

I have been a GP in Manchester for over 25 yrs and confirm that use of suppositories in babies for pain/fever relief is virtually unheard of and NOT at all usual practice.

I have practised as a Mohel for 25 yrs and do circumcisions in the Jewish and wider community in babies up to 12 months old .

I have always advised that oral painkillers such as paracetamol are adequate and appropriate and never advised or prescribed paracetamol suppositories for use after baby circumcisions.

My experience of nearly 2000 cases is that babies under a few months usually don't require any pain relief after a circumcision -the younger the baby the less likely paracetamol is required and the older babies i.e. over a few months usually require 1-3 doses of paracetamol orally on the day of the circumcision.

Dr David Hibbert

Bsc MBCHB DCH DRCOG MRCCP

Medical Adviser/Trainer of the Initiation Society of Mohelim UK

GMC no 2640369

Senior Partner St Gabriels Medical Centre Bishops Rd Prestwich Manchester M25 0HT

BEZUEGL: Sorgerechtsfall Beth Schlesinger (Mutter) und Zwillingsoehne Benjamin und Samuel Schlesinger

Zur Kenntnisnahme

Wir sind britische Mediziner und wir schreiben Ihnen, um klarzustellen, wie der Gebrauch von Paracetamol Zaepfchen bei Kindern in England gehandhabt wird, und welche Auswirkungen dies auf den vorliegenden Sorgerechtsfall hat.

Wir waren schockiert und ueberrascht, zu lesen, dass die Unwilligkeit Frau Schlesingers und ihrer Eltern, ihren Zwillingsoehnen nach der Beschneidungszeremonie Paracetamol Zaepfchen als Schmerzmittel zu verabreichen, vom Richter dahingehend ausgelegt wurde, dass Frau Schlesinger die grundlegenden Faehigkeiten zu einer guten Mutter fehlen wuerden.

Ganz klar werden Zaepfchen in England und Oesterreich unterschiedlich gehandhabt. In England wuerden die meisten Eltern zoegern, Zaepfchen zu benutzen, da sie kulturell als widerlich gelten: sie koennten dem Kind physisch schaden, und ihr Gebrauch koennte sogar als Missbrauch ausgelegt werden.

Obwohl es in England Paracetamol Zaepfchen zu kaufen gibt, gebrauchen Eltern sie sehr selten. Sie werden vor allem in Krankenhaeusern verwendet, wenn Kinder aus irgendeinem Grund keine orale Medizin schlucken koennen, und dann werden sie selbstverstaendlich nur von ausgebildeten Krankenschwestern gegeben.

Gelegentlich werden Eltern von ihren Hausaerzten angewiesen, Zaepfchen auch zuhause zu verwenden, zum Beispiel wenn ihr Kind wegen Uebelkeit und Uebergeben Paracetamol nicht oral einnehmen kann. Bei dieser Gelegenheit zeigt ein Apotheker oder Arzt den Eltern, wie man Zaepfchen verabreicht.

Die meisten Eltern in England werden es nie noetig haben, Paracetamol Zaepfchen zu benutzen, und das Wissen um ihre Anwendung wird nicht als elementar betrachtet.

Allgemein wird in England nach einer Beschneidung Paracetamol Sirup verabreicht.

Wir moechten Sie gerne auf die Produktbeschreibung fuer Paracetamol Zaepfchen hinweisen, wie sie in England unter den Richtlinien fuer Arzneimittel und Gesundheitsprodukte (MHRA) <http://www.mhra.gov.uk/> aufgelistet ist.

Die Meinung ist, dass Zaepfchen bei Kindern anzuwenden sind, die Schwierigkeiten beim Schlucken von Paracetamol Tabletten oder Syrup haben. Es steht auch klar geschrieben, dass Eltern die Anweisungen des Apothekers oder Arztes genauestens befolgen sollen, oder den Anweisungen auf der Packung folgen sollen, und dass sie sich, falls sie unsicher sind, sich bei einem Arzt oder Apotheker nochmals erkundigen sollen.

Es ist unsere medizinische Auffassung, dass ein Elternteil, der in England aufgewachsen ist, mit hoher Wahrscheinlichkeit nicht gewohnt ist, mit Paracetamol Zaepfchen umzugehen, und dass Beth Schlesinger sich vernuenftig und normal verhalten hat, indem sie sich Rat bei jemandem eingeholt hat, der um die Anwendung solcher Zaepfchen Bescheid weiss.

Wir hoffen, dass unser Bericht zur Klarstellung der Dinge beigetragen hat.

Bitte nehmen Sie mit uns Kontakt auf, falls Sie noch weitere Fragen haben.

Hochachtungsvoll,

Dr. Esther Isaacson
Allgemeinaerztin

Dr. Simon Minkoff
Allgemeinarzt

A&E Department
Watford General Hospital
Vicarage Road
Watford
Herts
WD18 0HB

Tel: No 01923 217506
Office Fax No: **01923 217892**
Email:

26th December 2012

**RE : Custody Case Beth Schlesinger (mother) and twin sons
Benjamin and Samuel Schlesinger**

To Whom It May Concern,

I am a UK Medical Professional and am writing to you to clarify the use of paracetamol suppositories in children in the UK and the implications this has in the above custody case.

I was shocked and surprised to read that the inability of Mrs Schlesinger and her parents to administer paracetamol suppositories to her young twins for post circumcision analgesia was interpreted by the Judge as evidence that Mrs Schlesinger was unable to perform basic parenting skills.

There are clearly differences in the use of suppositories between Austria and the UK. In the UK the majority of parents in the UK would be reluctant to use suppositories as culturally they are considered distasteful, they may harm the child physically and there is the risk their use could be interpreted by some as abuse.

In the UK paracetamol suppositories are available to buy but are rarely used by parents. They are mainly used in hospitals when children are unable to tolerate oral medication and in this environment will be administered by trained staff.

Parents will be occasionally be advised by medical professionals to use suppositories at home, for example if the child cannot tolerate oral paracetamol due to vomiting. In this situation parents will be instructed by a pharmacist or doctor how to use them.

The majority of parents in the UK will never have the need to use paracetamol suppositories and they are not considered a core parenting skill.

Universal practice in the UK for post circumcision analgesia is paracetamol syrup.

I would like to refer you to the product literature for paracetamol suppositories available in the UK as published by the Medicines and Healthcare Products Regulatory Agency (MHRA) www.mhra.gov.uk.

The guidance is clear that they are to be used for children who find it difficult to take paracetamol tablets or syrup. The guidance also clearly states that *“if your child’s doctor or pharmacist has told you how to use this medicine do exactly as they have told you, otherwise follow the instructions. If you do not understand the instructions or are not sure ask a doctor or pharmacist.”*

It is my medical opinion that a parent raised in the UK would most probably be unfamiliar with the use of paracetamol suppositories and that Beth Schlesinger behaved sensibly and safely by seeking help from someone familiar with their use.

I hope this statement clarifies this issue.

Yours faithfully,

Dr Michelle Jacobs-Consultant in Paediatric emergency medicine
GMC 4010197

Dr. Esther Isaacson
MB ChB(Hons.) MRCP DRCOG MRCCGP

Dr. Simon Minkoff
MB ChB MRCA MRCCGP MFMLM

GMC: 6030196

GMC: 4538132

10 December 2012

**RE : Custody Case Beth Schlesinger (mother) and twin sons
Benjamin and Samuel Schlesinger**

To Whom It May Concern,

We are UK Medical Professionals and are writing to you to clarify the use of paracetamol suppositories in children in the UK and the implications this has in the above custody case.

We were shocked and surprised to read that the inability of Mrs Schlesinger and her parents to administer paracetamol suppositories to her young twins for post circumcision analgesia was interpreted by the Judge as evidence that Mrs Schlesinger was unable to perform basic parenting skills.

There are clearly differences in the use of suppositories between Austria and the UK. In the UK the majority of parents in the UK would be reluctant to use suppositories as culturally they are considered distasteful, they may harm the child physically and there is the risk their use could be interpreted by some as abuse.

In the UK paracetamol suppositories are available to buy but are rarely used by parents. They are mainly used in hospitals when children are unable to tolerate oral medication and in this environment will be administered by trained staff.

Parents will be occasionally be advised by medical professionals to use suppositories at home, for example if the child cannot tolerate oral paracetamol due to vomiting. In this situation parents will be instructed by a pharmacist or doctor how to use them.

The majority of parents in the UK will never have the need to use paracetamol suppositories and they are not considered a core parenting skill.

Universal practice in the UK for post circumcision analgesia is paracetamol syrup.

We would like to refer you to the product literature for paracetamol suppositories available in the UK as published by the Medicines and Healthcare Products Regulatory Agency (MHRA) www.mhra.gov.uk.

The guidance is clear that they are to be used for children who find it difficult to take paracetamol tablets or syrup. The guidance also clearly states that *“if your child’s doctor or pharmacist has told you how to use this medicine do exactly as they have told you, otherwise follow the instructions. If you do not understand the instructions or are not sure ask a doctor or pharmacist.”*

It is our medical opinion that a parent raised in the UK would most probably be unfamiliar with the use of paracetamol suppositories and that Beth Schlesinger behaved sensibly and safely by seeking help from someone familiar with their use.

We hope this statement clarifies this issue.

Please do not hesitate to contact us if you have any further questions.

Yours faithfully,

Dr Esther Isaacson
General Practitioner

Dr Simon Minkoff
General Practitioner

22 Aldenham Ave
Radlett Herts
GT BRITAIN
WD7 8HX

Dr Michael Ingram
MB BS DCH DRCOG MRCP FFPM
RCPS(Glas)
GMC 2723770
Tel +44 1923 857340
Email
mike@conferemceplus.co.uk

10 December 2012

**RE : Custody Case Beth Schlesinger (mother) and twin sons
Benjamin and Samuel Schlesinger**

To Whom It May Concern,

We are UK Medical Professionals and are writing to you to clarify the use of paracetamol suppositories in children in the UK and the implications this has in the above custody case.

We were shocked and surprised to read that the inability of Mrs Schlesinger and her parents to administer paracetamol suppositories to her young twins for post circumcision analgesia was interpreted by the Judge as evidence that Mrs Schlesinger was unable to perform basic parenting skills.

There are clearly differences in the use of suppositories between Austria and the UK. In the UK the majority of parents in the UK would be reluctant to use suppositories as culturally they are considered distasteful, they may harm the child physically and there is the risk their use could be interpreted by some as abuse.

In the UK paracetamol suppositories are available to buy but are rarely used by parents. They are mainly used in hospitals when children are unable to tolerate oral medication and in this environment will be administered by trained staff.

Parents will be occasionally be advised by medical professionals to use suppositories at home, for example if the child cannot tolerate oral paracetamol due to vomiting. In this situation parents will be instructed by a pharmacist or doctor how to use them.

The majority of parents in the UK will never have the need to use paracetamol suppositories and they are not considered a core parenting skill.

Universal practice in the UK for post circumcision analgesia is paracetamol syrup.

We would like to refer you to the product literature for paracetamol suppositories available in the UK as published by the Medicines and Healthcare Products Regulatory Agency (MHRA) www.mhra.gov.uk.

The guidance is clear that they are to be used for children who find it difficult to take paracetamol tablets or syrup. The guidance also clearly states that *“if your child’s doctor or pharmacist has told you how to use this medicine do exactly as they have told you, otherwise follow the instructions. If you do not understand the instructions or are not sure ask a doctor or pharmacist.”*

It is our medical opinion that a parent raised in the UK would most probably be unfamiliar with the use of paracetamol suppositories and that Beth Schlesinger behaved sensibly and safely by seeking help from someone familiar with their use.

We hope this statement clarifies this issue.

Please do not hesitate to contact us if you have any further questions.

Yours faithfully,

Dr Michael Ingram
General Practitioner

Dr Benjamin E Schreiber MB BS MA MRCP

Consultant Physician and Rheumatologist

Member of the Initiation Society

GMC 4742768

Consulting Rooms

Lyndhurst Rooms
Royal Free Hospital
Pond Street
London NW3 2QG

Wellington Diagnostic &
Outpatient Centre
296 Golders Green Road
London NW11 9PY

BMI The Garden Hospital
46-50 Sunny Gardens Road
London NW4 1RP

Appointments & Correspondence

95 Woodlands, London NW11 9QT
Tel: 020 8458 6775
Fax: 020 8929 0022
E-mail: info@drscreiber.org

20th December 2012

To Whom It May Concern:

Re: Custody Case Beth Schlesinger (mother) and twin sons Benjamin and Samuel Schlesinger

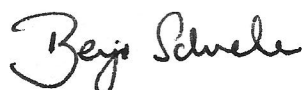
I write as a consultant physician and an experienced mohel, performer of ritual Jewish circumcision. I have read a translation of the court discussion of the events of the evening of the circumcision, highlighting the fathers' absence and the mother not being confident to insert anal suppositories.

It is not my practice, nor that of my colleagues in the UK, to recommend paracetamol suppositories after circumcision. In fact, paracetamol is not licensed in babies under three months old. That said, we do use it in small doses by mouth. Most British mothers do not use suppositories and are not familiar with their insertion. I personally recommend paracetamol by mouth and would not expect mothers to be familiar or confident to use suppositories.

On the other hand, I would absolutely expect a father to be supporting his wife and children on the night of an operation, and to rush home if they are in pain and his wife needs his support. I always advise parents to both be available to look after their children following a circumcision and I am personally struck by the fact that the father chose to leave his twins on the night of the circumcision.

I hope this helps to clarify my position as a doctor and practicing mohel.

Yours sincerely,



Dr Benji Schreiber MBBS MA MRCP
Consultant Physician and Mohel

6/171 Blair Street
North Bondi
NSW 2026

Tessa Davis
BSc(Hons), MBChB, MA, MRCPCH

GMC: 6074371
Tel:0061421132071
Email:tessadavis06@gmail.com

18 December 2012

**RE : Custody Case Beth Schlesinger (mother) and twin sons
Benjamin and Samuel Schlesinger**

To Whom It May Concern,

I am UK-trained Medical Professional (currently working in Australia) and am writing to you to clarify the use of paracetamol suppositories in children in the UK and the implications this has in the above custody case.

I was shocked and surprised to read that the inability of Mrs Schlesinger and her parents to administer paracetamol suppositories to her young twins for post circumcision analgesia was interpreted by the Judge as evidence that Mrs Schlesinger was unable to perform basic parenting skills.

There are clearly differences in the use of suppositories between Austria and the UK. In the UK the majority of parents in the UK would be reluctant to use suppositories as culturally they are considered distasteful and they may harm the child physically.

In the UK paracetamol suppositories are available to buy but are rarely used by parents. They are mainly used in hospitals when children are unable to tolerate oral medication and in this environment will be administered by trained staff.

Parents will be occasionally be advised by medical professionals to use suppositories at home, for example if the child cannot tolerate oral paracetamol due to vomiting. In this situation parents will be instructed by a pharmacist or doctor how to use them.

The majority of parents in the UK will never have the need to use paracetamol suppositories and they are not considered a core parenting skill.

Universal practice in the UK for post circumcision analgesia is paracetamol syrup.

We would like to refer you to the product literature for paracetamol suppositories available in the UK as published by the Medicines and Healthcare Products Regulatory Agency (MHRA) www.mhra.gov.uk.

The guidance is clear that they are to be used for children who find it difficult to take paracetamol tablets or syrup. The guidance also clearly states that *“if your child’s doctor or pharmacist has told you how to use this medicine do exactly as they have told you, otherwise follow the instructions. If you do not understand the instructions or are not sure ask a doctor or pharmacist.”*

It is my medical opinion that a parent raised in the UK would most probably be unfamiliar with the use of paracetamol suppositories and that Beth Schlesinger behaved sensibly and safely by seeking help from someone familiar with their use.

I hope this statement clarifies this issue.

Please do not hesitate to contact me if you have any further questions.

Yours faithfully,

Tessa Davis
Paediatric Registrar