

Bundesärztekammer (German Medical Association)

Recommendations on the management of patients with a history of female genital mutilation

German Medical Association
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At its meeting of 25th November 2005, the Board of the German Medical Association adopted the following recommendation: Recommendations on the management of patients subjected to female genital mutilation

Introduction

The practice of female circumcision, especially so-called 'infibulation', is outlawed and condemned throughout the world. The German medical profession also emphatically reiterated this position. The tradition of some African cultures may not be assessed only in historical, political and ethical-moral terms, but the affected women must be given social, psychological and competent medical assistance that is appropriate to their suffering and complaints. Especially in the gynaecological and obstetrical context, both the specific anatomy that results from genital surgery and the patient's wishes regarding delivery, surgery and wound management must be observed in functional, medical and psychological terms. The foregoing must comply with the professional duties of the medical practitioner. All aspects are required to achieve satisfactory treatment outcomes.

Ensuring these is the purpose of the following recommendations for medical practitioners that were drafted by a panel of expert lawyers and physicians and are issued by the German Medical Association.

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1) Background and Definition

Female genital mutilation is a very common practice in a number of countries, the highest prevalence being in some parts of Africa. Mostly performed on infants, toddlers or young girls, it is a mutilating operation with many medical, psychological and social consequences.*

The WHO classification distinguishes four types of genital mutilation:

- Type I: 'Sunna': excision of the prepuce, with excision of part or all of the clitoris,
- Type II: 'Excision': removal of the clitoris with partial or total excision of the labia minora,
- Type III: 'Infibulation': removal of all or part of the external genitalia and sewing up of the orificium vaginae, leaving only a very small opening;
- Type IV: diverse practices that elude classification, such as pricking, piercing or incising or tearing the clitoris;

Most patients present with infibulation.

2) Legal and ethical aspects

Although female genital mutilation, which in most cases is not performed by medical practitioners, is socially accepted in the countries concerned, this intervention and the involvement of medical practitioners in it must be rejected.

In Germany, this intervention is liable to punishment as bodily injury (section 223 of the *StGB* – Criminal Code), dangerous bodily injury (section 224 *StGB*), under certain circumstances serious bodily injury (section 226 *StGB*) as well as maltreatment of wards (section 225 *StGB*). This also applies if the intervention is made at the patient's request (cf. *Bundestags-Drucksache* 13/8281 of 23rd July 1997).

In its general duty clause stipulated in section 2 (2), the (model) professional code for German physicians states that: "Physicians shall exercise their profession in a conscientious

* Cf Swiss Recommendations for doctors, midwives and nurses: '*Patientinnen mit genitaler Beschneidung*', <http://www.sggg.ch/>, www.iamaneh.ch, that describe the medical, psychological and social implications in great detail. This document was drafted on the basis of these recommendations.

manner and live up to the trust placed in them on account of the exercise of their profession." Moreover, section 2 (1) of the (model) professional code stipulates: "Physicians exercise their profession according to their conscience, the tenets of medical ethics and humanity. They may not recognize any principles nor observe provisions or instructions that are incompatible with their tasks or which to observe would be irresponsible."

In line with the foregoing, the 99th *Deutscher Ärztetag* (German Medical Assembly) in Cologne adopted, in 1996, the following resolution on the ritual mutilation of female genitals: "The 99th German Medical Assembly condemns the participation of physicians in the performance of any type of female circumcision and warns that, according to the general duty clause of the professional code for German physicians, such practices are liable to punishment under professional law. In other European States (such as Norway, Denmark, France), the law already makes the ritual mutilation of female genitals subject to punishment."

This position was endorsed at the 100th German Medical Assembly in 1997: "According to the general duty clause of the professional code for German physicians, the performance of such practices is contrary to professional law. Genital mutilation denies girls and women fundamental human rights such as the right to life and development and the right to physical and psychological integrity."

3) Implications of female genital mutilation

Female genital mutilation can involve the following acute and chronic complications:

a) acute complications

- acute psychological trauma
- infection
- local infection
- formation of abscesses
- general infection
- septic shock
- HIV infection
- tetanus
- gangrene
- micturition problems
- urine retention

- urethra oedema
- dysuria
- injury
- injury to adjacent organs
- fractures (femur, clavícula, humerus)
- bleeding
- haemorrhage
- shock
- anemia
- death

b) Chronic somatic complications

- sexuality/menstruation
- dyspareunia/apareunia
- vaginal stenosis
- infertility/sterility
- dysmenorrhoea
- menorrhagia
- chronic vaginitis, endometritis, adnexitis
- micturition problems
- recurring urinary tract infections
- prolonged micturition
- incontinence
- vaginal crystals
- complications of scar tissue
- abscess formation
- keloid formation/dermoid cysts/neurilemmomas
- hematocolpos
- antenatal and perinatal complications
- vaginal examination difficult
- catheterisation impossible
- measurement of fetal scalp pH impossible
- expulsion period prolonged
- perineal tears
- postnatal hemorrhagia

- perineal wound infection
- vesico-/rectovaginal fistulas
- perinatal mortality increased

c) Psychological and social implications

In most cases, genital mutilation causes a serious indelible trauma that is both physical and psychological. The whole procedure can become deeply imprinted on the girl's subconsciousness and be at the root of behavioural disturbances. Another grave consequence is the girl losing trust in her persons of reference. In the long term, therefore, these women tend to suffer from feelings of incompleteness, fear, depression, chronic irritability, frigidity and experience partnership problems. Many women left traumatised by genital mutilation have no way of expressing their feelings and fears and suffer in silence.

4) Care of affected women

Patients with a history of genital cutting, especially infibulation, require special medical and psychosocial care and counselling, mainly concerning its physical effects (genital infections, urinary infections, sterility issues) as well as the ensuing sexual problems (sexual intercourse impossible, dyspareunia).

The working group '*Frauengesundheit in der Entwicklungszusammenarbeit – FIDE*' (Women's Health in International Development) issued a statement on female genital mutilation on behalf of the Board of the *Deutsche Gesellschaft für Geburtshilfe und Gynäkologie* (German Society of Obstetrics and Gynaecology). This statement is reflected in the following recommendations for doctor-patient contacts:

- Sensitive history-taking, if necessary with a female interpreter (in one-to-one talks and/or talks with the family). When discussing these issues with the women, the term 'female circumcision' should be used.
- Sensitive case assessment and examination.
- Specific treatment of infections.
- Removal of obstructions to blood and urine elimination.
- Depending on the extent of genital surgery, facilitating intercourse by opening the vaginal orifice under anesthesia (see item 5).
- Pregnant circumcised women with a narrow vaginal opening may have a medical need for surgical dilation already before coming to term, especially if vaginal and urinary infec-

tions have occurred in the course of pregnancy. To avoid retraumatisation due to flashbacks of circumcision, appropriate anesthesia should be opted for.

- In the course of delivery, normal childbirth should be facilitated by opening the infibulation, controlled perineal tears or episiotomy (see item 6).

5) Deinfibulation

'Opening up' of the infibulation may be medically indicated especially due to related complaints (recurrent urinary tract infections, menstrual problems), sterility due to the inability to have sexual intercourse, and sexual disorders (particularly dyspareunia). These indications are, specifically:

- patient's wishes
- difficulty voiding urine
- difficulty having sexual intercourse
- keloids forming in scarred tissue
- severe dysmenorrhoea
- recurring infections
- inclusion cysts
- childbirth.

The intervention requires specific prior counselling that addresses the medical aspects and is culturally sensitive. The intervention must be done under anesthesia to avoid flashbacks of a possible trauma.

6) Deinfibulation before or during delivery and subsequent wound management

In antenatal care, the obstetrician has to assess the extent to which genital mutilation can obstruct delivery. At this point in time, the possible need for deinfibulation during childbirth should already be discussed, whereby the medical, psychological and social aspects both of opening up and postnatal wound management must be addressed. The aim of this discussion is to have postnatal wound management restore the vaginal orifice in such a way as to prevent the problems listed under item 5.

To avoid having to perform two surgical interventions, deinfibulation should, if possible, only take place during childbirth.

Postnatal wound management is based on what has been agreed with the patient during pregnancy in respect of the opening of the infibulation and wound management after delivery. Any form of genital closing that would make medical problems such as recurring urinary infections, obstruction of menstrual discharge or difficulty having sexual intercourse likely must not be performed.

7) Legal and ethical discussion of wound management

In legal terms, a distinction is to be made between the various forms of (primary) genital mutilation and wound management. While the first is an instance of serious bodily injury, the second is a medically necessary intervention. Postnatal wound management aims to treat the raw scars and the perineal tear or episiotomy.

Like any other therapeutic treatment, the foregoing may only be done with the patient's informed consent.

Education and information are essential in treating the women affected. In addition to explaining to the woman the medical treatment in easily understandable language, the information has to appropriately consider her special situation.

If, after having been informed, infibulated women request that their physical state before delivery be reconstructed, the doctor must refuse treatment if it would obviously involve risks to the woman's health, since this would constitute an act of dangerous bodily injury, as is infibulation itself.

The doctor is obliged to treat the woman's existing wounds in such a way as to prevent any health impairment. The desired treatment outcome is the restoration of the woman's physical and psychological well-being.

8) Psychosocial counselling of women with female genital mutilation

Women who have had female genital mutilation represent a relatively small part of the residential population in Germany. Staff in the psychosocial counselling centres in place have little training and experience with the peculiar problems of women with female genital cutting. Especially in the cities, existing contact agencies (such as counselling for migrant women) should be trained for this area of conflict or new counselling centres set up that also deal with

this special problem. This requires a framework that includes both the governmental counselling centres and the voluntary, non-profit counselling centres.

9) Prevention for newborn daughters

In keeping with their cultural background, some expectant mothers wish to arrange for their newborn daughters to be circumcised, as well. This must be avoided at all costs.

Counselling of the mothers should address the medical, psychological and social effects of circumcision. Since other options of initiation into the cultural community exist, these women can be relieved of the pressure to conform to their cultural background. Delivery in a hospital may be the only opportunity for timely or preventative counselling on this issue. In the interest of newborn girls, therefore, good use should be always be made of this option.

10) Outlook

The eradication of the practice of female genital mutilation will only be feasible through political and social measures in the countries of origin.

The task of medical practitioners and psychosocial counselling centres in Germany is to provide the women with care that respects their cultural background, responds in a sensitive way and seeks to find individual conflict-solving strategies.

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