

NHS Board Medical and Nursing Directors

Copy to: Chief Executives NHS Boards and Special Health Boards
Royal Colleges
BMA
GMC
RCN
British International Doctors Association

12 February 2008

Dear Colleague

RELIGIOUS MALE CIRCUMCISION

As you may be aware, the Cabinet Secretary for Health and Wellbeing has endorsed the work initiated under the previous administration to address the issues raised by the Muslim community in Scotland regarding the safe undertaking of circumcision of male children for religious reasons. Following consultation with the relevant stakeholders, which included the medical, nursing and midwifery unions and Royal Colleges, faith groups and the services, the Scottish Government agreed to incorporate religious circumcision for male children into the routine waiting list arrangements, following the abolition of the Availability Status Codes at the end of 2007.

This meant that from 1 January 2008, no one should wait more than 18 weeks for a first outpatient appointment at a Consultant-led clinic, following referral and no one should wait more than 18 weeks from the date they are placed on the surgical waiting list for hospital in-patient or day case treatment. NHS Boards will be working to reduce these waiting times to 15 weeks by 31 March 2009.

The clinicians and healthcare managers in Scotland have agreed with the Muslim community that the best time to perform this procedure, in the interest of the wellbeing of the child, would be when the child is between 6 months and 9 months of age. They have also agreed that, in the interest of quality of care and patient safety, this procedure should be undertaken in one of the four Paediatric Centres Grampian, Greater Glasgow and Clyde, Lothian and Tayside.

The patient pathway should start with the midwife giving information to the pregnant woman and her partner at the ante natal booking; with the GP referring the patient to the Consultant at the request of the parents at the child's 6 week check; and the Consultant assessing the request and operating on the child, with consent of both parents wherever possible, under general anaesthesia, normally as a day case.

We enclose draft leaflets for staff and patients which have been developed with support from Health Rights Information Scotland (HRIS). You will wish to insert a label with local contact details for use in your Board area. Copies of the leaflet can be downloaded from the Scottish Government Website at: <http://www.scotland.gov.uk/Publications/Recent>.

Recently, NHS Greater Glasgow and Clyde has experienced an increase in the number of parents requesting this procedure and has increased capacity to address the problem. This is probably because a growing awareness of these new arrangements within the Muslim community is meaning that more parents are asking for the procedure to be carried out by the NHS, where in the past they would have used other venues eg GPs in England, etc. However, Boards should also ensure that patients are not being referred, or seeking to self refer, to Yorkhill rather than their local specialist centre.

This process has been agreed only for circumcision of male children for religious reasons. In situations where elective circumcision is requested for other reasons, e.g. uncircumcised adult Muslim males or partners of Muslim women; North Americans for societal reasons; etc. There should be no change in the way these requests are treated.

In order to assess the workload and resources involved, we would value feedback from your Board on the operation of the new pathway. We would be grateful if you could submit a return to us along the lines suggested in the Annex to this letter by the 29th February and, thereafter, update it quarterly in the period to 31 March 2009. The returns should be addressed to Mrs Sandra Falconer in Patients and Quality Division to whom queries about this letter should also be addressed.

Harry Burns
Chief Medical Officer

Paul Martin
Chief Nursing Officer

RELIGIOUS CIRCUMCISION OF MALE CHILDREN

Quarterly data requested (1st period to cover 1 October 2007 – 31 December 2007 and submitted by 29 February 2008)

Do you have a pathway of care for the circumcision of male children for religious reasons?
(please enclose a brief description)

Which centre are your patients referred to?

What are the numbers?

What ages are the children operated at?

What are the complication rates and types of complications and any apparent explanation for them? Also, re-admission rates, bed days, initial treatment as day cases/in patients?

Types of anaesthesia used and the reason for the use of anaesthesia other than general?

What are the numbers of people whose request has been declined and the reason for doing so, ie was it on medical or other grounds?

What are the numbers of circumcisions undertaken in children and in adults (separately) for clinical reasons?

Other comments?

Send to:

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Patients and Quality Division
Area GER
St Andrew's House
Edinburgh
EH1 3DG

Email: Sandra.Falconer@scotland.gsi.gov.uk

Tel: 0131 244 2399

Religious Male Circumcision

NHS STAFF LEAFLET

February 2008



The Scottish
Government

Religious Male Circumcision

Some parents' religion or belief means they will want their male child to be circumcised as soon as possible after birth. NHS Scotland has developed a pathway to make sure that circumcision can take place once it is clinically safe to do so, i.e. no sooner than age 6 months and, ideally, no later than age 9 months.

What is male circumcision?

Circumcision is an operation to remove the loose foreskin covering the head of the penis. This may be done for medical or religious reasons.

Circumcision for religious reasons can be carried out by the NHS as long as doctors are satisfied that the operation is in the child's best interests.

Note: female genital mutilation (sometimes referred to as female circumcision) is a serious crime and a child protection issue whether undertaken in the UK or abroad.

Why circumcise for religious reasons?

Male circumcision is a central feature of both Judaism and Islam. It is also important in some African and other cultures.

The welfare of the child is paramount and healthcare workers must act in the child's best interests. The child's lifestyle and likely upbringing are relevant factors to take into account, as male circumcision can provide social or cultural benefits to the child by integrating him better into his community and enhancing his identity and sense of belonging to a family or society.

When should you discuss circumcision with parents?

The best time to raise the issue is at ante-natal booking, by the midwife, when the religion of the parents or carers can be established for relevant discussion. A lot of other information regarding the pregnancy is discussed at this stage and issues can be appropriately flagged in the notes.

The midwife should ask *all* parents at ante-natal booking if their religion would require a male child to be circumcised rather than presume someone's religion or belief.

It is important to discuss this with both parents, or those with parental responsibility (carers), to ensure that they are both in agreement about the procedure and are both clear about the potential risks of having the surgery done outwith the NHS if they are unhappy about the timescales.

Involvement of both parents or carers should also take place at the 6 week check up with the GP, when referral can be made, following a formal request by the parents/carers.

What to discuss

It is important to explain to parents or carers that this pathway has been established to ensure safe, high quality circumcision which is respectful of the parents' religion or belief and that will not compromise the health and wellbeing of their child.

Onward referral

The final referral can only occur after the child is born and if he is generally in good health, although the desire to have the child circumcised as early as it is safe to do so should have been signalled at the ante-natal booking and flagged in the mother's records by the midwife. However, the final referral can only occur after the child is born and if he is generally in good health.

In order, to give time to check the stability of health and wellbeing of the child, the referral by the GP to the Paediatric Surgeon should be undertaken at the 6 week check at the request of the parents or carers.

If the GP does not agree to the referral on non-clinical grounds, he or she should suggest an alternative doctor to the patient, in accordance with the GMC's advice that the patient has the right to seek a second opinion.

Consent for surgery

The male child and his parents or carers should be seen by the specialist team for a pre-operative check prior to the circumcision being carried out under general anaesthesia, usually as a day case.

The informed choice and valid consent of both parents/carers is preferred, where practicable; this is supported by the GMC and the BMA. However, any person considering performing religious circumcision is strongly advised to follow the GMC guidelines¹ outlining the issues of consent.

If there is a disagreement between parents/carers, such as parents of different religion (mixed religion marriage) or parents who are divorced/separated, which cannot be resolved informally, legal advice may be appropriate regarding application to the courts.

The timing of obtaining the formal informed consent should ideally be as close to the procedure as possible and the specialist team undertaking the circumcision would be responsible for obtaining informed consent. Parents should confirm their consent in writing by signing a consent form.

Undertaking male circumcision and follow up

Policy has been agreed that, given the very young age of the children undergoing circumcision (normally under 9 months) that the circumcisions should be undertaken in specialist centres at the 4 children's centres in Aberdeen, Tayside, Glasgow and Edinburgh.

Infant male circumcision will be carried out under general anaesthesia by trained Paediatric Surgeons. Unless there are complications this will normally be carried out as day surgery.

A discharge letter should then be sent to both the GP and the health visitor.

¹ 0-18: guidance for all doctors, October 2007 - particularly paragraphs 12, 13, 27, 34 and 35

This leaflet has been produced by the Scottish Government, Directorate of Health and Wellbeing in consultation with relevant stakeholders.

Local contact details:

This information will also be made available in Urdu and Punjabi at:
<http://www.scotland.gov.uk/Publications/Recent>.

Further copies of this document are available, on request, in audio and large print formats and in community languages, please contact: 0131 244 2454

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Circumcision and your child

PARENT'S LEAFLET

February 2008



The Scottish
Government

Circumcision and your child

What is circumcision?

Circumcision is an operation to remove the loose foreskin covering the head of the penis. This may be done for medical or religious reasons.

Circumcision for religious reasons can be carried out by the NHS as long as doctors are satisfied that this is in the child's best interests.

I want my child to be circumcised. Who should I tell?

Before your child is born

When you first meet your midwife, you should let her know that, if you have a boy, you want him to be circumcised. Your midwife will write your request in your health records. Both parents should be involved in this decision, if possible.

After your child is born

At your child's 6 week check-up, your doctor or other health worker will discuss the circumcision with you and explain what will happen next.

Your doctor will decide if your child is healthy enough to be circumcised and, if the circumcision is in your child's best interests, they will make a referral to a surgeon for the circumcision to take place in a specialist centre.

If your doctor decides that your child should not be circumcised you have the right to see another doctor for a second opinion.

What type of anaesthetic will be used?

In Scotland, doctors agree that circumcision should always be carried out under a general anaesthetic. This is safer and less painful for your child.

This means that your child will be asleep during the operation.

When will the circumcision take place?

The operation will be carried out as soon as doctors think it is safe for your child.

It will not be done before your child is 6 months old. This is because there are more risks in giving a general anaesthetic to a child who is younger than 6 months. It will normally be done before your child is 9 months old.

Before the circumcision takes place, both you and the child's mother or father will be asked to sign a form to show you have agreed for the circumcision to be done.

If you are the only parent, you will be asked to sign the form to show you have given your agreement.

You will normally be able to take your child home on the same day as the circumcision takes place.

If you wish more information about circumcision or the arrangements set out in this leaflet, speak to your midwife or doctor.

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