

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 1
(I-22)

Introduced by: International Medical Graduates Section

Subject: Consent for Sexual and Reproductive Healthcare

Referred to: Reference Committee ____

1 Whereas, The ability of minors to provide consent for health care services including sexual and
2 reproductive health care, mental health care has expanded over the past decades; and
3

4 Whereas, Involving parents or guardians in the decision of children and adolescent health care
5 is desirable, many young people will not seek important services if they are forced to involve
6 their parents/guardian. The sexual and reproductive health care services is one of those
7 services; and ^{1,2}
8

9 Whereas, Twenty-three states and the District of Columbia have laws that explicitly give minors
10 the authority to consent to contraceptive services. Nineteen states allow only certain categories
11 of people younger than eighteen to consent to contraceptive services; and³
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13 Whereas, Twenty-seven states and the District of Columbia specifically allow pregnant minors
14 to obtain prenatal care and delivery services without parental consent or notification; and
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16 Whereas, There are some states which allow specific minors such as those who are married,
17 pregnant, or already parents, and high school graduates to consent for oral contraception;
18 therefore, be it
19

20 RESOLVED, That our American Medical Association work with state and county medical
21 societies to advocate for legislation and legal protections: 1) allowing minors (age 12 or above)
22 to consent for sexual and reproductive health care; 2) allowing minors to consent for prenatal
23 care and delivery services; and 3) protecting physician autonomy provide sexual and
24 reproductive health care with minor consent, without parental consent. (Directive to Take Action)

References:

1. Berlan, E. D., & Bravender, T. (2009). Confidentiality, consent, and caring for the adolescent patient. *Current opinion in pediatrics*, 21(4), 450-456.
2. Dickens, B. M., & Cook, R. J. (2005). Adolescents and consent to treatment. *International journal of gynecology & obstetrics*, 89(2), 179-184.
3. State Health Facts: Minors' Authority to Consent to Contraceptive Services, 2022, <https://www.kff.org/womens-health-policy/state-indicator/minors-authority-to-consent-to-contraceptive-services>

Fiscal Note: Minimal - Less than \$500

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RELEVANT AMA POLICY

Health Care Rights of Pregnant Minors H-60.907

Our AMA will: (1) work with appropriate stakeholders to support legislation allowing pregnant minors to consent to related tests and procedures from the prenatal stage through postpartum care; and (2) oppose any law or policy that prohibits a pregnant minor from consenting to prenatal and other pregnancy related care, including, but not limited to, prenatal genetic testing, epidural block, pain management, Cesarean section, diagnostic imaging, procedures, and emergency care. (Resolution 008, A-18)

Opinion 2.2.2 Confidential Health Care for Minors

Physicians who treat minors have an ethical duty to promote the developing autonomy of minor patients by involving children in making decisions about their health care to a degree commensurate with the child's abilities. A minor's decision-making capacity depends on many factors, including not only chronological age, but also emotional maturity and the individual's medical experience. Physicians also have a responsibility to protect the confidentiality of minor patients, within certain limits.

In some jurisdictions, the law permits minors who are not emancipated to request and receive confidential services relating to contraception, or to pregnancy testing, prenatal care, and delivery services. Similarly, jurisdictions may permit unemancipated minors to request and receive confidential care to prevent, diagnose, or treat sexually transmitted disease, substance use disorders, or mental illness.

When an unemancipated minor requests confidential care and the law does not grant the minor decisionmaking authority for that care, physicians should:

(a) Inform the patient (and parent or guardian, if present) about circumstances in which the physician is obligated to inform the minor's parent/guardian, including situations when:

(i) involving the patient's parent/guardian is necessary to avert life- or health- threatening harm to the patient;

(ii) involving the patient's parent/guardian is necessary to avert serious harm to others;

(iii) the threat to the patient's health is significant and the physician has no reason to believe that parental involvement will be detrimental to the patient's well- being.

(b) Explore the minor patient's reasons for not involving his or her parents (or guardian) and try to correct misconceptions that may be motivating the patient's reluctance to involve parents.

(c) Encourage the minor patient to involve his or her parents and offer to facilitate conversation between the patient and the parents.

(d) Inform the patient that despite the physician's respect for confidentiality the minor patient's parents/guardians may learn about the request for treatment or testing through other means (e.g., insurance statements).

(e) Protect the confidentiality of information disclosed by the patient during an exam or interview or in counseling unless the patient consents to disclosure or disclosure is required to protect the interests of others, in keeping with ethical and legal guidelines.

(f) Take steps to facilitate a minor patient's decision about health care services when the patient remains unwilling to involve parents or guardians, so long as the patient has appropriate decision-making capacity in the specific circumstances and the physician believes the decision is in the patient's best interest. Physicians should be aware that states provide mechanisms for unemancipated minors to receive care without parental involvement under conditions that vary from state to state.

(g) Consult experts when the patient's decision-making capacity is uncertain.

(h) Inform or refer the patient to alternative confidential services when available if the physician is unwilling to provide services without parental involvement.

AMA Principles of Medical Ethics: IV

The Opinions in this chapter are offered as ethics guidance for physicians and are not intended to establish standards of clinical practice or rules of law.

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