Solicitation of Newborn Male Circumcision

Solicitation is the driving force behind the high circumcision rate in the United States.

Numerous anecdotal reports indicate that new parents encounter repeated attempts to have their newborn sons circumcised from healthcare providers. Intact America conducted a survey in 2020 of 2500 mothers to determine how often parents are asked if they wished to have their son circumcised.

The survey found mothers were asked an average of six times whether they wanted their son circumcised. The percentage of mothers who were asked at least once was 94 percent.

The survey also found that circumcision rate increases with solicitation; 45 percent of mothers who were never asked requested circumcision for their newborn son versus 78 percent for mothers who were asked one or more times and subsequently agreed to the surgery. People in authority can be very persuasive.

In the survey, 29 percent of mothers were told that infant circumcision was either recommended or required or both.

Selling circumcision is more often directed at demographic groups that are traditionally considered vulnerable; Black mothers were asked more often.

Given that parents need only answer in the affirmative or the negative once to make their wishes known—and that the bioethics and legality of soliciting an unnecessary surgery even once is problematic—the practice of asking, soliciting, or selling cannot be justified.

The first few solicitations were the most persuasive; repetitive asking had little effect on decision making. This indicates that any program focused on reducing healthcare professionals from overstepping their authority would fail unless a zero-tolerance solution is implemented.

History

The United States is one of only a few nations that circumcises most of its newborn boys without asserting a religious justification. The non-religious practice in English-speaking countries began in the late nineteenth century to prevent masturbation.[1] Since that time the rationale for the practice have careened from one medical justification to another; as one medical reason was debunked, another seemingly took its place. Yet the consensus has been that newborn circumcision is primarily considered a cultural practice, even though it is most often performed by physicians in a medical setting. This relationship between cultural practice and medical intervention is clouded in mystery.

For decades, anecdotal evidence—mostly through conversations with parents describing their perinatal experiences—has indicated that parents are commonly asked multiple times if they

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wanted their son circumcised. These recollections have been generated in all regions of the country, all racial groups, and all socio/economic strata.

Discussion

This is the first study of its kind and given the anecdotal nature of the reports to date less dramatic results were expected. Our survey of 2519 mothers who recently welcomed new sons into their homes found that they were asked by healthcare professionals to have their sons circumcised an average of six times during pregnancy and perinatal hospitalization.

The survey also found that asking is a ubiquitous practice. The number of asks was extremely high nationwide, greater in those living in the Northeast, those identifying as Black, and those on Medicaid. This suggests that the asks are directed more intently at traditionally vulnerable populations.

Mothers who were never asked were much more likely to leave their sons intact. Mothers who were solicited were 1.73 times more likely to agree to circumcision for their sons than mothers who were never asked; in other words, a single ask by a medical professional had the effect of nearly doubling of the circumcision rate for babies of women who were NOT asked about circumcising their sons.

The first one-to-three solicitations are the most influential in persuading a mother to sign the circumcision consent form (the triggering event guaranteeing that a circumcision will take place). Additional asks had no significant impact on increasing the likelihood of a mother agreeing to circumcision.

One possible explanation for the multiple asks is that either the person asking has not looked at the previous record and asks again. Many practices that provide obstetrical care will have expectant mothers see several members of the practice, so they can become acquainted as when it comes time for delivery the person attending deliveries that day could be any of them. Similarly, once the baby is born, it is not unusual for the question to be asked with each shift change of nurses as this takes less time than consulting the patient's medical record. Asking may be an attempt to extract more income from the delivery. As a result, the repeated asking may be perceived differently, depending on the mother's situation:

- For mothers who had already decided upon circumcision, the repeated asking may appear as incompetence or "overselling" the procedure.
- For mothers who are undecided about circumcision, the repeated asking may be construed as medical advice or recommendation.
- For mothers who have decided to leave their sons intact, the repeated asking may come across as badgering and profiteering.

The result that mothers of boys who eventually circumcised their sons had more total number of asks than those who allowed their sons to remain genitally intact was the opposite of what was expected. There may be a couple of explanations. The first is that families who allowed sons to remain genitally intact were more likely not to be solicited at all. This may a carryover effect of identifying as Latino, living in the Western region, or choice of healthcare provider. The second

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possible explanation is that an early request by parents to forgo circumcision was more likely to be honored, and the family was less likely to be asked again. The third possible explanation is that those wishing to circumcise their new sons were asked more frequently, especially during the perinatal hospitalization, as a part of the "time out" process to make sure the procedure was being performed on the correct infant. The fourth possible explanation is more ominous, but plausible. Those parents who initially did not wish to circumcise their new sons were repeatedly solicited hoping that they relented.

Despite being one of the most performed medical procedures in the United States, there is a paucity of reliable data on infant male circumcision incidence. The circumcision rate in this cohort is about 76 percent. This is much higher than published estimates such as the National Center for Health Statistics' report stating that the 2010 rate was 58.3 percent for hospital-stay circumcisions,[2] which makes this result especially important in the ongoing circumcision debate.

Ethics of solicitation

Ethical consideration of circumcision solicitation must begin with an ethical consideration of newborn circumcision itself, which has been questioned on numerous occasions.[3] [4] [5] Male circumcision is not recommended by any national medical organization as a routine birth procedure. Dr. Andrew Freedman, a pediatric urologist and member of the former AAP Task Force on Circumcision, stated: "Newborn circumcision is a non-therapeutic, elective procedure done primarily for esthetic, cultural or religious reasons."[6] Without a clear medical indication, infant male circumcision is therefore an unnecessary genital surgery upon a non-consenting minor and may be subject to medical malpractice legal action.[7]

It logically follows that solicitation of such surgeries is also questionable. In civil law, solicitation is defined as any request or appeal for anything of value.

State medical boards have regulations pertaining to solicitation. For instance, in Ohio, physicians found misrepresenting facts, such as "circumcision is required" may be sanctioned including losing their license to practice medicine.[8]

In some jurisdictions, solicitation of unnecessary surgeries is illegal as in the case with a Connecticut law passed in 2009 that prohibits physicians and "runners" (such as nurses), from soliciting patients for themselves or their employer.[9]

With other cosmetic procedures the person providing consent, after full disclosure, is uniformly the person on whom the procedure will be performed. In the case of an infant, the infant cannot provide consent. The American Medical Association Code of Medical Ethics (1997:120) does not address a physician's ethical obligation in situations where guardians for an incompetent adult, let alone an incompetent child, seek a non-medically indicated medical intervention. Perhaps this is because acting on such a request is clearly beyond the pale ethically. However, the Code includes the more general mandate to physicians to help patients "make choices from among the therapeutic alternatives *consistent with good medical practice*" (emphasis added). This might be read to imply that a physician must discourage a surrogate from seeking a procedure for which there is no medical indication. Certainly, physicians have no affirmative obligation to undertake a non-medically indicated intervention when asked to so, so it is no

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justification for violating an incompetent person's physical integrity that a surrogate asked the physician to do so. This would apply to infant male circumcision as the procedure is cosmetic and does not address a medical issue.

There is also little mention in the legal or ethical literature of physician's *proposing* non-medically indicated procedures to surrogates who have not themselves requested the procedure. This is unsurprising. Such a practice would so clearly offend the canons of ethics of the medical profession as to generate a reaction of horror and recrimination by legal and medical authorities. The prohibition of solicitation by doctors, based upon the impropriety of a physician putting his or her financial welfare above the welfare of the patient, [AMA 1997:105; CMA 1996] would apply even more stringently to solicitation of surrogates for incompetent adults and incompetent infants than it does to solicitation of competent adults. Naturally, the physician should ensure that for a competent adult requesting a procedure that is not medically indicated that the adult is fully competent and acting voluntarily. It would be particularly troubling if a physician not only failed to ensure fully informed and uncoerced reflection on the potential costs of a non-medical act but *suggested* the procedure or presented information about it in a way that could reasonably be interpreted as a recommendation. It would be more troubling in a similar situation involving a surrogate decision maker. Clearly, encouraging a patient to undergo a procedure that has no medical indication is presumptively inconsistent with medical ethics. [AMA 1997]

Policy statements from national health organizations may be of little value since they are being ignored.[10] At the time of the births identified in this survey no national medical organization recommended infant male circumcision and no heath agency required it. Yet in this survey, three out of ten mothers were told that infant circumcision was either recommended or required or both. Clearly, the healthcare professionals attending these mothers are grossly misrepresenting the truth.

Also worrisome are the parents who have decided against circumcision yet continue to receive uninvited solicitations. This gives the impression that the healthcare professionals are trying to "sell" the parents into "buying" a circumcision. One can only speculate their motives for doing so, however, the monetary incentive to bill for additional services cannot be ruled out.

Conclusion

One can easily conclude that soliciting a procedure for which there is no medical indication on a patient who is incapable of giving fully informed consent falls outside the American Medical Association Code of Ethics.[11] Yet most parents are being 'sold circumcision' lacking a diagnosis, putting into question the solicitor's motivation.

We now know that newborn male child genital cutting continues unabated—long after other English-speaking countries have abandoned it—because physicians and hospitals are soliciting an unnecessary surgery to parents.

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