



**CONSEIL EUROPÉEN DES FÉDÉRATIONS WIZO**  
**EUROPEAN COUNCIL OF WIZO FEDERATIONS**

**« CHILDREN'S RIGHT TO PHYSICAL INTEGRITY »**

# **Medical Response**

to

Report 13297 09/06/2013

Recommendation 2023 (2013)

Resolution 1952 (2013)

on

# **CIRCUMCISION**



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Recommendation 2023 (2013)  
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on

### CIRCUMCISION

Dr. Gad AMAR

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The texts entitled "Children's right to Physical Integrity", based on report 13297 and voted by the Parliamentary Assembly on 10/01/2013, include:

- "Recommendation 2023", intended for the Committee of Ministers of the Council of Europe.
- "Resolution 1952", forwarding its recommendations to the Member States.

The Recommendation 2023 to the Committee of Ministers applies to the "*medically unjustified interferences with children's physical integrity*". It recommends that the issue of "*children's right to physical integrity*" "be taken into account within the framework of its new Strategy for the Rights of the Child", and that this right be included "*into relevant Council of Europe standards*" as well as "*their right to participate in any decision concerning them*".

The Resolution 1952 provides the detail of "*interventions... impacting on the physical integrity of children*". It mentions, by mixing and stigmatizing them, various interventions, enticing the Member States to forbid them (female genital mutilation, etc.), or to supervise them medically (circumcision).

These two texts lean on an explanatory memorandum consisting in a detailed and informed presentation on what is considered "*harm(ing) to (the children's) physical integrity*" which this text purports to fight (p. 6-17).

This assumption has given rise to sharp reactions from Jewish and Moslem communities, who feel offended by the qualification of "*violation to the children's physical integrity*" mentioned in the texts.



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The Council of Europe denies any confusion between circumcision and female genital mutilation<sup>1</sup>. Yet, the activists opposed to circumcision have seemed anxious to employ this very juxtaposition, in which they see with satisfaction a significant step with regard to the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the European Convention on Human Rights. According to them, these three international treaties would purposely have eclipsed the right to physical integrity in order to spare those who practice circumcision<sup>2</sup>. Obviously, the texts voted by the Council of Europe would serve as a reference in possible future legal actions initiated against practitioners of circumcision or parents of the circumcised children.

### I - Analysis of the explanatory memorandum (Report doc 13297 9/6/2013)

Relying on the Chart of the United Nations' and the World Health Organization's (WHO) founding texts to deplore that the children's rights stated in these documents would still be violated in Europe, the report claims to be *"particularly worried about those cases where these interventions are undertaken without associating qualified medical staff"*, by the only will of *"parents who are not fully aware of the risks of such interventions"* (1.6).

The interventions reviewed in this study are those *"which may have an impact on children's physical integrity: the circumcision of young boys in certain religions, medical interventions in the case of intersexual children, female genital mutilation (in certain cultures), the submission to or coercion of children into piercings, tattoos or plastic surgery, and the non-treatment of children facing certain pathologies (in certain religious communities)"* (1.7).

The *"non-treatment"* above mentioned was yet put aside and regrettably not included in the Resolution nor in the Recommendation, although it might lead to fatal consequences when transfusion becomes vital.

Defending the children's right to well-being is undoubtedly commendable. However, are we to grant them complete autonomy and self-determination? What part would then remain to parents in their underage children's education and the management of their rights?

This report certainly did not intend to display hostility towards religious groups practicing circumcision. However the Rapporteur claims to have tried to block the German text of law voted in December 2012 - rather accommodating about circumcision -, by putting forward an alternative proposal, which was rejected<sup>3</sup>. Now the Council of Europe is being approached with the same records.

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<sup>1</sup> *"I would like to make one thing unequivocally clear to you right here and right now: in no way does the Council of Europe want to ban the practice of male circumcision. Female genital mutilation violates human rights. Male circumcision does not."* Secretary General Thorbjørn Jagland, 2013 Plenary Convention of the Conference of European Rabbis, Berlin.

<sup>2</sup> *"The most important international documents do not mention the right to physical integrity so as not to offend the Muslim, Jewish or other communities. The resolution of the Council of Europe is thus the correction of a global mistake."* (Sami Aldeeb Abu-Sahlieh, *La Libre Belgique* 10/09/2013)

<sup>3</sup> *"An alternative proposal moved by myself and a group of parliamentarians, that prior to the operation the child should have reached the age of 14 years, given his consent, and that the circumcision should always be carried out by a pediatric surgeon or urologist, was unfortunately not endorsed by a majority within the German Bundestag"* (2.1.5.33).



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We are not going into the other medical interventions reviewed and rightly condemned in this report. They don't stand on the same line as circumcision, and do not face right now any real opposition across the European states.

Our objective is to provide valuable information to balance this report's rather militant views regarding the issue of circumcision.

### 1. Circumcision, an “increasingly questioned” practice?

Analyzing the history and the prevalence of this intervention, the report pretends that circumcision would be “increasingly” rejected by the medical profession and by the parents<sup>4</sup>. Yet, this militant vision does not match the truth.

The history presented in the report (2.1.1) also deserves clarifications. There are two categories of circumcisions:

- circumcision as practiced on a large scale since the end of the 19th century in the Anglo-Saxon countries. Although the reasons why it was practiced at first are obsolete today, it still remains effective for hygienic and sanitary reasons and is still carried out today in certain Asian countries formerly occupied by the USA after the Second World War.
- circumcision as advocated since early Antiquity by the Jewish and the Muslim religions, and by the Christians of Egypt and sub-Saharan Africa.

Both of these groups share the same hygienic and sanitary purposes. Throughout the centuries, venereal diseases have made indescribable devastation. Islam and Judaism just emphasized the rule by adding a religious dimension to the circumcision.

### 2. The COE against the WHO?

Still today circumcision provides a protection of 60 % against HIV infection in the endemic regions (report 2.1.2 19). This figure results from a very simple comparison of the prevalence of this disease among non-circumcised populations compared with circumcised populations. That is why the WHO has launched mass circumcision drives among non-circumcised populations in the countries of endemic disease in Africa. How can the European Parliament adopt a position hostile to circumcision without consulting with the WHO and by doing the exact opposite of its actions? How would the Council of Europe face the procedures which could be initiated by all the non-circumcised Aids patients who would have been made to believe that circumcision is a mutilation?

According to the report, “*increasingly, medical experts are starting to question positive evaluations of male circumcision as a factor reducing the risk of HIV infections*” (2.1.2.19). In support of this assertion a website of anti-circumcision activists is quoted. Let us leave the experts at the WHO be the judges. Up to now, they have not been impressed by this new expertise.

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<sup>4</sup> “The procedure is increasingly questioned and its perception is changing in the light of a growing awareness for children's human rights. Even within religious communities, an increasing number of people have started questioning traditional but harmful practices and looking for alternatives” (2.1.14).



### **3. Ritualistic circumcision: obscurantist violence or sanitary measure?**

Speaking of "ritualistic circumcision" tends to be ignoring the hygienic and medical reasons which are the basis of the religious obligation. The Christian populations of Egypt and sub-Saharan Africa who kept practicing circumcision from time immemorial do it beyond any religious reason. The Muslim religion does not either consider it one of its pillars<sup>5</sup>, yet the Muslims are attached to circumcision as much as the Jews. Circumcision is a sanitary measure which is mentioned among many others in the Bible. It was at first prescribed for reasons of hygiene and prevention of venereal diseases. Then in order to give it the force of law, Judaism granted it a religious signification, just as in the Bible the rules of hygiene have become purification rules. In Arabic, the word for circumcision: "tahara", means purity. It is, thus, more meaningful to speak rather of "customary circumcision" or "circumcision advocated by religion for hygienic and sanitary reasons".

The argument that circumcision would be recommended to prevent the child from being "discriminated against" within his group does not emanate on any account from religious representatives (2.1.2.21), but from wavering parents (in Israel), harassed by anti-circumcision activists, who use afterwards this argument in their own propaganda.

The report issued by "a children's rights activist" (2.1.2.21.) relegates those who practice circumcision to "the dark side of their own religion, traditions and, finally, identity"(id). Facing this definitive opinion we ask: in the past, before the time of antibiotics, or today facing AIDS, wouldn't it rather be the attitude of some groups standing against circumcision to be labeled as dark?

Ancient authors, such as Celse (beginning of the first century), would only consider circumcision in the extreme cases, when the cancroids had brought down the glans<sup>6</sup>. Where is the Greeks' and Romans' bright face when, even with a penis eaten away, they would still consider themselves "complete" and superior to the circumcised Semites?<sup>7</sup>

It is about such occurrences of glans' and foreskin's corrosion that Guy de Chauliac, an open-minded famous surgeon from Montpellier (14th century), would say: "Circumcision is practiced on Jews, Saracens and others according to their rule of law. It would be helpful to many: as the circumcised do not have deposits of pus collected on the base of the glans heating it up"<sup>8</sup>.

It should be also pointed out also that the Bible's rules were drafted "in favor of life" (Lev. 18, 5) - which is precisely the reason why hemophiliacs would never be circumcised.

### **4. Circumcision and medical practice**

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<sup>5</sup> Nor even "a pubertal rite of passage into manhood" as suggested hastily in the report (2.1.1.17), since the majority of Muslim children are being circumcised between the ages of 3 and 7.

<sup>6</sup> "Be it the rule, every time the glans or a portion of the penis broke loose or was removed, not to preserve the prepuce, fearing that by subsiding, it would join with the ulcer and later it could not be pushed back behind, and that maybe it would close the orifice of the urethra" (de Medicina libri octo, VI, XVIII, 2).

<sup>7</sup> A certain Hadrian, a Roman emperor, convinced of the superiority of the Greek civilization over the Jewish civilization, mobilized between years 132 and 135 twelve Roman legions, from Brittany amongst others, to commit a huge massacre of the Jews of Judea who had rebelled against his ban of some of their practices, among which circumcision. His motivation for massacring men, women and children was indeed not his love for babies. It turned out afterwards that he was suffering from paranoia, maybe caused by the accidental drowning of his boyfriend in Egypt. He kept massacring his friends of the Senate until his own death in 138.

<sup>8</sup> La Grande Chirurgie, éd. Nicaise, Paris 1890, p547



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The report claims that "Infant circumcision applied in a routine manner is increasingly considered as an infringement of the human rights of a child, in particular if carried out by non-medically trained persons and in a non-sterile environment (in a private home, a religious edifice, etc.) (2.1.3.22) This assertion specifically targets Jewish circumcision, which is practiced at home by circumcisers who are not surgeons and often not physicians, although well-trained in this procedure. They follow traditional methods with aseptic precautions, the procedure being performed together with a religious ceremony.

The Muslims as to them have their children circumcised in a hospital, where the cost of the procedure is generally covered by medical insurance. This practice has almost eliminated the intervention of traditional circumcisers and their own methods, including in many Muslim countries.

If truth be told, the sterile environment is imperative for any major surgical intervention, for children as well as for adults. Performing the circumcision in a non-sterile environment is not specifically a violation of the children's rights. It is an inappropriate condition for every person, child or adult, inasmuch as it should be considered a major intervention.

But precisely, qualifying circumcision as a "considerable intervention" (2.1.3.23) testifies again of an excessive evaluation. Indeed, in hospitals, this surgery is assigned to young interns. Today, non-physician Jewish circumcisers have been trained for this procedure by physicians. Serious complications rarely happen, either under their hands or those of non-surgeon physicians. While the report does not provide any data regarding serious complications, it strives instead to minimize the beneficial effects of circumcision. Thus, urological infections, ten times less frequent among circumcised infants during their first year, would affect 1 out of 100 circumcised infants (2.1.3.24). For the reality of the statistics, the urological infections due to the prepuce occurring over a lifetime (24% among the non-circumcised versus 8% among the circumcised)<sup>9</sup>, as well as all the infections of the prepuce and the glans (STI or not) should be included in these figures.

As for the treatment of the pain, the report claims that a treatment with analgesics would "not (be) recommended for children under 12 years of age" (*id*). Actually, for a child in condition to receive a general anesthetic - from age one - the additional radicular anesthetic offsets the pain for two to three hours so that after he awakes the child feels no pain, and after these two to three hours the painful period is over. For newborns, local anesthetic, be it radicular or in ring, works for a shorter time; clinical studies and tests should be carried out by trained anesthesiologists to improve the pain treatment.

Reference must be made as well to adhesions. Unstuck during surgery, they can cause a longer and greater pain than circumcision itself and should be taken care of in an adequate manner. On the other hand, if the child wouldn't have been circumcised, he would have suffered for a long time, each time indeed these adhesions would release themselves because of the physiological erections.

### 5. Circumcision and religious debate

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<sup>9</sup>According to a meta-analyse of all studies notified by David A. Bolnick, Martin Koyle, Assaf Yosha, *Surgical Guide to circumcision*, London 2012, p. 204.



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The report continues: *"Even in the religious context, more and more critical voices can be heard"* (2.1.3.25). It nevertheless only quotes one single voice, that of a British Jewish director, Victor Schonfeld. This man is not a religious authority, nobody knows him, but he is famous among activists for his anti-circumcision film - to which they intend to give a large echo.

The report raises another argument: *"More and more Jewish families seem to question the traditional ritual of circumcision today"* (2.1.3.26). Questioning the traditional ritual does not mean questioning circumcision. The report doesn't clarify how many Jews do indeed question circumcision or how many reject it as a mutilation.

The fact that an association of anti-circumcision activists should be born among the American Jews (id) is nothing of a surprise. But how big is it numerically? The association's website does not inform either about its members or about its audience.

As for the Islamic world, the debate here is of a theological order. Opponents to circumcision are a very small minority, precisely because circumcision for Muslims is practiced by qualified professionals with local or general anesthetic in a hospital environment. It won't be disputed that in hot countries, where water is scarce and personal care is not done daily, a circumcised penis is easier to keep clean than an uncircumcised penis.

### **6. "Considerable harm" and expert advice**

The report concludes: *"The above shows that both medical professionals and religious communities are increasingly aware of the considerable harm inflicted on children through circumcision procedures, especially if performed in a routine, traditional manner."*(2.1.3.28) This assertion is totally wrong, if not biased. Neither the medical professionals nor the concerned religious communities consider the circumcision as *"a considerable harm"*. On the contrary, throughout the world, both pediatric associations in the countries where new-born circumcision is recommended and religious communities are perfectly aware of its hygienic and sanitary benefits.

The report tries to teach pediatricians and urologists to make a difference between a physiological phimosis (which is generally to disappear generally before the adolescence) and a pathological phimosis (when the foreskin cannot be completely retracted on the glans of the penis in erection, or forms a ring of constriction on the erect penis). Although physicians daily face these medical conditions in their consultations, the report still insists on providing them with replacement therapies which would suit both cases (2.1.4.30).

The figures of their frequency vary according to the sources and as we consider or not both cases. Due to general practitioner's or pediatrician's filtering, surgery on children's phimosis is rare. This leads to the consequence described by Dr Michel Beaugé, an andrologist hostile to circumcision: 10% of the students aged 18 to 22 suffer from phimosis<sup>10</sup>, which would mean that pediatricians and urologists might have postponed surgery maybe beyond reason.

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<sup>10</sup> *"In the interview it appears that the vast majority of these subjects are virgin, and that among those who are sexually experienced, many have experienced difficulty with intromission failure, pain and loss of erection... They have different other masturbatory practices"* (Medical treatment of congenital phimosis teenager, Dr Michel Beaugé <http://toame.enfant.org.free.fr>)



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The report recommends *"topical steroid therapies and variations of prepuce operations, which do not involve the removal of the entire foreskin"* (2.1.4.30). The limits of these palliative treatments should be mentioned here. Steroids (corticoid creams) are not always effective. Besides, a dorsal or a lap plastic surgery as recommended before the pastorian era yields an unsightly result, which the patient is informed about prior to the surgery by the surgeon and by the websites he would have consulted. As for the partial ablation of the foreskin (posthectomia), it exposes to the recurrence of a real phimosis, particularly in the case of children. In order to try to avoid it a daily freeing of the glans is practiced during several weeks, which is extremely painful on a fresh scar.

The mentioned alternative Jewish rituals (2.1.4.31) are known only in the USA by a small minority of liberal Jews, whose impact is utterly unknown and probably minor. It reminds of an aborted movement of Hellenized Jews at the 2<sup>nd</sup> century BC who would perform foreskin restoration in order to be accepted among the Greek society.

We can only subscribe to the position of the Association of the American Pediatricians (AAP) reported by the author: *"Even those strongly in favor of the operation, such as the American Academy of Pediatrics (see above), generally request that those carrying out circumcision need to be adequately trained, that sterile techniques need to be used and that effective pain management techniques must be applied. Moreover, the American Task Force strongly recommends that medical standards and training should be developed with regard to the circumcision procedure, that educational material should be developed both for professionals and parents (of circumcised or uncircumcised children) and that doctors should advise families, in a non-biased manner, about the potential benefits and risks and inform them about the optional nature of the procedure for which many alternatives exist today."* (2.1.5.32).

This last assertion about the alternatives of the intervention might not have been issued by the AAP, because indeed there are no alternatives as regards the hygienic and sanitary advantages of circumcision. We shall rather focus on the beginning of this quotation. Nonetheless it is regrettable that AAP's plain and simple acknowledgments of the hygienic and sanitary benefits of circumcision, which outweigh the potential risks of a surgery, were not recorded here in the report.<sup>11</sup>

Furthermore, the report regrets that the Bundestag did not forbid circumcision before the age of 14, as its author had been pushing for. It asserts that circumcision *"should ... be strongly questioned today, both in the medical and the religious context. Alternatives do exist"* (2.1.5.34).

By imbricating in the same text circumcision and mutilations and putting them under the same qualification of *"threat to the physical integrity"*, this report gives - deliberately or not - a signal to all activists who would want to force the Semites out of Europe, and who in Sweden and in Denmark already introduced motions (or succeeded in having them adopted) aimed at forbidding

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<sup>11</sup> The position issued by the AAP can be summed up as follows:

*"Male circumcision is a common procedure, generally performed during the newborn period in the United States. In 2007, the American Academy of Pediatrics (AAP) formed a multidisciplinary task force of AAP members and other stakeholders to evaluate the recent evidence on male circumcision and update the Academy's 1999 recommendations in this area. Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV. The American College of Obstetricians and Gynecologists has endorsed this statement."* (American Academy of Pediatrics - Circumcision Policy Statement – 8/27/2012)



circumcision under the age of 18.

## **7. Conclusions**

This report, indifferent to any pro-circumcision argument even if raised by indisputable medical authorities such as the AAP or the WHO, presents biased information. Rejected in 2012 by the Bundestag, its very arguments were submitted to the European Parliament in September 2013.

Useful additional information on the subject of circumcision will be provided below, so that the Parliamentary Assembly can take it into account in its final version of its Recommendation 2023 to the Committee of Ministers and its Resolution 1952 to the Member States.

We shall not go into the other “*threats to the children's physical integrity*” associated to circumcision in this report. About these issues generally there is no debate.

## **II Arguments’ Review (Recommendation 2023 - Resolution 1952)**

First, we consider that mixing circumcision and mutilating interventions such as female genital excision in the same text is not relevant. Qualifying equally female genital mutilations and circumcision would in a way equate the action of cutting one's nails to the amputation of the last phalanx of one's fingers.

If we were to stick to the wording of the texts voted by the European Assembly, circumcision would indeed, as the other listed interventions, fall into the category of “*physical or mental violence, injury or abuse*” towards children (Resolution §3. It would involve “*potential risks that some of the above mentioned procedures may have on children's physical and mental health*” (id. §6), would flout “*the best interests of the child*” (id. §3 and 7.6), would utterly disregard his freedom of choice (Recommendation § 4), and would above all harm his physical integrity, a notion which gives their title to both resolutions while suggesting mutilation.

The purpose of these arguments is to prepare the minds for a later ban on ritual circumcision in as many European countries as possible through the action of a small group of dedicated activists. The European resolution would also allow legal proceeding across Europe in the slightest case of postoperative complication of a circumcision, and provide to a press eager for scoops the circumcised themselves.

### **1. The risks on the children's health and the physical harm resulting from circumcision**

The risks on the children's health are negligible in comparison to the benefits expected from circumcision according to the AAP. This balanced position should be shared and respected.

This approach of weighing the risks and the benefits applies to any preventive medical procedure where the patient's future is considered, whether a willing adult or a child.<sup>12</sup>

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<sup>12</sup> So the injection of a vaccine is negligible harm in comparison to the benefits expected. Restraining a child who struggles to cross a street by himself is apparent violence, though legitimate in the face of the danger incurred. Abortion at the least is harm to an unwanted child whose life began, though this harm is defensible in regard to the prejudice this baby could have caused in its mother's future.

There happens to be some adults who suffer a debilitating umbilical hernia, who fear the surgery and are affected for so many years: they go to surgery only when their hernia gets severe and the intervention becomes an emergency, thus more



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In the case of newborn's circumcision, the physical harm would not relate to the surgery itself but rather to a surgery without anesthetic. The obligation to treat pain during circumcision as advocated in the 2012 Bundestag's decision cannot be disputed by anybody. It belongs to qualified anesthetists now to define the applicable methods in the case of newborns aged eight days or more.

### **2. The risks on the child's mental health**

The risks alleged on the child's mental health concern in a specific way the Muslim circumcision, which is mostly practiced between age 3 and 7.

This surgery should therefore be practiced at a much earlier age (see below point 4.).

### **3. The child's best interests**

The child's best interests precisely consist, for the parents who make this choice, in relieving him of all concerns of personal hygiene and to prevent any future infections or pain due to adhesions of the prepuce during childhood. This is achieved with circumcision. For the adults the benefits of circumcision are hygiene, a substantial protection against sexually transmitted infections (IST), a protection against the serious illnesses of the cervix of the future partner, etc... These facts are indisputable, as attested by the AAP.

### **4. The child's freedom of choice**

The respect for the child's freedom of choice would involve that surgery be delayed to an age where he can participate if not decide on the intervention. What age should be stated where the child would be recognized in a position to decide freely, independently of any outside influence?

Furthermore, the respect for the child's freedom of choice antagonizes its best interests. Indeed, the child's best interests would, among others, consist in reducing the temporary physical and psychic negative effects of the circumcision for him - as would allow an early surgery. This surgery is actually infinitely less traumatic for an infant than for a child, whose awareness is well-developed.

Besides, circumcision practiced on an adolescent or an adult has a healing period of one to one-and-a-half month. This is especially due to night-erections which cause the repeated rupture of the scar tissue. Meanwhile, the infant's or young child's healing is complete within the next six to eight days.

Should the principle of the child's freedom of choice dominate on its best interests? Between those two contradictory principles the Muslim parents, aware that early surgery is an advantage for their child, have made their choice and practice circumcision at an increasingly early age.

### **5. The right to physical integrity**

This is a false argument. The notion of right to physical integrity should be specified here, since often

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risky. After the operation they admit they would have preferred being convinced earlier. Hernia surgery has an alternative solution - the contention belt - of the same nature as those proposed in the report for phimosis. How worthy are these alternative, gamble and demanding solutions as compared to an effective and absolute surgery?



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confused with the crime of mutilation.

Any surgery harms physical integrity. This harm is defensible when medically justified.

Mutilation is an amputation. It can be medically justified (limb's gangrene) or not.

The French Civil Code rules as follows the right to physical integrity: *"The integrity of a human body cannot be impaired except if there is therapeutic necessity, or exceptionally, in the therapeutic interest of others. The consent of the person must be obtained in advance, except in the case where his/her condition makes a therapeutic intervention necessary on which he/she is not able to agree"* (chap. II, art. 16, 3). So, any "non-therapeutic" intervention on a conscious person is forbidden. Though tolerated, circumcision would fall within the scope of this text which, applied literally, would even forbid any plastic surgery.

Actually the prophylactic effects of circumcision would rank it along with the vaccinations. The right to physical integrity, dedicated in this text to therapeutic surgery, cannot be applied in practice to the prophylactic interventions.<sup>13</sup>

As for mutilation: in the texts voted by the European Assembly circumcision is associated with excision, which is a mutilation. This parallel should really be cleared up.

Only a poll taken among the circumcised would allow raising some information about their personal feeling:

- Do they consider themselves affected in their own body, in other words mutilated because of their circumcision?
- Do they experience a better hygiene because of their circumcision?
- And more: do they have any memory of their circumcision, considering their age when circumcised?

We have no doubt about the results of such a survey, which should be realized by age groups between 20 and 70. Arguing of harm to the body map or right to physical integrity does not make any sense and will not convince the only persons in grade of appreciating: the circumcised themselves.

Being born with a prepuce does not imply any prohibition to get rid of it, except if the body were to be considered a sanctuary and the slightest part of it sanctified. Some congregations where people refuse to cut their beard or their hair or who live naked consider for example their nudity as a pledge of respect for their body map.<sup>14</sup> The foreskin is not more sacred than hair, beard or nails are. The

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<sup>13</sup> So, in the case of ectopic testicles, a prophylactic surgery is realized on infants aged 9 months. There is no question of waiting that the child reaches the age of 14 and decides by himself about his surgery. Affected children go through surgery at the age of 9 months because if not they would suffer a high risk of infertility or hypo fertility when adult, and a risk factor of testicular cancer multiplied by 50.

In the case of syndactylia too, a malformation where adjacent fingers are joined or fused, children go through surgery between 6 and 24 months in order to avoid a poor development of fingers.

The same applies for preventive double mastectomy (as recently had Angelina Jolie) in women carrying a genetic mutation that significantly increases the risk of cancer. Etc...

<sup>14</sup> Activists who reject circumcision (called "intactivists") do not show the same extreme respect for the body since they do not militate for "the right to physical integrity of the corpses". They admit organ removal after death for the purpose of



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same reasons of hygiene which urge the men to cut their nails short or their hair, and to shave their beard, led some to decide to get rid of their foreskin. The physical aspect of the circumcised is not decreased, except if we were to inspect their intimacy and make them say unwillingly that they are physically decreased.<sup>15</sup>

Moreover, if circumcision were really considered a mutilation deprived of any therapeutic reason, at no time, then, would it be tolerated. Would it be acceptable to amputate a sane arm or a sane breast in the style of the Amazons, on simple request and without any medical reason? The only patient's consent is not sufficient to convince any surgeon to perform such a procedure; and a practitioner who would accept such an arrangement would certainly expose himself to the prosecution from the local Medical Board and to legal action.

### III. Proposals

#### 1. Circumcision is not a mutilation

It is not relevant to combine in the same text circumcision and mutilating interventions such as the feminine genital excision, or to qualify equally the one and the others. Indeed, even though neither Recommendation 2023 nor Resolution 1952 oppose to circumcision as a matter of principle, they still do not clearly define the requirements for this type of surgery. In case of dispute this would bring the judges to rely on the arguments given in the memorandum, which, we demonstrated, are wrong as regards circumcision.

#### 2. Circumcision does not break the child's right to physical integrity

Circumcision does not break the child's right to physical integrity because it falls within the framework of surgeries with hygienic and preventive purposes.

The words "medically unjustified" do not apply to circumcision since this surgery has many advantages in terms of hygiene and health as acknowledged by the AAP. It would be more accurate to talk about "preventive and non-therapeutic circumcision".

#### 3. Circumcision is a medical procedure which has to respect the medical standards.

The Resolution invites to "*clearly define the medical, sanitary and other conditions to be ensured for practices which are today widely carried out in certain religious communities, such as the non-*

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transplantation or medical research, or cremation of the dead - which both Jewish and Muslim strictly reject out of respect for the corpse. Their fight for "physical integrity" seems quite selective, and one can only condemn their silence about the massacres committed around the world, which, though, harm bodies and take lives away.

<sup>15</sup>"You shall not round off the side-growth on your head, or destroy the side-growth of your beard. You shall not make gashes in your flesh for the dead or incise any marks on yourselves." (Lev.19, 27-28)

The reason why the Bible forbids the shaving of the side-growth by means of a blade is that this action, when repetitive and uncontrolled, exposes to wounds which might turn into infection. The trimming of the beard or the cuts of the hair are authorized by means of scissors, which principle is the hair-clipper or the electric razors.

It is instructive to note that for about 3 years, in the operating rooms, the shaving of the patients is no longer made with a blade, but instead with a hair-clipper or with depilatory cream according to the same biblical principle of prevention of wounds. It is good too that the European Assembly shares now, some 3000 years later, the biblical prohibition of tattoos, though she didn't go so far as imposing it on all.



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*medically justified circumcision of young boys*" (7.5.2). This statement addresses the Jewish circumcision specifically, which is performed on the 8th day after birth.

The report does not take into account the AAP's well-balanced position about the merits of circumcision. The recommendations of this College and of every Anglo-Saxon pediatric association called to decide on the circumcision of newborns - performed on a large scale in these countries -, particularly advocate providing the physicians who perform circumcision with specific hospital training.

Yet it would be appropriate, before introducing any legislation, to help create the conditions of this training in Europe, and to define European standards of good practice. Europe should hence foster the practice of circumcision within the pediatric surgery services for infants aged 8 days to 3 months.

Pediatric surgery services among Europe, indeed, do not perform circumcision before the age of one year, and only with general anesthetic. Circumcision of infants with local anesthetic is performed, and actually on a large scale, in the USA and some other Anglo-Saxon countries as well as in some countries in Asia and sub-Saharan Africa only. Techniques are diverse, with tens of instruments, either with or without local anesthetic (radicular, in ring or with an anesthetic cream) with or without suture, with or without circular bandage, etc. ...

In order to create a standard a consensus would be necessary. This consensus has to grow from practice only. Thus, the European States should at first be incited to answer the increasing requests for early circumcision within the first fifteen days of the birth and up to the age of three months. The early surgery has the advantage of being practiced with local anesthetic. When this practice is widespread within Europe in the pediatric surgery services or in the maternities, then only a European consensus will raise, supported by the practitioners themselves, on the standards to be identified of this technique. These standards would only then be binding on the ritual Jewish circumcision.

#### **4. Political scope**

In our opinion finally the Council of Europe appears not to have assessed the political impact of its recommendations concerning circumcision:

- In the eyes of the activists, who would rely on the connection between circumcision and mutilation to bring future subversive actions to a successful conclusion;
- Towards the extremist political parties or spheres of influence, which would find in these texts the rationale for an "ethnic cleansing" of the Semites in Europe;
- Towards one and a half billion Muslims across the world amongst which the more moderate themselves would be brought to consider Europe as a hostile continent.

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Strasbourg, November 2013