Ritual Genital Cutting of Female Minors

Committee on Bioethics

A Statement Of Retirement For This Policy Was Published At 126(1):177
This Policy Is A Revision Of The Policy In 102(1):153

Published Comments

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  29 April 2010

• 1 June 2010

  Sincerity, retraction and apology?

  • Susan Bewley, Obstetrician

  I have watched the unfolding of the medical and media storm of protest at the revised AAP Bioethics Committee policy with professional interest. What did the AAP expect? Of course the focus of attention would have been expected to be given to the small 'chinks' of changes, softening the policy and opening up the possibility of medicalisation of the procedure of FGM (renamed 'cutting' or a 'nick'). Whilst the members of t...

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  Conflict of Interest:
  None declared.

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28 May 2010

Academy Must Condemn All Forms of FGM

- Robin Phillips, Executive Director

The Advocates for Human Rights notes with deep concern the policy statement issued by the Committee on Bioethics on April 26, 2010 on Ritual Genital Cutting of Female Minors. In its statement, the Committee offered the “ritual nick” as a compromise to more intrusive forms of female genital mutilation, and stated that it may be a way to build trust between hospitals and immigrant communities and avoid greater harm to little...

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Conflict of Interest:
None declared.

27 May 2010

Impact and Ripple Effect of the "Nick and pricks" in the policy

- Esther Nkatha, Humanitarian / President CEO

I am forced to write this letter because as an organization, for the last one month since this policy document was released, we have had a major out cry from parents both in Africa and the USA. Girls that had said no to FGM are now interested in the new type of FGM called the "AAP FGM" Your policy has almost destroyed our work in eliminating this culture. Its is ignorant for your argument to indicate that once you "prick"...

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Conflict of Interest:
None declared.

19 May 2010

When will you put children before senseless traditions?

- Michael E Willers, Pediatric Cardiologist

It is shameful for pediatricians to be more interested in preserving cultural norms than in protecting the health and well-being of children. And yet with this latest position statement, that is exactly what you have done. Where, exactly, would this end? If rape were appropriate in some cultures (which it is), would you condone that? Child abuse? Spousal abuse? Is beating one's child "just a little" appropriate...
18 May 2010

Genital cutting of children as child abuse

Richard B. Russell, Attorney, Educator

Genital cutting of girls is criminal child abuse in the US; laws require teachers, physicians, and others to report abuse. Does AAP make that clear to members being urged to be more tolerant of FGC of girls? What about parents who present daughters who have been cut? What of solicitation of a physician to do the cutting? Is there no obligation, not even a moral one, to report it?

During 20 years as a military...

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Conflict of Interest:
None declared.

18 May 2010

Pretend genitals are just a finger/toe/nose

Jessica Mackenzie, Restauranteur

This is appalling to me as a woman and a mother. Genitals should have the same rights (and more!!) that every other body part is afforded. I want to believe that pediatricians have the best interest of their patients (infants and children) in mind and heart, but un-necessary surgery on non-consenting persons is not within my area of acceptable behavior towards minors.

Conflict of Interest:

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I am outraged by your policy statement endorsing Type IV FGM as a “comprise to avoid greater harm”.

In the first place, softening the language to “cutting” instead of “mutilation” in the interest of being culturally sensitive is a huge step backward. Cutting the genitalia, IS mutilation. In some cultures, it is considered acceptable for men to beat their wives into submission. Perhaps instead of calling th...

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Conflict of Interest:
None declared.

17 May 2010
Re: AAP Response to eLetters

Arjun Bamzai, Pediatrician

Dear AAP,

I would like to request that this policy statement should be rescinded.

Dr. Davis states that some pediatricians who have a large number of we have good reason to believe that many girls are being sent back to their home countries to undergo FGC. Personally, I doubt that this is true. I have had a lot of Somali patients over the past 4 and a half years because I live and work in Rochester...

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Conflict of Interest:
None declared.

17 May 2010
Opportunity for Education Plus Protection of Minors

Sarah E. Strandjord, MD, Pediatric Hematologist Oncologist

I believe that the AAP was acting with good intentions, regarding this extremely complex issue, in development of its new policy weakening its stand against Female Genital Cutting. However I also believe that this new policy violates the fundamental human right to bodily integrity and freedom from abuse, and raises other ethical and practical concerns.

The ultimate intent of this policy statement is laudab...
17 May 2010

**Informed consent**

- **Hugh P Young**, Independent researcher

Professor Dena Davis now adds that the girl's consent for a "ritual nick" must be sought if she is old enough to give it. What is that age, and why not insist on waiting till that age?

"Consent" must of course be informed consent, but of what can she be informed? That if she does not consent t...

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**Conflict of Interest:**
None declared.

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14 May 2010

**AAP Response to eLetters**

- **Dr. Judith Palfrey**, President

To better understand the American Academy of Pediatrics (AAP) position on female genital cutting (FGC), I encourage you to read the policy statement issued April 26. You can see the full statement at:

http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;125/5/1088?rss=1

In the statement, the AAP reaffirms its strong opposition to FGC and counsels its members not to perform such procedures. As typi...

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**Conflict of Interest:**
None declared.

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14 May 2010

**Cultural Bias May Contribute to Flawed Policy**

- **Ronald Goldman, Ph.D.**, psychologist, executive director

When health educators prepare to explain to parents from outside the United States why male genital cutting is practiced here but female genital cutting is condemned, they may want to consider the following similarities between cultures that cut male and female genitals.

1. Cultural bias prevents recognition of the sexual and psychological harm of local practices.
2. Local medical doctors support genital cutting....
Cultural Sensitivity: The AAP has proposed genital nicks or piercings for baby girls to satisfy cultural customs in a less harmful way, with no evidence that it would work. This shows a lack of concern for the patient, which is more suitable for the veterinary profession.

Patients Rights: The owner of a tattoo & piercing shop responded to a request to pierce the ears of a baby girl thus: “Absolutely not! Bri...

You are quite right that we, the authors of the policy statement, should have made explicit our commitment to requiring assent from any child old enough to give it. As for "Do No Harm," our commitment to that principle remains unchanged. Since we have good reason to believe that many girls are now sent back to their home countries for truly terrible and life-threatening genital cutting, it is our belief that a limited e...

THE AAP HAS NO RIGHT OR TRAINING TO ENGAGE IN CULTURAL BROKERAGE

John V. Geisheker, attorney
We, the international members of Doctors Opposing Circumcision, were horrified to read that the American Academy of Pediatrics has proposed advocating genital ‘nicks’ to girls, using the disingenuous excuse that pediatricians would thus be protecting the child from FGM. This is political correctness taken past logic deep into human rights abuse, aside from being self-serving, as well as patently illegal under current U...

**Conflict of Interest:**
None declared.

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**11 May 2010**

"I will not peddle flesh. I'm a physician." - Dr. McCoy

**Christopher R Jensen**, Biology Student: The University of North Texas

As a second year Biology student hoping to go to medical school one of the first things I learned was that everyone in the medical profession must adhere to the maxim Primum non nocere, "first, do no harm." I find it ironic then that under these guidelines one of the "first" things done to a helpless young girl would be to “harm” her for no real medical benefit. The risk of infection from even the slightest “prick” is in...

**Conflict of Interest:**
None declared.

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**11 May 2010**

**Cultural Rite, Medical Wrong**

**Elizabeth Reis**, professor

A longer version of this comment has been posted at bioethicsforum.org (The Hastings Center)

http://www.thehastingscenter.org/Bioethicsforum/Post.aspx?id=4641&blogid=140

Doctors need to get out of the infant genital cutting business entirely, whether for boys or girls. Doctors are supposed to help patients, not harm them. If the “nick” they’re talking about is really no more than an ear pierce,...

**Conflict of Interest:**
None declared.
11 May 2010

Please Focus on Stopping FGC and MGC; Keep our Children Safe

J. Steven Svoboda, Attorney

We have reviewed the AAP’s latest policy statement on female genital cutting (FGC) and we are shocked to see such an ethically and medically incoherent document issue from your venerable organization. What truly is paradoxical is for the nation’s leading organization of doctors treating children to weaken its opposition to a practice proven to cause substantial, irreparable, lifelong harm to children.

Moreover, your proposed, seemingly innocent “ritual nick” almost certainly violates the Federal Prohibition of Female Genital Mutilation Act, whose criminal provisions became effective in March 1997.

We trust that lightening your opposition to female genital cutting is not being done to help set up a parallel move toward diluting your 1999 statement on male circumcision (MGC). Flawed as the latter statement was, it did acknowledge the lack of medical benefit to the procedure on males. It is imperative that both statements be maintained or strengthened.

The AAP has no business brokering cultural procedures, even those that may support future revenue streams for some of its members. In this time of reduced resources, more than ever, it is imperative that medical organizations such as the AAP focus on what matters most—promoting the safety of our children, and working to eradicate—not condone or justify—harmful, non-beneficial, unethical practices such as FGC and MGC.

J. Steven Svoboda Attorneys for the Rights of the Child

Conflict of Interest:
None declared

10 May 2010

Human Rights vs Harmful Traditional Practices

Marilyn Fayre Milos, RN, Registered Nurse, CEO

The National Organization of Circumcision Information Resource Centers (NOCIRC) joins Intact America, Equality Now, Forward, Attorneys for the Rights of the Child, and all organizations working to protect the genital integrity rights of infants and children in condemning the American Academy of Pediatrics' Policy Statement Ritual Cutting of Female Minors. This statement significantly weakens the AAP's previous commitment...

Conflict of Interest:
None declared.
9 May 2010

What To Do

Sean M. Burke, A human being

My suggested TO-DO list for the AAP:

8 May 2010

Implausible Hypothesis; Absence of Evidence

Gerry Mackie, Associate Professor of Political Science


by Gerry Mackie, Associate Professor of Political Science, University of California at San Diego, May 8, 2010. http://www.polisci.ucsd.edu/~gmackie/

I am an academic who, since 1996, has studied, published, and advised international agencies on fem...

8 May 2010

With regards to your FGM article

Steven M Clow, Intactivist
To the Author of the "article" from the Department of Bioethics of the AAP regarding your recently posted stance on Female Genital Mutilation, or as you so simply put it, "cutting"

While I've read your stated position several times (each more bewildered than the last), I fail to see more than a political cowering on policy concerning a human travesty on such an unacceptable global scale, I sometimes am amazed that...

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Conflict of Interest:
None declared.

7 May 2010

Are you out of your mind?

Benjamin R. Aubey, pediatrician

To the Esteemed Members of the Bioethics Committee:

Have you all gone nuts? Just a little female circumcision?!?! There's no reason to do this procedure and to condone any form of it is not acceptable. To simply state that without our participation the parents will likely seek a more "severe & dangerous" procedure is not enough of a reason to get caught up on that slippery slope of cross-cultural gobbled...

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Conflict of Interest:
None declared.

7 May 2010

I'm afraid you have failed us.

Aubrey Taylor, Paralegal

The following letter was sent by mail and included a previous letter, which I can supply if needed.

Dear Sirs and Mesdames:

You should have recently received my letter dated February 9, 2010, cc'd to you that I sent to the Circumcision Task Force in regard to the pending statement on infant circumcision. (enclosed) I have read your recent Policy Statement on the Ritual Genital Cutting of Female Minors...

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Conflict of Interest:
None declared.
3 May 2010

No respect for the child's autonomy

John D Dalton, Researcher and Archiver

This new policy represents an extraordinary weakening of the Academy's former stance that female genital cutting was unacceptable.

The new policy fails to uphold the child's right to autonomy: that every child has a right to make their own decision on whether or not normal tissue should be removed before they are old enough to give or withhold consent in their own right.

The policy flies in the face of...

Conflict of Interest:
None declared.

29 April 2010

GENITAL MUTILATION OF CHILDREN IS TORTURE

James W. Prescott, Ph.D., Neural/Cross-cultural Psychologist

The Committee On Bioethics is derelict in its duties by refusing to acknowledge that The Genital Mutilation of Children is Torture (Male and Female) and that the term “mutilation” has been abandoned for “neutrality”.

The author’s state: “It is paradoxical to recommend “culturally sensitive counseling” while using culturally insensitive language. “Female genital cutting” is a neutral, descriptive term.”

Conflict of Interest:
None declared.