

Alþingi
Reykjavík
26 March 2018

Efni: Umsögn um frumvarp til laga um breytingar á almennum hegningarlögum nr. 19/1940, mál 183-114 (bann við umskurði drengja)
Menningarsetur múslima á Íslandi would like to submit the medical statement below which is written to the parliament by a Consultant Paediatrician living in England in support to our position of the bill.

The Medical Statement by Dr Murtaza Khan

Dear Sir/ Madam,

There has been proposed ban on religious male circumcision in Iceland. I am a Consultant Paediatrician practising in the United Kingdom and would like to make you aware of the health benefits of male circumcision and request that this is taken into account in making your judgment as to whether it is banned or not.

There have been numerous studies on the health benefits of male circumcision (MC) and I will only detail the pertinent ones that are directly relevant.

1. HIV infection reduction. There is irrefutable evidence that MC decreases HIV/AIDS infection acquisition by a staggering 60%. This protective efficacy increases with time. This has been confirmed in large studies in both Africa and the United States and applies especially to heterosexual relationships.(1)
2. Sexually transmitted infections (STIs). MC also significantly reduces the risk of other STIs, including genital herpes, genital ulceration and High-Risk Human Papillomavirus (HPV). The latter is oncogenic and increases risk of cervical cancer in women, penile cancer in men and genital warts. MC reduces HPV transmission by 35% in men and 28% in women. (1,2) MC reduces risk of bacterial vaginosis and trichomoniasis by 40 and 48% respectively. (2)
3. Newborn MC provides benefits against urinary tract infection and sepsis, meatitis, balanitis and phimosis (these are infections of the penis) as well as protection from viral STIs. (3) High school students report having sex before 18 years of age, so delaying MC to this age would deny children and adolescents these potential benefits.

There are cost considerations. In the United States a cost-effectiveness analysis by the Center for Disease Control and Prevention, newborn MC was projected to increase quality-adjusted Life-years and estimated to be cost-saving due to reduced HIV infections and

subsequent treatment costs. (4) Pertaining to the benefits of MC the WHO and the UN (UNAIDS) through cost analysis also advocated MC in countries with high HIV epidemics. (6)

Newborn MC is a simple procedure and is safe. The complication rate is only about 0.3 % and the vast majority of these are minor and easily controlled. (5)

In summary, newborn MC, from the medical perspective, is safe, cost-effective and highly beneficial in preventing numerous infections and cancer. In comparison, immunizations are performed throughout the western world from birth to adolescence for preventing TB, diphtheria, meningitis, tetanus and many others. Putting the whole immunization protocol for a given child together they could have between 16 to 20 separate jabs by the age of 2 years. These also cost money, are painful and have complication rates, e.g. encephalitis after whooping cough, local infections, post-immunization fever. But we accept these as necessary and also accept that, although our children will be temporarily in pain, there are long term benefits. Newborn MC is the same, overall it is short procedure, is temporarily painful, safe, and has major long-term health benefits.

The debate around newborn MC should really be focussed on how through education the benefits on health prevention can be more widely available for the general community and not on how it may be beneficial for a particular section of the Icelandic people.

The American Academy of Paediatrics concluded in 2012 that “the health benefits of newborn male circumcision outweigh the risks”(7)

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