**TITLE: Voultsos Ethics of reinfibulation**

**Review Comments:**

1. This paper examines ethical justifications for ‘consensual’ reinfibulation by African and Asian women who have migrated to Europe. Based on a non-systematic review of literature related to FGM/C, the paper addresses an issue that is relevant and important for a journal on bioethics/medical ethics.

2. The author provides some logical arguments in favour of his position, namely:

* The issue of wellbeing, and the possibility that a deinfibulated woman may consider her genitals no longer ‘normal’ and may experience discomfort in her body.
* The parallels between consensual reinfibulation and cosmetic surgery, both of which involve alteration to the genitals at the request of the woman.
* A possible moral distinction between infibulation and reinfibulation, if the former is considered a potentially harmful and severe alteration to the genitals and the latter is considered a restoration of the pre-existing appearance and functioning of the genitals.
* The conception of autonomy as relational rather than individualistic, implying that a woman’s autonomy may not necessarily be expressed as opposition to cultural norms, but may equally have expression in her desire to *adhere* to those norms.

Having said that, the article suffers from poor English and a haphazard structure in which the author goes off on tangents and brings in arguments that are not applicable to reinfibulation (for instance his discussions of male circumcision as a parallel for female cutting practices or FGM/C as symbolic harm are irrelevant to infibulation). Therefore, several of the author’s conclusions are not warranted. Also, an important flaw in the author’s paper is that he appears to have grossly misinterpreted some of the referenced papers (see examples ahead in comments for author) and drawn extremely incorrect conclusions from them.

3. Specific points:

**Section heading: The WHO**

In this section, the author critiques the overarching term ‘FGM’ used by the WHO. Considering that his focus is reinfibulation, and not a broad overview of female cutting practices, this critique appears unnecessary.

**Section heading: Respect for the foreign culture**

The author references Meyers’ 2003 paper, “Feminism and Women's Autonomy: the Challenge of Female Genital Cutting”, <https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-9973.00164>, in support of the argument that women who opt for FGM/C may do so autonomously. Meyers does argue that “women who resist cultural mandates for FGC do not necessarily enjoy greater autonomy than do those women who accommodate the practice,” but she goes on to say that “yet it is clear that some social contexts are more conducive to autonomy than others.” The author ignores the point that Meyers is talking about an autonomy that does not necessarily fit into the individualistic, Western construct, but is not *supporting* FGC.

In this section the author also brings in male circumcision. I quote, “In my opinion, there are no morally relevant differences between customary male circumcision and (minimal forms) of customary female circumcision.” While the argument he makes about male circumcision and female cutting practices is in itself worth reflecting upon, in the specific context of infibulation or reinfibulation, it becomes an unnecessary digression. His actual topic is not female cutting practices in a broad sense but is specifically focused on *reinfibulation* – and in this reviewer’s opinion, male circumcision cannot be considered a parallel for reinfibulation.

**Section heading: The harmfulness of reinfibulation**

In this section, the author references Johnsdotter and Essen’s 2015 paper “Cultural change after migration: Circumcision of girls in Western migrant communities,” <https://www.sciencedirect.com/science/article/pii/S1521693415001959>, and writes, “However the harms caused by infibulation are not always as significant as western societies believe.” Based on the same paper, he asserts that “Infibulated Somali immigrant women reported “overall best health.” These are problematic inferences drawn from Johnsdotter and Essen’s paper. They do mention that infibulated Somali women in Norway reported “best health,” but go on to discuss how immigration and exposure to Arab Muslims and new ideas has *changed* attitudes towards infibulation in Somali women. The same paper discusses a qualitative study that found that immigrant Somali women participants did not support infibulation, the majority calling it “barbaric, and un-Islamic.”

In the same section, based on Moxey and Jones’s 2016 paper, “A qualitative study exploring how Somali women exposed to female genital mutilation experience and perceive antenatal and intrapartum care in England,” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4716221/>, the author asserts that “One out of ten Somali women living in the UK reported that infibulation was a traumatic experience which, however, did not affect her life “afterwards”. This author seems to be using this finding in support of reinfibulation. However, this was a study done on ten women in which the one woman quoted above was an outlier because she did not experience complications. What the author ignores is that in a study with only ten participants, the other nine women had *significant* psychological and physical problems following infibulation.

Further on, the author references Knipscheer et al’s 2015 paper “Mental health problems associated with female genital mutilation,” (full text available at <https://www.researchgate.net/publication/285547821_Mental_health_problems_associated_with_female_genital_mutilation>), to assert that “Other women reported no impact (or even positive impact) of infibulations on their mental health [19].” This is a completely incorrect inference from a paper that says “A third of the respondents reported scores above the cut-off for affective or anxiety disorders; scores indicative for post-traumatic stress disorder were presented by 17.5% of women.”

Referencing Creighton and Hodes 2015 paper, “Female genital mutilation: what every paediatrician should know,” the author concludes rather obscurely, “However, these are not undoubtedly reliable studies [20].” Again, the author misunderstands the gist of the paper which argues that because of the secrecy surrounding FGC, paediatricians do not know enough about it, and there is a lack of rigorous, evidence based research.

**Section heading: Symbolic harm**

The author discusses FGM/C as a symbolic harm, but this section appears irrelevant to the focus of this paper. The author needs to consider whether a symbolic prick or cut is analogous to reinfibulation, which is a major change in how a woman’s body functions.

**Section heading: Conclusion**

The author concludes that consensual reinfibulation should be medically available in carefully screened cases, and that discomfort in the body following deinfibulation should make a case for reinfibulation.

There are also questions regarding some of his ending points, for instance, how is virtue ethics to be incorporated into principlism? He does not explain how he thinks two widely different approach