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Childhood Psychiatric Disorders Ethics and Consent to Treatment A point of view

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الامراض النفسية عند الاطفال اخلاقيات المهنة/ وجهة نظر

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Introduction

We are going to discuss whether or not it is ethical to treat a fifteen year old child, who is able to consent to psychiatric treatment but does not wish his/her parents to be aware of the treatment with an antidepressant or the referral to a psychiatrist. We are going to look at this particular case from a legal and Psychiatrists perspective. Also we will show that there are variations in practices in different parts of the world. The need for guidelines to suit our culture and religion is an important issue because any psychiatrist can face such a dilemma.

From the late 1960's there have been changes in the law regarding children's' consent to treatment of those under eighteen. The general impression was that children are always dependent on others and unable to understand the implication of their decision whether to consent or not without their parents' permission or even to refuse any psychiatric intervention. To what extent is this the whole truth in our case?

The Case scenario

M is a fifteen year old female and lives with her parents who are strictly religious. She is the only child and her school performance is above average. M visits her a General practitioner (G.P) regularly for slimming pills. Recently she developed depressive symptoms, and following encouragement from her friends, sought the opinion of her G.P who commenced her on antidepressants. Later as it was seen to be necessary by her G.P, she agreed to be seen by a psychiatrist. She stipulated that she only wished to be seen out of school hours. Not only that, she did not want to seek her parents' permission, nor wished her parents to know about the antidepressant treatment.

Discussion

Consent aims to protect individual autonomy and self determination[1].

The concept of competency to consent to psychiatric treatment is multifactoral considering the developmental stage of the child; their social environment and previous experiences; their relationship with the professionals as well as with their own family; their understanding to the treatment as well as the information provided about it and their

mental state at the time of deciding. All these factors exist on a continuum[2]. In a recent study it was found that one tenth of children and young people attending routine outpatient appointments said they did not know that they were due to attend and one third did not wish to attend. Moreover the same authors suggested that some children attended psychiatric out patient services unknowingly and unwillingly. This indicates that we should ethically be concerned about the involvement of children and young people in the consent process regarding their attendance[3] .

In our case the dilemma that arose was between ethical and legal issues. Ethically we have to keep in mind that the depressive symptoms are a possible side effect of the slimming pills which she is already taking, and informing the parents might be a cause of damage and a family conflict as she was seeing a doctor without their knowledge. Legally it is our professional responsibility to inform her parents but there is always the possibility that abuse maybe disclosed during the course of our management or even suicide might happen if depression is not treated appropriately. In that case the doctor has a legal responsibility to make the adolescent aware of this from the out set.

In our case the cultural, religious and social issues should be considered. She is already raised in a strictly religious family in which sexual issues are prohibited and disclosure of abuse are usually dealt with shame, guilt and secrecy.

The Mental Health Act Code of Practice/England and Wales directs us to the parental right to determine whether or not their child below the age of sixteen will have medical treatment. This terminates if and when the child achieves sufficient understanding and intelligence to enable him/her to fully understand what is proposed[4].

In the case of Re: W 1992 the appeal court sought to distinguish between consent and refusal to consent to treatment. The Master of the Rolls of that particular case suggested that if the child under sixteen refuses consent, but the parent gives consent, the decision should be left to the doctor[5].

In a series of vignettes describing various treatment dilemmas to a group of subjects ages 9,14, 18 and 21. The fourteen year old demonstrated a level of competence identical to that of an adult , but a 9 year olds appeared to be less competent to understand treatment information 6 . Moreover , the same authors concluded that we should not ignore the rights of adolescents to make decisions regarding their own health care issues , and a 9 year old is able to share in making a decision if it is related to his health care matters . Concerns were expressed that if children under eighteen must have parental consent for medical care this may well deter some adolescents from seeking appropriate help particularly in the field of sexual medicine or mental health[7].

The United Nation Convention on the Right of the Child, advocates the right

of every child self determination, dignity, respite, non-interference and the right to make informed decisions[8].

In our case another group will argue that her current situation is the result of a family conflict, accordingly parents should be seen with their children. The clinical situation can be used to obtain a rough estimate of the parents' sensitivity to their childrens care and of the quality of attachment between them.

Being a child raised within a strict religious family as well as strong extended family bonds made the acceptance of a referral of an adolescent without parents' permission, a critical issue especially if their child needed in-patient treatment as a result of possible future deterioration in Ms mental health. This might leave the psychiatric services vulnerable to legal action by the parents. Moreover the parents may argue that the team is not fully aware of her cultural background as well as her pre-morbid personality.

As the G.P trusted M,s judgment he commenced her on antidepressants. At the same time, parents are responsible for the care of their children by law. In Ohio, USA a case of a young woman seeking abortion without involving her parents has been described. If the Court has not given permission, any doctor carrying out the procedure would be guilty of a criminal assault[9].

The American Academy of Paediatricians, stated that the decision making involving the health care of young patients should flow from responsibility shared by physician and parents. Practitioners should seek the informed permission of parents before medical intervention[10].

Let us say that we accept such a referral without the parents' permission considering M's right to receive treatment. What can be done if M decided not to continue on treatment and refused admission if required? The Code of Practice sec 31.6/England and Wales[4] states that the parents or other person with parental responsibility may arrange for the admission of children under the age of sixteen to hospital as informal patients. Where a doctor concludes that such a child has the capacity to make such a decision for him or herself (i.e Gillick competent) and the child objects, to such admission then the consent of the person with parental responsibility may be sufficient authority to enable the child to be admitted against their wishes. Where a Gallic component (31.11) child wishes to discharge him or herself as an informed patient from hospital, the contrary wishes of any person who has parental responsibility will ordinarily prevail. In either circumstance consideration should be given to whether the use of the mental health act/England and Wales if applicable would be appropriate.

The Children's' Act 1989 (Section 43(8)) States that if the child shows a sufficient understanding to make an informed decision he/she may refuse to submit to medical or psychiatric examination or other assessment[11]. In Jordan there are no clear laws regarding children consent to medical

or psychiatric treatment. Furthermore, the mental health act of Jordan does not specify any of the above issues [12]. Psychiatrists in Jordan invariably rely on their clinical experience as well as on their own cultural and religious perspectives to make a decision according to each case individually.

Conclusion and Recommendations

1. Anybody facing such a scenario would be well advised to seek legal opinion before proceeding.
2. Advice from colleagues can aid us to understand the different points that have been already raised in this case e.g cultural and religious issues.
3. Legal consultation in the country that we are practicing is desirable as there are wide variations in practices between different countries.
4. Moreover clinical experience and judgment are also important to deal with such a situation. Any psychiatrist in Jordan might face such a scenario which necessitates participation in reforming new laws that suits the culture. Furthermore, the need for child protection services and specialized child and adolescent mental health services is another developmental challenge .
5. Finally what is not in doubt is that the child deserves to be considered as an individual and his/her rights protected. The doctor's main duty is to the child, who is the patient and every opportunity to allow them to give proper informed consent must be provided [2].

Notice

This scenario was totally hypothetical and taken from our general experience which aimed to raise and discuss this complex issue of consent to treatment in this particular age group. Any similarity between our hypothetical case and any real persons is purely unintentional and by chance.

الملخـــص

مع نهاية الستينات بدات بعض التغيرات في القوانين المتعلقة بموافقة من هم دون سن الثامنة عشر على اتخاذ قرارات تتعلق بشؤونهم الصحية .سوف نقوم بعرض سيناريو افتراضي لطفلة في سن الخامسة عشر من عمرها بحاجة الى علاجات مضادة للأكتئاب النفسي وقادرة على الموافقة ولكن لا ترغب بأن يعرف والديها على أنها بحاجة لمثل هذاالعلاج أو حتى التحويل الى طبيب أمراض نفسية .كما أننا سنقوم بمراجهة عدد من الدراسات والقوانين الصادرة في بعض دول العالم .وفي النهاية سنقدم بعض الأقتراحات لأعداد قوانين تتلاءم مع حضارتنا وثقافتنا العربية.

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