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An Open Letter to the Physicians of The Catholic Medical Association

Petrina Fadel
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by

Ms. Petrina Fadel, B.A.

The author is a homemaker, mother of four and grandmother of two. She has been active in the Right to Life Movement for nearly thirty years, and in Genital Integrity issues for over twenty. She currently serves as President of Cortland County Citizens for Life, Inc., an affiliate of the New York State Right to Life Committee, Inc.

1 Corinthians 12: 18 — “But that isn’t the way God has made us. He has made many parts for our bodies and has put each part just where He wants it.”

As a pro-life Roman Catholic mother and grandmother, and an advocate for children who cannot speak for themselves, I am writing to bring to your attention a moral law violation that occurs every day in the United States at Catholic hospitals — the elective circumcisions of baby boys. Catholic hospitals in the U.S. follow the moral law by not allowing abortions, sterilizations, and genital mutilations of females, but they violate the moral law by allowing non-therapeutic, elective circumcisions of male infants at their facilities. This occurs mainly in U.S. hospitals, but not in hospitals in most other countries where the rights of male children are respected.

The Catechism of the Catholic Church, under “Respect for bodily integrity” (The Vatican, 1994, #2297) states, “Except when performed for strictly therapeutic medical reasons, directly intended amputations, mutilations, and sterilizations performed on innocent persons are against the moral law.” Elective circumcision (i.e., healthy foreskin amputation) fits the definition of an amputation, which means to cut off. (In 1999, the
American Academy of Pediatrics described circumcision as “amputation of the foreskin.” In 2000, the American Medical Association described elective circumcisions as “non-therapeutic.” It is done usually for social and cultural reasons, not medical ones! (Much as most abortions today are done for social reasons, not medical ones!) Catholic hospitals don’t use the line that parents have the right to make a choice for abortion, and that the hospital should remain neutral. Neither should Catholic hospitals or Catholic physicians working at Catholic or secular facilities use the parental choice line for circumcision, which ignores the baby’s choice and his right to his own bodily integrity.

The Ethical and Religious Directives for Catholic Health Care Services (ERD), Fourth Edition, (June 15, 2001) supports respect for bodily integrity. Catholic hospitals that allow elective, non-therapeutic circumcisions of infants violate these directives. Part III, Directive 29 reiterates what the Catechism teaches under “Respect for Bodily Integrity” when it states, “All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity.” The 1971 ERD and the 1977 ERD likewise support respect for bodily integrity. The 1977 ERD, Directive 33 states, “Unnecessary procedures, whether diagnostic or therapeutic, are morally objectionable. A procedure is unnecessary when no proportionate reason justifies it.” The Church recognizes the right of a person to donate a healthy kidney as an act of charity, but no donation is involved in the forcible amputation of the foreskin of an infant, since an infant is incapable of giving consent to the amputation of any of his healthy body parts until he reaches the age of majority. The foreskin belongs to the infant, not to the parents or the physician, since it is part of his body and not theirs. Companies that buy and use amputated foreskins of infants for research in developing other products likewise violate the moral law.

The healthy foreskin, like other healthy body parts, serves a protective and sexual function throughout life, and its removal violates the bodily and functional integrity and human dignity of the human person. Circumcision is both an amputation and a mutilation. The American Heritage Dictionary defines “mutilate” thus: “1. To cut off or destroy a limb or other essential part. 2. To render imperfect by excising or radically altering a part.” The foreskin is a protective and sexual organ. It covers and protects the sterile urinary tract environment, contains tens of thousands of specialized, erogenous nerve endings, and provides the sliding and gliding mechanism that allows for non-abrasive, lubricating, normal sexual intercourse for both the male and female. Many men do feel they were violated and mutilated as a result of elective circumcision, and some have undergone surgical and non-surgical methods of foreskin restoration to try to restore some of their lost functional integrity. Like some women who
undergo breast reconstruction after mastectomies to feel whole again, these men also want to feel whole again.


No national medical group in the world today recommends infant circumcision, including the American Academy of Pediatrics, the American Medical Association, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the Canadian Pediatric Society, the College of Physicians and Surgeons of Saskatchewan, the Australian College of Paediatrics, the Australian Medical Association, the British Medical Association, and the Royal Australasian College of Physicians.

The American Academy of Pediatrics’ Committee on Bioethics stated in February of 1995 that pediatric health care providers “have legal and ethical duties to their child patients to render competent medical care based on what the patient needs, not what someone else expresses.... The pediatrician’s responsibilities to his or her patient exist independent of parental desires or proxy consent.” Physicians who perform medically unnecessary circumcisions on infants, thereby exposing them to the risks and damages of the surgery (which can be serious and even deadly), are not basing their care on what the child needs, but on parental social desires. This is not good medicine, and it does not follow the dictum to “First, do no harm.”

Social reasons for circumcision typically include a circumcised father wanting his son to “match” him or “match” the baby’s circumcised brothers (as opposed to the baby “matching” himself), or parents wanting their son to “look like” (lack like?) other circumcised boys. These are not “strictly therapeutic medical reasons.” (Religious, ritual circumcisions among Jews and Muslims typically take place after a baby has been discharged from the hospital and are not done for “strictly therapeutic reasons,” but they don’t claim to be.) By contrast, a “strictly therapeutic medical” circumcision is one done to treat a disease, defect, or pathology that is present. A circumcision done in hopes of possibly preventing a future problem is one done for “alleged prophylactic reasons,” not “strictly therapeutic reasons.” Thus, nearly every elective infant circumcision performed at a Catholic hospital today fails to qualify as being performed for the reasons spelled out in the Catholic Catechism.

During the time of Christ, only the tip of the foreskin was removed during a ritual circumcision, not the whole foreskin as is done today by physicians and mohels. One writer made the following comparison, noting that Christ’s circumcision was the first time His innocent blood was shed, and Christ’s crucifixion was the last time His innocent blood was shed. Except for our first pope, Peter, who was Jewish, it is probably safe to say
that most of our popes (including the present one) were left intact, i.e., NOT circumcised.

Christians have no religious obligations to circumcise their children. My Catholic Bible states that circumcision is unnecessary now, and it refers readers to Acts 15: 1-12, Galatians 2: 3-10, and Galatians 5: 2-6. In Acts 15:10, St. Paul told the Jews who had become Christians and who were now pressing for circumcision of the Gentiles, “And now are you going to correct God by burdening the Gentiles with a yoke that neither we nor our fathers were able to bear?” At the Council of Florence (1438-1445), Pope Eugene IV issued a Papal Bull which states in part, “Therefore it strictly orders all who glory in the name of Christian, not to practice circumcision either before or after baptism, since whether or not they place their hope in it, it cannot possibly be observed without loss of eternal salvation.” Fr. Jules Paquin, S.J. (Morale et medecine: Comite des Hopitaux du Quebec, 1957, p. 246) and Fr. Edwin F. Healy, S.J. (Medical Ethics, Loyola University Press, Chicago, 1956, p. 128) both wrote that since routine circumcisions are not medically defensible, they are morally objectionable.

Children of both sexes deserve to be loved and accepted the way God has created them, whether they be infants born in American hospitals, or children in Africa who are endangered by the custom of circumcision, excision, or infibulation. Europeans, who don’t routinely circumcise male infants, look aghast at those who practice elective infant circumcision, and rightly so. The genital mutilation and sexual abuse of children of both sexes must stop, and must no longer occur in Catholic hospitals. This issue must not be swept under the rug as was the issue of sexual abuse within the Catholic Church for so many years. God does not make a mistake every time he creates a baby boy in the United States or a child in Africa, one that doctors and parents need to correct. The foreskin serves a purpose on the body, protecting the glans during infancy, and later serving a sexual function for both males and females. Worldwide, 85% of males are NOT circumcised.


U.S. Catholic hospitals send a mixed message to parents by allowing medically unnecessary, harmful circumcisions to continue, thus appearing to give tacit approval and legitimacy to a non-therapeutic procedure that clearly violates the moral law as expressed in the Catholic Catechism. Catholic hospitals that ask parents of male newborns if they want their children circumcised (Usually after providing incomplete information
about the risks of circumcision and the benefits of non-circumcision) are soliciting for medically unnecessary surgery.

Jesus brought a New Covenant of Love, one of loving your neighbor as yourself. Loving a child does not mean strapping him to a board and then painfully cutting off a healthy part of his body (usually without anesthesia) for social or cultural reasons. That is a most violent way to “welcome” a child into this world. It is time for our Catholic hospitals to stop elective circumcisions on their premises, even if it means a loss of income, because it is the right thing to do!

Lawsuits have been brought after the deaths and mutilations of infants from elective circumcision. In 1966, an infant at St. Boniface Hospital in Winnipeg, Canada, a Catholic hospital, was so severely mutilated by an unnecessary circumcision that he underwent a “sex change.” In his teens, this child discovered that God had created him male, and he has since undergone numerous operations to change his appearance back to that of a male. The book, *As Nature Made Him — The Boy Who Was Raised as a Girl*, by John Colapinto, tells this sad story. At Providence Hospital in Anchorage, Alaska, a Catholic hospital, a settlement was reached after an elective circumcision in January of 1986 left newborn Jacob Sweet severely brain damaged, paralyzed, and blind. Presently, a lawsuit by William Stowell has been brought against Good Samaritan Hospital, a Catholic hospital in West Islip, New York. Mr. Stowell was subjected to a medically unnecessary circumcision there as an infant nineteen years ago, and he is now suing the hospital and doctor for battery, and for violating his rights to his own bodily integrity. If Mr. Stowell wins his case, his lawyer plans to bring a class-action lawsuit against the hospital on behalf of all the males who were circumcised there unnecessarily, and against their will. Any hospital, Catholic or secular, could also become a defendant in such a lawsuit if it continues to permit the unnecessary amputations of healthy foreskins from male infants.

Pope John Paul II, in “The Gospel of Life,” April, 1995, wrote about “New Threats to Human Life,” #3, where he included mutilation. He said, “The Second Vatican Council, in a passage which retains all its relevance today, forcefully condemned a number of crimes and attacks against human life. Thirty years later, taking up the words of the Council and with the same forcefulness I repeat that condemnation in the name of the whole Church, certain that I am interpreting the genuine sentiment of every upright conscience: Whatever is opposed to life itself, such as any type of murder, genocide, abortion, euthanasia, or willful self-destruction, whatever violates the integrity of the human person, such as mutilation, torments inflicted on body or mind, attempts to coerce the will itself; whatever insults human dignity, such as subhuman living conditions, arbitrary imprisonment, deportation, slavery, prostitution, the selling of
women and children; as well as disgraceful working conditions, where people are treated as mere instruments of gain rather than as free and responsible persons; all these things and others like them are infamies indeed. They poison human society, and they do more harm to those who practice them than to those who suffer from the injury. Moreover, they are a supreme dishonor the Creator.”

Catholic physicians who perform non-therapeutic circumcisions on non-consenting infants need to ask themselves why they are violating the integrity of these infants, tormenting their bodies, insulting their human dignity, and using these children as instruments of financial gain. (Dr. Thomas Wiswell, not a Catholic but an ardent proponent of infant circumcision, was quoted in The Boston Globe on June 22, 1987 as saying, “I have some good friends who are obstetricians outside the military, and they look at a foreskin and almost see a $125 price tag on it. Each one is that much money. Heck, if you do 10 a week, that’s over $1,000 a week, and they don’t take that much time.”) Physicians who perform medically unnecessary circumcisions harm themselves as they inflict unnecessary suffering on innocent children. What a dishonor to our Creator for any physician to think that he or she can create a better baby boy than our Lord can!

What will Catholic physicians do to see that non-therapeutic circumcisions of male infants are no longer allowed at Catholic hospitals in the United States? What will the Catholic Medical Association do to ensure that Catholic hospitals live up to the teaching expressed in the Catholic Catechism, and that the right of male infants to their own bodily integrity is respected within the confines of Catholic hospitals? As a practicing Roman Catholic, I feel obligated to write to you about this serious issue that impacts the welfare of children. I thank you for your attention to this issue, and I look forward to your response.

In memory of all children, male and female, who have lost their lives to circumcision. To the ones we know and the ones only God knows:

Aleck, Baby Boy — June 10, 1910 — Island County, WA
Roland Albert McCarty — 1932 — Jacksonville, FL
Christopher Dolezal — November, 1982 — Des Moines, IA
Steven Christopher Chacon — November, 1986 — San Francisco, CA
Allen A. Ervin — July 8, 1992 — Spartanburg, SC
Demetrius Manker — June 26, 1993 — Carol City, FL
Jeremie Johnson — July 18, 1995 — Houston, TX
Dusty Evans — October, 1998 — Cleveland, OH
Ryleigh Roman Bryan McWillis — August 22, 2002 — Vancouver, British Columbia, Canada
Zola Mjamba — November 19, 2002 — Umtata, South Africa
Sifiso Kobo — November 21, 2002 — Umtata, South Africa