Adolescent Confidentiality and Women's Health

History, Rationale, and Current Threats

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KEYWORDS

- Adolescent • Adolescent development • Adolescent health services
- Confidentiality/legislation and jurisprudence • Health services accessibility
- Patient rights/legislation and jurisprudence

KEY POINTS

- Consent and confidentiality are core components of adolescent health care.
- Legal and ethical precedents support autonomous adolescent decision making.
- Nurses must understand complex confidentiality and mandatory reporting regulations in their settings.
- Electronic health records and billing systems can improve or compromise confidentiality, and nurses should be aware of their own systems' capabilities and safeguards.
- Title X funding may be the only source of confidential reproductive care in some states.

An adolescent woman's access to confidentiality or privacy in reproductive care and her ability to consent to or make autonomous decisions about reproductive care and related emotional issues are core issues in her overall access to preventive care. This article reviews current statistics related to sexual activity and other adolescent risk issues and reviews the legal and ethical background to adolescent consent and confidentiality. Recent advances in neuroscience, electronic health records (EHRs), and funding streams for reproductive care that improve or impede confidential access to care are reviewed, with recommendations for nurses working with adolescents.

PROFESSIONAL ORGANIZATIONS AND CONFIDENTIALITY

The World Health Organization,[1] the United Nations Children's Fund,[2] the American Academy of Pediatrics,[3] the Association of Women's Health, Obstetric and Neonatal

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Nurses,[4] and the Society for Adolescent Health and Medicine[5] all have policies supporting adolescent confidential access to reproductive health services (Table 1). In addition, *Bright Futures,*[6] published by the American Academy of Pediatrics, with partial support from the US Department of Health and Human Services and input from nursing, sets guidelines for pediatric and adolescent services. The 4th and current edition of *Bright Futures* recommends that pediatric practices develop formal confidentiality policies, which are explained to parents and to children by ages 7 to 8, and, that starting before or at the 12-year-old well-child visit, early adolescents should have dedicated time with their pediatric provider, without a parent in the room. *Bright Futures* also recommends discussions about sexual attraction, advantages of delaying sexual activity, contraception, sexually transmitted infection (STI) prevention and screening, and specific care for youth who are lesbian, gay, bisexual, transgender, questioning, or gender nonconforming.[6]

LEGAL AND ETHICAL ISSUES UNDERPINNING ADOLESCENT CONFIDENTIALITY

Until the twentieth century, children in the United States were considered "chattels" of their parents, without independent rights.[7] The concept of a mature minor, able to understand and consent to some medical procedures, evolved in the 1970s and 1980s. In 1967, the Supreme Court recognized that the due process clause of the 14th Amendment to the Constitution applied to children as well,[8] and by the late 1970s, several Supreme Court rulings acknowledged a right to privacy for adolescent consent to contraception and abortion.[7] Court rulings generally do not specify the determinants of whether a particular minor is mature enough to consent, although subsequent laws may specify a minimum age.[7,9] Twenty-six states allow minors to consent to general medical care if they are living apart from parents, either because of explicit law or because the state allows minors to consent to some or all medical care.[9,10] Minors may be considered to have many rights of adulthood, or emancipation, depending on the state, if they are married, if they are serving in the military, if they have gone to court seek emancipation, or in some states by declaration of parents.[9] In general, the mature and emancipated minor laws are exceptions, because US legal policy recognizes that human rights belong to adults rather than children, and this legal tradition may explain some of the resistance to the international Convention on the Rights of the Child,[2] which the United States has never ratified[10] (see Table 1).

Nursing articles about adolescent confidential services[11–13] have stressed principles of biomedical ethics,[14] such as autonomy, nonmaleficence, beneficence, and

Table 1
Adolescent confidentiality policies

Organization	Year of Publication
Association of Women's Health, Obstetric and Neonatal Nurses http://www.jognn.org/article/S0884-2175(15)30258-6/pdf	2010
American Academy of Pediatrics http://pediatrics.aappublications.org/content/138/2/e20161347.long	2016
Society for Adolescent Health and Medicine http://www.jahonline.org/article/S1054-139X%2804%2900086-2/fulltext	2004
World Health Organization http://apps.who.int/iris/bitstream/10665/102539/1/9789241506748_eng.pdf	2014
United Nations Children's Fund Convention on the Rights of the Child http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx	1989

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