COMMENTARY

To cut or not to cut... that remains the question

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We could deliberate for days on end on the virtues and drawbacks of performing routine neonatal circumcisions. It is probably one of the most controversial subjects in pediatric medicine. No matter how strict or objective we aim to be, there is the unavoidable influence of personal values, which can impact the way we analyze data and tip the delicate balance of risk and benefit. To complicate matters, the topic deals with a procedure that alters body image, permanently changing the appearance of a part of the male anatomy that is often disproportionally magnified in terms of esthetic expectations, and is performed without the consent and understanding of the affected individual, the newborn boy. Data accumulates, and information is reviewed and re-reviewed, sparking more controversy and challenging divergent recommendations or statements. This can be terribly confusing for families, the lay public in general, health care providers, and policy makers.

When caught in the middle of this controversy, it may be wise to take a step back and explore the potential root-cause of the problem. Perhaps it is not fair -or even possible- to distill all these data into a simple answer. The lack of uptake and reluctance to embrace a particular statement could be due to the unfair expectation that our consumers, families and patients, still thrive in a paternalistic model of care. On the contrary, we have all experienced first-hand how parents come into our offices armed with internet-generated printouts and readily quote selected information from reputable and not-so reputable sources on the web. This is a strong request for autonomy and shared decision-making. Being aware of the speed upon which new data is made publicly available, summarized and digested, I should expect a more modern approach: the development of unbiased decision aids, fueled by regular review of the literature, and respectful of cultural and religious values.

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Aside from this, there is a lot we can do as health care providers. This includes minimizing complications and offering adequate analgesia and anesthesia for those who elect to proceed. Furthermore, we should be equipped to support families that decline, facilitate access to resources and financial support for those interested in having their son circumcised, and help those who can't make a decision due to personal conflict or discrepancies between parents. Moreover, we should empower families with the ability to revisit a decision not to proceed based on new information. Lastly, we should individually reflect if the risks are balanced or truly tip in one direction? I suspect the conclusion differs depending on how you interpret the data and weigh each particular point. For example, although the quoted value for future corrective procedures after circumcision appears fairly low, it is noteworthy that the number of revision surgeries and people dissatisfied with the outcome of the procedure appears to be on the rise. Thus, body image, particularly as later perceived by the individual, has to be taken into account. Furthermore, some of the protective benefits may have to be adjusted based on the context of emerging interventions. Notorious is the change in landscape that is likely to be introduced by the widespread administration of the HPV vaccine, or the impact of antiretroviral prophylaxis in high risk populations. Moreover, many have well-founded concerns regarding a false sense of security from being circumcised, triggering a more relaxed attitude towards risky behaviors, paradoxically increasing the individual risk for sexually transmitted infections.

As I applaud the authors' effort to critically review the literature[1] and hold experts accountable for their reviews and interpretation of the literature, I also hope that we can synergize efforts rather than antagonize views. Until we change our approach to the circumcision controversy, I foresee that the debate will go on, and on, and on… □

References

1. Morris BJ, Klausner JD, Krieger JN, Willcox BJ, Crouse PD, Pollock N. Canadian Pediatrics Society position statement on newborn circumcision: a risk-benefit analysis revisited. *Can J Urol* 2016;23(5):8495-8503.