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Philosophy and Theology: The Ethics of Circumcision

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PHILOSOPHY AND THEOLOGY

Is it permissible to circumcise a baby boy? The practice of infant male circumcision has become controversial among bioethicists, some of whom view it as a violation of international human rights law, specifically the rights of children. The position that infant male circumcision is ethically impermissible is sometimes called “intactivism,” and it has both Catholic and non-Catholic advocates. Since Catholic hospitals regularly allow the practice—indeed in living memory, Catholic seminarians were required to be circumcised—it is important to address the permissibility of this practice. Is infant male circumcision intrinsically evil? Or could there be at least some circumstances (we might debate which) in which it is at least ethically permissible?

From a biblical perspective, it would seem that male circumcision is permissible. In the Old Testament, God’s covenant with Abraham *required* circumcision (Gen. 17:1–14). In the New Testament, Mary and Joseph brought Jesus to Jerusalem for his circumcision (Luke 2:21). Catholic tradition regards Mary as sinless and Joseph as one of the greatest of all saints, so we would not expect them to engage in intrinsically evil acts such as the mutilation of an innocent child. Likewise, Catholic tradition allows circumcision, even viewing it as spiritually important. Even though there was some debate among medieval theologians about the spiritual effects of circumcision, St. Thomas Aquinas wrote, “All are agreed in saying that original sin was remitted in circumcision.”¹ It is hard to see how an intrinsically evil act could also absolve sin.

In *Life, Issues, Medical Choices*, Janet Smith begins her argument against circumcision by drawing a distinction between circumcision as practiced by ancient Israelites and circumcision as practiced today: “What God asked of the Israelites may have been a very different procedure than that of today. It likely involved only a small cut, allowing the spilling of a drop of blood, or the procedure known as Brit

1. Thomas Aquinas, *Summa theologiae* III.70.4.

Milah, which removed only the tip of the foreskin.”² Clearly, a tiny symbolic cut (*milah*) differs substantially from the removal of the entire foreskin (*periah*), so the permissibility of the first procedure does not entail the permissibility of the latter.

David Albert Jones, the director of the Anscombe Bioethics Centre at Oxford, is not persuaded by this defense of intactivism, in part because we know that *periah* was practiced by Jews in the second century BC. So it may very well be that *periah*, not *milah*, was also practiced in the Old and New Testament accounts of circumcision: “It is simply impossible to pronounce confidently on whether the circumcision of Jesus ‘involved removal of less of the foreskin than contemporary Jewish circumcision.’ It may have done, but current scholarship does not provide the confidence that Catholic intactivists require. Indeed, it seems highly likely that the practice of *periah* . . . was already well established among some Jews more than a century before the birth, and the circumcision, of Jesus.”³ So, given that we do not know which form of circumcision was practiced in biblical accounts, we cannot assume that the Old Covenant required *milah* and not *periah*.

Another argument against circumcision can be made by appealing to the goodness of creation. The human body—male and female—is good *as created*. We might think of circumcision as an act against the goodness of the male human body. Wim Dekkers expresses a similar idea in terms of biological wholeness: “Although the human body consists of numerous body parts, organs, tissues, cells, and subcellular components, it is still an anatomical and physiological unity, an integrated whole that is more than the sum of its parts. Biological wholeness refers to the proper function of the body and its parts. . . . The foreskin is a ‘normal’ body part in the sense that it naturally belongs to the human body. The notion of biological wholeness can therefore be considered an argument against [male circumcision].”⁴

The argument from biological wholeness is challenged by the moral acceptability, at least in the Catholic tradition, of alterations to the human body such as shaving, ear piercing, tattooing, skin grafts, blood transfusions, face-lifts, and breast reduction. All these practices alter “biological wholeness.”

But of course, some alterations to the human body are not morally permissible. These are called mutilations. Catholic intactivists such as Smith argue that male circumcision is wrong because it is a form of mutilation. According to the *Catechism of the Catholic Church* n. 2297, mutilation is intrinsically evil, an action that is *per se malum* and not to be done regardless of consequences.

2. Janet E. Smith and Christopher Kaczor, *Life Issues, Medical Choices: Questions and Answers for Catholics*, 3rd ed. (Cincinnati, OH: Servant, 2016), 154. Although the rest of this book is coauthored, the chapter taking up the question of circumcision is solely the view of Janet Smith.

3. David Albert Jones, “Infant Male Circumcision: A Catholic Theological and Bioethical Analysis,” *Linacre Quarterly* 85.1 (February 2018): 8, doi: 10.1080/00243639.2017.1348765.

4. Wim Dekkers, “Routine (Non-Religious) Neonatal Circumcision and Bodily Integrity: A Transatlantic Dialogue,” *Kennedy Institute of Ethics Journal* 19.2 (June 2009): 134, doi:10.1353/ken.0.0279.

How shall we define mutilation? *Life Issues, Medical Choices* offers the following definition: “Mutilation is an act against the good of bodily integrity and health. It is the intentional destruction or removal of an organ (or other vital body part) whose function makes an important contribution to the health of the body.”⁵ If we define mutilation in this sense, then infant male circumcision as currently practiced is not a form of mutilation. Circumcision does not destroy or remove an organ of the body, nor does it undermine the function of an organ. As Jones points out, “To establish that circumcision is mutilation, in the strict sense, [the Catholic intactivist] would have to show that an intact foreskin was a *sine qua non*, for some aspect of sexual or reproductive functioning. The contrast here to castration or sterilization could not be clearer. Circumcision does not (always or in general or for the most part) prevent a husband from consummating marriage and does not prevent a couple from conceiving children naturally through sexual union.”⁶ Indeed, Jones doubts that even sexual pleasure is lessened: “Evidence in this area is also equivocal, with most studies showing that most men find either no difference in sexual satisfaction after circumcision or finding increased satisfaction.”⁷

Even if circumcision does not meet the strict definition of mutilation, Smith argues that the practice is still impermissible because of the harms associated with it: “The operation is painful and possibly traumatic for infants. Some physicians speak of circumcision as a form of amputation, since it removes a portion of the penis. That portion, the prepuce, serves many beneficial purposes, among them protection against some diseases and greater sexual sensitivity, since it provides smoother (less abrasive) contact with female reproductive organs. Thus the claims that circumcision amounts to mutilation have growing force.”⁸

The trouble with this argument lies in the ambiguous use of the term “mutilation.” The Catholic Church does not propose for the belief of all the faithful any particular definition of mutilation. Surely the fact that circumcision can be painful does not qualify it as mutilation, since analgesics can take that pain away. Some physicians speak of circumcision as a form of amputation, but other physicians do not. Even if the foreskin may serve many beneficial purposes, some physicians hold that these benefits are not outweighed by the benefits procured through circumcision.

Circumcision has some medical benefits, because it reduces the likelihood of contracting some diseases. As Jones notes, “It is widely acknowledged that circumcision significantly reduces the risk of heterosexual (female to male) transmission of HIV. Randomized clinical trials conducted in Africa found risk of female-to-male transmission reduced by between 55 percent and 76 percent if the man was circumcised.”⁹ Additional studies support this view. A 2018 meta-analysis shows that “male circumcision was effective in reducing HIV risk for both heterosexual and

5. Smith and Kaczor, *Life Issues, Medical Choices*, 150.

6. Jones, “Infant Male Circumcision,” 10.

7. Jones, “Infant Male Circumcision,” 10.

8. Smith and Kaczor, *Life Issues, Medical Choices*, 155.

9. *Ibid.*, 12.

homosexual men.”¹⁰ Circumcision not only reduces the likelihood of HIV, but also provides other health benefits such as “lower rates of urinary tract infections, lower rates of penile human papillomavirus, lower rates of penile cancer, and lower risk of chancroid and syphilis.”¹¹ These health benefits, along with greater ease in cleaning the area, may justify circumcision on purely medical grounds. For this reason, the American Academy of Pediatrics concludes that “the benefits of circumcision are sufficient to justify access to this procedure for families choosing it and to warrant third-party payment for circumcision of male newborns.”¹² Such evidence militates against a position that circumcision is, on balance, medically harmful.

Nevertheless, as Jones notes, some physicians and medical bodies have come to different conclusions: “In the face of conflicting medical views, and differences of attitude between nations and professional bodies, there should be liberty for parents to access practice that represents a reasonable body of medical opinion.”¹³ If infant circumcision is not intrinsically evil, then there may be circumstances in which it is permissible or even obligatory.

Let’s suppose this reasoning is mistaken. For the sake of argument, let’s say that circumcision is indeed intrinsically evil. If the relatively minor surgery of circumcision is intrinsically evil, an action *per se malum* that cannot be done regardless of consequences, it is hard to see how the donation of a kidney, a major surgery much more dangerous in itself as well as in the likely long-term consequences for the donor, would not also be intrinsically evil. As Jones notes, “Clearly, removal of a kidney is far more hazardous and intrusive than the removal of the foreskin. Yet, if the former does not constitute mutilation in the strict sense used in the *Catechism* and in recent papal encyclicals, how much less does [infant male circumcision] constitute mutilation?”¹⁴ Kidney organ donation is not intrinsically evil, but rather an act of heroic generosity. Since even the major surgery of kidney donation is not intrinsically evil, the minor surgery of infant male circumcision is not intrinsically evil either.

In criticizing infant male circumcision, we might turn from the act itself to the motivation for the act. Smith notes, “Circumcision of male infants has been routine in the United States for some time. The practice has less to do with religious commitments than with custom and a belief that the practice protects against sexually transmitted diseases. In itself, the latter is a dubious basis for circumcision, since

10. Sanjeev C. Sharma et al., “Male Circumcision for the Prevention of Human Immunodeficiency Virus (HIV) Acquisition: A Meta-analysis, *BJU International* 121.4 (April 2018): 526, doi:10.1111/bju.14102.

11. Arleen A. Leibowitz, Katherine Desmond, and Thomas Belin, “Determinants and Policy Implications of Male Circumcision in the United States,” *American Journal of Public Health* 99.1 (January 2009): 142, doi: 10.2105/AJPH.2008.134403, cited in Jones, “Infant Male Circumcision,” 12.

12. American Academy of Pediatrics Task Force on Circumcision, “Circumcision Policy Statement,” *Pediatrics* 130.3 (September 2012): 585, doi: 10.1542/peds.2012-1989, cited in Jones, “Infant Male Circumcision,” 12.

13. Jones, “Infant Male Circumcision,” 14.

14. *Ibid.*, 11.

sexually transmitted diseases are usually contracted through sexual immorality. It is wrong to presume that all men will engage in activities in which they may contract a sexually transmitted disease, and it is also wrong to circumcise an infant on the basis of that presumption.”¹⁵ The worry here is not aimed at the act itself, the object of the act, but the beliefs and motivations that give rise to infant male circumcision.

Even if it were true that most cases of circumcision arise from bad intentions, it would not follow that the practice is to be avoided. After all, any action, even giving help to the poor, can be done with a bad intention. The solution in such cases is to give up the bad intention, not necessarily to forgo the act motivated by the bad intention.

But is it true that circumcision is typically motivated by bad intentions? It is true that sexually transmitted diseases are typically contracted through sex outside of marriage, and we ought not to presume that *all* men will engage in activities in which they may contract a sexually transmitted disease. However, some men do engage in such activities, and any particular male infant may grow up to be such a man. This is not a false presumption, but a fact. Why would it be wrong to reduce the likelihood of an individual contracting and possibly spreading a sexually transmitted disease? Would it be wrong to inoculate babies with vaccines to reduce the likelihood of sexually transmitted infections, since this too would be based on the presumption that any particular individual may contract such a disease?

One positive answer could be based on the belief that attempts to reduce sexually transmitted diseases may in fact encourage immoral behavior. For example, distributing condoms to teenagers sends the message that sex outside of marriage is expected. When teenagers believe everyone expects them to have casual sex, they may be more likely to engage in it. Indeed, some teenagers, driven by the typical adolescent desire to be seen as “normal,” may choose to have casual sex when they otherwise would not.

But of course in infant circumcision, the infant is not receiving any such message. There is literally no danger that an infant will understand circumcision as a “green light” to experiment with casual sex.

But boys turn into men. When the infant boy grows into a young man, will he then take his circumcision as evidence that his parents expected him to engage in activities from which he could contract a disease?

Given our cultural context, it is unlikely that the choice of the parents to circumcise their infant son will be later interpreted as evidence that they expect him to have casual sex. Too few people are aware of the evidence that circumcision reduces the likelihood of sexually transmitted diseases, and even among those with this knowledge, many of them would still circumcise for other reasons.

Finally, Jones provides a defense of infant male circumcision based on Catholic religious beliefs about their “elder brothers” in faith, the Jewish people, whose covenant with God has never been revoked: “The implication of this in relation to circumcision is that it is not enough for Catholic Christians to acknowledge the

15. Smith and Kaczor, *Life Issues, Medical Choices*, 155.

importance of circumcision for Jews at and prior to the time of Jesus. Circumcision must be acknowledged as a sign of fidelity to a Covenant.”¹⁶ Catholics should not therefore support attempts to legally ban Jewish practices. As Jones notes, “In the light of the teaching of John Paul II, Catholics should understand the attempt to prevent Jews from circumcising their sons, not only as being contrary to natural justice but also as a direct attack on the first and irrevocable Covenant. Such attacks may be expected from the secular enemies of religious freedom, but they are not compatible either with Catholic doctrine or with the natural law.”¹⁷ All people of faith, indeed all people of good will, are called to protect religious liberty, including the right to practice the Jewish faith that, unlike Christianity, requires circumcision.

Jones summarizes his case for the permissibility of infant male circumcision:

The Church has never condemned circumcision as mutilation, but has regarded it as a means of grace under the Old Covenant and, in the flesh of Jesus, a means of grace to the whole world. The theological significance of circumcision cannot be evaded by relying on the convenient distinction between *milah* and *periah*, which is both historically insecure and fails to provide a robust rationale for any fundamental moral distinction. In any case, while it carries some risk, [infant male circumcision] whether *milah* or *periah*, does not inflict per se disabling mutilation, and a reasonable body of medical opinion in fact regards it as conferring some health benefits.¹⁸

His article is, in my view, a strong rebuttal of the Catholic case for intactivism. But bioethics is never in short supply of creative minds, so it is unlikely that Jones will have the last word in this debate.

Of course, changing circumstances as well as emerging medical data could produce a different answer to the question, is infant male circumcision ethically permissible? If a culture were to arise in which being circumcised put an individual in grave social danger, then unless there were compelling reasons to the contrary, it would be impermissible to circumcise a baby boy. Similarly, it is in principle possible that new compelling medical evidence could show that circumcision seriously harms or helps individuals. In such a case and barring compelling reasons to the contrary, circumcision would be impermissible or perhaps obligatory, all things considered. But given current circumstances and medical knowledge, the case for the ethical permissibility of infant male circumcision as now practiced is strong.

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16. Jones, “Infant Male Circumcision,” 15.

17. *Ibid.*

18. *Ibid.*