

Press Release - The Urology Hospital in Pretoria operates in violation of human rights norms

On 7 July 2016 the SABC [aired](#) a segment on hypospadias on the show, “Morning Live”.

Hypospadias is a relatively common genital variation in which the urethral opening forms on the underside of the penis, as opposed to at the tip of the glans. The show featured Dr Kabo Ijane from the Urology Hospital in Pretoria who estimated that the trait is estimated to occur in as many as 1:150 children assigned male at birth.

Hypospadias presents along a spectrum, occurring in individuals in varying degrees. Individuals with hypospadias of all degrees, however, commonly undergo surgery during infancy or early childhood – an approach Dr Ijane strongly advocates for.

While the medical community has generally asserted that the *potential* harms to the child of failing to perform hypospadias surgery are sufficient to warrant early intervention, recent reports suggest that many individuals with hypospadias do not experience the functional and/or psychosocial difficulties commonly attributed to it by the medical sector, nor desire surgery for it.¹ This approach of treating imagined future problems rather than guarding the current physical and psychosocial wellbeing of children is nonsensical and unethical.

In addition, hypospadias surgery carries a substantial risk of significantly poor cosmetic and functional outcomes, negatively impacting sexual and reproductive health. This is confirmed by Dr Ijane’s comments, who admits that 50% of people are treated for revisions. Dr Ijane’s appreciation of the high complexity and expertise required for these surgeries and low levels of competency, while simultaneously advocating for early intervention will only increase the rate of revision. He notes that if no surgery is done “nothing really happens” in mild presentations, and goes on to assert that an individual may not even notice they have hypospadias unless its pointed out to them, but goes on to describe even these instances in pathologising terms, referring to healthy manifestations of bodily diversity as “abnormal”.

¹ See:

- Adrienne Carmack, Lauren Notini & Brian D. Earp (2015): Should Surgery for Hypospadias Be Performed Before An Age of Consent?, The Journal of Sex Research, DOI: 10.1080/00224499.2015.1066745
- Dodds, P. R., Batter, S. J., Shield, D. E., Serels, S. R., Garafalo, F. A., & Maloney, P. K. (2008). Adaptation of adults to uncorrected hypospadias. *Urology*, 71, 682–685. doi:10.1016/j.urology.2007.07.078
- Schlomer, B., Breyer, B., Copp, H., Baskin, L., & DiSandro, M. (2014). Do adult men with untreated hypospadias have adverse outcomes? A pilot study using a social media advertised survey. *Journal of Pediatric Urology*, 10, 672–679. doi:10.1016/j.jpuro.2014.01.024

While we strongly support medical procedures necessary to sustain the physical health of a child, these should in no way justify additional measures taken for cosmetic reasons. We are deeply concerned of this continuing practice of medically unnecessary and non-consensual surgeries on intersex children without full, free and informed consent, despite the clear conflict of this approach with human rights standards, condemnation from the UN Special Rapporteur on Torture², lack of alignment with medical ethics and wide criticism from intersex organisations and communities. This is particularly as the interventions are irreversible, and the psycho-social emotional consequences ineradicable.

We condemn the approach described by Dr Ijane, and his reference to Intersex traits as "intersex disorders", and advocating for early surgical interventions not only for hypospadias but for all intersex variations. The Urology Hospital, and indeed the medical sector as a whole needs to promote an approach that promotes full, free and informed consent, respect for bodily autonomy and diversity and is non-pathologising. We therefore call on the Urology Hospital in Pretoria to set a precedent and meet with civil society to develop guidelines underpinned by a framework of person-centered care consistent with human rights standards.

Issued by Joshua Sehoole, Regional Manager, Iranti-org, on behalf of the below signatories:

1. Nthabiseng Mokoena, Intersex Activist, South Africa
2. Amanda Simelane, Intersex Activist, Intersex SA
3. Bonny Noxonya, Intersex activist, Intersex SA
4. Jabu Pereira, Director, Iranti-org
5. Liesl Theron, Independent Gender Activist and Researcher
6. Prof Catriona Macleod, SARChI Chair, Critical Studies in Sexualities and Reproduction, University currently known as Rhodes
7. Transgender and Intersex Africa (TIA), Trans and Intersex Advocacy organisation, South Africa

²See

- http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf
- <http://interactadvocates.org/new-un-special-rapporteur-on-torture-report-addresses-intersex-issues-among-others/>