

Medical Officer of the Initiation Society

Dr Joseph Spitzer is the Medical Officer of the Initiation Society. He qualified in medicine from the University of London in 1981 and works as an NHS GP in London. He has been performing circumcisions for over 40 years. He has extensive experience in neo-natal infant circumcision, as well as in the circumcision of children and adults of all ages. He is regarded as one of the UK's leading experts on Jewish religious circumcision. He has been a member of the Initiation Society since 1981 and of the medical board for 25 years. In 2003, he was appointed Medical Officer of the Initiation Society with responsibility for training and maintenance of professional standards.

In 1996 Dr Spitzer published a manual called 'The Surgery of *Bris Milah*' This was fully revised in 2013 under the title 'Handbook for *Mohelim*' (*Bris Milah* is the Hebrew term for Jewish religious circumcision, which is performed by a *Mohel* [plural *Mohelim*]). This manual outlines the surgical techniques used by Initiation Society members for neo-natal circumcision. It includes details of the surgical techniques and standards of practice expected. It also contains a section summarising the Jewish religious laws appertaining to religious circumcision.

Jewish Circumcision Practice in the UK

Introduction

The performance of circumcision is one of the most fundamental tenets of Judaism. It is practiced almost universally amongst Jews worldwide, no matter what their level of religious commitment.

Circumcision has been performed on Jewish males continuously from the days of Abraham, some three and a half thousand years ago, when God commanded Abraham that he and his male descendants should be circumcised. This is also the basis for the Islamic practice of male circumcision, in that Ishmael, the direct forebear of Islam, was a son of Abraham, as was his brother Isaac, the forebear of the Jews. Thus, circumcision is a biblical commandment incumbent on all Jewish males and has been practiced uninterruptedly by Jews since biblical times. In modern times circumcision has also been practised all over the world in other communities. For example, recent estimates in the United States suggest that approximately 60% of male newborns and some 80% of males between 14 and 59 are circumcised.

The biblical commandment specifies that circumcision must be performed on the eighth day after birth. However, Jewish law makes it clear: if there is any question whatsoever as to the child's state of health, the circumcision must be deferred until the child is well. This interpretation of ill health is applied rigorously, perhaps in a more stringent manner than by many medical practitioners. If the *Mohel* who performs the circumcision has any doubt about the child's fitness for the procedure, he might well defer it, even where a medical practitioner might advise that circumcision could go ahead. A common example of this is neonatal physiological jaundice. Jewish law forbids circumcision in the presence of visible jaundice whereas most medical practitioners would not consider mild to moderate jaundice a contra-indication to circumcision.

Mohelim are trained to recognise illness in an infant, how to examine a child prior to circumcision, looking for the symptoms of any potential problems, and how to take a medical history, asking pertinent questions as to the child's state of health. If there are any doubts a *mohel* would not hesitate to postpone the procedure to a later date, even at short notice. The Medical Officer and members of the Medical Board are available to answer enquiries from *mohelim*, should they require advice from a doctor. The health of the child is paramount and even the slightest degree of doubt as to his fitness for the procedure necessitates deferral.

Initiation Society & Mohelim

The Initiation Society was founded in 1745 and is probably the oldest extant Jewish religious body which serves all parts of the Jewish community in the UK. The object of the Society “*is the advancement of the Jewish religion by facilitating the initiation of male Jewish children into the Covenant of Abraham*”.

The Initiation Society trains and oversees the practice of “*Milah*” (religious circumcision of Jewish males) in the UK and registers *mohelim*. It is a fully constituted body and is run in accordance with “The Laws of the Initiation Society” (5th Edition 1998). The current president is Dr Sholom Springer. There is an executive committee, a general committee, a registration board and a medical board.

The Initiation Society produced its ‘Guidelines for the Practice of *Brit Milah*’ in 2017 which was fully revised in 2022, which sets the standards expected of *mohelim* registered with the Initiation Society.

To become a member of the Society, a *mohel* must follow the standard Initiation Society procedures. They are proposed by two character referees, then interviewed by the medical officer to ensure that suitable and of the right temperament to be trained to become a *mohel*. They are required to be interviewed by a rabbi from the Court of the Chief Rabbi (*Beth Din*) to assess suitability from the religious point of view.

Next, he is required to undergo a period of training, which is essentially an apprenticeship with registered and trained *mohelim*, initially as an observer. As he gains experience and confidence, he becomes able to assist and do more and more of the procedure himself, under close supervision. He is required, together with the *mohel*, to attend to the baby and parents on pre-circumcision visits as well as on inspections and follow up visits for aftercare. He is required to keep a logbook of his training experience.

When a trainee and his trainers feel that he is competent, he has a practical examination (which is usually carried out by the Medical Officer of the Society together with a colleague) during which he is required to perform a full circumcision and provide aftercare instructions. [If he does not meet the standards he may be advised to continue training before re-presenting himself for re-examination. On rare occasions, trainees have been informed that they should stop training as they are unsuitable to be a *mohel*.]

Having satisfied these examiners, he again presents himself to the *Beth Din* for a further examination in those aspects of Jewish Law appertaining to Jewish religious circumcision. Only then is a practicing certificate issued, and the *mohel* is listed on the Initiation Society register.

All *mohelim* registered with the Initiation Society are insured for the procedure. Medically qualified *mohelim* are insured through their professional indemnity insurance, and lay members are insured through the block policy organised by the Initiation Society. This policy provides cover in the UK and EU.

Mohelim are required to keep records and file annual returns. Registration is renewed annually. All *mohelim* in the UK receive an annual registration certificate, signed by the President and Medical Officer of the Society as well as the Chief Rabbi. Currently there are some 60 registered *mohelim*, several of whom are medically qualified. *Mohelim* are required to undergo regular professional appraisal.

Each summer there is a full day of training organised by the Medical Officer to provide continuing professional education. A condition of registration is that all *mohelim* must attend any three of these meetings in a five-year period. The Society also provides regular training in basic life support skills.

The medical board and registration board ensure that standards are maintained. Complaints are referred to the relevant officer or board and are dealt with through the Initiation Society's Complaints and Disciplinary procedure process. Members may be required to re-train, practice under supervision or (in rare cases) have their registration cancelled and practicing certificates withdrawn.

Mohelim generally provide their services in an honorary capacity. According to the laws of the Society the performance of *milah* must not be contingent on the payment of a fee. Indeed, the provision of a free service was one of the founding principles of the Society. Where an honorarium is offered, *mohelim* are free to accept what is offered by way of gratuity, however some donate this to a charity of their choice.

The Society is a highly respected organisation both in the UK and worldwide and Initiation Society registered *mohelim* are respected for their skills wherever they practice. Many *mohelim* perform circumcisions for groups other than Jews, circumcising Moslems or Christians who often seek a *mohel's* services. The King was circumcised as an infant by one of the Society's most distinguished members.

Jewish religious circumcision is the only surgical operation frequently performed in public. Thus, the skills of a *mohel* are open to public scrutiny in a different way to other procedures.

Anaesthesia

Jewish Law does not preclude the use of anaesthesia. It is, of course, essential in older children and adults. In neonates the most frequently used form of anaesthesia is topical anaesthesia achieved by numbing the skin with a numbing cream applied in advance of the procedure. Injectable local anaesthetic, when used for circumcision, is injected either as a dorsal penile block or more commonly as a ring block around the base of the penis. For post-circumcision pain and discomfort oral paracetamol is used, at the dose recommended for the child's age and weight.

The actual circumcision itself, when carried out in the traditional Jewish way, is a swift procedure, performed with such a sharp blade that the any pain felt is believed to be minimal. Very young babies cry whenever their nappies are opened and when held firmly in an uncomfortable position with their hips held apart for the procedure. Frequently parents and other observers comment that in a circumcision conducted in the traditional way, the quality of the baby's cry does not change at all at the moment of circumcision. It is not unusual for a baby to barely cry during his circumcision; many babies seem oblivious to the procedure.

No long term adverse psychological sequelae resulting from neonatal circumcision performed in the traditional way have been documented.

Complication rates of circumcision performed by members of the Initiation Society

There are few studies of the complication rates from neo-natal circumcision as performed in the traditional Jewish way on babies of eight days. Almost all the published studies on the complications of circumcision are based on older children circumcised using different methods and in totally different populations and environments (such as amongst older Muslim or using the Plastibell method).

The Initiation Society performed its own (unpublished) study under the direction of Professor Laurence Lovat in 2004. The findings showed that the complication rate was very low (less than 1%). The most frequent problems encountered related to haemorrhage (which resolved) and poor communications with parents.

Surgical technique and basic standards of care

The surgical method in which Jewish religious circumcision is performed is given in considerable detail in the book “Handbook for *Mohelim*” (Spitzer, 2013). This book together with the Guidelines for the Practice of *Brit Milah* (2022) details the standards of care which are expected to be provided by all *mohelim*.

Prior to the circumcision parents are given an information sheet, outlining the procedure to be performed. They are asked to give written informed consent to the procedure.

All the instruments used during the circumcision must be sterile, either disposable designed for single use or designed to be re-sterilised in an autoclave before reuse.

The *mohel* ensures that the penis and the area around the penis is washed and cleaned thoroughly with a surgical antiseptic solution.

The circumcision cut is made with a sterile knife or with a disposable sterile scalpel blade.

In the method of circumcision used by *mohelim* the cut is made after the foreskin has been separated and pulled clear of the glans and a safety shield applied above the level of the glans. The incision is made above the top of the safety shield. This ensures that no damage can be done to the glans.

Following the circumcision, a firm bandage is applied to the wound. This is applied around the shaft of the penis leaving the glans and urethral opening exposed so that the baby can pass urine comfortably. The bandage must be firm enough to stop haemorrhage and yet loose enough to ensure the baby can pass urine.

The procedure takes only a few minutes, most of which time is taken up with washing and preparing the operative site and the application of dressings to the wound. The actual incision takes a fraction of a second.

Immediately following circumcision, the baby is checked at intervals to ensure that there is no haemorrhage. The *Mohel* will stay with the baby until he is satisfied that everything is in order.

Following circumcision, parents are given an instruction sheet with full aftercare instructions as to how to handle and care for the baby in the days immediately after the circumcision and how to contact the *mohel* (or his deputy) if needed. The *mohel* then follows the progress of the child and stays in contact with the parents.

Most *mohelim* will arrange to see the baby for follow up approximately 10-14 days after the circumcision to ensure satisfactory healing.

This method of circumcision, is fast, produces good aesthetic results, does not involve stitching and heals rapidly. Most infants are fully healed within some seven to ten days, many healing even faster than that.

Benefits of Circumcision

Circumcision is a commonly and widely performed procedure. It is practiced worldwide and is done for many reasons in different cultures and religious groups.

There are many arguments presented in favour of circumcision based on hygiene, aesthetics and disease prevention. Apart from the obvious benefit of improved penile hygiene there are other perceived benefits of circumcision. These include protection from infections of the foreskin, and inflammatory dermatoses, including phimosis, paraphimosis, balanitis xerotica obliterans (BXO) and balanoprostitis. Circumcised boys may have fewer urinary tract infections in childhood.

Circumcision also provides some protection against sexually transmitted infections including chlamydia. Circumcision has been shown to protect against the spread of HIV/AIDS and its practice has been advocated in an attempt to reduce its spread. Penile cancer rates are lower in circumcised men and cervical cancer rates are lower in the partners of circumcised men. The rates of cervical cancer are lower amongst Jewish women than amongst controls.

These benefits are of general interest, but the basis for the Jewish practice of circumcision is that of belief and of following religious practice and tradition rather than for health reasons.

Conclusion

Circumcision is a fundamental tenet of Judaism. Jews perform circumcision based upon a biblical commandment dating from the time when, according to the Old Testament, some three and a half thousand years ago, God commanded Abraham to circumcise himself and all his future male descendants. Jews have been performing circumcision continuously ever since. Circumcision is an immutable biblical commandment which is incumbent on

all Jewish males and has been practiced uninterruptedly by all Jews since biblical times. In the UK, the Initiation Society maintains high standards of control and regulation of the *mohelim* who perform these circumcisions.

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