OVERVIEW
This case involves a 15-years-old patient who comes to a clinic with her friends to ask for contraception. The teenager is not currently sexually active. 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 prescribing birth control pills for 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 contraceptives.
2. Discuss the legal rights of adolescent’s privacy.
3. Discuss the ethical concerns of adolescent’s use vs. failure to use contraception.
4. Recognize how religion impacts the use of adolescent use of contraceptives.
5. Recognize how one’s personal values and opinions about different cultures, communities, personal attributes, and beliefs impact patient care.
6. Identify strategies for providing healthcare for minor patients lacking parental/guardian consent.

Facts to Initiate Discussion
- Females under 16 are less likely to use contraceptives with the lack of confidentiality being the main deterrent to seeking advice. Worldwide sexual activity of adolescents is mostly unprotected (Cook, Erdman and Dickens, 2007).
- Sixteen percent (16%) of teens have had sex by age 15. Seventy-eight percent (78%) of females age 15-19 used contraceptives the first time they had sex (Guttmacher Institution, 2014).

Critical Points (Every Student Needs to Hear)
- A physician’s main concern is their adolescent patient’s best interest.
- American Medical Association Opinion 5.055 recommends physicians encourage adolescents to involve their parents when confidential services are requested. A physician should permit a competent adolescent to consent for medical care without notifying the parents unless the law requires differently.
- Religious directives, such as the Catholic Health Care Services, do not condone the use of contraceptives.
- Physician responsibilities include providing accurate information on contraception to their patients.
- 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 their 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.
Questions to Ask

- 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?
- Are there other screening tests that should be considered for a teen who is sexually active? (Refer to: ACOG Committee Opinion Number 653, February 2016)
- What should the healthcare team do should bias exist amongst the team members?
- What members of the healthcare team would be essential to this case?

Concluding the Session

- Sexual activity permeates the media. Many myths and inaccuracies exist about contraception so physicians need to be prepared to provide accurate, up-to-date information to their patients, even adolescent patients. State laws differ as to whether or not a minor may provide consent for contraception so physicians must be aware of the law in the state they practice medicine. Within the state law, the physician must consider what is best for the patient and let the patient’s health and welfare dominate their decision-making.