

Limiting Confidentiality of Adolescent Health Services

What Are the Risks?

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IN THIS ISSUE OF THE JOURNAL, REDDY AND COLLEAGUES¹ describe the potential consequences of limiting confidential health care on adolescent girls' willingness to use family planning services for prescription contraception and sexually transmitted infections (STIs). Although the study results do not challenge the value of effective communication between parents and children about sensitive issues, including sexuality, they highlight the risks associated with mandating parental involvement in adolescent health care. Moreover, the research findings will help to inform the debate about privacy and minors' access to health care.

A substantial proportion of sexually active adolescent girls who seek health care for prescription contraceptives or services related to STIs are likely to request that their parents not be informed. Defining the physician's role in this situation can be complex. In deciding whether to offer confidential care, physicians must take into account factors such as the patient's chronological age, cognitive and psychosocial development, exposure to abuse or exploitation, other health-related behaviors, and prior family communication. Physicians are also guided by the policies of professional organizations that often support the provision of confidential health care to minors who request privacy for a broad range of health services, including STI treatment, contraceptive care, outpatient mental health services, and outpatient substance abuse services.² Confidentiality in adolescent care has been justified from a developmental perspective based on adolescents' need for increasing autonomy as they approach adulthood and their increasing capacity to give informed consent. Confidential care also is justified by a desire to safeguard public health and the health of adolescents who might not seek care for important concerns if their privacy were not protected.

A legal framework developed in the United States throughout the past 3 decades supports the provision of confidential health care to minors in many circumstances.³ Even the laws that seek to balance confidentiality for adolescents with parental access to information have generally granted discretion to physicians to determine when disclosure to parents

is warranted, rather than mandating parental notification outright.^{4,5} Recently, however, there have been numerous attempts to limit minors' access to confidential services for sensitive health care issues through proposals to mandate either parental consent or parental notification.³ Although many of these attempts have focused on minors' access to contraceptive services, they have also included broad attempts to repeal minor consent laws or to expand parents' access to medical information about confidential services.³ As these initiatives are considered by legislatures, courts, and administrative agencies, defining the risks of limiting adolescents' access to confidential health services is important.

Research has demonstrated that even though confidential health services are theoretically now available to most minors, adolescents report that concerns about privacy limit their health care use. In 2 large nationally representative surveys, approximately one quarter of middle school and high school students reported that they did not seek health care they needed.^{6,7} Klein et al⁶ found that 35% of students who did not seek care reported one reason was "not wanting to tell their parents." In regional studies, the proportion of adolescents who report that they would forgo care for contraception, STIs, substance use, or mental health concerns because of fears about parental notification is higher.⁸ When adolescents with privacy concerns do seek health care, many may delay obtaining care,⁹ preferentially choose sites that offer confidential care (such as family planning clinics),^{10,11} and limit their communication with physicians about sensitive health topics.¹² If adolescents' access to confidential care for sensitive health issues were significantly limited or eliminated, privacy concerns would likely have an even greater impact on adolescents' use of health care.

Reddy and colleagues¹ confirm the negative impact that mandated parental notification is likely to have on health care use among adolescents with concerns related to sexual behaviors. More important, their findings provide an indication of the potential magnitude of negative outcomes. Essentially one half of single, sexually active girls younger than 18 years who were surveyed in family planning clinics in Wisconsin reported that they would stop using the clinics

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under conditions of mandatory parental notification for prescription contraceptives. Subsample analyses showed that these girls would use less effective contraceptive methods or no contraception at all. An additional 12% reported that they would delay or discontinue use of specific services such as health care for STIs. Only 1% indicated that they would stop having sexual intercourse. Although age and race influenced results, the proportions of adolescent girls who reported that they would stop or alter their use of sexual health care services under conditions of mandatory parental notification were remarkably high across all groups.

If the majority of adolescents receiving confidential health services in family planning clinics were to modify their use of or stop seeking services, the impact on rates of teen pregnancy and STIs would undoubtedly be substantial. Prescription methods of contraception are associated with lower rates of pregnancy compared with nonprescription methods.¹³ Sexually active adolescent girls are usually screened for chlamydial infection during family planning evaluations for prescription contraceptives, which is an important strategy to reduce rates of this common and often asymptomatic curable STI and prevent pelvic inflammatory disease. Adolescents who have symptoms or are worried that they may have an STI need to be evaluated and treated if infected. These services should be widely available and provided confidentially, if needed, in family planning and traditional health care settings.

Support for confidential services is often perceived as precluding efforts to strengthen parent-teen communication, but that perception is erroneous. There is no reason that efforts to strengthen communication between adolescents and their parents cannot take place even though confidential health care is available to adolescents who need or want it. Although linking parent-adolescent communication with reduced adolescent sexual risk taking is complex,¹⁴ there is widespread consensus that communication between adolescents and their parents about sexual decision making is important. Professional organizations suggest that physicians encourage parental involvement,^{2,15,16} which may include reinforcing parents' responsibility to talk with their children about sexuality, exploring with adolescent patients the potential advantages and disadvantages of discussing sexual decision making with their parents, and encouraging or offering to facilitate parent-teen communication.

Acknowledging that not all parents and teens will be able to communicate effectively and that some adolescents will not seek some services without assurance of privacy protection, professional organizations also support the availability of confidential adolescent health services within existing legal frameworks.^{2,15,16} Recently, professional health care organizations have supported provisions of the new federal medical privacy regulations that protect minors' privacy when they are legally authorized to consent to their

own health care.^{17,18} One of the primary rationales for doing so is that such protections are necessary to encourage adolescents to seek care that is essential to protect their health. The risks of limiting adolescents' access to confidential health care through mandatory parental notification, or any other mechanism, are high. The greatest risk is that adolescents who need health care will not receive it and will experience preventable negative outcomes, endangering their own health and often the public health as well. This outcome is not in the best interest of adolescents, their parents, or professionals dedicated to preserving the health and well-being of this age group.

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