

Confidentiality

Why do young people need it?

- Up to a third of young people have sex under 16.
- 50% of under 16s use no contraception at first sex.
- Britain has the highest teenage birth rate in Western Europe.

Confidentiality

Why do young people need it?

- 16-19 year old women have the highest rate of chlamydia of any age group.
- Improving young people's trust in the confidentiality of their practice should help remove one of the main obstacles that deter some teenagers from seeking early sexual health advice.
- Young people need to trust the confidentiality of general practice to seek advice on other personal issues too, such as drugs, bullying and depression.

Confidentiality

What do young people worry about?

- Deliberate breaches of confidentiality to parents/carers, particularly concerning pregnancy
- Informal, inadvertent breaches of confidentiality during a parent's visit
- 'Gossipy' receptionists
- Confidential information sent by post and intercepted by parents or carers
- Breaches of confidentiality by pharmacists, particularly in rural areas

Confidentiality

What does confidentiality mean?

- What is 'consent'?
- What is 'confidentiality'?
- At what age can a person consent to medical treatment?
- Can a health professional give contraception to young people under 16?
- Can confidentiality be maintained even if treatment is refused?

Confidentiality

A young person is competent to consent to treatment if:

- The young person understands the doctor's advice.
- The doctor cannot persuade the young person to inform his or her parents or allow the doctor to inform the parents that he or she is seeking contraceptive advice.
- The young person is very likely to begin or continue having intercourse with or without contraceptive treatment.
- Unless he or she receives contraceptive advice or treatment, the young person's physical or mental health or both are likely to suffer.
- The young person's best interests require the doctor to give contraceptive advice, treatment or both without parental consent.

These are the Fraser Guidelines which were issued following a House of Lords' judgement in 1985. They relate to contraception but similar principles apply where other medical conditions are under consideration.

Confidentiality

Codes of practice for health professionals

- Doctors, nurses and health professionals have a duty of confidentiality to patients of all ages, including under 16s.
- Only in exceptional circumstances may confidentiality be broken. Such a situation may arise if the health, safety or welfare of the patient, or others, would otherwise be at grave risk.
- Whenever possible, the patient should be informed before confidentiality is broken, unless to do so would be dangerous to the patient or others.

Confidentiality

Professional code for receptionists, medical secretaries, practice managers and administrators

- Anything learned from a patient, a medical practitioner, patients' records or correspondence must never be disclosed to any unauthorised person.
- “Members will behave in a manner calculated to maintain the respect and confidence of patients, demonstrating a high standard of professional conduct.”

Confidentiality

The legal framework and child protection guidelines

- Reporting a crime
- Access to health records
- The interests of children
- Child protection guidelines

Confidentiality

Why we need a confidentiality policy

- To provide a quality service to all patients
- To ensure a consistent approach from all members of the practice team
- To support staff

Confidentiality

Signing up to a practice policy

- Everyone in the practice should:
 - receive their own copy of the practice's confidentiality policy;
 - sign a 'confidentiality agreement' to ensure they have read, understood and agreed to abide by the policy.
- People who are working in the practice, but not employees (for example students, observers or volunteers) should also sign the confidentiality agreement.
- Other workers, such as contract cleaners or builders, do not have to read the policy, but must sign a simplified confidentiality agreement.

Confidentiality

Managing difficult situations with young people (1)

- Discuss involvement of parents or another appropriate person but respect the young person's final decision.
- The only exception to this is if there appears to be grave risk to their own, or others' health, safety or welfare which disclosure to another person or to an external agency might prevent.

Confidentiality

Managing difficult situations with young people (2)

- In the rare situation when a disclosure might be necessary against the young person's wishes, the health professional should address the following key questions.

KEY QUESTIONS

- How can the patient be best helped to protect him/herself, or others, from harm?
- Would further outside advice or intervention be helpful? If so, what is the best way of working with the patient towards a voluntary disclosure?
- Is the situation so serious and urgent that disclosure against the patient's wishes should be considered?
- What support or counselling will the patient be offered?

Confidentiality

Managing difficult situations with young people (3)

ACTIONS

- Address all the key questions.
- If concerns remain, consult within the practice team.
- Seek advice from appropriate sources, while maintaining the young person's anonymity:
 - British Medical Association
 - Local Medical Committees
 - General Medical Council
 - Royal College of Nursing
 - a professional defence body
- Keep the young person informed at all stages. Agree a 'safe' way to contact him/her.
- As all health professionals are individually accountable, the staff member seeing the young person should record any discussion and decisions at the time they are made.

Confidentiality

Managing difficult situations with young people (4)

NON-CLINICAL MEMBERS OF STAFF

- Non-clinical staff members must not take any decisions about disclosure of confidential information on their own.
- Concerns should be discussed with the GP or other health professional.
- The final decision about disclosure rests with the health professional.

Confidentiality

Accidental disclosures

- Disclosures of information may be accidental:
 - an overheard conversation;
 - a computer screen seen displaying confidential patient information;
 - patient records or correspondence left where they can be seen by others.
- If an accidental disclosure does happen:
 - A full apology and explanation need to be given to the young person, who may wish to invoke the complaints procedure.
 - The practice should have a critical incident analysis to identify how the disclosure happened, and to make sure that it doesn't happen again.
 - Disciplinary action against the staff member may be considered.

Confidentiality

Reassuring young people

- A statement about confidentiality in the practice leaflet
- A specific leaflet for young people
- A poster about confidentiality in the waiting room
- Talking about confidentiality in the consultation
- Informing other professionals, such as teachers and youth workers, that young people will be seen confidentially
- Asking parents to inform their children that they can seek advice confidentially

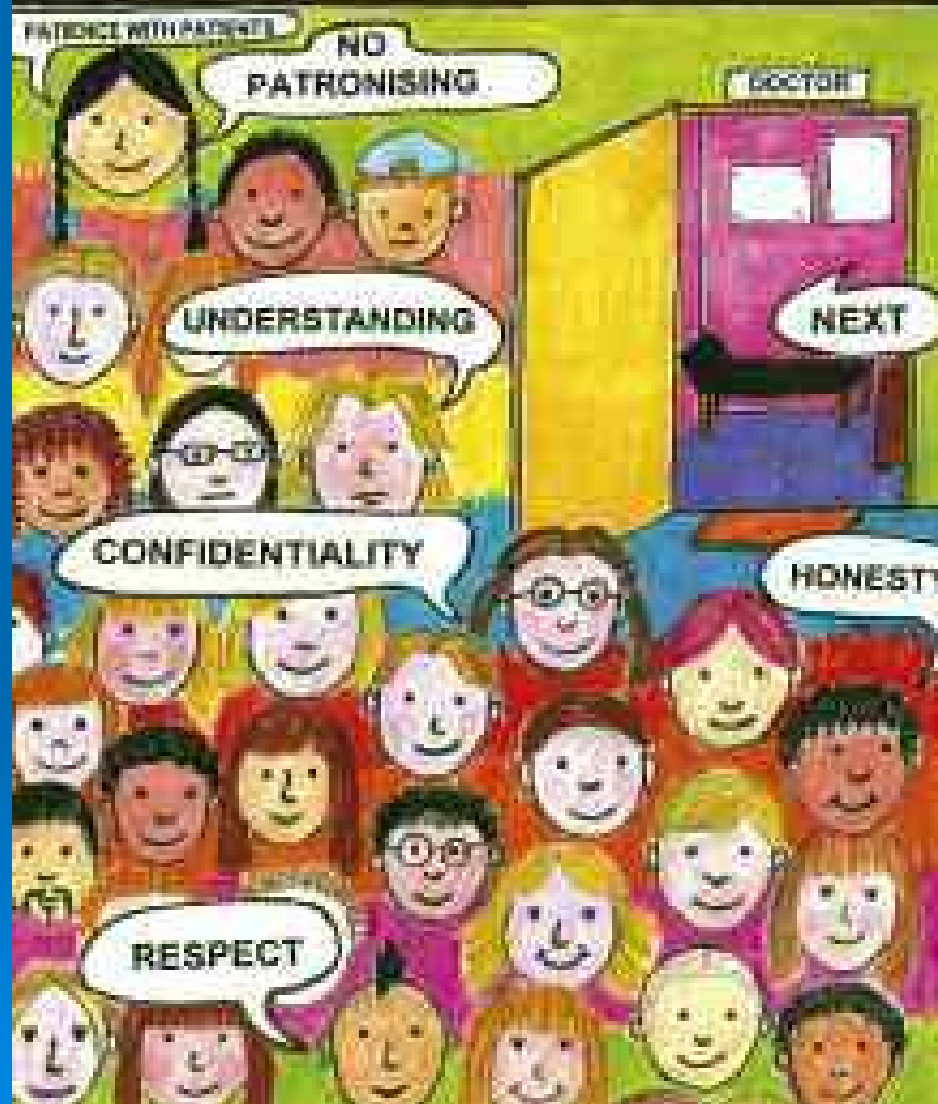


At this surgery, we
listen to the **patient!**



What is meaning to us?

Young People 4 Fair Treatment



RESPECT

From Your
DOCTOR

HOW
WOULD YOU
LIKE TO BE
TREATED
BY YOUR
DOCTOR?



What would you do?

Clinical Staff

Sarah, 15, disclosed that she was pregnant. Her boyfriend was 24. She was sure she couldn't have the baby and requested a referral for an abortion. However, she was adamant that she could not tell her mother with whom she had a turbulent relationship. At the suggestion of informing her mother, Sarah threatened to run away with her boyfriend.

Non-clinical Staff

Karen, 14, came into the surgery for a pregnancy test. She arranged that she would drop in for the result. A couple of days later, Karen's mother came in and asked the receptionist for Karen's test result.

What would you do?

Clinical staff

Dave, 15, is worried about a sore on his penis. He eventually tells you that he has been having sex with one of his teachers but is adamant that he doesn't want to get her into trouble. He says if any information is passed on, he will deny the relationship.

Non-clinical Staff

Kim, 14, comes into the surgery after school and asks the receptionist for an urgent appointment with the doctor. She won't disclose why she needs to see someone urgently but says she has to be back at home within the hour.

What would you do?

Jane, 15, came to see you for contraceptive advice. She didn't feel ready to talk to her parents about her sexual relationship but you considered that she was sufficiently mature to understand the nature and implications of the treatment and prescribed the pill, following the Fraser Guidelines.

Jane had told her mother that she was visiting you to discuss period problems. When her mother has an appointment the following week she asks about Jane's consultation and wants to know whether you have prescribed any treatment.

What would you do?

Alice, 16, comes to see you one evening at your house. She explains that because her mother is a receptionist at the health centre she was nervous about going there for advice.

She discloses that she has had unprotected sex the previous day and needs emergency contraception.