



## Editorial

## Forging Partnerships With Parents While Delivering Adolescent Confidential Health Services: A Clinical Paradox

---

Confidentiality between adolescents and clinicians has long been established to ensure that adolescents receive necessary health information and services. A confidential clinical encounter increases adolescents' willingness to seek health care, improves access to care, enhances disclosure of health risk behaviors, and increases the likelihood they return for care [1–3]. Adolescents, especially those at greatest risk for negative health consequences, will forego healthcare services they know are needed, if they fear their parent may find out [4–7]. A number of professional medical associations recommend that clinicians discuss sensitive health issues with adolescents in private and provide them access to an array of confidential health services without parental knowledge or consent [8–16]. To support the positive influence families can have on the health of their adolescent children [17–19], clinical guidelines also recommend that clinicians educate parents about the need for confidentiality and encourage communication between adolescents and their families [7,8,9,11,17–19]. Given the complexity of ensuring that adolescents receive high quality care, the provision of confidentiality becomes a dual and often conflicting responsibility for clinicians.

Clinicians face challenges both in terms of their own capacity to provide counseling for sensitive services and the current reimbursement structure for providing needed care [20–23]. They often do not want to query patients about confidential-care-related topics because they are concerned about the potential negative reactions from parents [20–22]. This partially explains why clinical preventive services, which often overlap with confidential types of services, are not routinely included in the healthcare delivery of adolescents. Mechanisms to improve partnerships with parents, while delivering adolescent confidential health services, are extremely limited. Some evidence suggests that the use of clinic services can encourage parent–child communication without compromising confidentiality [24]. Others have found it is possible to improve parental attitudes about adolescent confidentiality [25]. Yet, we still know little about the attitudes that parents have about confidentiality and how to inform interventions to improve clinician–teen–parent partnerships around the delivery of sensitive health services.

In the current issue of the *Journal of Adolescent Health*, Duncan et al take an important step in addressing this research void by including parental perspectives on confidential health services for adolescents [26]. Their study provides an important contribution to our growing understanding of the complex and conflicting feelings parents have toward confidential health services for their adolescents [24,27]. In particular, Duncan et al have captured the discordance between parents' awareness of the importance of confidentiality with difficulties parents have in relinquishing control to a health professional. In this Australian sample, parents perceived many benefits to adolescent confidentiality including providing an opportunity for teens to talk about sensitive matters, improving their adolescent's communication with the clinician, and supporting adolescents' growing need to take responsibility for their own health. At the same time, their greatest concern was being left out of important decisions that affect the health of their adolescent.

Adolescence marks the transition between childhood and adulthood. Parents are also transitioning in their role as their child grows in maturity and autonomy. Confidentiality brings these tensions to the forefront; at the same time, confidentiality provides an important opportunity for adolescents to obtain accurate information, support, and services from a trained medical professional. Clinicians can play an important role in facilitating adolescents' transition into adulthood, where they encourage adolescents to assume greater responsibility for making decisions about their own health and for navigating the health-care system more independently. Clinicians can also support parents' own transitions, as they begin to witness their children becoming more independent. If we are to improve our partnerships with parents, while respecting adolescent's rights to confidential health services, we need more research to better understand the range of parental attitudes in other populations, how these attitudes vary, and what influences parental attitudes in order to improve our communication with parents. As Duncan et al suggest, building on what parents identify as the benefits of adolescent confidentiality and normalizing confidentiality as a standard of quality health care are important starting points.

---

**See Related Article p. 428**

Their findings also imply a need for parents to understand the mutual benefit of confidentiality as a transitional step toward the adolescent's development of self-sufficiency, responsibility and eventual independence.

Although our efforts to improve health partnerships with parents need greater attention, public health policies that promote access to confidential care and protect teens from having to disclose information to parents remain critical. Far too many teens do not have recommended time alone with a clinician [28], a proxy measure that helps to identify whether such confidential health opportunities are built in as part of the adolescent health-care visit. Furthermore, adolescents' access to confidential services is far from equitable [29]. The debate over minors' access to confidentiality continues [30,31], and has resulted in a complex array of international [30,32,33], federal [34,35], and state policies [36] that are not always consistent. Mandatory parental notification policies seem to have adverse consequences on adolescent health. Such policies do not change adolescent health risk behaviors; rather they drive them under the radar of clinical detection, prevention, and treatment, placing adolescents at greater risk for negative health outcomes [5,6,36–39]. Efforts on all fronts (research, policy, advocacy) are needed to address this chasm in healthcare quality for our adolescents, and parents are an important part of this approach.

Kathleen Tebb, Ph.D.

*Division of Adolescent Medicine, Department of Pediatrics  
University of California, San Francisco, California*

## References

- Cheng TL, Savageau JA, Sattler AL, DeWitt TG. Confidentiality in health care. A survey of knowledge, perceptions, and attitudes among high school students. *JAMA* 1993;269:1404–7.
- Ford CA, Millstein SG, Halpern-Felsher BL, Irwin CE, Jr. Influence of physician confidentiality assurances on adolescents' willingness to disclose information and seek future health care. A randomized controlled trial. *JAMA* 1997;278:1029–34.
- Klein JD, Wilson KM, McNulty M, Kappahn C, Collins KS. Access to medical care for adolescents: Results from the 1997 Commonwealth Fund survey of the health of adolescent girls. *J Adolesc Health* 1999;25:120–30.
- Ford CA, Bearman PS, Moody J. Foregone health care among adolescents. *JAMA* 1999;282:2227–34.
- Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. *JAMA* 2002;288:710–4.
- Ford CA, English A. Limiting confidentiality of adolescent health services: What are the risks? *JAMA* 2002;288:752–3.
- Lehrer JA, Pantell R, Tebb K, Shafer MA. Forgone health care among U.S. adolescents: Associations between risk characteristics and confidentiality concern. *J Adolesc Health* 2007;40:218–26.
- Ford C, English A, Sigman G. Confidential health care for adolescents: Position paper for the society for adolescent medicine. *J Adolesc Health* 2004;35:160–7.
- Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics, 2008.
- Adolescent Health Care; 1998, and 2001; Policy Statement. American Academy of Family Physicians, 2001.
- Committee on Adolescence American Academy of Pediatrics. Achieving quality health services for adolescents. *Pediatrics* 2008;121:1263–70.
- Adolescent Access to Comprehensive, Confidential Reproductive Health Care. APHA Policy Statement 9001: American Public Health Association, 1990.
- Snyder L, Leffler C. *Ethics manual*: Fifth edition. *Ann Intern Med* 2005;142:560–82.
- Position Paper: Protecting Adolescents: Ensuring Access to Care and Reporting Sexual Activity and Abuse. Position Paper of the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Society for Adolescent Medicine. *J Adolesc Health* 2004;35:420–3.
- American College of Obstetricians and Gynecologists. Confidentiality in adolescent health care. In: *Health Care for Adolescents*. Washington, DC: American College of Obstetricians and Gynecologists, 2003.
- Confidential health services for adolescents. Policy H-60.965. CSA Report A, A-92; Reaffirmed by BOT Report 24, A-97; Reaffirmed by BOT Report 9, A-98. American Medical Association, 2005.
- Rupp R, Rosenthal SL. Parental influences on adolescent sexual behaviors. *Adolesc Med State Art Rev* 2007;18:460–70, vi.
- Commendador KA. Parental influences on adolescent decision making and contraceptive use. *Pediatr Nurs* 2010;36:147–56, 170.
- Jessor R, Turbin MS, Costa FM. Protective factors in adolescent health behavior. *J Pers Soc Psychol* 1998;75:788–800.
- McKee MD, Rubin SE, Campos G, O'Sullivan LF. Challenges of providing confidential care to adolescents in urban primary care: Clinician perspectives. *Ann Fam Med* 2011;9:37–43.
- Helitzer DL, Sussman AL, de Hernandez BU, Kong AS. The "ins" and "outs" of provider-parent communication: Perspectives from adolescent primary care providers on challenges to forging alliances to reduce adolescent risk. *J Adolesc Health* 2011;48:404–9.
- Berlan ED, Bravender T. Confidentiality, consent, and caring for the adolescent patient. *Curr Opin Pediatr* 2009;21:450–6.
- Brindis C, Park MJ, Ozer EM, Irwin CE, Jr. Adolescents' access to health services and clinical preventive health care: Crossing the great divide. *Pediatr Ann* 2002;31:575–81.
- Dempsey AF, Singer DD, Clark SJ, Davis MM. Adolescent preventive health care: What do parents want? *J Pediatr* 2009;155:689–94.e681.
- Hutchinson JW, Stafford EM. Changing parental opinions about teen privacy through education. *Pediatrics* 2005;116:966–71.
- Duncan RE, Vandeleur M, Derks A, Sawyer SM. Confidentiality with adolescents in the medical setting: What do parents think? *J Adolesc Health* 2011;49:428–30.
- Eisenberg ME, Swain C, Bearinger LH, Sieving RE, Resnick MD. Parental notification laws for minors' access to contraception: What do parents say? *Arch Pediatr Adolesc Med* 2005;159:120–5.
- Irwin CE, Jr, Adams SH, Park MJ, Newacheck PW. Preventive care for adolescents: Few get visits and fewer get services. *Pediatrics* 2009;123:e565–572.
- Edman JC, Adams SH, Park MJ, Irwin CE, Jr. Who gets confidential care? Disparities in a national sample of adolescents. *J Adolesc Health* 2010;46:393–5.
- Piñero VB. Children's confidentiality rights in healthcare: A child-oriented international legal perspective. *Ped Health* 2008;2:557–61.
- Brindis CD, English A. Measuring public costs associated with loss of confidentiality for adolescents seeking confidential reproductive health care: How high the costs? How heavy the burden? *Arch Pediatr Adolesc Med* 2004;158:1182–4.
- Adolescent health and development in the context of the Convention on the Rights of the Child: Office of the United Nations High Commissioner for Human Rights, Committee on the Rights of the Child, 2003.
- Article 12 of the International Covenant on Economic, Social and Cultural Rights: Office of the United Nations High Commissioner for Human Rights, 1976.
- Title X. Needs Assessment Family Planning Services in California. Sacramento, CA: Barbara Aved Associates, 2009.
- Clinical Preventive Services for Women: Closing the Gaps. Washington, DC: Committee on Preventive Services for Women, Institute of Medicine, 2011.
- English A, BL, Dame-Boyle A, Eshragh F. *State Minor Consent Laws: A Summary*, 3rd edition. Chapel Hill, NC: Center for Adolescent Health and the Law, 2010.
- Jones RK, Purcell A, Singh S, Finer LB. Adolescents' reports of parental knowledge of adolescents' use of sexual health services and their reactions to mandated parental notification for prescription contraception. *JAMA* 2005;293:340–8.
- Franzini L, Marks E, Cromwell PF, et al. Projected economic costs due to health consequences of teenagers' loss of confidentiality in obtaining reproductive health care services in Texas. *Arch Pediatr Adolesc Med* 2004;158:1140–6.
- Jackson S, Hafemeister TL. Impact of parental consent and notification policies on the decisions of adolescents to be tested for HIV. *J Adolesc Health* 2001;29:81–93.