Our study population is also bound to be 'less unwell' than that of Birchley's study, as in his everyone underwent appendicectomy. Birchley is incorrect to suggest that the patients in our study presented with 'non-specific abdominal pain' and there was no diagnostic concern of appendicitis. Our cohort included a heterogeneous and unselected population of patients with lower abdominal pain, some of whom were indeed discharged after observation, but some of whom had surgical intervention, including appendicectomy. It is entirely possible that, in our hospital, a similar study involving only patients who had appendicectomy would yield similar results to those of Birchley's study.

We concluded from our study that those patients in whom there is a low suspicion of acute appendicitis following clinical assessment, in whom both white blood cell count and C-reactive protein level were normal, can be safely allowed home. This advice clearly needs to be interpreted in the context of the study, each individual patient and the experience of the clinician, but will hopefully be of use as one of many clinical and laboratory parameters used in the assessment of patients with abdominal pain in whom the diagnosis is unclear.

Reference

1. Birchley D. Patients with clinical acute appendicitis should have pre-operative full blood count and C-reactive protein assays. *Ann R Coll Surg Engl* 2006; **88**: 27–32.

COMMENT ON

doi 10.1308/003588409X359394

R Robinson, E Makin, R Wheeler. Consent for non-therapeutic male circumcision on non-religious grounds. *Ann R Coll Surg Engl* 2009; **91**: 152–4

COMMENT 1

doi 10.1308/003588409X464586

Dual parental consent

MK MENON

The Ongar Surgery, Ongar, Essex, UK

CORRESPONDENCE TO

MK Menon, The Ongar Surgery, High Street, Ongar, Essex CM5 9AA, UK. E: kenmenon@aol.com

The President of the Family Division held that operation shall only be carried out with the approval of both parents. This places a binding legal obligation on the surgeon to seek dual parental consent without any latitude in the interpretation of this judgement. Additionally, it is assumed that doctors are familiar with the legal environment in which

they have to practice. This is no different from the 'man on the Clapham omnibus' who is deemed to be familiar with the law of the land.

Language difficulties, absence of one parent, etc. do not exonerate the surgeon from failure to obtain dual consent.

Second, the presence of two adults with a child at a consultation may not always imply that the former are the parents of the latter. Also, the question whether they are the genetic parents needs consideration. It is assumed that the judge referred to genetic parents in his judgement. The authors surprisingly view that a breach in professional trust may occur from inquiring about parenthood at a consultation involving a child. On the contrary, it is vital that this be established at the outset. On more than one occasion in the past, the medical profession has been exhorted to 'think the unthinkable'.

Pursuing the need for dual consent requires the surgeon to ensure that:

1. Both adults are the legal parents of the child.
2. The adults understand the matter being discussed and provide consent that is informed and devoid of coercion or misunderstanding.
3. Translation that may be required is independent.
4. The child's view, where practical, is considered.

In the absence of dual consent the surgeon should not proceed with the operation, for which there is no medical reason or urgency.

COMMENT 2

doi 10.1308/003588409X464595

Consent of children for non-therapeutic surgical procedures – general issues

SIMON BOTT

Department of Urology, Frimley Park Hospital, Frimley, Surrey, UK

CORRESPONDENCE TO

Simon Bott, Locum Consultant Urologist, Frimley Park Hospital, Portsmouth Road, Frimley, Surrey GU16 7UJ, UK
E: simonrjbott@hotmail.com

I read with interest the article by Robinson et al. which audited the use of two parent consent for childhood circumcision on religious or ritual grounds. This paper raises more general questions about the consent of children for a surgical procedure for non-therapeutic reasons.

The Hippocratic oath states 'I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone'. Performing a circumcision is associated with well-documented complications: postoperative bleeding, wound infection, meatal