

# Approach to the Adolescent When can they make decisions?

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# Objectives

- Discuss general principles surrounding Informed Consent and Assent
- Discuss situations where adolescents can consent to care in an Urgent Care setting.
  - Pregnancy-related complaints and STD concerns
  - Mental health concerns
  - Parental concerns about drug use
  - Other common medical concerns

- Review general principles of consent
- Review principles and laws surrounding Adolescent Privacy and Consent
- Discuss these principles in 4 cases

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# Emily

- New provider
- 15-year-old female brought in by her mother with a complaint of nausea
- 2-3 weeks duration. No vomiting, no fever, no diarrhea, no dysuria. It tends to be worse in the morning and gets better throughout the day. She typically eats full meals at lunch and dinner, then feels very hungry, but nauseous in the morning. They've tried Maalox and Pepcid periodically but no significant change in symptoms.
- Exam - Mild epigastric tenderness
- U/A - neg



# Emily

- Urine Pregnancy Pos
- Asked patient to step out of room, spoke to her – sexually active once.
- Unsure of LMP



Emily

What would you do?



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# Emily

What would you do?

- Conversations in private – early. Make it routine.
- Consider pregnancy. Let them know.
- Develop an appropriate plan
  - Maturity, safety, follow up
  - Does not necessarily include disclosing to her mother at that moment



Emily

What if she was 13?



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Emily

What if she was 13?

You are protected, but not required to, maintain confidentiality



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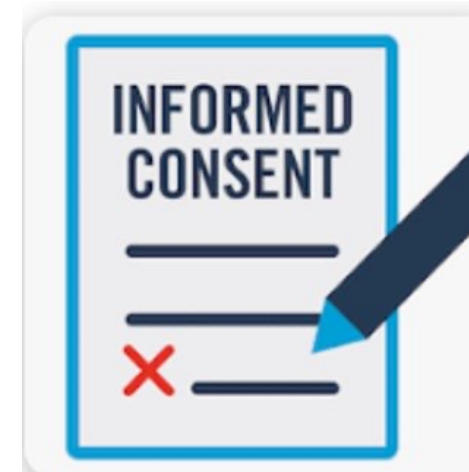


# Guidelines regarding Consent

- Informed Consent
- Assent
- Parental rights
- Emergency Care
- Adolescent Consent

# Informed Consent

- Patient (or parent/surrogate) voluntarily agrees to medical care
- Full understanding of their condition
- The nature of the proposed treatment
- The risks and benefits of the proposed treatment
- Available alternatives
- Risks of foregoing treatment
- **Assessment of patient and surrogate's understanding and medical-decision making capacity**



# Assent

- Elements of Informed Consent
- Developmentally appropriate awareness and understanding
- Capacity for understanding and decision-making
- Solicit an expression of the patient's willingness to accept the proposed care
- Parents provide informed permission with the assent of the child wherever appropriate.
- Dissent by the developmentally appropriate pediatric patient should be considered when the proposed intervention is not essential and/or can be deferred without substantial risk.



# Parents or surrogates

- While parents have the legal right to make decisions, this is not absolute. The state has an interest in protecting the child from harm.
- AAP – infants, children, and adolescents receive effective medical treatment when such treatment is likely to prevent substantial harm, serious disability, or death.

# Emergency Care

- All states, all ages
- May be treated without consent if an attempt to secure consent would delay treatment and risk the patient's life or health



# Adolescent Right to Consent

- When can an adolescent consent to or refuse care?
- What information is private and protected?



# Adolescent Privacy

- Protection of privileged and private information shared by the patient during a medical encounter as well as documented in the record during the visit.
- Adolescents are more likely to seek care if privacy is ensured



Laws vary state by state

# Adolescent Privacy

## Health Care Professionals

- Should adhere to ethical and professional guidelines
- Legal obligation to protect the confidential health information of their adolescent patient
  - When in the best interest of the patient
  - Not liable if disclosed (ex. abuse, suicide risk, homicidal threats, risk of harm)



# Adolescent Privacy

## Barriers

- Widespread use of the Electronic Health Record
- 21st Century Cures Act Information Blocking Rule
- Parents have access to the HER
- Parents responsible for Health Care Insurance



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# Adolescent Privacy

## Protections

- HIPAA laws protect social and sexual history for adolescents seeking care
- Physicians can restrict access to sensitive information while allowing other portions to be viewable by parents



Delmar D.D.

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# Adolescent consent Categories

- Diagnostic and Care
- Mature minor
- Legal emancipation

**Laws vary state by state**

# Adolescent consent laws

## Diagnostic and Care

- Sexual health
- Contraceptive services
- Prenatal care
- Access to mental health services
- Access to substance abuse treatment



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# Adolescent consent laws

## Mature minor exception

Judicial process - legal designation granted

(maturity, the social situation, gravity of the situation, et.)



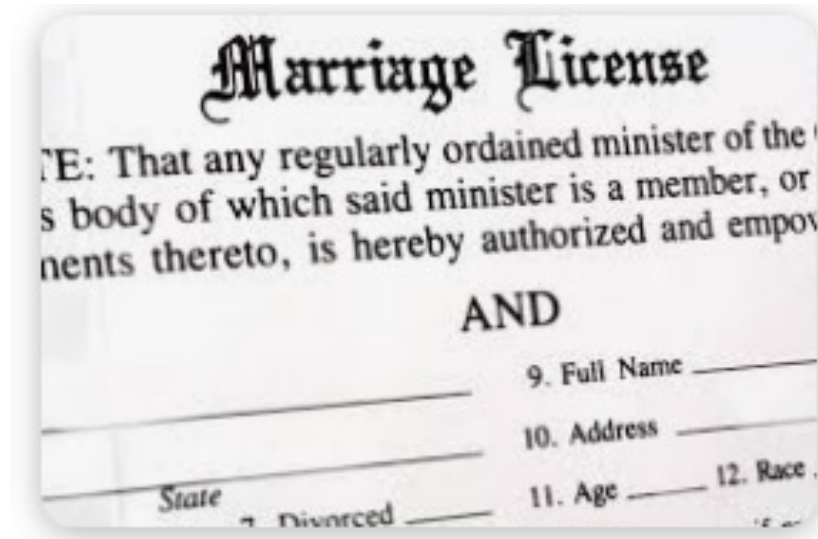
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# Adolescent consent laws

## Legal emancipation

- Living separate and self-supporting
- Married
- Active military duty
- Pregnant (most states)
- Has a child (most states)



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# Adolescent parents

Have the same rights as all parents to make decisions for their child



# Mary

- 17-year-old brought in by with mom.
- Complains of chest pain on and off for a few weeks, feeling very tired, abdominal pain such that she does not want to go to school.
- You speak to her alone and examine her. She is quiet, looks down for most of the interview, and appears sad. Her exam is normal.
- She admits to being sad and depressed. She becomes tearful. She states she was treated for bipolar illness in the past. She's not in therapy anymore nor on medications – she didn't like feeling like a zombie

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# Mary

- There are times when she thinks about not living anymore. She doesn't have a plan, but she thinks about it a lot.
- She doesn't have any friends at school and feels lonely. She feels like she's different from the rest of her family, as they all seem to have their acts together, are happy all the time, and handle problems well.
- She feels she can't talk to her family about how she feels. She feels they would be disappointed in her.
- She asks that you not tell any of this to her mom.

Mary

What would you do?

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# Mary

What would you do?

- Frequent Suicidal Ideations
- No support
- Can't ensure follow-up
- Provider obligation for safety

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# Casey

- 17-year-old presents with abdominal pain and bleeding. She recently discovered she is pregnant. Vital signs are normal. Ultrasound reveals an ectopic pregnancy.
- The physician speaks to the patient and her mother. She explains what an ectopic pregnancy is, the risk of rupture, the risk to the patient, and the fact that this is not a viable fetus.
- The patient refused treatment and says she wants to keep the baby. She and her boyfriend really want this baby. They are in love and excited to be blessed with this baby. She'll take her chances.

Casey

What would you do?

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# Casey

What would you do?

- Safety
- Medical Decision-Making Capacity
- Involve Family/Supports
- Time
- Legal resource if needed

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# Bobby

- 15-year-old boy presents with a concern by mom of sleeping a lot.
- No fever, no weight loss, no constitutional symptoms
- Wakes up at 6am daily for school. Has soccer practice after school, then hangs out with friends after school. Comes home and sleeps from 6-9 weekly. Then eats dinner and stays up until midnight doing homework. Sleeps on weekends when he's not playing soccer or hanging out with friends
- Mom asks to speak outside of the room. Informs you that she smelled weed in his room and is worried that he is doing drugs and that's why he's sleeping. She's requesting that you do a urine drug screen. Tell him you're checking for infection.

# Bobby

- Speak to Bobby alone
- No concerns for mental health illness at all.
- No suicidal ideations
- He states he smokes weed – does not want his mom to know –doesn't do any other drugs.
- You ask if he would consent to a drug screen – he says I know that's what my mom wants – she's a stinkin' Witch - she gets on my nerves. I can't wait to go to college and get out of that house.

Bobby

What would you do?

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# Bobby

What would you do?

- No mental health concerns
- Safe. No risky behaviors
- He has the right to confidentiality and refusal
- Family support

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# How you can drive change:

- Be familiar with general principals of consent
- Be familiar with general principals regarding adolescent privacy and consent. Know and respect what they can consent to and what they cannot. But you need to keep them safe.
- Be familiar with your state laws
- AAP – links to each state

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What would have made this **content** better?

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Thank you!



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