

Ethical Considerations of the Medicalization of Female Genital Mutilation/Cutting

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POSTER

ABSTRACT: Female Genital Mutilation/Cutting (FGM/C) is the non-medical partial or total removal of the external female genitalia or other injury to female genital organs. Many international organizations understand FGM/C as a violation of girls' and women's fundamental human rights, and are working toward complete eradication of the practice. Although the majority of FGM/C is carried out by "traditional circumcisers," 18% of FGM/C is performed by healthcare professionals ("medicalized" FGM/C). While some scholars believe that medicalization is an effective way to mitigate the immediate risk associated with FGM/C, many international organizations, including the WHO, believe that having health care professionals perform the procedure is not only ethically wrong, but will also legitimize the practice, ultimately making eradication more difficult. The practice is already deeply entrenched in the culture and religion of many communities. Although FGM/C has no basis in Islam, religious beliefs are often used as justification for the practice, and girls are considered "unmarriageable" if they have not undergone FGM/C. Therefore, we understand that the eradication process will have to involve an attitude change by village elders, religious leaders, and community members. We argue, however, that medicalization can play a role in reducing the harm done by the practice of FGM/C while the eradication process is set in motion. Taking into account the responsibility that a physician has to "benefit the patient and protect the patient from harm", medicalization of FGM/C is an ethically permissible harm-reduction strategy when no viable options exist for immediately eliminating the practice.

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