OVERVIEW

This case involving a 17-year-old girl who presents to a primary care provider for the first time because her last menstrual period was about six weeks ago is representative of a scenario in an OB/Gyn patient encounter. Multiple religious, ethical, and cultural issues underlie this scene so the case is relevant for use in undergraduate and graduate medical education. The video highlights a situation involving adolescent patients, abortions, and state laws but is presented to allow faculty the opportunity to discuss other issues not uncommon to the reproductive clinic. This video also allows future healthcare providers to address personal biases, such as caring for sexually active adolescent patients, that should not influence patient interactions. The physician’s handling of the situation is also portrayed to allow discussion of professionally managing patient encounters and not as a model to follow. Students need to be conscious of how to professionally handle these sensitive situations so we encourage faculty to view this facilitator guide as suggestive but not all encompassing.

Learning Objectives

At the end of the session, the student should be able to:

1. Discuss the legal rights of adolescents to obtain abortions.
2. Identify strategies for providing healthcare for minor patients lacking parental/guardian consent.
3. Recognize how religion impacts the abortion decision within families.
4. Recognize how one’s personal values and opinions about different cultures, communities, personal attributes, and beliefs impact patient care.

Facts to Initiate Discussion

- In 2012, 12.2% of all abortions involved minors 15-19 years old (Pazol, Creaga, and Jamieson; 2015).
- In 2012, 67.9% of adolescent abortions were accounted for by 18-19 year old females (Pazol et al; 2015).
- Between 2003-2012, the percentage of 19 years old adolescents having abortions increased (Pazol et al, 2015).
- Parental involvement is required for an adolescent to have an abortion in 38 states (Guttmacher Institute, 2016).
- Most states having parental involvement laws make exceptions in certain circumstances such as medical emergencies, abuse, assault, incest or neglect (Guttmacher Institute, 2016, https://www.guttmacher.org/print/state-policy/explore/parental-involvement-minors-abortions).

Critical Points (Every Student Needs to Hear)

- The US Supreme Court has ruled against states allowing parents absolute veto power over their daughter’s decision to have an abortion. In response to this ruling, many states have “judicial bypass” laws that allow an adolescent an alternative to involving her parents (Guttmacher Institute, 2016); that is, a judge may allow an exception to a state’s requirement for an adolescent to involve their parents.
- A physician’s main concern is his or her adolescent patient’s best interest.
- The American Medical Association Code of Medical Ethics Opinion 5.055 recommends physicians encourage adolescents to involve their parents when confidential services are requested. A physician should permit a competent minor to consent for medical care without notifying her parents unless the law requires differently. However, opinion on this topic varies among medical ethicists.
- In general, the ability of minors to assent to treatment varies based on cognitive development and maturity. Although state law may vary, a general consensus exists that if a minor is seeking treatment for one of the following three areas, a parental consent may not be necessary: contraception and treatment for sexually transmitted illnesses, treatment for mental health or substance use disorders, or treatment relating to physical or sexual abuse.
- Physicians need to know their state’s law for treating adolescents, particularly with regard to abortion.

Background Information

- Adolescence is considered to exist between ages 10 to 19 years by the World Health Organization (WHO).
- There is no minimum age for the established human right to confidentiality established internationally by The Convention on the Rights of the Child.
- Findings from one study found adolescents willing to include a parent in their abortion decision when they felt their decision would be respected or the parent would be supportive despite being ambivalent about their decision to abort the fetus (Hasselbacher, Dekieva, Tristan and Gilliam, 2014).
- In a 3-year study in Ohio, the majority of adolescents using “judicial bypasses” were 16 or 17, had a mean educational level of 11th grade, and lived with one or both parents (Friedman, Hendrix, Haberman, and Jain, 2015). A range of descriptions were used to describe parental relationships, from good to difficult.

Concluding the Session

- Sexual activity permeates our culture. Because myths and inaccuracies about adolescent abortion are ubiquitous, physicians should be prepared to provide accurate, up-to-date information to their patients, even adolescent patients. State laws differ as to whether or not parental involvement is required, so physicians must be aware of the law in the state they practice. The physician must prioritize the patient’s best interest when making medical recommendations.

Questions to Ask

- What is the most critical concern in this case?
- How should the healthcare team proceed?
- What questions should the healthcare team/provider ask about this request?
- What are the pros and cons to honoring this patient’s request?

- What should the healthcare team do when bias exists amongst the team members?
- What members of the healthcare team would be essential to this case?

- Religious directives, such as those which govern Catholic health care institutions, may impact the provision of pregnancy termination in a given area.
- In situations where conflict or disagreement arises between members of the healthcare team, it is important to recognize that each member of the team is necessary for optimal healthcare and his or her concerns, opinion and values should be respectfully addressed. Every member of the team should be empowered to raise ethical concerns in the context of patient care.