Female Genital Cutting (Mutilation)

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RELATED TOPICS: Mandatory Reporting
LEGISLATIVE REFERENCES: Criminal Code, R.S.C. 1985, c. C-46, s 268(3), 273.3(1);
Child and Family Services Act, R.S.O. 1990, c. C.11, s.72(1).
COLLEGE CONTACT: Public and Physician Advisory Service
INTRODUCTION
Female genital cutting/mutilation (FGC/M) refers to a range of ritualistic or traditional practices involving the cutting and removal of the female sexual organs, usually of girls between the ages of four and eight. These procedures can lead to serious short and long-term health consequences, particularly during childbirth and the postpartum period.

FGC/M has become recognized not only as a health hazard and a form of violence against women and girls, but also as a human rights issue under international law.

Under the Canadian Criminal Code, the performance of FGC/M is considered to be aggravated assault; anyone who aids, abets or counsels such assault is considered to be a party to the offense; and it is prohibited to transport a child outside of the country for the purposes of obtaining FGC/M procedures.

This policy clarifies physicians’ obligations with respect to these matters.

PRINCIPLES
1. The practice of medicine is guided by the values of compassion, service, altruism and trustworthiness. These values form the basis of professionalism.
2. The physician-patient relationship is the foundation of the practice of medicine and a physician has the duty to always act in the patient’s best interest.
3. Good communication is a fundamental component of a trusting physician-patient relationship. Physicians should demonstrate cultural sensitivity in their communication with patients and their families.

POLICY
Physicians must not perform any FGC/M procedures. Further, physicians must not refer patients to any person for the performance of FGC/M procedures.

The performance of, or referral for, FGC/M procedures by a physician will be regarded by the College as professional misconduct.

Where there is doubt if a procedure is considered to be FGC/M physicians should seek advice from the Canadian Medical Protective Association and/or legal counsel.

During the course of a vaginal delivery of a woman who has been previously subjected to an FGC/M procedure, a physician may find it necessary to surgically disrupt the scar tissue resulting from the earlier procedure. In this circumstance, at the conclusion of the delivery, the physician must confine activities to repairing the surgical incision or laceration required during the delivery, and must not, for example, endeavour to reconstruct an infibulation. Wherever possible, the physician should advise the patient of this limitation prior to delivery; ideally this conversation should be had prior to pregnancy and during the course of prenatal care.

Reporting
The performance of FGC/M procedures on a female under the age of 18 by any person may constitute child abuse. Physicians who have reasonable grounds to believe that an FGC/M procedure has been performed on, or is being contemplated for, any female under the age of 18, must notify the appropriate child protection authorities, regardless of where the procedure has been or will be undertaken.

In the event that a physician has reasonable grounds to believe that another physician is performing FGC/M procedures, the matter should immediately be brought to the attention of the College. This expectation is based in professionalism and ethics, and is distinct from the legal obligations to report child abuse discussed above.

Care of Patients
As appropriate, physicians should provide culturally sensitive counseling regarding the dangers related to performing FGC/M procedures.

As part of their commitment to treat patients with compassion, physicians who encounter patients subjected to FGC/M procedures should educate themselves on the appropriate management of possible complications, in order to provide appropriate counsel and care.

3. See the CPSO’s Practice Guide at www cpso on ca under Policies and Publications.
4. Pursuant to Child and Family Services Act, R.S.O. 1990, c. C.11, s.72(1) and Criminal Code, R.S.C. 1985, c. C-46, s 273.3(1) and the CPSO’s Mandatory Reporting policy.