Author’s response to reviews

Title: Refusals to perform ritual circumcision: A qualitative study of doctors’ professional and ethical reasoning

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We are grateful for the reviewers’ time and effort and the constructive comments they have provided. We here respond to the comments:

Brian Earp (Reviewer 1): General comment. This is a very well written paper that discusses an important issue that has not yet received enough attention. The paper should be appropriate for publication upon minor revision. It is modest in its aims, and so the relatively focused, concise discussion seems appropriate. That said, I think the limitations of the sampling method could be more frankly acknowledged.

Response: We have now expanded the Strengths and limitations section (see below).

I would like to have seen a bit more engagement with the recent theoretical debate on conscientious objection, especially papers that explicitly bring up circumcision (often as a point of contrast or comparison with abortion), for example: Ahmad, A. (2014). Do motives matter in male circumcision? 'Conscientious objection' against the circumcision of a Muslim child with a blood disorder. Bioethics, 28(2), 67-75; Harter, T. D. (2019, August). Why tolerate conscientious objections in medicine. In HEC Forum (pp. 1-14). Springer Netherlands; Blackshaw, B. P., & Rodger, D. (2019). Questionable benefits and unavoidable personal beliefs: defending conscientious objection for abortion. Journal of Medical Ethics, online first.

Response: We have now read these papers and find that they primarily deal with CO as a normative issue. We are reluctant to move into the normative discussion of when CO should be tolerated in our paper. We have therefore decided not to use the three papers mentioned or to expand the thematic scope of our Discussion section.

Greater effort to give a sense of the scope or representativeness of the participants' attitudes would also improve the paper, possibly drawing on the authors' own previous work surveying Norwegian medical...

Response: This is important. We have now added the following sentence at the end of the first paragraph (with a reference to a central media article): «There was also opposition among doctors, with the Norwegian urological association speaking out against the law” (the referenced article, dealing with doctors’ viewpoints, is more to the point here than the Nordstrand survey of medical students).

Other specific comments are below to help the authors in their process of minor revision.

Page 3. Line 17. Please add relevant references to the 'warnings' issued by the Medical Ethics Council etc.

Response: This has now been added

Page 3. Line 34. Re: whether conscience (etc.) is the right term can be questioned. Indeed, but could a sentence or two be added here explaining why or in what sense this could be questioned; i.e., what is the main issue; why this is controversial.

Response: We have now added the sentence, «As will be discussed below, it can be argued that ritual circumcision first and foremost challenges professional norms, and not (individual) conscience.”

Page 3. Line 54. The word "perceived" should be added before "health benefits" because whether there are net health benefits is hotly contested. In fact, even the role of perceived health benefits in driving requests for the procedure in the U.S. is a bit uncertain. As Andrew Freedman of the AAP Task Force wrote in an editorial following up the controversy over their 2012 policy, "In the West, although parents may use the conflicting medical literature to buttress their own beliefs and desires, for the most part parents choose what they want for a wide variety of nonmedical reasons. There can be no doubt that religion, culture, aesthetic preference, familial identity, and personal experience all factor into their decision. Few parents when really questioned are doing it solely to lower the risk of urinary tract infections or ulcerative sexually transmitted infections." Freedman, A. L. (2016). The circumcision debate: beyond benefits and risks. Pediatrics, 137(5), e20160594.

Response: We have added the word «perceived»


Response: We now reference this article.

Page 16. Line 34. Can a reference be added to support the empirical claim that among those who object to abortion, more are in favor of legal prohibition?

Response: We now realize that we do not have sufficient empirical support for the claim, and have
therefore removed it.

Page 17. Line 36. Could more be said about the inability to recruit more than 10 participants? Some discussion was given earlier in the paper, but it's hard to make out the implications of the (failed) effort to recruit a larger sample. Participants indicated that they felt they had support from colleagues and didn't have to fight for their position; but then why didn't those colleagues want to participate in the study? As a reader I need to know how to contextualize the qualitative results here: do I have any reason to think, based on the sampling procedure, that the views expressed by participants here are in any way representative of the views of those medical professionals in Norway who refuse to perform ritual circumcision on grounds of conscience? Do I have any reason for thinking that there are many more than just these 10 participants who do indeed refuse to perform ritual circumcision? Is this a snapshot of a wider phenomenon, or are these 10 participants basically the whole phenomenon? Etc.

Response: We have now expanded the strengths and limitations section; we have added the following sentences: «Our impression is that potential informants were not reluctant to partake per se, but were unable or unwilling to prioritize participation in the study due to large workloads. As noted above, several department heads which we contacted did not want to forward the invitation to participate to their doctors because the doctors were pressed for time. The informants’ opposition to circumcision and their reasoning correspond well with how doctors’ views have been presented in the media”

Daniel Rodger (Reviewer 2): This is an interesting and well written qualitative study that explores the views of Norwegian urologists who refuse to perform ritual circumcision.

Rewording/typos:

Page 3, line 44: 'In Norway, it is primarily Muslim and Jewish parents who want their sons to be circumcised…'
Page 5, lines 15-17: '...urologic [US spelling] surgeons, paediatric [UK spelling] Surgeons'. I suppose just consistency in the spelling of terms, in the UK urologic surgeon would be urological surgeon. Urological is used throughout the rest of the manuscript.
Page 14, line 14: 'Yet, as regards to the centrality of the…'
Page 16, lines 17-19: '...the issue has become personally serious, but the moral gravity and felt seriousness appear to be significantly lower than in the study on CO to abortion' - Consider rephrasing.

Response: We have rewritten all these sentences/paragraphs as suggested.

General summary:

The abstract contains all of the essential components.

The background sets the study in its European context by explaining the public and professional differences in views from the United States. Although, it might be worth mentioning the recent guest editorial in the American Journal of Bioethics - Medically Unnecessary Genital Cutting and the Rights of the Child: Moving Toward Consensus. A number of US scholars were involved with this and perhaps it would be fair to note an increase in critical views there too.

Response: We now reference this paper, and write «However, recently there appears to have been an
increase in critical views in the US too”.

Analysis of the transcripts was clearly described and demonstrates methodological rigour.

The results were clear and supported with good examples. It would be a good idea to include the questions used in the interviews as an appendix.

Response: We have considered this but decided not to; we think our brief interview guide is presented in sufficient detail in the Methods section.

The discussion explores the results in light of the wider literature and the authors highlight the strengths and limitations of the study.

The conclusion is clear and rightly summarises some of the problems with sharply distinguishing between professional and conscientious refusals in healthcare as illustrated in the interviews.