# Circumcision-Generated Emotions Bias Medical Literature

In the *Journal of the American Medical Association*, Tobian and Gray (2011; 306: 1479-80) seek to re-evaluate the risks and alleged benefits of male circumcision (MC), but seem blithely unaware that two authoritative medical associations (Dutch Medical Association; Royal Australasian College of Physicians) have just completed comprehensive reviews.[1][2]

The authors base their argument on three methodologically deficient African clinical trials (RCTs), which purport to show that MC protects against female-to-male HIV infection. These trials, however, were terminated early thereby overstating any putative protective effect.[3] Despite the assertions of the authors of the three African RCTs, both medical associations, following extensive critical review, independently declined to recommend circumcision of male children.[1][2]

In an egregious omission, Tobian and Gray failed to acknowledge that in a parallel RCT into male-to-female transmission of HIV carried out in Uganda(4), *MC was associated with a 61% relative increase in HIV infection* among the female sexual partners of HIV+ men.

MC ablates the foreskin, destroying its protective, sensory, mechanical, and sexual functions and carries many potential short-term complications and risks, including hemorrhage, infection, and possible death, as well as possible long-term psychosexual difficulties.[3][5][6][7] MC invokes an abundance of human rights and ethical issues.[3][5]

Tobian and Gray have taken a position in stark opposition to that of two highly respected medical societies. In so doing, they have peremptorily dismissed the very substantial issues of certain inherent injury, complications that may result in irreversible mutilation or death, and intractable moral, child abuse, human rights, and ethical problems.[1][2][3][5]

MC changes human and sexual behaviour.[3][5][6][7] Most doctors favouring MC are circumcised themselves.[3] Circumcision status *"plays a huge role in whether doctors are in support of circumcisions or not."*[8] Circumcised doctors often

defend circumcision by producing flawed papers that minimize or dismiss the harm and exaggerate alleged benefits.[9]

Tobian and Gray are products of circumcising cultures. Their article exudes Freudian defenses of denial and rationalization.[5][9] The authors seem blinded by their own circumcision-generated emotional needs. The readers of such articles must be aware of the culture-of-origin and circumcision status of the authors, in order to properly evaluate assertions about MC.[3]

Invariably, when biased opinions promoting MC are published by doctors trying to justify their own psychosexual wounding,[9] non-circumcised doctors (who mostly see no need for amputating anatomically normal healthy erogenous tissue) are quick to refute such overstated claims.[1][3] We fully expect that this distortion of the medical literature[10] will continue until non-therapeutic male circumcision is prohibited by law and most circumcised male doctors have passed from the scene.

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