



*Consent and Confidentiality in the Care of
Adolescents*

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Legal/Ethical Issues about Consent in Clinical Setting

- **Who has the right to make decisions about treatment?**
 - **Who can give consent and whose consent is required?**
- **Who has the right to control release of confidential information? Who can receive it?**
- **Who is financially liable for payment?**
- **How can we effectively include parents?**

Adolescent Model for Decision Making about Health Care



- **Represents a balance between pediatric and adult models (neither of which fit the teen)**
 - **Where the adolescent fits between these two depends on situation and capacity of teen**
 - **takes into account the adolescent's increasing capacity for autonomous decision making**
 - **addresses issues of confidentiality in regards to parents**

Why is it important to provide confidential care?

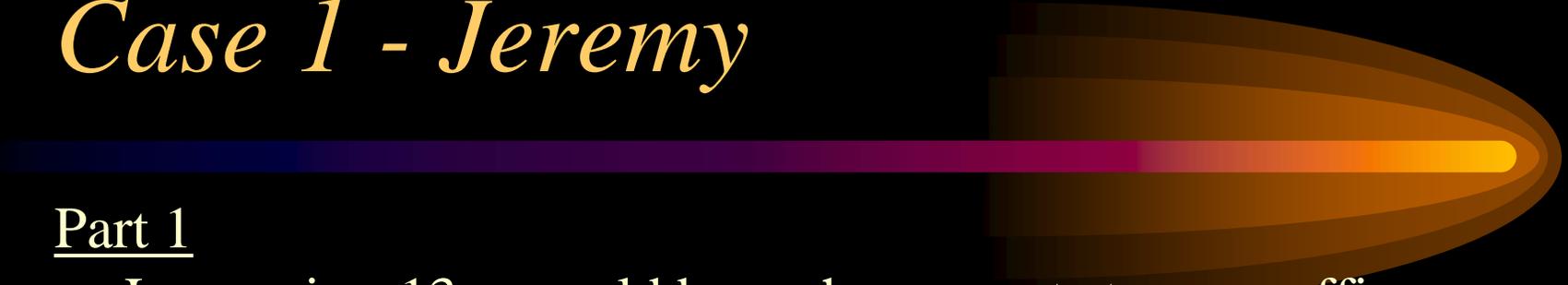
- Concerns about privacy decreases willingness to seek health care and communicate concerns.
 - 17% reported forgoing health care because of concerns that parents would “find out”
 - Assurance of confidentiality increased willingness to disclose sensitive information from 39% to 46.5%
 - 67% of teens assured of confidentiality were willing to return for future visit, versus 53% who heard no mention of confidentiality
 - Unconditional confidentiality 72% vs. conditional 72%
- Ford, CA JAMA. 1997; 278: 1029-1034

Why is it important to provide confidential care?

- Reddy et al. – Survey of family planning clinics in Wisconsin
 - One-half of single, sexually active females <18 years reported that they would stop using clinics under conditions of mandatory parental notification for contraceptives.
 - Additional 12% reported intent to delay or discontinue using specific services for STDs.
 - 1% indicated that they would stop having sexual intercourse

Reddy DM et. al. JAMA 2002; 288-710-714.

Case 1 - Jeremy



Part 1

Jeremy is a 13 year old boy who presents to your office complaining of testicular pain, and a penile drip. Based on the history and clinical findings you surmise that he has gonorrhea, complicated by epididymitis. Treatment would include Ceftriaxone (250 mg) IM, Doxycyclone 100 mg BID for 10 days, and a follow-up visit in two days to determine whether he is responding to therapy.

1.) Can you treat Jeremy without getting permission from his parents? Why? Why not
2.) Should you notify his parents of his disease or your treatment plan?

Case 1 -Jeremy

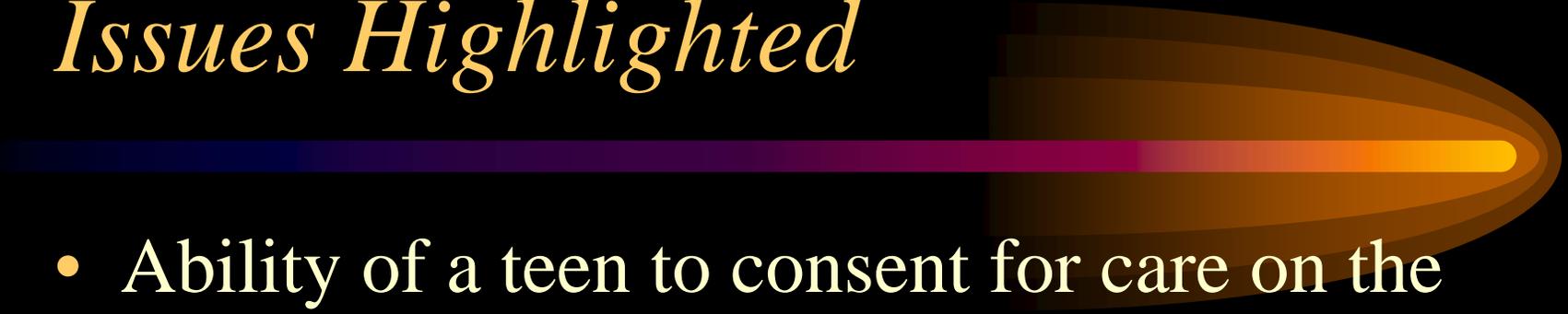


Part II

Jeremy's mother finds the bottle of Doxycycline, which has your name and number on it, so she calls to find out what kind of medicine he is on, and what you are treating him for.

1.) What do you do?

Issues Highlighted



- Ability of a teen to consent for care on the basis of type of care, not status of individual
- Teen's right to confidentiality
- Note: if < 12 yrs, need to explore issues of abuse.

Case 2 - Naomi



Part I

Naomi is a 13 year old daughter of professional parents who work at Yale. She has a private managed care insurance plan. She comes to your office for a pregnancy test, bringing her parents' insurance card.

1.) She does not wish to have her parents informed. What do you do?

Part II

Her pregnancy test is indeed positive. Based on history and clinical examination, you determine that she is approximately 7 weeks pregnant. She wishes to have an abortion. She does not wish to have her parents informed.

1.) What do you do? What factors in the history would affect your decision?

Case 2 - Naomi



Part III

Naomi has heard that there are pills that will cause an abortion. She wants to have her abortion by this procedure. You know that a group in the community is doing research on this method.

1.) Can Naomi consent to participating in this research herself, or must her parents be involved?

Part IV

On further questioning, Naomi reveals that the father of the baby is her mother's boyfriend.

1.) How does this alter your actions?

Issues highlighted



- Initial ability of a teen to consent to care on the basis of type of service (reproductive, abortion), not status.
- Research involving teens requires parental consent- consent laws do not apply.
- Mandated reporting laws.

Case 3 - Melissa



Part I

Melissa is a 16 yr. old female who has been followed at your clinic since she was 10 years old. Today, she is coming for her yearly physical and because her school notified her that her “shots are not up-to-date”. She is otherwise well. Her mother was unable to come with her today, because she could not get any time off from work, but Melissa assures you that it is “ok with my mom that I get my physical”. You are unable to reach mom by phone.

- 1.) Can you do Melissa’s yearly physical exam?
- 2.) Can you bring Melissa up-to-date on her shots?

Case 3 - Melissa



Part II

Melissa tells you that she has heard from her girlfriends that there is a new “wart and cancer vaccine”, and she would like to get it. She doesn’t know if her mother is ok with her getting it.

1.) Can you give Melissa the HPV vaccine?

Part III

In reviewing Melissa’s chart you are reminded that she has a one year old child.

1.) Does this change your decision or thinking above?

Issues highlighted



- Mature minor doctrine
- Controversy around consent for vaccines.
- Emancipated minor laws

Mature Minor Doctrines

ALL must apply

- **age 15 & up +**
- **Informed Consent capacity +**
- **low risk service +**
- **for minor's benefit +**
- **mainstream of established medical opinion**

Emancipated Minors

- **Varies from state to state**
 - **Married**
 - **Parents**
 - **In armed forces**
 - **Those living on their own**
 - **Living at home, but financially independent**
 - **Less than 18 in some states**
 - **Pregnant**

Case 4 - Tyrell



Part I

Tyrell, a 15 year old comes into the emergency department complaining of a pain in the right lower quadrant. He looks mildly distressed. A quick history is compatible with a diagnosis of appendicitis. He does not know where his mother is, and you cannot reach his father at work.

1.) Can you examine him?

Part II

You determine that Tyrell has appendicitis. He has been in the ED for 3 hours now and you are still unable to reach his parents. You are concerned that his appendix might rupture.

1.) Can you go ahead and operate?

2.) What if the diagnosis was equivocal?

Issues highlighted



- Consent for care in emergency settings.
- Definition of emergency.
- Need for documentation regarding attempt to reach parents.

Emergency Conditions

All must apply

- **A condition is present that requires prompt treatment to alleviate pain, or anything causing a child to be frightened or hurt**
- **There is immediate need for medical attention**
- **Any attempt to get consent would delay treatment AND increase risk to life or health**

What's an Emergency?

- **IF child/adolescent is in pain, frightened or upset**
- **How persistent must one be to find a parent?**
 - **Severity of the injury**
 - **The risks of intervening**
 - **Degree of resulting disability**