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Article

Factors Associated With Uptake of Infant Male Circumcision for HIV Prevention in Western Kenya

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Criticism of VMMC is water under the bridge and misses the mark

- Richard G Wamai, Assistant professor

Boyle (African Mass Circumcision Programs: A Dangerous Leap!), van Howe (Policy Should Be Based on Evidence, Not Myths), Svoboda (Financially, Ethically and Legally, Circumcision is Unsuitable to Combat AIDS and HIV) and Hill (False Premises Produce Fallacious Conclusions) belabor at 'water under the bridge'. Each of their claims opposing medical MC has been refuted as mere argumentations and lacking sound grounding in the stronge...
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None declared.

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- 6 August 2012

African Mass Circumcision Programs: A Dangerous Leap!

- Gregory J. Boyle, PhD,DSc, Independent Research Consultant
- Other Contributors:
  - George Hill, Bioethicist

Recently, evidence supportive of the futility of mass circumcision campaigns to reduce HIV sexual transmission in sub-Saharan Africa was outlined.[1] Two replies [2,3] reiterated the claim, based on three randomized controlled trials (RCTs) in South Africa, Uganda, and Kenya, that circumcision reduces men's risk for HIV by about 60%.

Numerous serious flaws in these RCTs included: inadequate equipoise, researc...

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None declared.

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- 30 July 2012

Financially, Ethically and Legally, Circumcision is Unsuitable to Combat AIDS and HIV

- J Steven Svoboda, Executive Director

We are concerned by the inexplicable advocacy for male circumcision that Young et al. reinforce in their recent paper. The authors ignore numerous problems, including substantial ethical and legal issues, with the proposal for mass circumcision of Africans as an asserted HIV preventive.

The "drawback" of a "lengthy interval" between circumcision of an infant and the asserted benefit mentioned by the authors qualifies as an impressive understatement. For the past 150 years, circumcision has been a "cure" in search of a disease to treat. A program to circumcise infants in Africa is rendered sinister by its colonialist focus on ostensibly enlightened developed world practitioners "saving" African males from their own sexuality by cutting their bodies.

Such a program clearly violates our cherished ethical and legal values. In 1891, the United States Supreme Court recognized the right of all citizens to bodily integrity and self-determination. No right is held more sacred or is more carefully guarded by common law than the right of every individual to the possession and control of his own person free from all restraints or interference of others. (1) Joel Feinberg argues for the child's right to an open future, (2) and the British Medical Association recommends prioritizing options that maximize the patient's future opportunities and choices. (3)

Valid permission for a medical procedure has three elements: disclosure, capacity, and voluntariness. Voluntariness is absent from the campaigns to coerce adult African males to be circumcised. Moreover, children are incapable of granting consent. According to the American Academy of Pediatrics, parental permission for medical intervention on children is authorized only in situations of clear and immediate medical necessity, such as disease, trauma, or

deformity. (4) For non-essential treatments--such as neonatal circumcision--that can be deferred without loss of efficacy, the physician and family must wait until the child is old enough to consent. Judging by the low adult circumcision rates (even in the US where it is much more common than anywhere else in the developed world) most will hang onto what they have.

Because parents lack the power to give permission for prophylactic amputation from their children of healthy tissue, and because neonatal circumcision has no universally recognized medical benefit, parental permission for the procedure is not effective.

Loss of function of the intact penis is an obvious and important issue, yet it has not been adequately addressed in the rush to circumcise. Moreover, recently created FGM "clinics" demonstrate that the demand for male circumcision may translate into an increased demand for female circumcision. Men's false sense of security following circumcision will lead to a decrease in condom use and may endanger women.

Portrayals of circumcision as pain-free, cost-free, and complication- free fly in the face of reality. The rate of complications of circumcision performed in Africa is extremely high.(5) Little or no evidence exists that circumcision is a better option than consistent condom use, aggressive surveillance and treatment of STIs, or treatment of HIV with anti-retroviral therapy. Cost analysis shows that the asserted benefits account for only 24% of the lifetime costs. Any program for mass circumcision will undermine condom use and would divert funds to a more expensive, less effective intervention.

Any responsible recommendation of universal circumcision must grapple with grave issues: 1) The proposed intervention must be compared to other interventions for efficacy, cost effectiveness, and complications. 2) The surgical complications of the procedure are probably much higher in developing nations. 3) The loss of function and the benefits of the intact penis. 4) The questionable propriety of removing healthy, highly erogenous tissue from non-consenting minors to "protect" them, based on speculation about their future sexual behavior, from a disease that may not exist when they reach sexual maturity. 5) No proven biological basis exists for the asserted connection.

Mass circumcision as a preventive for HIV in developing countries is difficult to justify. Medical organizations around the world, including American organizations, unanimously refuse to endorse routine male circumcision. Studies claiming to support the mass circumcision program suffer from serious methodological and ethical flaws. Even if valid, such a proposal cannot ethically or legally be applied to the developed world.

Medicine must ally itself with scientifically proven practices within the dictates of medical ethics, human rights, and law. Circumcision, even as portrayed by its advocates, is much less cost-effective than other proven interventions and thus does not belong in a discussion of simple interventions to prevent HIV infection.

(1) Feigenbaum MS. Minors, medical treatment, and interspousal disagreement: Should Solomon split the child? De Paul L Rev 1992; 41:841- 884.

(2) Feinberg J. 2007. The Child's Right to an Open Future. In Curren R, ed. Philosophy of Education: An Anthology. Malden, Massachusetts: Wiley -Blackwell: 112-123.

(3) Medical Ethics Committee, British Medical Association. 2006. The Law & Ethics of Male Circumcision. London: British Medical Association: 4.

(4) American Academy of Pediatrics Committee on Bioethics. Informed consent, parental permission, and assent in pediatric practice. Pediatrics 1995; 95: 314-317.

(5) Bailey RC, Egesah O, Rosenberg S. Male circumcision for HIV prevention: a prospective study of complications in clinical and traditional settings in Bungoma, Kenya. Bull World Health Organ 2008; 86: 669-77.

By J. Steven Svoboda, J.D. (Harvard honors), M.S. (Berkeley) Executive Director Attorneys for the Rights of the Child arc@post.harvard.edu

Word Count: 863

Conflict of Interest:

None declared

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None declared.

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- 23 July 2012

Policy Should Be Based on Evidence, Not Myths

- Robert S. Van Howe, Clinical Professor

To the Editor:

Research and public policy should be based on medical evidence rather than deeply held beliefs and medical mythology. This basic principle appears to have been lost on the authors of this study and the people who reviewed it for Pediatrics. While there are a handful of scientists who believe that adult male circumcision may have a role in reducing the risk of female-to-male heterosexually-transmit...

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None declared.

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Rather than re-iterating the same refutations of Boyle & Hill arguments, I would just refer readers to a recent letter

by Morris: Morris BJ. Boyle and Hill's circumcision 'phallusies'. BJU Int. 2012 Aug;110(3):E153-4. doi: 10.1111/j.1464-410X.2012.10674_2.x.

Conflict of Interest:

I am currently conducting research on male circumcision devices, funded by the Gates Foundation....

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Conflict of Interest:

None declared.

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- 11 July 2012

False Premises Produce Fallacious Conclusions

- George Hill, George Hill, Vice-President
- Other Contributors:
  - Gregory J. Boyle, Ph.D.

A recent article in *Pediatrics* sought to promote infant male circumcision in the hope of preventing HIV in Western Kenya.[1] However, *false premises produce fallacious conclusions*. Although three African clinical trials (RCTs), published more than five years ago claimed to show that male circumcision reduces female-to-male sexual transmission of HIV, these RCTs were seriously biased and fatally flawed.[...

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None declared.

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