Public Health Agency

Regional Guidance For Nurses, Midwives and Allied Health Professionals regarding Non -Therapeutic Male Circumcision

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Improving your health and wellbeing

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1.0 Context

This guidance document has been developed to help Nurses, Midwives and Allied Health Professionals understand their role and responsibilities around the issue of Non-Therapeutic Male Circumcision (NTMC) for male children up to the age of 18 years. Northern Ireland is fast becoming more diverse with increasing numbers of Black and Minority Ethnic (BME) families living and becoming part of our local communities.

Whilst health care practitioners have a responsibility to fully consider and understand the cultural and religious beliefs of individuals to whom they are providing care they must also ensure this remains within the remits of our legal frameworks and safeguarding children arrangements.

If at any time a practitioner is unsure or feels they require guidance they should seek advice from their safeguarding lead e.g. Safeguarding Children Nurse Specialist (SCNS), Named Doctor for Safeguarding Children, Children's Social Services Gateway team or AHP Safeguarding lead.

2.0 **Introduction**

Male circumcision is the surgical removal of the foreskin of the penis. The procedure is performed for medical reasons or requested for social, cultural or religious reasons (e.g. by families who practice Judaism or Islam).

3.0 Circumcision for Therapeutic/Medical Purposes

The British Association of Paediatric Surgeons advises that there is rarely a clinical indication for circumcision. Circumcision will only be considered for a small number of therapeutic reasons in line with the guidelines including:

- Phimosis (inability to retract the foreskin due to a narrow prepucial ring)
- Paraphimosis (inability to pull forward a retracted foreskin).
- Balanitis Xerotica Obliterans (chronic inflammation leading to a rigid fibrous foreskin).

- Balanoposthitis (recurrent bacterial infection of the prepuce)
- Carcinoma of the penis.

It is recommended that circumcision for medical reasons, must only be performed by those who are experienced and competent to carry out the procedure, and in an environment capable of fulfilling guidelines for surgical procedures in children.

4.0 Non-Therapeutic Male Circumcision (NTMC)

Male circumcision that is performed for any reason other than physical clinical need is termed 'Non-Therapeutic Male Circumcision'. Parents for religious reasons, or to incorporate a child into a community may request non-therapeutic male circumcision. Circumcision is a defining feature of some faiths.

GP's, midwives, family nurses, health visitors, paediatric and emergency department (ED)staff are the most likely to come into contact with families where NTMC may be discussed/ experienced. It is important for practitioners to have early discussions with parents of male children where NTMC is either routinely practiced as part of their culture and/or in cases where parents are seeking advice regarding same.

5.0 Legal Position

The legal position on male circumcision is untested and therefore remains unclear. It is not a practitioner's responsibility to determine if the procedure is legal.

Non-therapeutic male circumcision has been described by the courts as an 'important and irreversible' decision that should not be taken against the wishes of a parent. Nevertheless, practitioners may assume that the procedure is lawful provided that:

- It is performed competently[1], in a suitable environment, reducing risks of infection, cross infection and contamination;

[1] Having the necessary skills and experience to perform the procedure and use appropriate measures, including anaesthesia, to minimise pain and discomfort both during and after the procedure; – keeping their knowledge and skills up to date; – ensuring conditions are hygienic; and providing appropriate aftercare. *BMA Non-therapeutic male circumcision (NTMC) of children – practical guidance for doctors 2019.*

- It is in the child's best interests;
- There is valid consent from the family/parent and the child, if Fraser / Gillick[2] competent.

The lawfulness is not, however, grounded in statute and despite this common law assumption, the legality is not uncontroversial. With the intention of ending all doubt, in 1995 the Law Commission concluded that although in its view ritual circumcision is lawful, law reform to 'put the lawfulness of ritual male circumcision beyond any doubt' would be useful. Law reform has not, however, been forthcoming.

In 2015, Sir James Munby (as President of the Family Division of the High Court of England and Wales) handed down a judgment in care proceedings relating to two children, a brother and sister, which considered both NTMC and FGM (female genital mutilation)[3]. After some consideration in his judgment, Munby concluded that '*"reasonable" parenting is treated as permitting male circumcision'*. He went on to state that '*although both [FGM and NTMC] involve significant harm, there is a very clear distinction in family law between FGM and male circumcision. FGM in any form will suffice to establish "threshold" in accordance with section 31 of the Children Act 1989; male circumcision without more will not*.'

6.0 Who can perform male circumcision?

There is no requirement in law for an individual undertaking male circumcision to be medically trained or to have proven expertise. Traditionally, religious leaders or respected elders may conduct this practice.

7.0 Consent.

Consent for circumcision is valid only where the people (or person) giving consent have the authority to do so and understand the risks and implications, including that it is a non-reversible procedure. Where a child lacks competence and there are two parents who hold parental responsibility, both must consent to the non-therapeutic male circumcision – if there is a difference of opinion, legal advice should be sought by the parent requesting circumcision to seek a court order to authorise the procedure.

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[2] The legally recognized ability of a minor under the age of 16 to validly consent to a proposed medical procedure on their own behalf.
[3] Re B and G (Children) (No 2) [2015] EWFC 3

The British Association of Paediatric Surgeons leaflet provides helpful information click here.

8.0 What are the risks of the procedure?

There are associated risks with any surgical procedure: for example, pain, bleeding, infection and complications of anaesthesia. NTMC is generally considered a low-risk procedure however there may be other associated medical and psychological risks. The procedure may be a higher risk in children with certain underlying health conditions. It may be appropriate to screen patients for conditions that would substantially increase the risks of circumcision – for example haemophilia – and seek advice from a relevant specialist.

9.0 Practitioner's responsibility

The welfare of the child should be paramount, and health practitioners must act in the child's best interests at all times. Practitioner should be aware of the potential for families to opt for the decision to have their male infant circumcised. Where it is felt that parents may have their infant circumcised due to cultural or religious beliefs, the practitioner should discuss with parents at the earlies opportunity in the antenatal or post-natal period in an open and transparent manner.

9.1 If a parent discloses that a plan is in place to circumcise the infant practitioners should:

- Discuss the legal position with the parents.
- Enquire when and where the circumcision will take place.
- Enquire who will be carrying out the procedure.
- Explain the risks associated with NTMC.
- Explain that consent is required from both parents

- Discuss the need for parents to understand what aftercare is required[4] post procedure and actions to be taken if the infant presents as irritable or unwell.
- Document clearly discussion and advice given and revisit discussion at next contact with family.

9.2 If a parent discloses that NTMC has been performed the practitioner should:

- Enquire when and where procedure was performed.
- If procedure was performed recently[5] the practitioner should establish if the parents have any current worries or concerns regarding any complication post procedure.
- If any concern regarding wound healing or any further complication the practitioner should refer to a General Practitioner (GP) for assessment as necessary.
- Document clearly in records discussion, advice given and follow up actions to be taken.

10.0 Recognition of Harm

Significant harm is defined in Article 2, Children (Northern Ireland) Order 1995 and is referred to in accordance with Cooperating to Safeguard Children (2017). Where it is believed that a child has suffered, or is likely to suffer, significant harm, there needs to be compulsory intervention by child protection agencies.

Circumcision may constitute **Significant Harm** to a child if they:

- Acquire an infection as a result of neglect;
- Sustain physical, functional or cosmetic damage;

[4] The person who performed the circumcision is responsible for the post-operative care of the patient, and must ensure that the parents understand how to care for the wound and the infant following the procedure, and under what circumstances they should seek medical advice. This advice should be provided verbally and in writing. The person who performed the circumcision should be available to answer questions, or assess the infant in the week following the procedure.

[5] Within the past two weeks.

- Suffer emotional, physical or sexual harm in the future arising from the way in which the procedure was carried out;
- Suffer emotional harm from not having been sufficiently informed and consulted, or not having their wishes considered.
- Have been subjected to the procedure as a result of an abusive motive on the part of the person/s conducting the procedure, e.g. sexual.

Harm may stem from the fact that clinical practice was incompetent and/or that clinical equipment and facilities are inadequate, unhygienic etc.

11.0 Safeguarding Response

If a practitioner becomes aware, through something a child discloses or another means, that the child has been or may be harmed through non-therapeutic male circumcision, a child protection referral must be made to Children's Social Services under the SBNI Referrals Procedure. Referrals (proceduresonline.com)

If a practitioner is unsure as to whether there is a safeguarding concern they should seek advice from a safeguarding lead~~s~~ within their organisation e.g., Safeguarding Children Nurse Specialist, Named Nurse for Safeguarding Children, Named Doctor for Safeguarding Children, AHP Safeguarding Lead or Children Gateway Services.

Where a criminal offence is suspected, e.g. sexual abuse or unjustified deliberate injury, the police must also be notified and managed under Joint Protocol Procedures. Click here

If there are any differing views between professionals in relation to threshold for child protection referral that cannot be resolved this should be escalated to line management for resolution in line with the SBNI Resolution of Professional Differences Protocol. Click here

Useful Links

British Association of Pediatric Surgeons. PS02lite Circumcision (Child) 2017. Click here

British Medical Association. **Non-therapeutic male circumcision of children toolkit.** (2019) **Click here**

The Children (Northern Ireland) Order 1995 Click here

Department of Health, Social Services and Public Safety (DHSSPS) Northern Ireland (2017) Co-operating to Safeguard -Children and Young People in Northern Ireland. **Click here**

Safeguarding Board for Northern Ireland (SBNI). Procedures Manual Click here

Safeguarding Board for Northern Ireland (SBNI) 2021. Protocol for joint investigation by social workers and police officers of alleged and suspected cases of child abuse. Norther Ireland. Click here

Safeguarding Board of Northern Ireland (SBNI). 2021 Resolution of Professional Differences Protocol Click here