Cook, R.J., B.M Dickens and F.H. Fathalla. 2002. “Female Genital Cutting

(Mutilation/Circumcision): Ethical and Legal Dimensions.” *International Journal of*

*Gynecology and Obstetrics* 79:281-287.

Cook, Dickens, and Fathalla (2002) introduce the unknown origins of female circumcision (FC), including where it is traditionally practiced, some scope of the scale of FC, and a general overview of the categories as defined by the World Health Organization (WHO). The legislation regulating FC practices varies amongst countries, although in countries where it has been banned, it remains a prevalent cultural custom. Additionally, legislation has been enacted in Western countries in response to increased immigration of people whom have undergone and/or support FC.

Cook, et al. (2002:285) focus on the ethical responsibilities of women’s health care providers. The International Federation of Gynecology (FIGO) collaborated with WHO in 1992, officially condemning FC, deeming all forms of the practice to be “violent.” Practitioners should not condone or engage in performing FC because the implications might include the view that FC is a legitimate procedure when conducted in medical establishments. One issue practitioners may face is circumstances of women who were previously infibulated and deinfibulated when giving birth, may want to be reinfibulated. The authors take a firm position against any form of FC, but seem to be casting an imperialistic attitude. For example, they note FC is a medically unnecessary procedure that, even if no physical or psychological correlated with the practice, it would “still constitute a violation of women’s rights as innately sexual beings (Cook et al. 2002:286). How do they know this? They do not cite any evidence supporting negative side effects for women’s sexuality. If there were no negative health consequences associated with the practice, would not sexuality be inclusive?