



REPRODUCE

Refusing treatment to minors without parental consent

For more on this topic, go to www.dentaleconomics.com and search using the following key words: *minors, parental consent, office policy, telephone consent, written consent, emergency treatment, Dianne Glasscoe-Watterson.*

Dear Dianne,

My question concerns treating minors. Recently, I had as a patient a pregnant 16-year-old that does not live at home any longer. She had a large carious lesion in tooth No. 14. Since she is estranged from her parents, I could not get a signed consent to treat her. She became very angry when I refused to treat her without the proper consent. The patient stated she was emancipated, but had no written verification. She even threatened to sue me. Was I wrong in refusing to treat her? Also, what about parents who drop their children off for treatment, but do not remain on the premises?

Dr. B

Dear Dr. B,

Your inquiry prompted me to do some research. According to an article on treating minors, a minor who is married, pregnant, or the parent of a child has the same capacity as an adult to consent to medical/dental treatment (http://irb.jhmi.edu/Guidelines/Informed_Consent_Minors). Being pregnant means she can give her own consent and does not require the consent of a parent. Therefore, the patient in question was correct in that she did not need outside consent. (This law may vary in other states.)

In dealing with parents and minors who are patients of record, there is not a huge likelihood that a clinician would be charged criminally if something happened, such as the child having a seizure or an allergic reaction. According to Casey Crafton, DDS, JD, of Columbia, Md., the act of a mom dropping a child off for treatment could be taken as “implied” permission.

Petra von Heimburg, DDS, JD, of Barrington, Ill. (www.ceprofonline.com) offers this perspective:

“Every office should think long and hard about their policies regarding the treatment of minors. This is an area of the ‘judgment call.’ For example, I would not suggest that an office allow a parent to drop off a five-year-old and leave the facility. I would also suggest that when the minor (of any age) is undergoing oral surgery that the parent/legal guardian is present. An office should tailor its treatment policy regarding minors to its ‘comfort level.’”

From a practical perspective, some offices may feel comfortable being more “liberal” in their policies. Here is a sample letter that could be used:

“Dear Parent,

It is the office policy that the parent/legal guardian may leave the facility while the minor is being treated, provided that:

- a. The minor is over the age of 10 years, or*
- b. The procedure to be done involves routine dental treatment, such as cleaning, fluoride treatment, or fillings, and*
- c. The parent/legal guardian is available by phone, and*
- d. The parent/legal guardian has signed all the required documentation, and*
- e. The parent/legal guardian has informed the office beforehand that he/she will be leaving the facility or that he/she will not be present.*

We will inform the parent/legal guardian at what time the treatment is expected to be completed. In case the minor is being picked up, we expect the parent/legal guardian to return on time.”

Informed consent for minors is about a parent or guardian’s understanding and willingness to voluntarily agree to proposed treatment after the recommended treatment, alternate treatment options, and the benefits and risks of treatment have been thoroughly described to the parent in common language.

Some general facts about consent are:

- ❶ It must be informed and freely given.**
- ❷ In the case of an emergency, consent can be implied by law.**
- ❸ Telephone consent is permissible if it contains all the elements of a valid consent, i.e., the parent/guardian be contacted and a third party be listening on an extension as a witness with complete documentation.**
- ❹ Written consent is required for some procedures, particularly surgical procedures or those with significant risks. However, consent need not be in writing to be valid.**
- ❺ The patient must have opportunity to ask questions.**

DE

Dianne Glasscoe-Watterson, MBA, assists dental practices in achieving their highest potential through practical, effective, on-site consulting. Call (301) 874-5240 to discuss how your practice management challenges can be solved. Visit Dianne’s Web site at www.professionaldentalmgmt.com or e-mail her at dglasscoe@northstate.net.