



**Peter W. Carmel, MD**  
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December 13, 2011

James W. Prescott, PhD  
Director, Biobehavioral Systems  
1140-23 Savannah Road  
Lewes, DE 19958

Dear Dr. Prescott:

Thank you for sharing your views regarding new policy on neonatal circumcision, adopted by the American Medical Association's (AMA) House of Delegates during our November 2011 meeting.

The policy of the AMA is established through a democratic policy making process in the AMA House of Delegates, which meets twice per year. Our House is comprised of physician delegates representing every state medical society, over 100 national medical specialty societies, federal service agencies, and six sections representing hospital and clinic staffs (medical students, resident physicians, young physicians, medical schools, organized medical staffs, and international medical graduates). Last month our House of Delegates adopted, by unanimous consent, new policy to "oppose any attempt to legally prohibit male infant circumcision." This policy was adopted in response to ballot and other legal initiatives that would penalize physicians who perform lawful neonatal circumcision.

This new policy is consistent with previously-adopted AMA policy on neonatal circumcision, which includes: supporting the general principles of the American Academy of Pediatrics Circumcision Policy Statement<sup>1</sup>; encouraging training programs for pediatricians, obstetricians, and family physicians to incorporate information on the use of local pain control techniques for neonatal circumcision; and urging that, as part of the informed consent discussion, the risks and benefits of pain control techniques for circumcision be thoroughly

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<sup>1</sup> Which reads in part: "Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal circumcision. In circumstances in which there are potential benefits and risks, yet the procedure is not essential to the child's current well-being, parents should determine what is in the best interest of the child. To make an informed choice, parents of all male infants should be given accurate and unbiased information and be provided the opportunity to discuss this decision. If a decision for circumcision is made, procedural analgesia should be provided."

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discussed to aid parents in making their decisions. Our House of Delegates adopted this policy in 1999 and reaffirmed it in 2009.

With regard to your request for me to publish in the *Journal of the American Medical Association (JAMA)* your petition to the World Court, I must defer this request to *JAMA*'s editorial staff. Decisions on publishing manuscripts or other material in *JAMA* are within the purview of the *JAMA* editor-in-chief, not the AMA Board of Trustees or Officers. You will find a direct link to the *JAMA* manuscript submission system at:  
<http://manuscripts.jama.com/cgi-bin/main.plex>.

Sincerely,

A handwritten signature in cursive script that reads "Peter W. Carmel, MD". The signature is written in dark ink and is positioned below the word "Sincerely,".

Peter W. Carmel, MD