

## ORIGINAL RESEARCH

# Adolescents' Right to Participate: Opportunities and Challenges for Health Care Professionals

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### Abstract

**BACKGROUND** Health care professionals and patients are partners in health care delivery, and this partnership is critical in the treatment of adolescents. International children's rights law establishes that all children have a right to participate in decisions that affect their lives. Fulfillment of that right is as critical in health care settings as any other area of children's lives.

**OBJECTIVES** In this article we examine the right to participate under international children's rights law, its relevance to health care settings, and how health care professionals can foster adolescents' participation to fulfill children's rights and improve health care outcomes.

**FINDINGS** The Convention on the Rights of the Child establishes a legal mandate—where ratified—that adolescents have the right to express their views in health care settings and that such views must be given due consideration. In many health care settings, adolescents are not adequately consulted or have limited opportunities to express their views. A review of research finds that both processes and outcomes can improve when youth participation is cultivated.

**CONCLUSIONS** Health care providers and organizations have numerous opportunities to cultivate adolescent's participation rights and in doing so improve health care delivery and outcomes. Health care providers and organizations should further develop structures and processes to ensure opportunities for children and adolescents to be heard on matters relevant to their health care and health status. Creating opportunities for adolescents to realize their right to participate means engaging youth at every stage in the process, beginning with the design of such opportunities. It also means addressing all aspects of health care, from the built environment to patient-provider communication to follow-up services, so that the entire process fosters an environment conducive to meaningful participation by adolescents.

**KEY WORDS** adolescent, children's rights, health care, health care professionals, human rights, participation, rights.

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## INTRODUCTION

Article 1 of the Universal Declaration of Human Rights proclaims that “All human beings are born free and equal in dignity and rights.” Today the idea that every individual has rights is uncontroversial. Application of that concept to children, however, has been met with greater skepticism. Childhood is seen as dif-

ferent. Legal and cultural views of children have evolved from early constructs that deemed children to be property of their father, to late 19th century ideas that children are a special population in need of protection, to more recent recognition that children are rights holders.<sup>1</sup>

This “age of rights” for children commenced with the adoption of the United Nations (UN)

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Convention on the Rights of the Child (CRC) in 1989.<sup>2</sup> This comprehensive treaty on children's rights is the most widely accepted human rights treaty in history. Every country in the world except the United States has ratified the CRC.<sup>3</sup> Among its core principles, the CRC establishes that every child has a right to be heard and to participate in decisions that affect her or his life.<sup>4</sup>

Implementation of children's right to participate confronts not only philosophical resistance but also practical considerations. The developmental nature of childhood fits awkwardly with a liberal notion of rights built on the autonomous individual, especially in the case of young children. Yet there is also evidence that listening to children improves outcomes across a range of issues.<sup>5</sup>

Although many professionals who work with children, including health care providers, broadly support the idea that we should listen to children, in reality meaningful participation by children and adolescents happens infrequently. Researchers have found that children are consulted infrequently in health care decisions, "[e]ven in situations regarding their own health."<sup>6</sup>

This article seeks to detail the relevance of children's rights law, specifically children's right to participate, to health care services for adolescents. We begin by delineating the child's right to be heard under international law. The article then discusses the value of advocating for, and ultimately securing, children's rights in the health care context. Finally the article then explores ways in which health care providers can promote children's right to be heard in health care settings.

We believe that the rights of children and adolescents should be reflected in the entire health care process, from the moment they call to make an appointment, to the built environment where they access care, to the interactions with all staff, including clinicians, to the treatment plan, and finally to any follow-up care. By empowering youth at every stage in this process and by giving youth a voice in the design and implementation of these processes, health care professionals can create a collaborative process that improves outcomes.<sup>7</sup>

## THE RIGHT TO PARTICIPATE IN CHILDREN'S RIGHTS LAW

The CRC establishes that children and adolescents have the right to participate in decisions that affect their lives. Specifically Article 12 provides the following<sup>4</sup>:

States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

To appreciate the potential of this requirement, this provision deserves some explanation. To begin, it is important to recognize that the child's right to be heard applies in "all matters affecting the child." Therefore, even though subsection 2 of Article 12 provides that a child "shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child," Article 12's first requirement is not restricted to judicial proceedings. In other words, children and adolescents have the right to be heard in health care settings too.

Next, Article 12 applies to any child who is "capable of forming his or her own views."<sup>4</sup> That includes everyone from very young children to older adolescents and children with developmental limitations. As Laura Lundy explains, "Children's right to express their views is not dependent upon their capacity to express a mature view; it is dependent only on their ability to form a view, mature or not."<sup>8(p935)</sup> Similarly, the Committee on the Rights of the Child, the UN body that oversees implementation of the CRC, has stated that there is no minimum age for the right to express one's views and a child should not have the burden to prove that he or she is capable of expressing a view.<sup>9</sup> A child's stage of maturity does not determine whether the individual has rights, but rather what weight is given to the child's view.

Under the CRC, children have the right to be heard, and their views must be "given due weight in accordance with the age and maturity of the child."<sup>4</sup> Article 12 thus establishes that children have the right to be heard, but it does not necessitate that children be allowed to decide an issue. With this balancing, the CRC takes into account the evolving and developmental nature of childhood. As parents and health care providers know well, sometimes adults must make informed decisions on behalf of a child to ensure the optimal outcome. Lothar Krappmann, a former member of the UN Committee on the Rights of the Child, explains that Article 12's due weight requirement "means that the [child's] views are seriously considered. . . . The final responsibility, however, remains with the adult."<sup>10(p507-8)</sup> This approach comports with what many children prefer; children often express that they want the opportunity to provide input and want to feel heard but do not want the burden of having to make the final decision.<sup>11,12</sup>

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