

Medical confidentiality related to the adolescent patient: a theoretical view

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Abstract

The present article focuses on medical confidentiality in the relationship with adolescent patient as parameter pervading the physician-patient relationship. Medical confidentiality is part of the ethical values and the legal rulings that must be followed by (the) health professionals. It is a duty inherent to the medical professional performance. This study was accomplished by means of bibliographical research with data collection in electronic bases. Its aim is to know and reflect about what has been published in the scientific literature in respect to medical confidentiality in the relationship with the adolescent patient. Taking care of adolescents constitutes a challenge for (the) health professionals due to the specificity involving (which involves) this phase of the human development. Therefore, it is necessary to acknowledge that there are not any single norms for solving the several situations presented, but, to that end, it is necessary to observe the hierarchical principles attempting to reconcile the best solutions.

Key words: Adolescent. Confidentiality. Privacy. Physician-patient relationship.

Resumo

O presente artigo enfoca a confidencialidade médica (comunicação sigilosa) na relação com o paciente adolescente, como parâmetro que permeia a relação médico-paciente. A confidencialidade médica faz parte dos valores éticos e das determinações legais que devem ser seguidas pelos profissionais da área da saúde. E dever inerente ao desempenho da profissão médica. Este estudo foi produzido mediante pesquisa bibliográfica, com coleta de dados em bases eletrônicas, com o objetivo de conhecer e refletir sobre o que vem sendo publicado na literatura científica a respeito da confidencialidade médica na relação com o paciente adolescente. Cuidar de adolescentes é um desafio para os profissionais de saúde, dada a especificidade que envolve essa etapa do desenvolvimento humano. Portanto, é necessário reconhecer que não há normas únicas para resolver as diversas situações apresentadas, mas, para tal, é preciso pautar-se em princípios hierárquicos, tentando conciliar as melhores soluções.

Palavras-chave: Adolescente. Comunicação sigilosa. Privacidade. Relações médico-paciente.

Resumen

El secreto médico en la relación con el paciente adolescente: una visión teórica

El presente artículo da énfasis al secreto médico en la relación con el paciente adolescente, como parámetro que orienta la relación médico-paciente. El secreto médico hace parte de los valores éticos y de las determinaciones legales que deben ser seguidos por los profesionales del área de salud. Es obligación inherente al desempeño de la profesión médica. Este estudio se ha llevado a cabo por medio de investigación bibliográfica, con recolección de datos en bases electrónicas, con el objetivo de conocer y reflejar acerca de lo que ha sido publicado en la literatura científica en lo que tañe al secreto médico en la relación con el paciente adolescente. Cuidar a los adolescentes es un desafío para los profesionales de salud, dada la especificidad que representa esa etapa del desarrollo humano. Por lo tanto, es necesario reconocer que no existen normas únicas para resolver las diversas situaciones presentadas, pero, para tanto, es necesario pautarse en principios jerárquicos, tratándose de conciliar las mejores soluciones.

Palabras-clave: Adolescentes. Confidencialidad. Privacidad. Las relaciones médico-paciente.

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The physician-patient relationship is an essential theme in Medicine, because it aims to recover the value of the medical practice in a more humanized perspective. Under such ethics, the proposed approach in this paper will be the medical confidentiality for a specific public: the adolescent patient.

Confidentiality is defined as a tacit agreement between the health professional and the patient, in which the information discussed during the consultation or interview may not, at its conclusion, be given to other people without explicit permission. In case of adolescents given to their parents or tutors. Thus, confidentiality relies on rules of medical ethics, on moral principles, and on the idea of autonomy.

Traditionally, confidentiality is linked to professional ethics. Since Hypocrites' Oath it constitutes one of the pillars of medical deontology, confidentiality encourages patients to describe all their life problems and circumstances, which increases the physician's capability to undertake more accurate diagnosis.

Bioethics reflection on confidentiality during the adolescence phase may induce to enhance the physician-patient relationship. Without the intention of introducing new fundamental ethical principles, bioethics reflection proposes to apply philosophical ethics to a new set of situations in the health sector.

When analyzing bioethical dilemmas. It is necessary to recognize that there are no single standards to solve the diversity of presented situations, as it is necessary, then, to be guided by overall hierarchical principles with the objective of improving solutions, bearing in mind casuistry ¹.

Principlist bioethics, which traditionally targets biomedical sector deadlocks, is governed by the principles of autonomy, beneficence, non-maleficence and justice. The principle of autonomy, also known as the principle of respect towards people, presupposes that individuals have the right of self-government, that is making their decisions regarding their choices and actions, and it recognizes the individual's mastery over own life, emphasizing respect to intimacy ².

Specifically in the health area, the principle of beneficence has as guiding axis the search for patient's wellbeing and his interests, according to criteria provided by many health professionals and by the patient himself on what should this wellbeing truly be. These two principles are related directly to confidentiality and the issues deriving from its application to adolescent patients.

The major bioethical dilemma faced by professionals and researchers who work with children and adolescents regards confidentiality of the information obtained from the participant. The assurance of preserving information privacy, in addition to legal mandate, is the duty of every professional and institution ³. When free and clarified consent is obtained from those responsible and from the adolescent, it should be clear that silence will be kept on provided information and that privacy will be preserved.

While adolescents are part of the family's functioning, one may argue that they are legitimately the object of guidance by parents. Thus, one questions: which consideration may justify a physician's decision to reveal confidential information to parents? Adolescent's lack of maturity, the potential to harm himself and other deriving from his behavior, as well as parents' interest in their adolescent children, would be some of them. Of this, one infers that confidentiality may be obnubilated when there is a clear justification, such as effective risk of serious damage. But, usually, adolescents should be motivated, although not forced, to involve parents in their medical care.

To know and reflect on this delicate situation, which occurs in any physician-patient relationship but, that has specific undertones when the patient is an adolescent, is the objective of this study. In order to achieve it, an assessment was undertaken in scientific literature related to medical confidentiality regarding patients of this age range.

Method

It is about the review of the literature, carried out in the period of January to June 2011, in which books and journals were consulted, through the non-systematic review of scientific literature, as well as the search for scientific articles in MedLine, Scielo and Lilacs databases, through the Virtual Library in Health/BVS website. The search in the databases used the terminologies registered in the Descriptors of Health Science (DeCS), created by BVS. The keywords used in the research were "adolescent" and "medical secret".

For the studies found, the criteria of inclusion were the approach of the physician-patient relation and the interaction with the adolescent modality, in study. The studies that approached diseases that strike only teenagers were excluded. From total identified articles, 19 papers were selected to be analyzed, that responded to the inclusion criteria.

Adolescence

According to the World Health Organization (WHO), adolescence is the period between 10 and 19 years old⁴. During this interval, important changes occur in the body (puberty), affecting the ways of thinking, acting and the performance of social roles. These physical, emotional and social transformations cause important changes in the relationship of the adolescent with his/her family, friends and partners, and in the way he/she sees him/herself as a human being⁵.

Considering adolescence as a period of deep changes, since it is about the passage from childhood to adulthood, the sociability of family life for broader social relations, the professional who works with this age range must have a posture regarding its specificities. The puberty metamorphosis that cause internal and external alterations in the adolescent^{3,5-13}, as well as the psycho-social changes that occur in this phase of life, imply the need for the professional to know deeply the area in which they work, in order to ensure a quality assistance⁷.

The alterations that the adolescents go through are biological, and affect, at the same time, the personality, making the body acquire a new shape, which changes the mental image⁸.

The normal adolescent presents the following characteristics: the search for self and adult identity, in progressive separation from the parents; tendency to live in groups and to develop abstract thinking; the need to intellectualize and fantasize; evolution of the sexuality and, at the same time, the emergency of metaphysically based crisis (religious or ideological); singular temporal living, with social claiming attitude, besides constant mood swings and contradictory behavioral manifestations¹⁴.

Another important aspect of adolescence is related to understanding it as a moment of rupture and renunciation of childhood safety (and protective familiar environment) toward achieving autonomy and independence. And a period marked by frequent questionings related to the capacity for the self-care¹⁰. It is about a phase where the teenager starts to seek, by himself, answers for their doubts and to acquire responsibility for his acts.

In this period, a need of proving to themselves and to the others that they can have their own ideas that they are able to think about their own lives and to decide which path to take is awakened. Under this prism, the attention they require (from parents, educators and health professionals) implies in conducting the adolescent to accept the consequences of his choices, so he can grow, get more mature and manage to find himself⁷. In order to achieve results, the parents must adapt to the behavioral changes of the growing children.

This posture, however, is not easily achieved. Adolescence is a phase of changes in which the teenager alternates the new claims and manifestations pertinent to the sketch of adult life with immaturity that is still present from the previous phase. This inconstancy is common for this age. For this reason, it is extremely necessary that the parents understand and support their children at this point of life. Certainly, this must be done by interacting with the adolescent and encouraging them to move forward. The relation with the professionals that act along with the adolescent should be guided by the same attitude, to ensure quality of life and health during this transition.

Confidentiality in Adolescence

Confidentiality should not be a prerogative of adult patients, because it is attributed to all age ranges, constituting a question of ethical and legal rights to privacy that restricts third parties' access to the private and intimate scope of the person, that being through physical contact or through idea revelations, information, facts or feelings¹⁵. Legislation recognizes that mature minors have the right to decide about their medical treatment and to receive confidential medical care¹⁶.

And during this period, the focus of the professional attention diverts from the mother directly to the patient. Especially from this phase on professionals start to make questions about the maturity of the adolescent. However, the health professionals, particularly the doctor, should ponder a few factors to evaluate the maturity of the teenager and guarantee secrecy around the treatment, what can be done when evaluating how they get the tasks inherent to their abilities and cognitive capacities, such as auto-care, for example. The process of evaluation of maturity needs to consider the characteristics of the adolescent, the severity of proposed treatment, the familiar factors and the legal restrictions.

Just as it occurs with adult patients, the ethical principles of health assistance of the adolescent refer, mainly, to privacy, confidentiality, secrecy, and autonomy. However, the dubious characteristics of this transition period, in which the adolescent still is not an adult, affect the scope of the confidentiality in the relation between the adolescent and the physician⁹. Most adolescents would not reveal certain information if the confidentiality was not ensured¹¹.

As the relation physician-patient, in these circumstances, is permeated by constant ethical conflicts, the professionals must consider the following aspects in the process of assistance to the teenagers: 1) evaluate the degree of comprehension; 2) be aware of the laws and statutes; 3) carefully document the information and discuss the cases with the team. Such considerations are essential for the adolescent universe be more protected and the patients within this age range

have more security from those assisting them¹².

Having in mind these assumptions, since the primary attention, the rights of the adolescents on information, privacy and confidentiality must be carefully verified. Physicians must be aware of the need to incentive the communication between patients in this age range and their parents, as well as safeguarding the patients' rights to secrecy¹³. That is why the assistance to adolescents is a challenge to contemporaneous medical practice, for the epidemiologic characteristics of morbimortality of this age range, as for the medical, legal and social controversies, concerning the rights to privacy and confidentiality of the relation between the physician and the adolescent³.

The inherent peculiarities of medical assistance to adolescents are more and more recognized and valued, mainly because physicians that assist adolescents on a daily basis may face ethical dilemmas of difficult solution. The medical secret or the obligation of keeping the patient's secrets and ethical premise for the professional activity is the basis of the good physician-patient relationship. For this reason, the professional must have in mind that the information belongs to the patient, in this case, the adolescents.

In the situations where it is necessary to disclose this information (for example, when the diagnosis risks their own health or health of others), the patient must be communicated, justifying the reasons for such procedure¹⁷. However, it is known that the conflicts of interest are constant between the adolescents and their tutors. Deviating from the rigidity of the deontological rules, as a behavior pattern, such situations must be individually studied, building jointly (and, if possible, consensually) a *truth for that moment*¹⁸.

If, as seen, the obligation to keep confidentiality does not diminish just because the patient is an adolescent, due to this age, physicians must be constantly aware so the relation established with the patient may watch over the mutual respect, without incurring in any risks for the other. Therefore, they must seek to understand the adolescent's universe, which will benefit the relation with them¹⁹.

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Confidentiality respects the adolescent client as a person, and recognizes his autonomy and right to privacy. These rights must be remembered, regarding, as well, the responsibility of the adolescent patient concerning his own health. And it is important to highlight that keeping the confidentiality in a verbal way is easier than in the written way, above all if the patient data are filed in the computer, to which many professionals have access ²⁰, including those who are not a part of the health team.

Keeping the confidentiality is, therefore, a fundamental matter in the adolescent's health care. Its absence may be the main barrier for an adolescent to seek medical care ¹³. And, as it is known, the access to the health services is essential for the treatment to be provided in a timely manner.

Aspects of the physician-adolescent patient relationship

The fundamental aspects of the physician-patient with the adolescent are built, mainly, on the respect to the individuality that must be seen as a person, and not as an object to the medical practice, deserving, for that, holistic care. Adolescents must identify themselves with the doctors assisting them, but, at the same time, the parents or tutors cannot be totally apart from the assistance, because they can also benefit from information and clarifications, in order to develop a more harmonic relationship with their children or to assist them regarding prophylactic and therapeutic measures prescribed by the professional.

To get the trust and ensure the respect from the adolescents, the professional cannot forget that they are apt to talk about themselves, and emit judgments, which may even bother the professional. For this reason, there needs to be openness for dialogue and the possibility of jointly facing eventual difficulties. In the relation kept with the health professionals, the guarantee of privacy and confidentiality are perceived by the adolescents as an expression of their process of individualization and the recognition, by the professional, of their maturity.

Concerning this aspect, it is necessary to highlight that the important thing to ensure trust is not if the professional may reveal information obtained in a consultation, but if the adolescent allows that to be done with the breach of secrecy, either for the family or to law representatives. The secrecy of the assistance must be ensured facing a debate in the services that aims a consensus among the professionals about the situations where there is the absolute need that it must be breached².

Secrecy has always been considered a moral characteristic, mandatory, for the medical profession. Contemporaneously, a more rigorous theoretical construct, centered on the needs and rights of the citizens to intimacy, and started to be known as confidentiality. This double nature of the concept of professional secret makes it a right-duty, generating a specific obligation for the health professionals ²⁰. Such characteristic must be observed in an even more emphatic way, related to the adolescent patient, whose social/legal situation increases vulnerability, in view of the health problems.

Under this perspective, it is necessary to produce a therapeutic ring, through which such decisions are shared and informed to the adolescent patient. The attitude of the professional must be warm and sympathetic, since unknown or misunderstood situations are more threatening than the ones decoded in a comprehensible and soothing language. To assist the adolescent, the physician must develop skills favoring direct communication that contribute for the comprehension and satisfaction of the patient, providing greater adhesion to the treatment²¹.

The health care of adolescents still emphasizes other aspects that, generally, cannot be forgotten in the medical practice. Among those, communication, the power spring for the promotion of a humanized assistance, stands out. To communicate is sharing with someone an information content, thoughts, ideas and desires, through common codes ²².

In the communicational process, the speech is the most used universally in the health scene, such modality is of extreme importance in the professional-patient relationship. In this context, confidentiality becomes a virtue, because it is the

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patient's right as well as the doctor's, and may be defined as a kind of informational privacy present in the assistance process to health, when a piece of information is revealed in the context of clinical relation. When the professional becomes aware, he commits himself on not disclosing it to third parties without the permission from the one who informed it ²⁰.

In the specific case of the adolescents, the biggest vulnerability of this group of aggravations, determined by the process of growth and development, puts them in the conditions of vulnerability to many different risk situations, such as early pregnancy, often undesired, STD/AIDS, accidents, several kinds of violence, maltreatment, drug use and school evasion ¹⁷. The diversity of these factors demonstrate the fully justified need of promoting integral attention to the adolescent's health, taking into consideration the specific needs of this age range. Because of this, the doctor who practices adolescent medicine (Hebiatry), must worry about the peculiar ethical dimensions of their relation with the patient during this period of life.

However, independently from the specialty, all the doctors must share the obligation of benefitting their patients, which demands technical practices, but also comprehensive medical care. It is good to highlight that, to treat the adolescent patient, this obligation acquires additional and subtle undertones, demanding the physician to go beyond the professional model (as prescribed by the deontology) and convert himself in a human being model ²⁰, causing sympathy and trust.

In the ethical approach, the health professional must inform the patient, initially, the limits governing the service, related to confidentiality. In the case of this age range, it is also essential to inform the family that the communication and referral of the questions related to the adolescent may be damaged if the confidentiality is breached, without clear reason and consent between him and the professional ²³, searching to make them understand this essential aspect of the physician-patient relationship.

The matters that involve the need to keep professional secrets, the right to privacy and the confidentiality in the relation of the physician with

the adolescent patient permeate other equally complex aspects. The consent includes dialogue between both, meaning to respect the desire of the adolescent to be examined or not at consultation ²⁴. It is important to remember that each adolescent is unique, being primordial the respect to this individuality, as an integral part of the consultation ¹⁹.

The models of care of the adolescent are based in the global care, which consider him as an indivisible human being, with needs, health problems and relations with the environment. Currently these models are implemented (mainly) in the health institutions connected to universities that have multi-professional teams and partnerships outside the health area, such as education, law, and work, and unfold in the primary, secondary and tertiary levels, having as main focus the prevention of aggravations and the promotion of health ¹.

Final Considerations

When assisting any patient, the doctor must consider the autonomy of their choices. And it is their duty to offer all the alternatives of information, in a clear, easy and accessible way, independent of any circumstances. In the caring for the adolescent health, it is relevant to emphasize the concepts of autonomy and freedom of choice that turn the patient into a subject in the relation he establishes with the physician. Therefore, independently of the adolescent's age, the professionals must value his maturity and, consequently, his autonomy to decide on the issues of respect, thus stimulating his capability to respond over those choices.

Because of the legal, social, behavioral, psychological and biological specificities of this age range, one may conclude that the duties of the doctor concerning the preservation of the data from a patient are associated both to privacy and confidentiality, because privacy, even when there are no direct relation, delegates to the professional the duties to safeguard the information he has obtained and to preserve the patient. Thus, to deal with adolescent patients, the professional needs to always ponder to define the limits of the confidentiality, facing the risks to which the

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youngsters of this age range are exposed. With this care, and the attention directed to the development of a relation guided by trust and sympathy, there may be established a relation medic-patient oriented to ensure the health and life quality of the adolescents they assist.

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Authors' participation

Maria de Fatima Santos prepared the article. Thalita Esther Santos participated in correction and in critical review and Ana Lais Santos in literature and final reviews.

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