Non-Therapeutic Male Circumcision

Document management

Revision history

Version	Date	Summary of changes
1.0	May 2021	Updated with amendments from safeguarding designated leads
2.0	March 2022	
3.0	June 2022	Comments from Safeguarding Board Managers
4.0	June 2022	Further comments received from Dr Gabi Lipshen
5.0	July 2022	Minor comments from Nikki Edwards and Vanessa Woodall

Approved by

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Contents

1 Introduction

1.1 Male circumcision is the surgical removal of the foreskin of the penis. The procedure is usually requested for social, cultural or religious reasons (e.g. by families who practice Judaism or Islam). There are parents who request circumcision for assumed health benefits.

1.2 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 Circumcision for Therapeutic / Medical Purposes

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

2.2 Where parents request circumcision for their son, 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.

2.3 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 young man himself, if Fraser competent.

2.4 The health 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.

3 Non-therapeutic circumcision

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

4 Legal Position

4.1 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.

4.2 There is valid consent from a person holding legal parental responsibility.

4.3 In situations where the procedure does not relate to an infant, informed consent and capacity to consent in the child should be considered alongside Gillick competency guidelines

4.4 If doctors or other professionals are in any doubt about the legality of their actions, they should seek legal advice.

5 Principles of Good Practice

5.1 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:

- 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
- Best interest decisions may also consider the impact on cultural identity of the child of having or not having the procedure. Each individual case needs to be considered on its own merits

5.2 Considerations in relation to non-therapeutic circumcision should include:

- 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

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

See **gminfantmalecircumcision.org.uk**

6 Doctors' Response

6.1 Doctors are under no obligation to comply with a request to circumcise or refer a child for circumcision, and non-therapeutic circumcision is not a service which is provided by the NHS.

6.2 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 the:

- **General Medical Council: Guidance for doctors**;
- **British Medical Association: non-therapeutic male circumcision toolkit**;
- **Royal College of Surgeons: Male Circumcision: Guidance for Healthcare Practitioners**.

7 Role of Community / Religious Leaders

7.1 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. Local Safeguarding Partners have a responsibility to ensure that local communities are engaged with safeguarding arrangements and understand their responsibilities.

8 Recognition of Harm

8.1 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 disfigurement and/or physical dysfunction
- 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 taken into account. This would include using restraint within the procedure

8.2 Significant harm is defined as a situation where a child is likely to suffer a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful there needs to be compulsory intervention by child protection agencies in the life of the child and their family.

8.3 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. or physical or emotional harm following restraint

8.4 The professionals most likely to become aware that a boy is at risk of, or has already suffered, harm from circumcision are health professionals (GPs, health visitors, A&E staff or school nurses) and childminding, day care and teaching staff.

9 Multi-agency Response

9.1 NTMC can be completed by people with a medical background e.g. trained GPs or nurses and also by those with no medical background or training. This addendum to the Tri-x policy covers all cases of NTMC, regardless of who has completed the procedure.

9.2 If a professional in any agency 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 Local Authority children's social care in line with local borough policy. As well as reviewing the presenting referral, the local authority children's social care should assess the risk of harm to other male children in the same family, including unborn children.

9.3 It is also recognised that NTMC is sometimes a contentious issue. Professionals are encouraged, if they are unsure about how to proceed regarding a case involving NTMC, to make contact with their organisational safeguarding team or their local Multi Agency Safeguarding Hub for further advice and support.