

25th October 2012

Dr Jacqueline Small
Chair - Division Policy & Advocacy Committee
RACP

via email Paed@racp.edu.au

Good morning Dr Small,

I write to you today having read a letter written by you, dated the 24th October 2012 and addressed to a Mr Glass.

Your letter resulted from the submission of a feedback email to the College's website sent by Mr Glass on the 31st May 2012.

Along with other points, Mr Glass asked a straight forward question regarding the consent regime surrounding non-medically indicated circumcision, to wit:

- >
- > Comments: Recently I was perturbed to find out that a baby had been
- > circumcised against the will of the father. The mother, who had
- > recently given birth was persuaded by a doctor that circumcision was a
- > good idea, and she went along with it while the father was away from
- > home on business. When he returned he was furious to discover what had
- > happened in his absence, but as the mother had agreed, there was no recourse.
- >
- > At present it needs the agreement of just one parent to authorise a
- > circumcision. Community opinions cover a wide spectrum, from regarding
- > circumcision as routine and necessary, to those who regard it as a
- > barbaric mutilation. In this climate it is inevitable that the parents
- > of some boys will have sharply different opinions on circumcision.
- >
- > Therefore, giving just one parent the right to authorise a
- > circumcision means that children will inevitably be circumcised
- > against the strongly held wishes of one of their parents. Nor need
- > this happen out of malice. The two parents may not even be aware of
- > this sharp difference of opinion between them, and may only come to realise
- > this when the child comes home already circumcised.

In due course, Mr Glass was provided with the following email response:

- > Dear Mr Glass
- >
- > Thank you for your suggestion regarding consent for circumcision.
- > Paediatricians strongly support the important role of parents giving
- > informed consent for any treatment or procedure for their child. The
- > RACP policy on circumcision affirms that position, and endeavours to
- > provide parents with research based health information relevant to
- > their healthy newborn son. That information is publically available,
- > and we will continue to publicise our policy within our professional
- > organisations and with the general public.

>
> Regards
>
> Engy Henein
>

Mr Glass then responded with the quite obvious observation that Ms Henein's reply did not not even partially address the question posed.

Your letter to Mr Glass reaffirms, in very definite terms, the most recent RACP policy on the matter, a policy that clearly provides the latitude for a Doctor to perform a non-medically indicated circumcision with the consent of only one parent (notwithstanding the fact that the College's policy statement is grammatically absurd by using the plural term of "*parents*" instead of the singular term with optional plurality of "*parent(s)*" when discussing the matter of consent).

Nevertheless, any grammatical ineptitude which may lead to ambiguity is negated by the observation that:

"Some jurisdictions recommend that a decision to circumcise an infant should be agreed to by both parents."

Clearly, the inclusion of such a statement indicates that this matter was discussed and then in a measured, considered way, deemed not necessary in Australia in 2012.

The occurrence to which Mr Glass relates in the third party is mine. In August 2010 my then six week old son was subjected to non-medically indicated circumcision without my consent.

Since then I have worked to have the legal framework changed so as to force the medical fraternity, in this case the RACP, to adopt a more morally an ethically guided policy regarding parental consent to non-medically indicated circumcision.

The chronology of my efforts can be found at www.MyCircumcisionDisgrace.org.

In the first instance, I attempted to cause change directly within the medical establishment. Initial dealings with the HCCC and the RACP showed clearly that this was a hopeless task. Your letter to Mr Glass reinforces the futility of trying to elicit change to RACP policy based on moral and ethical considerations or arguments.

You'll be comforted and delighted to know, Dr Small, that my efforts within Government and the bureaucracy to force change upon the RACP have also thus far been unsuccessful.

It seems that the view espoused by the RACP and confirmed in your letter to Mr Glass is to be held out as Best Practice for some time. **That is, that so long as one parent's acquiescence can be obtained, the views of the other parent are irrelevant.**

Exactly how an unelected fiefdom such as the RACP can muster the unmitigated, bald-faced temerity to put forward this proposition remains an abject mystery to me. It is also a mystery to the overwhelming majority of the thousands of respondents to my website.

Many require considerable persuasion in order to believe that the Doctor who circumcised my son even acted legally, let alone with the full support and countenance of his peers.

Many more use the most disparaging adjectives imaginable to describe the lack of moral and ethical guidance that the RACP exhibits on this issue.

Although I'm sure you will not grasp the moral nuances involved, parental disagreements regarding non-medically indicated circumcision should be addressed rationally, in private by the parents (intentionally plural) using all available information. If agreement cannot be reached, a court should intervene to provide a Judgement. Without the clearest and most informed consent of both parents (intentionally plural) or the Judgement of a court, the default position should be to do NOTHING.

For the record, Dr Small:

1. The circumcision of my little boy WAS my business, despite the views of the Doctor in question and the RACP.
2. My son had a birth right to expect that he would benefit from my care, protection and authority.
3. The only notion that legitimises interventions that would otherwise constitute an assault is that of consent. Without either medical necessity or my consent the Doctor who circumcised my son, in my view, committed an assault.
4. By sanctioning the actions of the Doctor, the RACP, in my view, is complicit in that assault.
5. If my son is ever of a mind to attempt litigation to redress the injustice that was visited upon him, I will support him unconditionally and mercilessly, regardless of the chance of success.
6. I will encourage my son to try and repair the damage that has been done to his body.
7. I will beg his forgiveness for failing to protect him at a time when he was completely helpless.

Yours sincerely,



The Royal Australasian
College of Physicians

Paediatrics & Child Health Division

24 October 2012

Dear Mr

RE: RACP Circumcision Policy

Thank you for your email sent 14 June 2012 and your interest in our RACP Circumcision Position Statement.

The provision of informed consent for any procedure involving a child is an important issue and one that is relevant for boys undergoing circumcision. At this stage, however, we are not proposing to revise our position statement. All position statements are reviewed periodically to ensure that they remain current and relevant.

We have made a note of your concerns and proposals so that they may be discussed when the policy is reviewed in the future.

Kind regards,

Dr Jacqueline Small
Chair - Division Policy & Advocacy Committee