



### Health professionals must never perform female genital mutilation

"It is the mission of the physician to safeguard the health of the people."

*World Medical Association Declaration of Helsinki, 1964*

Trained health professionals who perform female genital mutilation are violating girls' and women's right to life, right to physical integrity, and right to health. They are also violating the fundamental medical ethic to "Do no harm". Yet, medical professionals have performed and continue to perform female genital mutilation (UNICEF, 2005a). Studies have found that, in some countries, one-third or more of women had their daughter subjected to the practice by a trained health professional (Satti et al., 2006). Evidence also shows that the trend is increasing in a number of countries (Yoder et al., 2004). In addition, female genital mutilation in the form of reinfibulation has been documented as being performed as a routine procedure after childbirth in some countries (Almroth-Berggren et al., 2001; Berggren et al., 2004, 2006). Among groups that have immigrated to Europe and North America, reports indicate that reinfibulation is occasionally performed even where it is prohibited by law (Vangen et al., 2004).

A range of factors can motivate medical professionals to perform female genital mutilation, including prospects of economic gain, pressure and a sense of duty to serve community requests (Berggren et al., 2004; Christoffersen-Deb, 2005). In countries where groups that practise female genital mutilation have emigrated, some medical personnel misuse the principles of human rights and perform reinfibulation in the name of upholding what they perceive is the patient's culture and the right of the patient to choose medical procedures, even in cases where the patient did not request it (Vangen et al., 2004; Thierfelder et al., 2005; Johansen, 2006a).

Some medical professionals, nongovernmental organizations, government officials and others consider medicalization as a harm-reduction strategy and support the notion that when the procedure is performed by a trained health professional, some of the immediate risks may be reduced (Shell-Duncan, 2001; Christoffersen-Deb, 2005). However, even when carried out by trained professionals, the procedure is not necessarily less severe, or conditions sanitary. Moreover, there is no evidence that medicalization reduces the documented obstetric or other long-term complications associated with female genital mutilation. Some have argued that medicalization is a useful or necessary first step towards total abandonment, but there is no documented evidence to support this.

There are serious risks associated with medicalization of female genital mutilation. Its performance by medical personnel may wrongly legitimize the practice as medically sound or beneficial for girls and women's health. It can also further institutionalize the procedure as medical personnel often hold power, authority, and respect in society (Budiharsana, 2004).

Medical licensing authorities and professional associations have joined the United Nations organizations in condemning actions to medicalize female genital mutilation. The International Federation of Gynecology and Obstetrics (FIGO) passed a resolution in 1994 at its General Assembly opposing the performance of female genital mutilation by obstetricians and gynaecologists, including a recommendation to "oppose any attempt to medicalize the procedure or to allow its performance, under any circumstances, in health establishments or by health professionals" (International Federation of Gynecology and Obstetrics, 1994).