Abstract:

Adolescents frequently use the emergency department (ED) for care; and those who seek access to care in EDs tend to report high rates of substance use, physical or sexual abuse, risky sexual behaviors, and mental health problems. Therefore, the ED functions as a strategic venue for behavioral health screening and interventions. However, to effectively screen for sensitive health conditions, privacy and confidentiality must be optimized, which can be particularly challenging in the ED setting. Given that adolescents in the ED represent a high-risk population, it is imperative that providers develop understanding and competency in strategies to effectively and confidentially obtain sensitive health information.

Keywords:

adolescents; emergency department; confidentiality; consent; behavioral risk

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Communicating With the **Adolescent:** Consent and Confidentiality Issues

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dolescents comprise the healthiest age group in the nation, with comparatively lower rates of acute and chronic conditions and high self-reported health status. 1 Although relatively healthy, teens face considerable potential risks to their well-being from mental health disorders, sexual and physical violence, and risky behaviors, including substance use and unprotected sexual activity. Adolescence is a critical period of opportunity for initiating and developing positive health behaviors that can last into adulthood. Unfortunately, there exist many barriers to health care access for this age group. These barriers include lack of insurance, transportation difficulties, limited primary care facilities with weekend and evening hours, costs, and lack of provider knowledge and comfort with adolescentspecific health issues. Furthermore, privacy and confidentiality are of particular concern to adolescents, as maintaining confidentiality is critical to address many of these sensitive and potentially stigmatizing health issues.

ADOLESCENT EMERGENCY DEPARTMENT UTILIZATION

Emergency departments (EDs) serve as a key point of health care access to care for many adolescents, as they account for 15% of all ED visits or almost 15 million ED visits annually. Nationally, more than 20% of the ambulatory care visits by adolescents are

TABLE 1. Overview of state minor " consent laws. 29				
Contraceptive Services	STI Services	Prenatal Care	Medical Care for a Child	Abortion
26 states & District of Columbia (DC) allow all minors to consent 20 states allow only certain categories of		2 states & DC explicitly allow minors to consent 4 states allow a minor who can be considered	30 states & DC allow all minor parents to consent to medical care for their child 12 states have no relevant policies	2 states & DC explicitly allow all minors to consent for abortion services 21 states require at least 1 parent's consent
minors to consent 4 states have no relevant policies		"mature" to consent 13 states have no relevant policies		13 states require prior notification of at least 1 parent 5 states require both notification of and consent for 1 parent 6 states have parental involvement laws that are temporarily or permanently enjoined 5 states have no relevant policies

TABLE 1. Overview of state minor a consent laws. 28

made to hospital EDs² and frequently for nonurgent complaints.³ Furthermore, studies reveal that adolescents who use EDs for their usual source of health care have riskier behaviors than adolescents who have access to primary care. Specifically, adolescents who use the ED as their usual source of health care are more likely to report substance use, physical or sexual abuse, riskier sexual behaviors, and mental health problems.^{4,5} Because EDs provide anonymity, many adolescents may prefer to seek care in EDs rather than with their primary care providers, especially for sensitive health concerns.

Emergency Department Utilization by High-Risk Youth

Research demonstrates that EDs provide care to a particularly high-risk adolescent population. Half of adolescents accessing the ED for care report being sexually experienced, and rates of sexually transmitted infections (STIs) among adolescents in the ED range from 6 to 25%. 6-9 Others have found an almost 20% pregnancy risk among female adolescent ED patients. 10 Substance use and misuse are also prevalent among an adolescent ED population. One study noted that of almost 1500 surveyed adolescents in the ED, almost half reported substance misuse within the last 6 months. 11 Furthermore, violence, including dating violence, is another public health issue relevant to an adolescent ED population. There are more than 300000 visits to EDs by pediatric patients for assault-related injuries

annually. ¹² Among almost 700 assault-injured youth surveyed in an ED, almost 25% reported firearm possession. ¹³ Studies have documented rates of dating violence between 10 and 50%. ^{14–17} There is also a high prevalence of depression among adolescents using the ED, even among those who are not presenting for psychiatric-related concerns, with rates ranging from 20 to 30%. ^{15,18}

Because of the high prevalence of behavioral health risks among adolescent youth in the ED, it is imperative that ED providers develop understanding and competency in strategies to effectively and confidentially obtain sensitive health information. It is also important the providers understand the limits of confidentiality, and local confidentiality laws and their individual hospital policies.

IMPORTANCE OF CONFIDENTIALITY IN ADOLESCENT HEALTH CARE

Confidentiality refers to the protection of privileged and private information shared during a health care encounter and in medical records about the encounter. ¹⁹ There are numerous reasons why it is important to maintain confidentiality in the delivery of health care services to adolescents. Confidentiality is often needed to facilitate adolescents seeking necessary care and also in providing accurate, candid, and complete health information. Confidentiality concerns are heightened during adolescence, and these concerns can be a critical barrier to adolescents in receiving appropriate

^a Note: minor defined as age 12 years and older.

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