Legal aspects of surgery in children with ambiguous genitalia and reassuring Muslim patients

Sir,

Malaysia is a Southeast Asian country with Islam as its official religion. The freedom to practice other faiths are guaranteed in the national constitution. In a nutshell, Malaysia’s vital statistics include: 47% urban population, 2,063 people per doctor, life expectancy of 72 years, 89.3% literacy rate, infant mortality of 12, and a population growth of 2.4%. Its business profile is as follows: commodity prices inflation (CPI) of 3.4%, per-capita (GNP) gross national product of $3,530, savings of gross of domestic product GDP 34%, $171/b. GDP (PPP), and 9.3% GDP growth. About 55% of its twenty million population is being made up of Muslims. Infants and children with ambiguous genitalia are found among Muslim families as well as families of other religions or belief systems which include Buddhism, Confucianism, Taoism, Hinduism, Christianity, Sikhism, ancestor worship, free-thinkers, etc.

Although the country is determined to achieve the 1,000 people per doctor target in less than 25 years time as compared to the present ratio (see above), its general paramedical service, perinatal service and infant mortality rate is perhaps among the best ten in the whole of Asia. Village midwives associated with modern village clinics are trained to detect perinatal abnormalities. Modern clinics and hospitals having medical specialist doctors are only a few minutes flight or a few hours drive and boat ride away.

Thus only a few children grow up not knowing that they have ambiguous genitalia. Legal aspects of surgery are explained to the parents of children who have this abnormality, most likely at birth. Records have shown that most non-Muslim parents do not resist surgery (including sex assignment in hermaphrodites) for their infants and children. In fact one can safely say that convincing a non-Muslim parent is not a serious effort and responsibility. On the other hand, as an initial reaction, many Muslim parents resist these surgeries. It is not unusual to find many of them having an ambivalent attitude when faced with the possibility of having to give consent for their children or wards to undergo the necessary surgery.

Why do these Muslim parents, regardless of educational level, hesitate to give prompt consent in such a situation? The answer lies in their conviction to Islam and what they understand (even though erroneously at times) by it. In actuality, they are faced with the dilemma of either (what they perceive as) displeasing Allah by changing His creation and what He has willed through the assigning of an “acceptable” genitalia for their children, or earning the pleasure of Allah by being pleased with whatever He has willed, and leaving it at that.

As a Muslim doctor, I believe that this dilemma is a challenge for me. In offering help and explanation, the Muslim medical practitioner is able to aid Muslim parents clear the cobwebs that may persist in their minds and prolong the confusion, while he is accomplishing a sacred task in preparing young children adjust their attitude and lifestyles to their new gender roles at a very tender age. A Malay proverb well known in Southeast Asia, carries the meaning that it is best to bend a bamboo tree while it is still a young shoot. By helping these children through surgery that is lawful in Islam, is of course the best help the medical profession can offer.

In a period of almost one year, 12 parents were referred to the author for medico-religious counselling. All of them finally agreed to give consent to the required surgery. These include couples or single parents. They were briefly (with the aid of x-ray films), by the attending pediatrician and pediatric surgeon (who were both at that time non-Muslims) and the author as to the risks and requirements of the procedure.

From discussions with these parents and other specialists, Muslims or otherwise, I found that the following prerequisites are commendable in the counselling of Muslim parents faced with this dilemma. The participation of a professional Muslim coreligionist unfailingly boosts the morale of these parents. When the counsellor is a doctor (a specialist in related areas), their trust will be almost complete, although they may still want to seek the opinion of a respected religious figure. They are found to be satisfied and contented if the doctor or specialist is convincingly a practising Muslim, knowledgable in basic alim al-din (sciences of the religion), well-educated in the meanings of Quranic verses and Prophetic sayings alongside their respective exegeses, and able to discuss the minor differences in attitude of the different schools of Islamic jurisprudence pertaining to the matter at hand. Discussion with
a doctor of this calibre is sufficient enough for them.

As to the author’s counsel, they admitted that they were finally contented with the explanations and convinced by them and consulting a religious figure was eventually deemed unnecessary.

Reference


S. Mohamed Hatta
AM, MBBCh, MMed (Psych), DipIT
Lecturer & Consultant Psychiatrist
(Forensic)
Department of Psychiatry
Faculty of Medicine
Universiti Kebangsaan Malaysia
Kuala Lumpur 50300
Malaysia