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Confidentiality for Adolescents Seeking Reproductive Health Care in Lithuania: The Perceptions of General Practitioners

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Abstract: Confidentiality is a major determinant of the accessibility and acceptability of sexual and reproductive health care for adolescents. Previous research has revealed that Lithuanian adolescents lack confidence in guarantees of confidentiality in primary health care settings. This study aimed to assess the factors that affect general practitioners' decisions whether to respect confidentiality for Lithuanian adolescents under the age of 18. Twenty in-depth interviews were carried out with a purposive sample of general practitioners. The decision whether to respect confidentiality was found to be influenced by external forces, including the legislative framework and societal attitudes towards adolescent sexuality; institutional features in clinical facilities, such as the presence of a nurse during consultations and the openness of the medical record filing system; and individual factors, including GPs' relationships with adolescents' families and their personal attitudes towards sexual and reproductive health issues. The findings reflect the urgent need for a comprehensive policy to ensure adolescents' right to confidentiality in Lithuanian primary care settings, including legislative reforms, institutional changes in health care settings, professional guidelines and (self-)regulation, and changes in medical training and continuing medical education. Other ways to safeguard confidentiality in adolescent health services, such as establishing youth clinics, should also be explored. © 2006 Reproductive Health Matters. All rights reserved.

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CONFIDENTIALITY within the doctor-patient relationship influences adolescent uptake of sexual and reproductive health care, as well as the quality of the medical encounter and continuity of care.¹⁻⁴ Often perceived as a controversial issue, confidentiality in adolescent sexual and reproductive health care is protected by international legal instruments.^{5,6} Although such instruments are often legally enforceable, many health systems fail to live up to this commitment.⁷

Surveys in Lithuania show an early onset of sexual activity. The mean age at first sexual intercourse reported in the Health Behaviour in School-Aged Children study among 15-year-olds was the lowest in the countries in the Americas and Europe that took part: 13.5 years for boys, 13.6 years for girls (compared to an average of 14.0 years and 14.3 years respectively).⁸ A cross-sectional study of 1,271 pupils from secondary and vocational schools in Kaunas, Lithuania, aged 13-19, revealed that young people needed

counselling on sexual issues and perceived physicians to be the most reliable source of such information.⁹ However, young people avoided medical consultations, citing lack of confidentiality as a major reason. Only 32% of respondents believed that primary health care providers would assure confidentiality in contraceptive counselling, while only 18.9% expressed trust in confidentiality for sexually transmitted infection (STI) consultations.⁹ A qualitative study in 2003–04 revealed that Lithuanian patients who are minors (under age 18)¹⁰ are largely unaware of their right to confidentiality in health care, nor do they think that the institutional features of the health care system help to protect their confidentiality.¹¹

Sexual and reproductive health care in Lithuania was traditionally provided by gynaecologists. After the collapse of the Soviet system, the country's health system was reformed to develop a primary care network, giving the population free access to general practitioners (GPs), to whom a gatekeeping function was assigned.¹² Sexual and reproductive health services – contraception, treatment of sexually transmitted diseases (STDs) and care of uncomplicated pregnancies – was entrusted to GPs.¹³ Since general practice had not existed in the highly specialised Soviet health care system, the lack of GPs was covered by retraining of district paediatricians and district internists, some of whom were close to retirement age.

In a representative survey of 419 primary health care providers in Lithuania, physicians gave their own guarantee of confidentiality for adolescents a high rating. Seventy-two per cent reported that they would assure confidentiality when adolescents consulted them about contraception, and 52.6% when adolescents consulted them on STIs. Higher levels of protection of confidentiality for under-age patients were reported by providers who were younger, those who were more knowledgeable about sexual and reproductive health issues and those who had positive attitudes towards adolescent sexual and reproductive health needs.¹⁴

Minors' lack of trust in medical confidentiality may be symptomatic of general difficulties that Lithuanians have encountered with lack of protection of medical information under the post-Soviet health care system¹⁵ and professional shortcomings in delivering adolescent health services that touch on socially sensitive issues. Reproductive rights are controversial in

Lithuania, and efforts to promote them have attracted opposition from conservative strata of the population.¹⁶ The Catholic church, a traditional opponent of such rights, has also become increasingly influential since the collapse of the Soviet regime. Efforts to strengthen adolescents' right to confidentiality in health services are portrayed in the mass media as a threat to family cohesion (“As parents, we would not know about the most important issues”) and healthy development (“Adolescents would seek to dissociate themselves from their parents and could ‘safely’ use drugs, receive abortions, etc.”).¹⁷ A law ensuring the protection of reproductive rights and emphasising the importance of a youth-friendly approach when providing sexual and reproductive health care to minors, developed with professional societies and interest groups, was voted down by Parliament in 2002.¹⁸

Legal instruments that support adolescents' right to confidentiality in health care

The United Nations Convention on the Rights of the Child,⁵ which addresses the rights of individuals younger than 18, stresses children's right to health care, including sex education and family planning services, and highlights every country's responsibility to ensure such access. The Convention also stresses parents' duty to care for their children and to acknowledge in doing so their children's “evolving capacities”. Cook and Dickens have stated that parental over-protectiveness can hinder adolescent development, mentioning also that, “in requiring legal respect for adolescents' evolving capacities, the Children's Convention sets legal limits to inappropriate, obstructive and dysfunctional parentalism”.⁷

In Lithuania, the formulation of the Law on the Rights of Patients and Compensation for Health Damage¹⁹ was influenced by the Declaration on the Promotion of Patients' Rights in Europe²⁰ and other international obligations.²¹ According to Lithuania's Law on Protection of Children's Rights,¹⁰ every person younger than 18 has the right to services for disease prevention, quality health care and health promotion, including the right to health information and education. The state covers the cost of these services for those under 18, as stipulated by the Law on Health Insurance.²²

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