



The Royal Australasian
College of Physicians

Confidential Health Care for Adolescents and Young People (12–24 years)

A number of different terms are currently used in the medical literature when referring to adolescents. These include young adults, young people and youth. For the purposes of simplicity and consistency, the term “adolescent(s)” will be used throughout this document.

This policy statement is aimed at all primary, secondary and tertiary care physicians and paediatricians who consult with adolescents. The aim of the policy is to ensure that, where appropriate, confidentiality is assured to adolescents in order to enhance their access to health care, their engagement with health professionals, and their health outcomes.

This policy is not a “how to” guide but should be read in conjunction with other RACP policy papers of relevance to adolescents (e.g. Routine Adolescent Psychosocial Health Assessment) and those that relate to ethics and professional conduct (e.g. Ethics - a manual for consultant physicians).

Background

The ethical principle of confidentiality lies at the core of the doctor-patient relationship. In early childhood, parents are for the most part responsible for their children’s health care. As children mature through adolescence, they gradually acquire an increased capacity for decision-making and for taking responsibility for their health. This is typically accompanied by a greater desire for privacy.

Evidence suggests that concerns about confidentiality can act as a barrier to accessing health care services, particularly in relationship to aspects of sexual health care, mental health care and substance use.¹ Nearly 1 in 5 adolescents report having foregone health care because of concerns about their parents finding out.² Adolescents are also more likely to disclose information about behaviours that involve health risk and are more likely to return for review if they know that their concerns will not be revealed to their parents or others.³ Importantly, 60% of adolescents reported they would stop using sexual health services or delay seeking testing or treatment for sexually transmitted infections were their parents notified.⁴

Confidentiality is an ethical and legal right for the adolescent patient who is sufficiently competent to make his or her own medical decisions.⁵ The exceptions to this are broadly similar to those for adult patients. These are:

1. The adolescent consents to disclosure.
2. The adolescent is at risk of harm or of harming others
 - a. They are at serious risk of self-harm

- b. They are at risk of or the victim of physical or emotional abuse
 - c. They are at imminent risk of harming others
 - d. Some disorders such as psychosis, may need special consideration about the risk of harm and therefore the need to inform others
3. Legal requirement for disclosure
- a. Court proceedings
 - b. Notifiable diseases
 - c. Blood testing for alcohol or other drugs
4. It is necessary for the adolescent's well-being
- a. Urgent communication in an emergency
 - b. Communication between members of a treating health care team.

There is a balance to be achieved between an adolescent's right to confidential health care and a parent's right to be informed. It can be argued that the law is more protective of ensuring adolescents' access to confidential health care than it is of promoting parents' access to information about their children's health. However, it is important to appreciate that applying the principles of confidentiality in consultations with adolescents can be achieved while simultaneously encouraging adolescents to share important information with their parents, where appropriate. In many cultures the importance of the wellbeing of the family unit must be considered. Health practitioners need to be aware of these cultural needs and should discuss them with the adolescent.

Australian states and territories and New Zealand have slightly different laws in relationship to privacy, confidentiality and mandatory reporting. In Australia, adolescents are able to apply for an individual Medicare card from the age of 15 years. In New Zealand there needs to be special care taken to ensure that bills are sent to the address the adolescent chooses. It is of note that the recent Youth07 survey in New Zealand showed that among high school students who had accessed health care in the last 12 months, only one-third reported having the chance to talk with a doctor or other health professional in private and only 45% had been assured that their health care services would be confidential.⁶

Principles

As adolescents mature, they desire and deserve greater privacy in all matters including health care.

The provision of confidential health care underpins the provision of quality care to adolescents. It is important in the development of a trusting relationship between an adolescent and a clinician and provides the context in which effective assessment, screening and therapeutic interventions can occur, such as routine psychosocial assessment.⁷

The provision of confidential health care is an ethical and legal right for competent adolescents.

Competence is determined by clinical judgment of the adolescent's stage of development and their ability to understand what is being discussed, in the context of the relevant local or national legislation. It is primarily a clinical decision.

There are specific situations in which confidentiality might need to be broken. These situations include but are not restricted to: danger of being harmed; danger of harm to themselves; or danger to others.

Positive, empathic and supportive relationships between adolescents and their parents or caregivers support healthy development and promote resilience. Health professionals will always be mindful of the family, school, community and cultural context of the adolescent with whom he or she is consulting.

Recommendations

1. Health care professionals and others who they supervise or work with (e.g. receptionists, hospital administrators) should be knowledgeable about the ethical and legal frameworks that support the provision of confidential health care to adolescents in their jurisdiction.
 2. Health care professionals should ensure that state or national laws that support the provision of confidential health care to adolescents and young people are put into practice, regardless of the clinical setting.
 3. When adolescents are accompanied by parents or carers, health care providers should consider consulting with adolescents alone for part of each consultation.
 4. Health care professionals are able to assess the competency of an adolescent to give consent or not to share information with others.
 5. Health care providers regularly review their administrative procedures such as scheduling, billing, patient reminders and clinical record keeping to ensure that the confidentiality and privacy of adolescents are protected.
 6. Health care professionals support respectful communication between adolescents and their parents or guardians, taking into consideration the diversity of the adolescent's family and cultural backgrounds.
 7. The RACP advocates for the rights of adolescents to confidential health care within the context of families, communities, governments and legal systems.
 8. Australian health care providers are encouraged to advise adolescents that, in line with Australian law, they can obtain their own Medicare card once they turn 15 years of age.
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6. Adolescent Health Research Group. *Youth'07: The Health and Wellbeing of Secondary School Students in New Zealand. Initial Findings*. Auckland: The University of Auckland; 2008.
7. Royal Australasian College of Physicians Policy Statement. *Routine Adolescent Psychosocial Health Assessment*. Sydney: Royal Australasian College of Physicians; 2008 (www.racp.edu.au).

Suggested Further Reading

Guidelines for Ethical Relationships between Physicians and Industry
(www.racp.edu.au/page/policy-and-advocacy/ethics)

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New Zealand Privacy Code information (www.privacy.org.nz)

Authorship

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