GUIDANCE ON PRESCRIBING OF CONTRACEPTIVES TO GIRLS UNDER 16 YEARS

Prescription or supply of contraceptives under a patient group direction (PGD) to female patients under 16 years of age presents many legal and ethical issues which require consideration before a supply is made. This document aims to provide a concise guide to support clinicians in meeting their responsibilities; however it does not overrule a clinician’s assessment of an individual.

Clinicians are reminded that when faced with a female patient under 16 years of age, seeking contraception, they must make any decisions with the individual patient’s best interests in mind. The healthcare professional must assess whether the patient is deemed to be Gillick competent - that is, that they are capable of consenting to medical treatment without the need for parental permission or knowledge - before making a decision. Clinicians should inform their child protection lead about sexual activity involving children under 13, who are considered in law to be unable to consent.

Underage sexual activity should always be seen as a possible indicator of child sexual exploitation. Sexual activity with a child under 13 is a criminal offence and should always result in a child protection referral.

Even if a clinician considers a patient to meet the Gillick competence test they must be vigilant to factors that may suggest a young person is involved in an abusive relationship.

The following information is relevant to all clinicians considering supply of contraceptives to girls under 16 years.

The Medical Defence Union recommend doctors who are faced with a request for contraception from a patient under 16 to consider the following:

- If a young person is under 16 but deemed Gillick competent, a doctor can provide contraception, sexual and reproductive health treatment.
- When dealing with a request for contraception for someone under 16, it is important to establish a rapport, give support and give time to make an informed choice by discussing the emotional and physical implications of sexual activity including the risk of pregnancy and sexually transmitted infections.
- The duty of confidentiality owed to a young person is the same as that owed to any other person. This duty of confidentiality is not, however, absolute and where there may be a risk to the health, safety or welfare of a young person or others which is so serious as to outweigh the young person's right to privacy, a doctor should follow locally-agreed child protection procedures. (link to Dorset policies)
- Factors which may suggest an abusive relationship include:
  - A young person too immature to understand or consent.
  - Big differences in age, maturity or power between sexual partners.
  - A young person's sexual partner having a position of trust.
o Force or the threat of force, emotional or psychological pressure, bribery or payment, either to engage in sexual activity or to keep it a secret.
o Drugs or alcohol used to influence a young person to engage in sexual activity when they otherwise would not.
o A person known to the police or children protection agencies as having abusive relationships with children or young people.

The NICE Clinical Knowledge Summary (CKS) on contraception identifies all of the above criteria as requirements for consideration in a consultation and highlights the legal tests which must be met:

In England and Wales, it is lawful to provide contraceptive advice and treatment to girls less than 16 years of age without parental consent, provided that the Fraser guidelines have been met.

According to the Fraser criteria, contraception can be provided if:

- The young person understands the advice given to her by the health care professional.
- The young person cannot be persuaded to inform her parents, or to allow the healthcare professional to inform them.
- It is likely that the young person will continue to have sexual intercourse, with or without the use of contraception.
- The young person’s physical or mental health may suffer as a result of withholding contraceptive advice or treatment.
- It is in the best interests of the young person for the clinician to provide contraceptive advice or treatment, or both, without parental consent.
- Consider child protection issues.
- Document assessments made of competence and vulnerabilities.

The CKS document also provides recommendations on which contraceptives to use where a clinician feels on balance that they are required. (link)

References:


Further useful resources


Produced by the Designated Nurse for Safeguarding Children and the Medicines Management team of NHS Dorset Clinical Commissioning Group

Approved by the Dorset Medicines Advisory Group

First published June 2015