



Genital mutilation may raise awkward issues for MDs after birth

An address at a recent international conference hosted by the Federation of Medical Women of Canada was to examine vaginal delivery of women who have undergone female genital mutilation (FGM) as pre-teens. However, doctors at the meeting also discussed practical problems of vaginal delivery involving women whose vaginal introitus is essentially fused over by scar tissue.

It was after that discussion that the real challenge became evident. "What do you do after the baby is born?" one physician asked. "Do you suture the edges of the anterior incision together again?"

When the physician delivering the talk explained that she did not, *even if the woman asked*, the discomfort in the

room was palpable. For many, it was the first time they had faced the reality of FGM and it also marked the first time they realized that the immigrant women they see as patients are arriving with realities, beliefs and family hierarchies that most North Americans do not understand. FGM may horrify us, but its result is now their reality. As physicians we have to be careful that we do not hurt them more. But what does hurt more? Reversal of reality, or restoration?

There is no question that FGM is universally condemned in North America. However, the woman being delivered today was probably mutilated before reaching puberty and beginning sexual activity. She knows her body only in its mutilated form and her husband

only knows her in her mutilated form.

The general refusal to restore these women to their previous state may be based on directives from provincial colleges of physicians and surgeons. For example, FGM and restoration of mutilation after childbirth are treated together by the Ontario college: a physician involved in either procedure will be charged with professional misconduct.

The unanswered question and the challenge presented at the conference was whether the decisions being made by Canadian physicians in providing care to immigrants consider the reality of these patients' lives, or are they simply decisions based on physicians' Canadian experience of life? — *Dr. Catherine Younger-Lewis, Book Review Editor, CMAJ*