attitudes and practices regarding circumcision in Turkey. *Child Care Health Dev* 29: 275-80
- Tekgöl S.(2000) Sünnet. *Çocuk Sağlığı ve Hastalıkları Dergisi*. 43: 297-302
- Üstüner Top F et al (2008) Giresun İlindeki Ailelerin Sünnet Konusundaki Bilgi, Tutum ve Davranışları. *Çocuk Dergisi* 8: 166-71
- Verit A (2003) Circumcision phenomenon in Turkey as a traditional country: From past to present. Uroweb; 2003. www.cirp.org/library/cultural/turkey1/ (Accessed Date 6.3.2014)
- Weiss HA et al (2010) Complications of circumcision in male neonates infants and children: a systematic review. *BMC Urology*, 10: 2.
- WHO (2007) Male circumcision. Global trends and determinants of prevalence, safety and acceptability. Retrieved November 15, 2013, from the link: http://whqlibdoc.who.int/publicayions/2007/9789241596169_eng.pdf
- Williams N, Kapila L. (1993) Complications of circumcision. *Br J Surg*. 80:1231-6.
- Wiswell TE, Hachey WE (1993) Urinary tract infections and the uncircumcised state: an uptade. *Clin Pediatr*, March, 32:130-4
- Yavuz M, Demir T, Doğançün B (2011) Sünnetin Çocuk Ruh Sağlığı Üzerine Etkisi: Gözden Geçirme Çalışması. *Türk Psikiyatri Derg* 22: 1-9
- Yerdelen E (2013) Hukuki Açından Sünnet. *Tıp Hukuku Dergisi*, March, 1-31
- Yılmaz Y, Özsoy SA, Ardahan M (2008) Annelerin Sünnet Hakkındaki Davranış ve Bilgi Düzeylerinin İncelenmesi. *Ege Journal of Medicine* 47: 93-10.