

# ETHICS

## ETHICS IN ACTION

### ADOLESCENT INFORMED CONSENT

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#### CASE PRESENTATIONS

A 15-year-old boy presents to your emergency department accompanied by a friend. He explains that he has been having lower abdominal pain for 2-3 days accompanied by anorexia and nausea, but denies vomiting or fever. The patient seems cautious when discussing his symptoms, and frequently defers to his older male friend. When questioned as to the whereabouts of his parents and how best to contact them, the patient states they are out of town, and cannot remember his mom's telephone number. Upon completion of the physical, you are concerned about appendicitis and begin a work-up including lab tests and possible imaging. At this point you become concerned about who will give permission for the evaluation and possible necessary procedures for this minor patient.

Emergency medicine physicians are fortunate in that consent is not always necessary when treating patients in the ED. In urgent or emergent situations, treatment required to prevent serious harm or death is allowed without informed consent. It is possible that our patient falls within these guidelines, meaning that beginning the evaluation without proper consent is permissible. Despite this fact, the case in question brings up several ethical dilemmas.

When an adolescent patient presents to the ED without a parent, what is the responsibility of the provider? Informed consent is defined as a communicative process that shares information with patients intended to ensure that the patient understands the information, and requests permission to proceed. Careful informed consent must include an explanation of possible alternatives of care as well as the risks and benefits of a particular procedure. Informed consent allows patients to use their own value system to determine the need for a particular procedure or test, thereby respecting them as autonomous individuals. Allowing such autonomous decision assumes patients are capable of the thought process required for complex decision-making (capacity for self-rule) and grants them the ability to make choices without undue influence. Adolescent patients are beginning to understand complex decision-making, but are they capable of providing informed consent for medical procedures?

Jean Piaget defines adolescence as a journey from concrete operational thought to formal logical reasoning. The ability to use formal logical reasoning allows an adolescent to weigh multiple points of view and process more complicated questions. During this transitional period children are often dependent on their parents socially and financially. Parents primarily make complex decisions, including medical decisions, with some weight given to the adolescent's opinion. There are several exceptions to this

statement. Adolescents seeking health care may consent to their own treatment in the following situations: access to contraception/reproductive care, evaluation and treatment of sexually transmitted diseases, mental health care, and substance abuse treatments. Adolescents feel strongly about their right to privacy regarding reproductive care, and minors are thus authorized to provide consent in these circumstances to assure that they seek care and to minimize the spread of infection. Studies show that without confidentiality, many adolescents would avoid medical care, putting themselves and the public at risk. A good doctor-patient relationship is based on trust; trust is inherent in the development of a safe and helpful relationship when treating adolescents for delicate matters, and thus confidentiality is a necessity.

Under certain circumstances, adolescents may consent to their own medical treatment regardless of treatment type: children under the age of 18 who are married, have children of their own, financially support themselves, or are in the military. These children are considered emancipated minors; irrespective of their true capacity, they are authorized to consent to their own or their children's medical care. An additional concept is mature minors, children determined to have actual decision-making capacity: they can be granted decision-making authority through a court of law. Although official in just eight states, the idea of the mature minor is desirable because it utilizes the developing autonomy of an adolescent through a fact-specific review analyzing the minor's ability to make informed decisions that appropriately assess the risks and probable consequences of a particular action. Mature minors are determined on a case-by-case basis. While the mature minor is an important concept to understand, it is rarely useful in the ED or other circumstances where time is of the essence.

Following the above analysis, let us return to the case at hand. The patient in question is a 15-year-old boy with abdominal pain. Further exploration reveals that the child ran away from home, and was presently staying with the friend who had come with him to the ED. Medical evaluation reveals that this patient does indeed have appendicitis, and appropriate informed consent for surgical treatment is necessary. As has been explained, even if adolescents desire privacy and strive for autonomy, when a complex medical decision is necessary, it is often not appropriate to allow them to make this decision on their own. This can be true even in cases relating to reproductive care. Guidance through a candid discussion of worries and health risks may help adolescents incrementally assume responsibility while also helping them understand the need for parental involvement. In this instance, the patient ultimately shared his mother's telephone number. The ED staff was able to explain the situation to her in time for her to provide appropriate consent for the appendectomy. ▸