Male Circumcision: Guidance

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RELATED POLICIES AND PROCEDURES

- What to do if you have a Concern about a Child in Buckinghamshire
- Female Genital Mutilation Procedure – to be published February 2017
- Pre-Birth Procedures
1. Introduction
   1.1. Unlike female genital mutilation, male circumcision is not an illegal act in itself and is not normally a child protection or safeguarding issue. This procedure provides practitioners in Buckinghamshire with an understanding of when male circumcision may be a safeguarding issue and how to respond when such concerns arise.

2. What is Male Circumcision?
   2.1. Male circumcision is the surgical removal of the foreskin on the penis. The procedure is usually requested for social, cultural or religious reasons (e.g. by families who practise Judaism or Islam). Additionally, there are parents who request circumcision for assumed medical benefits.
   2.2. There is no requirement in law for professionals undertaking male circumcision to be medically trained or to have proven expertise. Traditionally, religious leaders or respected elders may conduct this practice.
   2.3. Male circumcision is a non-reversible procedure.

3. Circumcision for Therapeutic or Medical Reasons
   3.1. 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.
   3.2. The medical harms or benefits of circumcision have not been unequivocally proven, except to the extent that there are clear risks of harm if the procedure is done inexpertly.
   3.3. 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 child himself, if Fraser competent.
   3.4. 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.

4. Non-therapeutic Circumcision
   4.1. Male circumcision that is performed for any reason other than physical clinical need is termed 'non-therapeutic circumcision'.

5. Legal Position
   5.1. Practitioners may assume that the circumcision procedure (therapeutic or non-therapeutic) is lawful provided that:
      • it is performed competently, in a suitable environment that reduces the risk of infection, cross-infection and contamination
      • it is believed to be in the child’s best interests (see section 7)
      • there is valid consent from the family/parent and the child, if Fraser competent.
   5.2. If doctors or other professionals are in any doubt about the legality of their actions, they should seek legal advice.

6. Consent
   6.1. Consent for circumcision is valid only where the people (or person) giving consent have the authority to do so and understand the risks and implications, including that it is a non-reversible procedure. Where people with parental responsibility for a child disagree about whether the child should be circumcised, the child should not be circumcised without the leave of a court.
7. Non-therapeutic Circumcision Principles of Good Practice

7.1. 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 to 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 (physical and emotional)
- the views of the 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.

8. Medical Response

8.1. 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.

8.2. 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 professional organisations:

- General Medical Council
- British Medical Associations
- Royal College of Surgeons
- British Association of Paediatric Surgeons

9. Recognition of Harm or Abuse

9.1. Circumcision may constitute significant harm to a child if:

- the child sustains physical, functional or cosmetic damage
- the child suffers emotional, physical or sexual harm from the way in which the procedure was carried out
- the child suffers emotional harm from not having been sufficiently informed and consulted, or not having his wishes taken into account
- there is an abusive motive on the part of the person/s conducting the procedure, e.g. sexual.

9.2. Significant harm is defined in Section 31(9) of the Children Act 1989 and is referred to in accordance with Working Together (2015). Where it is believed that a child has suffered, or is likely to suffer, significant harm, there needs to be compulsory intervention by child protection agencies (see What to do if you have a Concern about a Child in Buckinghamshire).

9.3. Harm may stem from clinical practice being incompetent (including lack of anaesthesia) and/or clinical equipment and facilities being inadequate, not hygienic, etc. The professionals most likely to become aware that a boy is at risk of, or has already suffered from, harm from circumcision are health professionals (GPs, health visitors, A&E staff or school nurses), and childminding, day care and teaching staff. Others with responsibilities or roles within the wider community may also become aware, e.g. members of faith groups or sports/voluntary groups.

10. Multi-agency/Service Response

10.1. If anyone becomes aware, through something a child discloses, or another means, that the child has been, or may be, harmed through male circumcision, a referral must
be made to children’s social care (see What to do if you have a Concern about a Child in Buckinghamshire).

10.2. Children’s social care should assess the degree of harm against the factors listed above in section 9 and determine whether the likely or actual harm is significant for the child in question.

10.3. Where a criminal offence is suspected, e.g. sexual abuse or unjustified deliberate injury, the police must also be notified.

10.4. Children’s Social Care should also assess the risk of harm to other male children in the same family, including unborn children (see BSCB pre-birth procedures).

10.5. If any professional considers that their concerns are not being responded to appropriately, the BSCB escalation procedure should be followed.

10.6. If concerns relate to a professional or other person in a position of trust, concerns must be discussed with the Local Authority Designated Officer (LADO) (see BSCB procedures for managing allegations against staff and volunteers).

11. Community/Religious Leaders

11.1. 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.