

Scottish Council of Jewish Communities (SCoJeC) submission of 16 January 2024 PE2052/C: Ban child circumcision unless it is medically necessary with no less invasive solutions available

Background information

In preparing this response we have consulted widely among members of the Scottish Jewish community, Milah UK¹, and the Board of Deputies of British Jews², and this response reflects the views of all branches of Judaism that have communities in Scotland.

The importance of neonatal male circumcision in Judaism

Brit milah, literally the “covenant of circumcision”, of a baby boy is one of the most fundamental tenets of Judaism. It dates back to God’s command to Abraham in the *Torah*, the Jewish Bible, and is practiced almost universally amongst Jewish people worldwide, no matter what their level of religious commitment. UK-wide research has found that “Over 80% of respondents would consider a prohibition of *brit milah* to be at least “a fairly big problem”, and close to two-thirds said it would be “a very big problem.” Only 10% said it would not be a problem at all.³

Orthodox Judaism explains that *milah*, “is part of Jewish cultural identity – a sense of belonging to a religious and cultural group.”⁴ Dr Josh Plaut, a Movement for Reform Judaism *mohel* (specially trained circumcision practitioner), comments movingly that “Reform Judaism views *brit milah* as an integral lifecycle event”⁵, and Liberal Judaism observes that

¹ Milah UK
<https://milahuk.org/>

² The Board of Deputies of British Jews
<https://bod.org.uk/>

³ The Exceptional Case? Perceptions and experiences of antisemitism among Jews in the United Kingdom (Jewish Policy Research, 2014)
https://www.jpr.org.uk/sites/default/files/attachments/Perceptions_and_experiences_of_antisemitism_among_Jews_in_UK.pdf

⁴ <https://milahuk.org/faqs/>

⁵ <https://www.youtube.com/watch?v=TFhwFnb5-DU>

*“For many Liberal Jews the observation of this practice is confirmation of a particularly ancient Jewish practice, deeply embedded in Jewish emotion.”*⁶

The importance of *milah* is, however, more than emotion, however integral and deeply embedded. Because of its centrality to Jewish life, denying *milah* to a Jewish boy undermines his sense of wellbeing, and his right to cultural heritage and identity.

Health implications of male circumcision

It is important to emphasise that the Jewish community carries out *milah* for religious, social, and cultural reasons. However independent research has shown that circumcised men receive significant health benefits from the procedure. In fact, research from Johns Hopkins University in America *“warn[ed] that steadily declining rates of U.S. infant male circumcision could add more than \$4.4 billion in avoidable health care costs if rates over the next decade drop to levels now seen in Europe.”*⁷ According to their research, this is due to *“higher rates of sexually transmitted infections and related cancers among uncircumcised men and their female partners ... including HIV/AIDS, herpes and genital warts, as well as cervical and penile cancers.”*

It is also reported in the British Journal of Midwifery that *“There is, however, an important paradox, in that while non-religious neonatal circumcision has declined in the UK, recent scientific evidence has demonstrated that the procedure has important health benefits.”*⁸

The mohel – professional *milah* practitioner

⁶ <https://www.liberaljudaism.org/lifecycle/children/>

⁷ Declining Rates of U.S. Infant Male Circumcision Could Add Billions to Health Care Costs, Experts Warn (Johns Hopkins, 2012)
https://www.hopkinsmedicine.org/news/media/releases/declining_rates_of_us_infant_male_circumcision_could_add_billions_to_health_care_costs_experts_warn
and
Costs and Effectiveness of Neonatal Male Circumcision (Seema Kacker, Kevin D. Frick, Charlotte A. Gaydos, and Aaron A. R. Tobian; JAMA [Journal of the American Medical Association] Pediatrics, 2012)
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/1352167>

⁸ Helping parents achieve safer male infant circumcision (Michael J Harbinson, British Journal of Midwifery, 2008)
<https://www.britishjournalofmidwifery.com/content/clinical-practice/helping-parents-achieve-safer-male-infant-circumcision/>

The Jewish community trains its own experts to carry out *milah*. These highly trained professionals are called *mohalim* (singular: *mohel*). Currently there are no *mohalim* based in Scotland, but two London-based organisations provide this service for the Jewish community throughout the UK, the (Orthodox) Initiation Society⁹, and the Association of Reform and Liberal *Mohalim*.¹⁰

A *mohel* must be committed to his Jewish identity. *Mohalim* registered with the Association of Reform and Liberal *Mohalim* must also be qualified doctors but this is not a requirement for those registered with the Initiation Society, although many of its *mohalim* are doctors. The Initiation Society's detailed *Guidelines for the Practice of Brit Milah*¹¹ summarise the requirements: “*The student Mohel must become competent in all practical aspects of circumcision including surgery, consent, communication with parents and awareness of legal requirements. The student Mohel must also study theoretical aspects including Jewish Religious (Halakhic) knowledge of Brit Milah, surgical anatomy, safe use of anaesthesia and analgesia, hygiene, and child protection.*”

According to Jewish law, *milah* must be carried out on the eighth day after birth. If, however, there is any question whatsoever as to the baby's health, Jewish law is adamant that the circumcision must (not “may”) be postponed until the child is completely well. This is applied rigorously; if the *mohel* has the slightest doubt about the baby's health, the *milah* will be deferred even if a doctor advises that it could take place. A frequent example of this is neonatal physiological jaundice – Jewish law forbids *milah* when a baby is suffering from visible jaundice, whereas most doctors do not consider mild to moderate jaundice a contra-indication to circumcision.

Milah and the medical professions

General Medical Council guidance states that doctors should “*take account of spiritual, religious, social and cultural factors*”,¹² and British

⁹ The Initiation Society
<http://www.initiationsociety.net/>

¹⁰ No website

¹¹ Guidelines for the Practice of *Brit Milah* (Initiation Society, revised May 2022)
See attached

¹² Personal Beliefs and Medical Practice (General Medical Council, 2013)

Medical Association guidance states *“In addition to considering the child’s health interests ... it is important that doctors consider other matters including the child’s social and cultural circumstances, as part of an overall best interests assessment. Where a child is living in a culture in which circumcision is perceived to be required for all males, the increased acceptance into a family or society that circumcision can confer, is considered to be a strong social or cultural benefit. Exclusion may cause harm by, for example, complicating the individual’s search for identity and sense of belonging. Some religions require circumcision to be undertaken within a certain time limit, and so a decision to delay circumcision may also be harmful.”*¹³

In the same article quoted above, the British Journal of Midwifery references the American Academy of Pediatrics that *“The health benefits of newborn male circumcision outweigh the risks and justify access to this procedure for those families who choose it.”* and further comments that *“The neonatal period is recognised as the safest time for circumcision and, in experienced hands, the risks are minimal.”*⁶

FGM

As in petition PE2052, *milah* is sometimes wrongly thought to be the male equivalent of FGM. On the contrary, as also stated in the Scottish Government submission to this petition¹⁴, there is no comparison, and FGM is not only a criminal offence but also an extremely serious breach of Jewish law.

Summary

Milah, male neonatal Jewish religious circumcision, is a fundamental part of Jewish religious life today as it has been since *Torah* times. It is a well-established, legal, and safe practice.

Opponents of *milah* often argue that as an eight-day-old boy cannot give consent, it infringes the rights of the child. However, as also stated in the British Medical Association guidance quoted above, *“Where a child lacks*

https://www.gmc-uk.org/-/media/documents/personal-beliefs-and-medical-practice-20200217_pdf-58833376.pdf

¹³ Non-therapeutic male circumcision (NTMC) of children – practical guidance for doctors, Card 6 (British Medical Association, 2019)
<https://www.bma.org.uk/media/1847/bma-non-therapeutic-male-circumcision-of-children-guidance-2019.pdf>

¹⁴ Scottish Government submission of 19 December 2023
https://www.parliament.scot/-/media/files/committees/citizen-participation-and-public-petitions-committee/correspondence/2023/pe2052/pe2052_a.pdf

competence, there is a presumption that the child's parents have the child's best interests at heart."⁹ Society trusts parents to make many choices for their children that may have a profound impact on their lives, such as about immunisation and diet. Society also trusts parents to affirm the religious identity of their son, enabling him to participate fully in his social, cultural, and religious heritage. We urge the Committee to confirm this right, trusting in the knowledge that, in giving their son *milah*, they are indeed acting in their child's best interests.