stenosis, poor cosmesis and the affect on altered sensation are described in up to 10% of children undergoing circumcision.¹ On top of this there may be an adverse psychological impact that the hospital stay and postoperative pain may have on the boy. By performing non-therapeutic circumcision, surgeons are asked to 'do harm' and breach the Hippocratic oath for a non-medical condition, albeit with the tacit support of the General Medical Council and British Medical Association.

Whilst a child's parent(s) may be of a particular faith there is no guarantee their offspring will be of the same, or indeed have any, faith. Inflicting a circumcision on a boy for religious reasons is inflicting potential harm on someone who is unable to weigh up the risks of surgery and who may not go on to adopt the same religious beliefs.

In our society, where individuals have a right to choose, I do not think non-therapeutic circumcision should be permissible until the individual himself is able to give informed consent. The argument that, by not allowing non-therapeutic circumcision in hospital may drive parents to seek surgery in a non-clinical setting, may be negated if the surgery is more freely available to consenting children after the age of 16 years.

Reference

1. Stenram A, Malmfors G, Okmian L. Circumcision for phimosis: a follow-up study. *Scand J Urol Nephrol* 1986; **20**: 89–92.

AUTHORS' RESPONSE

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Response to Comment 1

Menon's 'man on the Clapham omnibus' is, with due respect, a poor exemplar. He is a creature of legal fiction created (at least) a century ago, providing a standard for the reasonable citizen with which a court can compare defendants' behaviour in alleged negligence. But he was not imbued with knowledge of the law.

However, there is an expectation that doctors should practise at a standard that has been set by the General

Medical Council (GMC); and the GMC sets standards consistent with the law. Dame Butler-Sloss' judgement prescribed the need for dual parental approval for ritual circumcision, but she was silent as to the extent of the surgeon's duty to establish that the dual approval exists, which is a quite different matter.

The GMC's interpretation of her judgement is that we should seek approval from both parents 'wherever possible'. Whilst entirely consistent with her judgement, this offers the latitude required for the practicalities of clinical life as described in our article.

We suggest that those who introduce themselves as the parents of a child should not be further challenged on the point, other than to confirm that at least one of them has parental responsibility.

We do not agree that genetic parenthood is so vital that it must be 'established at the outset'. First, it would potentially endanger the therapeutic relationship, since it might be construed both as rudeness and as an intrusion into the privacy of family life.

Second, it would be disproportionate because there is no legal requirement for a man to have a genetic link with a child for whom he has parental responsibility, provided both he and the mother either accept (or are oblivious to) the reality of the child's parenthood. If a man with parental responsibility for a child later discovers that he is not the biological father, he may take steps to remedy the situation, but few do so, since the vast majority remain in ignorance of their error.

'Legal parent'(age) needs clarification. We would agree that at least one signatory of the consent form must have parental responsibility. The child's mother would almost inevitably have parental responsibility. In reality, there is little that the clinician can do in the out-patient setting to ensure that the man accompanying the child is his father, other than rely on the mother's agreement.

Response to Comment 2

Bott rightly draws attention to the risks associated with circumcision. Ritual circumcision is only justifiable if, in the judgement of the surgeon (and his 'reasonable' peer group), the surgery is in the boy's best interests. To arrive at this conclusion, the balance between risk and benefit must be weighed, as it should be before any other procedure. We can only assume that those surgeons who carry out ritual circumcisions perform this balancing exercise, and have concluded that, for the boy in question, the surgery is in his best interests. If the surgeon is in any doubt of this, then he or she is obliged to defer the procedure until either the situation is clarified in favour of circumcision, or the child is old enough to make the choice for himself.