

## Weobley &amp; Staunton on Wye Surgeries

# CONFIDENTIALITY POLICY FOR PATIENTS UNDER THE AGE OF 18

## INTRODUCTION

This policy is specific to patients under the age of 18 and should be read in conjunction with the Confidentiality Disclosure & Sharing of Patient Information Policy and Fraser (Contraceptive) Guidelines.

Young people (including those under 16) are entitled to equal confidentiality as all other patients. This includes respecting their wishes to withhold information from parents or guardians. The GP involved will determine the competency of a young person seeking treatment and will determine the extent to which confidentiality guidelines apply in each case.

Care must be taken to ensure that this right of confidentiality is not inadvertently breached by following the procedural guidelines in force.

It is generally recognised that parents will accompany children up to 13 years of age, many will continue to do so past this age but the clinician can check if they are happy to have the parent there, if it is something personal.

A person between the ages of 13 and 16 can come and see a clinician alone. However a clinician must believe that they are capable of understanding the choices of treatment and their consequences. This includes contraceptive advice, but the principles apply to other treatments, including abortion.

The policy of the Practice is to support young people in exercising their choice of medical treatment, and to deal with them in a sympathetic and confidential manner. Where a young person presents at the surgery without adult support they may be booked in to see a clinician in the normal way.

## POLICY

- The Practice recognises that the principles of confidentiality apply equally to all patients, irrespective of age.
- The Practice will ensure that its staff recognise that all patients under 18 are entitled to the same level of confidentiality as all other patients, including being respectful of any request to withhold information from their parents or guardians and take all necessary steps to ensure that this right of confidentiality is not inadvertently breached.
- The policy of the practice is to support young people in exercising their choice of medical treatment, and to deal with them in a sympathetic and confidential manner. Where a young person presents at the surgery without adult support they may be booked in to see a clinician in the normal way.
- In the event that a young person attends the surgery without a pre-booked consultation and without adult support, the normal procedure for providing them with a consultation appointment will take place.
- If the request is for an urgent appointment, the young person will be triaged by referral to a Practice Nurse.

- Should the young person independently request medical advice or treatment (including contraceptive advice, abortion, other treatments and surgical procedures), the Practice clinician involved in the consultation with the young person will determine their competency and capability to understand the choices of treatment available and the consequences of such treatment.
- When such competency and capability is deemed to exist, the Practice clinician will provide appropriate medical advice or initiate suitable treatment. In general, the clinician will encourage competent children to involve their parents or carers in decision making, but if they choose not to do so this will not prejudice the care they receive.

The Fraser Guidelines apply more in the treatment of contraceptive advice and care for young people. A clinician should proceed to give advice and treatment where:

- The Clinician is satisfied that the young person understands the advice given
- The Clinician cannot persuade them to inform the parents
- That the young person is likely to continue having sexual intercourse with or without contraceptive treatment
- That unless the young person receives contraceptive advice or treatment their physical or mental health or both are likely to suffer
- That the best interests require the clinician to give them contraceptive advice, treatment or both without parental consent

The Gillick competency in brief is as follows:

- It is not enough that the young person should understand the nature of the advice which is being given but they should be sufficiently mature to understand it.
- It is also commonly believed that 'the parental rights yields to the child's right to make their own decisions when they reach a sufficient understanding and intelligence to be capable of making up their own mind on the matter requiring decision'.

## **Gender Recognition Act 2004**

The 2004 Gender Recognition Act (GRA) makes it a criminal offence to disclose an individual's transgender history to a third party without their written consent if that individual holds a Gender Recognition Certificate (GRC).

Patients do not need to show a GRC or birth certificate in order for the GRA 2004 to be in effect, so it is best practice to act as though every trans patient has one. This means always obtaining a trans patient's written consent before sharing details about their social or medical transition, sometimes also called gender reassignment, with other services or individuals.

This includes information such as whether a patient is currently taking hormones or whether they have had any genital surgery, as well as information about previous names or the gender they were given at birth. Consent should always be obtained before information relating to the patient being trans is shared in referrals and this information should only be shared where it is clinically relevant, e.g. it would be appropriate when referring a trans man for a pelvic ultrasound but not when referring him to ENT.

## **RESOURCES**

BMA – Consent and Gillick competency

Fraser (Contraceptive) Guidelines

## Confidentiality Notice

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## Document Revision and Approval History

Version	Date	Version Created By:	Version Approved By:	Comments
1.0	01.01.13	Michele Petrie	Dr R Penney	Paragraph about encouraging competent children to involve parents in decision making added. Approved and published
1.0	30.12.15	Michele Petrie	Michele Petrie	Reviewed – no updates
2.0	23.08.17	Michele Petrie	Michele Petrie	Reviewed - minor changes only
2.0	22.10.19	Michele Petrie	Michele Petrie	Reviewed – no changes
3.0	20.11.19	Michele Petrie	Michele Petrie	Reviewed and updated terminology for LGBT