

# Alberta Doctors' Digest

## A physician's approach to the unvaccinated teenager

How should physicians approach teens who ask to be vaccinated against parental wishes? Is parental consent required? What approach, if any, should physicians take with teens who have grown up under parental anti-vaccination rhetoric?

These are all questions that have come to the forefront given the recent rise of measles cases in North America and the recent notoriety of teens who assert themselves as capable of giving consent for vaccines contrary to parental wishes.

While ages and laws vary across the country, Alberta recognizes mature minors as capable of giving consent to a medical treatment or procedure without input from their legal representative. Alberta Health Services policy defines a mature minor as “a person aged less than eighteen (18) years, who has been assessed and determined as having the intelligence and maturity to appreciate the nature, risks, benefits, consequences, and alternatives of the proposed Treatment/Procedure(s), including the ethical, emotional and physical aspects.”

Legally, the mature minor doctrine plays out on a case-by-case basis, so a minor may be competent to make decisions about vaccines but maybe not about open-heart surgery. Accordingly, when a physician can establish that the teen is a mature minor, vaccines can be provided in the absence of parental consent. As vaccines are considered safe, and given that discussions around vaccinations would be relatively straightforward, finding teens in the 13- to 15-year-old range to be mature minors for the purpose of receiving vaccines is likely.

Early this year an 18-year-old Ohio teen, Ethan Lindenberger, entered the spotlight as he had himself immunized and then told a Senate hearing how he “grew up understanding my mother’s beliefs that vaccines are dangerous [but] I looked into it; it was clear there was way more evidence in defense of vaccines.”

Lindenberger is one of the children of anti-vaxxers questioning and opposing the faulty teachings in which they were raised. The World Health Organization has called these parental teachings one of the top 10 risks currently facing public health globally.

So, is there a legal duty for physicians to proactively discuss vaccination with teens who grew up under a parental regime where vaccines are shunned? Adolescents “... all have to rebel in one way or another, and it would be pretty cool if they chose to rebel by getting immunized,” said Dr. Joan Robinson, a pediatric infectious disease specialist at the University of Alberta in a recent interview with the *Vancouver Sun*. “I guess the question that's being asked is, ‘should we put the idea into their heads?’”

It can be argued that bringing up the topic of vaccines to competent but unvaccinated teens should be as normal as bringing up smoking cessation with a patient who’s a known smoker. Indeed, the failure to do so could pose risks. As Timothy Caulfield, a professor of health law and policy at the U of A, recently told the *Canadian Medical Association Journal*, “... (a)s a thought experiment, you could imagine a teen saying, ‘You knew I wasn’t vaccinated. You knew I was competent to make that decision. How

come you didn't tell me about it?" Caulfield also states, "... there is an obligation to revisit this topic with a patient who has become competent."

Ultimately, of course, it is a question of whether the physician, in choosing whether to explain the benefits and risks of vaccination, has met the standard of care required. The answer to that question may, unfortunately, end up in the hands of the courts and experts retained to advise. That standard may vary depending on the vaccine and whether there are rare exceptions where the vaccine may be contraindicated because of things like underlying medical conditions. These rare exceptions may be less common than the measles vaccine in the headlines.

Physicians seeking additional resources on determining consent and on mature minors and vaccines should look at the online materials available at both the CMPA and CMA.