

## **Report for the Committee on the Rights of the Child session on Switzerland**

Intact Switzerland is a Geneva-based association which does not receive any government support and its activity is based on membership fees and donations. Intact Switzerland works towards the cessation of all genital mutilations. Since female genital mutilations will likely be mentioned (and better), as in the past, by other organizations and the Swiss authorities unlike non therapeutic circumcision of male minors, we only wrote on the latter. For various reasons, including a lack of time to draw up this report, there will be no mention in this of the case of intersex children.

### **Non-therapeutic circumcision of male minors**

The penile foreskin (or prepuce) is a natural and integral part of the normal male genitalia.<sup>1</sup> The foreskin has a number of important protective and sexual functions.<sup>1,2</sup> It protects the penile glans against trauma and contributes to the natural and functioning of the penis during sexual activity.<sup>1,3</sup> Ancient historic accounts and recent scientific evidence leave little doubt that during sexual activity the foreskin is a functional and highly sensitive, erogenous structure, capable of providing pleasure to its owner and his potential partners.<sup>1</sup>

Circumcision of male minors is a procedure which is performed for religious, cultural or therapeutic reasons. Non-therapeutic circumcision (also known as ritual or routine circumcision) of male minors violates fundamental medical-ethical principles, not least because the procedure is irreversible, painful and may cause serious complications.<sup>3,4</sup> There are now substantial established campaigns against non-therapeutic, non-consensual circumcision of boys and growing support to end it, particularly within the medical community.<sup>5</sup> It is also more and more recognized as a gross violation of children's rights, including the right to physical integrity, to freedom of thought and religion and to protection from physical and mental violence and, when extreme complications arise, even the right to life.<sup>5,6</sup> In its 2013 session with Israel, the UN Committee on the Rights of the Child for the first time expressed concern about the short and long-term impact of male circumcision recommending a study into its implications.<sup>7</sup>

In 2006, the World Health Organization (WHO) estimated that between 0 and 20% of the male population in Switzerland is circumcised.<sup>8</sup> The true incidence of complications resulting from circumcision of males minors is unknown.<sup>3</sup> A large number of complications resulting from circumcision are described: infections, bleeding, sepsis, necrosis, fibrosis of the skin, urinary tract infections, meningitis, herpes infections, meatitis, meatal stenosis, necrosis and necrotising complications, all of which have led to the complete amputation of the penis.<sup>10</sup> Deaths have also been reported.<sup>10</sup> Although, some studies suggest that circumcision can lead to psychological, pain-related and sexual problems later in life, population based prospective studies of long-term psychological, sexual and urological effects of circumcision are lacking. To the best of our knowledge, no such research has been done in Switzerland. There is also no central federal or cantonal circumcision complications registration.

The possibility of benefits resulting from non-therapeutic male circumcision is controversial, even more for non-sexually active boys.<sup>3</sup> The only one that could have any relevance before the boy gets old enough to decide for himself is a possible UTI reduction.<sup>3</sup> The evidence for clinically significant protection is weak, and with easy access to health care, deaths or long-term negative medical consequences of UTIs are rare. UTI incidence does not seem to be lower in the United States, with high circumcision rates compared

with Europe with low circumcision rates, and it could take ~100 circumcisions to prevent 1 case of UTI.<sup>3</sup> Using reasonable European estimates of complications (~2%), for every 100 circumcisions, 1 case of UTI may be prevented at the cost of 2 cases of hemorrhage, infection, or, in rare instances, more severe outcomes or even death.<sup>3</sup> Circumcision fails to meet the criteria to serve as a preventive measure for UTI.<sup>3</sup>

## **Recommendations**

- 1) Article 124 of the federal criminal code must be made gender-neutral.
- 2) Circumcisions of male minors still taking place must be done with the highest surgical and anaesthesiological standards.
- 3) A central registry of all circumcisions at the federal level or at worst on the cantonal level must be created. A thorough long-term follow-up will be conducted to record the real number of complications from circumcisions of male minors, both early and late thus measuring the urological, psychological and sexual effects.
- 4) Just like for Israel, studies must be done on the short and long-term urological, psychological and sexual complications of male circumcision.
- 5) Non-therapeutic circumcision of male minors, whether in the country or abroad, mustn't be directly or indirectly funded with public funds.
- 6) A system must be made in place to make sure that, in case of a foreskin problem, less invasive means have been used before resorting to circumcision.
- 7) Future doctors must be taught about the foreskin's functions and less invasive alternatives to circumcision.

- 1 Nordic Association of Clinical Sexology, *Statement on non-therapeutic circumcision of boys*  
[http://nacs.eu/data/press\\_release001.pdf](http://nacs.eu/data/press_release001.pdf).
- 2 Stellungnahme Dr.med. Wolfram Hartmann, Präsident des Berufsverbands der Kinder- und Jugendärzte  
[http://www.kinderaerzte-im-netz.de/bvkj/kinpopup/psfile/pdf/70/121126\\_Ste50aa5e211e6a6.pdf](http://www.kinderaerzte-im-netz.de/bvkj/kinpopup/psfile/pdf/70/121126_Ste50aa5e211e6a6.pdf), English translation can be found here: [http://arclaw.org/sites/default/files/BVKJ\\_Statement\\_Official\\_Translation.pdf](http://arclaw.org/sites/default/files/BVKJ_Statement_Official_Translation.pdf).
- 3 Frisch M, Aigrain Y, Barauskas V et al. Cultural bias in the AAP's 2012 technical report and policy statement on male circumcision. *Pediatrics* 2013;131:796-800.  
<http://pediatrics.aappublications.org/content/early/2013/03/12/peds.2012-2896.full.pdf>.
- 4 Joint statement from the Nordic Ombudsmen for Children and pediatric experts, *Let the boys decide on circumcision*  
<http://barneombudet.no/english/publications/joint-statement-on-male-circumcision/>.
- 5 International NGO Council on Violence Against Children *Violating children's rights: Harmful practices based on tradition, culture, religion or superstition*, October 2012  
[http://srsg.violenceagainstchildren.org/sites/default/files/documents/docs/InCo\\_Report\\_15Oct.pdf](http://srsg.violenceagainstchildren.org/sites/default/files/documents/docs/InCo_Report_15Oct.pdf).
- 6 Parliamentary Assembly of the Council of Europe, Resolution 1952 (2013), *Children's right to physical Integrity*  
<http://assembly.coe.int/nw/xml/XRef/Xref-DocDetails-EN.asp?FileID=20174&lang=EN>.
- 7 Committee on the Rights of the Child, *Concluding observations on the second to fourth periodic reports of Israel adopted by the Committee at its sixty-third session* (27 May – 14 June 2013)  
<http://www2.ohchr.org/english/bodies/crc/docs/co/CRC-C-ISR-CO-2-4.pdf>.
- 8 World Health Organization, *The Global Prevalence of Male Circumcision*  
[http://www.who.int/hiv/mediacentre/infopack\\_en\\_2.pdf](http://www.who.int/hiv/mediacentre/infopack_en_2.pdf).
- 10 The non-therapeutic circumcision of male minors, KNMG, May 2010.  
<http://knmg.artsennet.nl/Publicaties/KNMGpublicatie/Nontherapeutic-circumcision-of-male-minors-2010.htm>.