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JOURNAL OF  
ADOLESCENT  
HEALTH

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Adolescent health brief

## Confidentiality With Adolescents in the Medical Setting: What Do Parents Think?

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*Article history:* Received October 13, 2010; Accepted February 3, 2011

*Keywords:* Adolescent; Ethics; Confidentiality; Privacy

See Editorial p. 335

### ABSTRACT

**Purpose:** When confidential health care is provided to adolescents they are more likely to seek care, disclose sensitive information, and return for future visits. Guidelines for health professionals recommend seeing young people alone to facilitate confidential care. We sought to document parental views regarding confidentiality with adolescents, aiming to identify topics that parents believe they should be informed about despite an assurance of confidentiality between their child and the doctor. We also aimed to document harms and benefits that parents associate with adolescents seeing doctors alone.

**Methods:** A sample of 86 parents attending an adolescent medicine clinic with their son/daughter was surveyed using a brief, anonymous questionnaire.

**Results:** Parents identified several benefits associated with confidential care, yet also believed they should be informed about a wide range of topics, even if their children did not want them to know. Parents' primary concern about confidentiality was a fear of not being informed about important information.

**Conclusions:** Parental views concerning confidentiality are complex and conflicting and differ from current guidance provided to health professionals. Ensuring that parents accurately understand the limits to confidentiality and support the notion of confidential care for their children is a challenging yet vital task for health professionals.

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Concerns about confidentiality can prevent adolescents from seeking health care [1–4]. Adolescents are also more likely to disclose sensitive information and return for follow-up care when health professionals offer explicit assurances of confidentiality [5]. Current guidelines about the health care of adolescents

are explicit about the need for confidentiality between young people and clinicians and the importance of seeing young people alone for at least part of each consultation [6].

Less research has been conducted regarding parental views about confidentiality. Mothers have reported the belief that confidentiality between their daughters and clinicians might promote risky behavior and undermine their ability to protect their daughters [7]. Research also indicates that parents hold conflicting views about confidentiality. Parents have been shown to support confidentiality between adolescents and doctors, yet

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**Table 1**

Topics that parents would like doctors to inform them about, even if their son/daughter did not want them to be informed (n = 86)

Topic	Percentage of parents who would like to be informed
Depression/other mental health issues	87%
Eating disorders	81%
Use of drugs (other than marijuana)	78%
Use of marijuana	67%
Sexually transmitted infections	59%
Sexual activity—pregnancy	57%
Alcohol use	55%
Missing school	43%
Unsafe driving	40%
Sexual activity—contraception	40%
Cigarette smoking	37%
Relationship problems	33%

hold simultaneous desires to be provided with details of what is discussed [8]. Parents have also indicated support for parental notification laws, yet were concurrently able to identify a range of negative effects associated with these [9]. There is a lack of information about the specific topics that parents wish to be informed about following a confidential consultation between their child and a doctor. More detail is also required about the complex and often conflicting views held by parents regarding doctors seeing adolescents alone.

We specifically wanted to document: (a) parental understandings of what a confidential consultation between their child and a doctor means; (b) the topics that parents believe they should be informed about following a confidential consultation between their child and a doctor; and (c) the range of harms and benefits that parents associate with doctors seeing adolescents alone.

## Methods

A convenience sample of parents bringing their children to an Adolescent Medicine clinic in Melbourne, Australia, were asked to complete an anonymous survey before their medical appointment, between November 2009 and April 2010, during selected times. The survey consisted of 30 questions, both forced choice and short-answer, and took approximately 10 minutes to complete. Ethics approval was obtained from the Royal Children's Hospital Human Research Ethics Committee. Statistical analyses were performed using SPSS (Version 15: SPSS, Inc., Chicago, IL).

## Results

A total of 107 surveys were received (86% response rate). Of these, 21 were excluded because of missing responses, leaving 86 for analysis. In all, 74% of parents were female, 83% were born in Australia, and 73% were married. Twenty-four percent had completed high school and an additional 48% had completed a higher degree or diploma. All parents were attending the clinic with their adolescent son or daughter; 73% of these adolescents were female, with a mean (SD) age of 15 years (1.8). A total of 78% of adolescents had visited the clinic before and, of these, 64% had been seen alone by a doctor at the clinic. The adolescents attended the clinic for a range of (sometimes multiple) reasons; 35% attended for a medical condition (e.g., headaches, abdominal pain), 14% for a chronic illness (e.g., asthma, diabetes), 49% for

emotional issues (e.g., depression, anxiety), and 15% for behavioral issues (e.g., school avoidance, substance misuse).

Parents were asked to indicate what they understood a “confidential consultation” between a doctor and their child to mean. A total of 30% indicated this meant that “information would always be shared with me but not with anyone else, regardless of my child’s views.” Table 1 presents the topics that parents would like disclosed to them after a confidential consultation between a doctor and their son/daughter, even if their child did not want them to be informed. The topics parents most wished to be informed about included depression and other mental health issues, eating disorders, and drug use. More than half of the parents also wanted to be told about sexually transmitted infections, pregnancy, and alcohol use.

Table 2 presents the concerns that parents have about doctors seeing adolescents alone, as well as their beliefs about the benefits of this. Parents’ main concern was not being informed about important information. In relation to perceived benefits, more than half of the parents believed that a doctor seeing their child alone would help their child to talk about sensitive matters, allow the doctor to hear their child’s point of view, provide practice for their child at speaking to the doctor alone, help their child to take responsibility for his or her health, and acknowledge their child’s developing maturity.

## Discussion

Parents believe they should be informed about a wide range of health risk behaviors and concerns following a confidential consultation between their child and a doctor, even if their child

**Table 2**

Parents’ beliefs about the harms and benefits associated with doctors seeing adolescents alone (N = 86)

Belief about doctors seeing adolescents alone	Percentage of parents who acknowledge holding this belief
<b>Concerns</b>	
Not being informed about important information	44%
My child would not remember the treatment plan	21%
My child not telling the truth	15%
My child may not want to see the doctor without me	15%
I would not be informed about the treatment plan	14%
My child does not understand the issues	8%
My child does not have the confidence	8%
Feeling excluded	8%
Less time for me to spend with the doctor	5%
My child is too young	5%
My child is not ready	2%
<b>Benefits</b>	
Opportunity to talk about sensitive matters	71%
The doctor will hear my child’s point of view	63%
Practice for my child in talking to the doctor alone	61%
Helping my child take responsibility for his/her health	57%
Acknowledges child’s developing maturity	52%
Strengthens bond between doctor and child	40%
My child wants to see doctor alone	37%
Will help child become more mature	31%
Child will be more truthful	29%
It is normal practice	6%

does not want them to be told. The list of topics they wish to be informed about is much greater than those outlined within clinical guidelines or medico-legal frameworks for health professionals [6]. This has significant ethical implications; if parents believe that such information will be disclosed to them, they may falsely infer that if they are not informed about such behaviors, these are not occurring. There is also the possibility that false parental assumptions could be shared with adolescents, preventing young people from seeking health-care because of concerns about parental notification [1–3].

It is important to know that parents' fundamental concern about confidentiality is a fear of not being informed about important information. Current guidance explicitly states that health-care professionals should educate adolescent patients and their families about the limits and protections to confidentiality [6]. However, ensuring that parents accurately understand protections to confidentiality has the potential to further exacerbate their (genuine) concerns about not being informed. Research has shown that education (both verbal and written) can change parental opinions about privacy [10]. In this regard, it is encouraging to note that parents were able to acknowledge a range of benefits associated with doctors seeing adolescents alone, despite the fact that only 6% believed this was normal practice. Future interventions targeting parental opinions about confidentiality might benefit from highlighting these positive aspects of confidential clinical practice.

It is a delicate and challenging task we ask of health professionals; to accurately educate parents about confidentiality while simultaneously ensuring a functional relationship with the family as a whole. Rectifying the discrepancy between parental beliefs and current guidance will rely heavily on building trust with parents so that they feel safe entrusting their children's care

to health professionals. This is not a simple or swift task, but it is nonetheless essential if both health professionals and parents are to achieve their shared goal of promoting the safety and well-being of young people.

### Acknowledgment

Dr Duncan is supported through an NHMRC Research Fellowship.

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