

## Chapter 13

### MALE CIRCUMCISION IN ITALY

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#### 1. INTRODUCTION

Celsus (25-50 BC) was the first Italian to mention male circumcision when he described a method for its surgical correction.<sup>1</sup> In the Roman Empire, the operation of de-circumcision was developed because the permanently exposed glans was considered to be a deformity. To avoid embarrassing comparisons in gymnasiums, foreskin reconstruction was performed by doctors. Such an intervention may have been carried out for centuries because the great anatomists such as Fallopius<sup>2</sup> and Fabritius ab Acquapendente<sup>3</sup> mention it in their works. In more recent times, well-known Italian anthropologist Mantegazza described male circumcision as being “an infamy, a cruel mutilation of an organ.”<sup>4</sup> Lombroso labeled circumcision “a savage hurt, an unuseful oddness.”<sup>5</sup> In the medical literature of the nineteenth century, however, only the medical aspects of circumcision were considered.<sup>6,7</sup>

In present-day Italy, knowledge and information about male circumcision is lacking. This is because the great majority of Italian males are not circumcised. While the existence of male circumcision is known, its consequences and complications are underestimated by the healthcare system that is required to furnish adequate information on the topic. It is easy, for example, to find in the specialized popular press accounts of the alleged therapeutic reasons for male circumcision without mention of the alternative procedures for the treatment of phimosis. A new wave of immigrants has brought with them the practice of ritual male circumcision to Italy. Some urologists have suggested permitting male circumcision in

hospitals in order to make the procedure safer and to respect the traditions of those populations who for centuries have undergone the intervention.<sup>8</sup>

The National Bioethic Committee (NBC), which recently addressed the issue of ritual circumcision,<sup>9</sup> emphasized the ethical problems with female genital mutilation and briefly discussed male circumcision. According to the NBC, the major concern was whether the circumcision of a minor was legal. The NBC also debated whether ritual male circumcision should be performed under the National Health Services (NHS). The 1998 resolution addressed prophylactic male circumcision and male circumcision carried out for other reasons, which were deemed unjustifiable. The resolution allows parents or guardians to choose circumcision on behalf of children, in accordance to the articles eight, nineteen, and thirty of the Italian Constitution, which guarantee freedom of religion. The resolution referred to articles 2.1 and 26.1 of the *Agreement Between the Italian State and the Hebrew Communities*, which acknowledged the right to perform, in any collective or individual way, the rites of Judaism. It was resolved (albeit incorrectly) that male circumcision — apart from the fact that it is irreversible — if correctly performed, is alleged not to alter male sexual and reproductive function. Consequently, the NBC seems to have adopted the position that male circumcision falls outside the scope of ‘acts dangerous to the individual’ and is therefore legal. Nevertheless, ritual male circumcision cannot be performed under the NHS. All the parties to the agreement also concurred that male circumcisions must be performed by a medical doctor. Some NBC members, however, claimed that ritual circumcision of newborn males (but not of infants or adults) could be performed by competent nonmedical religious personnel. In any case, those who perform male circumcision are responsible for its correct execution, asepsis, hygiene, and postsurgical care.

The lack of unambiguous legislation regarding ritual male circumcision enabled fraudulent use of NHS funding. The press has reported instances where circumcisions that were really performed for ritual reasons were falsely labeled as being performed for “therapeutic” reasons in order to have them performed gratis under the NHS.<sup>10</sup>

Because demographic and statistic information about the prevalence and incidence of male circumcision in Italy has never before been established, the following study was performed, and its findings are summarized below.

## 2. MATERIALS AND METHODS

Using discharge documents collected from Italian medical clinics for the years 1999, 2000, and 2001, we were able to make use of diagnosis-related groups (DRG) for our study. DRG 342 (male circumcision performed on subjects older than seventeen years) and DRG 343 (subjects younger than eighteen years) were considered.<sup>11</sup> We identified and noted the type of medical facility that generated the discharge documents (state, private, research institute, etc.). The type of hospitalization (out patient or overnight) was ascertained. Secondly, for therapeutic male circumcision, codes for IDC-9-male circumcision were analyzed (exuberant prepuce, phimosis, and balanoposthitis).

We also conducted a survey of American and Italian workers of the United States Air Force base, *Caserma Ederle*, located near Vicenza. This was done to ascertain whether Italians living near the American military base might have been influenced by the presence of circumcised American soldiers, as happened in South Korea. In Korea, however, mass circumcision was imposed on the Korean population by American military rulers.<sup>12</sup> The American community of Vicenza is composed of about 2500 soldiers, 600 civilians, 4000 relatives. Approximately 700 Italian civilians are employed at the military base. To investigate the phenomenon, two semi-structured interviews were conducted with the American pediatrician of the military base and with an Italian pediatric surgeon at San Bortolo Hospital, also located in Vicenza.

## 3. RESULTS

The main results are shown in graphs 1 and 2. In general, male circumcision is carried out in health facilities and, at least until the age of fifteen, in regular hospitals. From 1999 to 2001, the number of therapeutic male circumcisions increased from six percent in the year 2000 to nine percent in the year 2001, with respect to year 1999. The number of interventions carried out in day hospitals increased, compared to regular hospitals, which decreased). The increment passed from more than twenty-eight percent (2000) to fifty-one percent (2001), compared to 1999.

Graph 3 depicts two age peaks in interventions: 5-14 and 25-44.

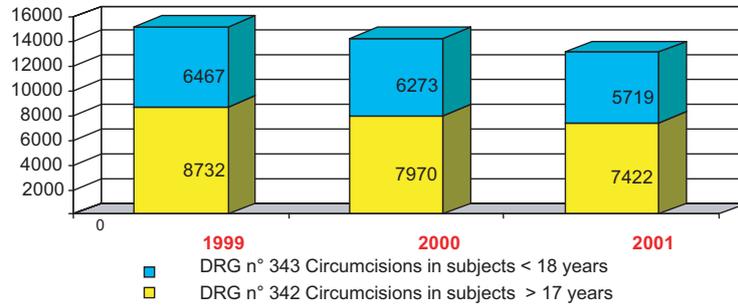


Figure 13-1. Graph 1 - Circumcisions carried in regular hospitals from 1999 to 2001.

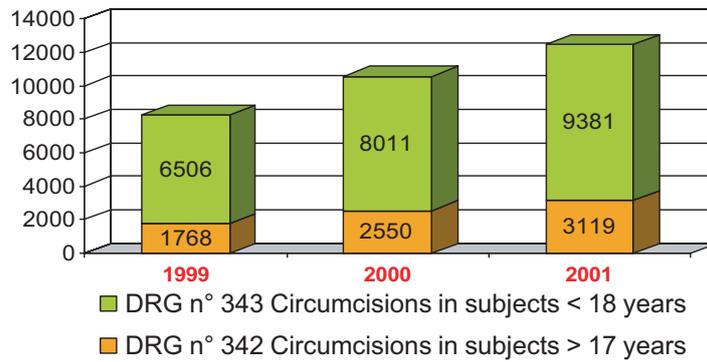


Figure 13-2. Graph 2 - Circumcisions carried out in day hospital from 1999 to 2001.

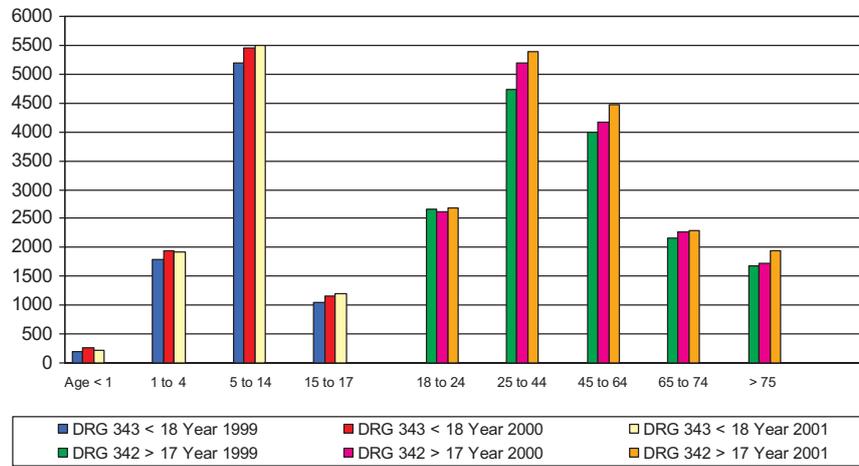


Figure 13-3. Graph 3 - Age classes in which circumcision was carried out in hospitals – Data from 1999 to 2001.

#### 4. DISCUSSION AND CONCLUSIONS

The increase of male circumcision from 1999 to 2001 may be a result of recent waves of immigration from Islamic countries. Immigrants to Italy (year 2000) primarily come from Morocco (n = 127,993), Albania (n = 99,230), Tunisia (n = 43,359), Senegal (n = 35,270), Egypt (n = 27,142), Bangladesh (n = 13,803), Algeria (n = 10,671), and Somalia (n = 4,482).<sup>13</sup>

Concerning the two age groups in which male circumcision is generally performed, the first peak could be a result of pediatric check-ups carried out at school that allow identification of phimosis previously undetected. The second peak may reflect a diagnosis of secondary phimosis in adults. It is possible that within the first age group some ritual male circumcisions are fraudulently carried out under the guise of treating “congenital phimosis,” as the press recently reported in the case of a surgeon of Maghreb origin, practicing in Northern Italy, who performed ritual circumcision on Muslim children. The sum of 1,033 euros was charged to the National Health Service for each circumcision under the ruse that the operations were performed for the treatment of “phimosis.” The same article reported that, in 1998, in the mosque in Segrate, an Egyptian doctor performed ritual circumcision on males and, supposedly, infibulation on girls.<sup>10</sup>

Apart from the number of male circumcisions carried out in medical clinics, it is difficult to estimate the number of circumcised males in Italy due to the increasing number of illegal immigrants who often cross the Italian borders in order to pass into northern European countries. It is also difficult to estimate the number of ritual circumcisions carried out on non-Hebrews because illegal circumcisions are often performed clandestinely in mosques at a cost of 120 to 150 euros.<sup>10</sup>

The Vicenza survey revealed that Italian and American doctors that we interviewed displayed two contrasting positions. The American doctor was a strong supporter of routine male circumcision. In his opinion, the alleged benefits of the surgery outweigh the harm. The Italian surgeon held the opposite conviction, justifying his assertions on ethical and cultural grounds. Both of them claimed that Italian residents are uninfluenced by this American cultural phenomenon. Informal contacts with Italians working with Americans at the military base revealed that most were unaware that routine male circumcision was widespread among the Americans.

The attitudes of Italian urologists about male circumcision differ. An analysis of views expressed in the popular press revealed that many urologists believe that, after age four, male circumcision is recommended in cases of phimosis to prevent complications. It is also believed that male circumcision should be offered to the immigrant community in order to reduce the risks of infection and hemorrhage. The Ministry of Public Health, however, does not include male circumcision among the “essential levels of assistance” interventions, even though some public health clinics in 2004, in areas with a large immigrant Muslim population, permitted ritual male circumcision at low cost, resulting in a political crisis.<sup>14</sup>

Due to cuts in the healthcare budget, the Ministry of Health declared that many interventions previously performed in regular hospitals would now be carried out in day hospitals. This could explain the substantial increase of male circumcisions carried out in day hospitals from 1999 to 2001.

As in all other European countries, male circumcision is uncommon in Italy, a country with a strong Catholic heritage that values and promotes the integrity of the human body. The Hebrew minority in Italy is very small, as was the Muslim minority until a decade ago. Muslims, however, are now increasing in number, and this requires that the phenomenon be closely monitored in order to protect children from unwanted ritual surgeries.

Recently, the Justice and the Social Affairs Commissions of the Italian Parliament held debates over female genital mutilations (FGM), resulting in a legal proposal.<sup>15</sup> The eleventh Permanent Commission voted favorably to ban FGM, but required removal of the word “female.” The aim was to

protect both sexes equally against genital and sexual harms and mutilations, as the Italian Constitution affirms equality between the sexes.<sup>16</sup> While the popular media has done much to publicize the horrors of female genital mutilation, it has not yet done so for male circumcision.

The present study is on-going and will next survey and document the attitudes of Italian urologists toward male circumcision and present a thorough summary of the relevant statements made by the various bioethics committees working in Italy.

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