AAP Policy Statement

Consent for Medical Services for Children and Adolescents

Major societal changes affecting the provision of child health care have occurred over the last few decades. In the area of emergency services consent for medical treatment is an important issue. The purpose of this statement is to outline major considerations involving consent and provide the physician with practical guidelines concerning this issue.

Today fewer than one third of children live in two-parent families in which only the father works outside the home. Because of foster care placement, or temporary or permanent arrangements with relatives or friends, parents may not be available to give consent for treatment of their children.

Unaccompanied minors may seek medical attention in any one of a number of locations. Some go to the emergency department, 14% of which have no policy regarding consent for the care of these patients. Unaccompanied minors younger than 18 years of age account for 3.4% of all emergency department visits. Twenty-two states and the District of Columbia now have laws concerning the "mature minor." Most other states have provisions in which competent minors may arrange for care involving contraceptives, pregnancy, abortion, sexually transmitted diseases, drug and alcohol abuse, and psychiatric disorders.

The dilemma for emergency physicians and practicing pediatricians alike is whether to follow a strict interpretation of the law or to adopt a more practical approach. Clearly, consent is not required in life- or limb-threatening emergencies, although the definition of emergency varies from state to state. However, in most instances, only routine care, not emergency care, is needed. As a result, many physicians fear charges of battery or litigation should their judgment regarding treatment be questioned. In support of a common sense approach to treatment, Holder noted that in a review of 30 years of emergency medical care, lack of consent was not the basis for a judgment against the physician. Legal definitions aside, the overwhelming sentiment is that physicians should be guided by an approach that is in the best interest of the patient.

To provide expedient care for children in an ethical, legal, and reasonable manner in emergency departments or in other situations where nonelective medical treatment is given, the American Academy of Pediatrics makes the following recommendations:

1) Pediatricians would be well served to become familiar with their state and local laws and institutional policies regarding consent and the definition of emergency. Several authors have summarized current state laws and provisions for care of unaccompanied minors. State or local medical societies may be consulted for information or for copies of state or jurisdiction statutes. AAP state chapters may wish to take an active role in informing their membership of existing statutes in their state regarding consent, the mature minor doctrine, and the definition of emergency.

2) Emergency departments and clinics should develop practical written guidelines regarding consent. These policies should be based on the nature of the practice and local or state law. Pediatricians should consider whether they need such guidelines for their office.

3) When another adult is acting in place of a parent for a child (in loco parentis), the physician should document the situation in the medical record, including attempts to obtain verbal or written consent from a parent.

4) Physicians in primary care settings might assist parents by providing them information regarding the need to provide written consent for nonelective medical treatment for their child when unavailability can be anticipated, including times when the child is in child care, left with friends or relatives, at school or camp, or with noncustodial relatives.

5) Pediatricians should encourage parents to become familiar with child care, school, and other institutional policies.

6) Parents should provide child care centers, schools, or other caretakers with the following information: how they can be reached if medical care becomes necessary; basic information about the child's health care record, including immunizations, allergies, medications, and chronic illnesses; and preferences for a physician or facility for treatment. Written consent should be provided.

7) Parents should be certain their children know their home address, phone number, and the name of their parents' workplaces. In appropriate situations, physicians should discuss with parents, and with internal hospital disaster committees, methods of identifying children (i.e., shoe string tags or arm bands) in the event of a mass casualty disaster.

8) Schools should be urged to follow the guidelines outlined in the AAP policy statement "Guidelines for Urgent Care in School." Among other important issues, this statement suggests the following: (1) every school district should identify individuals who are authorized and trained to make urgent medical care decisions; and (2) parents should be informed about injuries their children receive at school as quickly as possible; (3) if a parent or legal guardian cannot be reached, the name and telephone number of an individual to be contacted in case of emergency should be readily available; (4) a description of illnesses or injuries of a serious nature (those illnesses or injuries in which a student, or visitor is released from school to see a physician or to be seen at a hospital) should be recorded on an illness and accident form according to predetermined district procedures.

9) Barriers to effective medical care of children should be removed. No evaluation of a life threatening or emergency condition of a child should be delayed because of a perceived problem with consent or payment authorization. Decisions regarding the emergent nature of treatment should be made on the basis of that evaluation.

10) Social service or other governmental agencies should have given or be available to provide consent for children in foster care. Model legislation should be developed giving foster parents, noncustodial parents, and other surrogates the authority to give consent for emergency medical care. Such legislation might include the following statement and conditions:

The act of leaving a child with a custodian by the parent or the state represents implied consent in situations where the parent is not immediately available for verbal consent, and nonelective medical care is needed. These situations might include, but are not limited to, the following conditions:

a) relief of pain or suffering

b) suspected serious infectious disease

c) assessment and treatment of serious injury

d) life-, limb-, or central nervous system-threatening conditions

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The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

This policy statement is not for release to the media until May 20, 1993.

Perspective

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reason, probably." Speaking as a private pediatrician, he says: "I'm appalled. This can cause some real havoc."

Forgotten Horrors

Physicians say they are particularly concerned about the chiropractors' suggestion that spinal manipulation can tune up the immune system to such a point that vaccinations and antibiotics aren't necessary. Parents, they fear, may be receptive to this message precisely because these drugs have worked so well. People no longer remember the horrors of polio, or the scars that many children had behind their ears after surgery for mastoiditis.

Chiropractors' critics say it is one thing for an adult to reject the lessons of medical history and embrace a philosophic alternative, and quite another thing to make that decision on behalf of a child. "It's criminal to tell kids not to get immunizations because somehow cracking their backs can prevent infectious disease," says John Bolton, a San Francisco pediatrician. "It's not reportable as child abuse, although it's certainly abusive."

Rita Swan, president of Children's Healthcare Is a Legal Duty, a nonprofit advocacy group in Sioux City, Iowa, says, "It's quite frightening because chiropractors are state-licensed, and I'm not sure the child-abuse laws mandate that we take children to actual physicians. If we license these people and a parent takes a child to be treated by them, can we hold the parent responsible if the child is injured?"

Of course, chiropractors who cleave to the subluxation theory regard that question as absurd. In their view, it is irresponsible not to have a child's spine checked for misalignments and adjusted. As for critics who say that seeing a chiropractor for primary care can delay appropriate medical intervention, Ms. Rangnath of the ICA says, "I think they have it backwards. There have been many children who have been treated by doctors who have said, 'I can't do anything more for you,' and as a last resort they are taken to a chiropractor and they have recovered."

Dr. Peet, the Vermont chiropractor, says her clinic adjusts the spines of perhaps 150 to 200 patients a day, most of them children and some of them infants. "We check them when they're 24 hours old," she says. "Very gently, it's almost just a tapping, we push the bone back into alignment." She says she has cured children of infections, asthma, allergies and other common ailments, but adds that most of her work is preventive. "Chiropractors are seeing that if you start young with a child you have a better chance to improve their well-being," she says.

Circular Logic

State laws regulating chiropractors vary; in New York, they are barred from treating infectious diseases, but in most states they are not. In California, state regulations seem to be based on a tautology: "A doctor of chiropractic in California can treat any condition as long as it's treatable by chiropractic," says Vivian Davis, executive director of the state's Board of Chiropractic Examiners.

Asked whether she is concerned about marketing aimed at children in California, where alternative medicine is particularly popular, Ms. Davis says, "I don't see why a parent shouldn't be able to have access to all kinds of medical care ... Certainly a doctor should be able to build up the business side of his profession."

For chiropractors who are unsure about how to do this, a recent article in *Today's Chiropractic* magazine suggests the following helpful script:

Doctor: Tell me about your son's health.

Patient: Todd is in great shape.

Doctor: Any health problem?

Patient: No, not really. He is very athletic and has lots of energy.

Doctor: Is there any problem that he has that you might consider to be normal or uncurable?

Patient: You mean like hay fever?

Doctor: Yes, like hay fever.

Patient: Well, Todd has hay fever, but so do I.

Doctor: Do you know what I would suggest?

Patient: No.

Doctor: I would suggest you bring your children with you on the next visit. I will do a brief checkup as a gift to you, at no charge. If I find something I feel we can do to help them, I will let you know ....
