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PRESS RELEASE

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LEGAL ABSORBTION AND PARENTAL PERMISSION:
THE NATIONAL AIDS COUNCIL REMAINS
FAVOURABLE TO CONFIDENTIAL ACCESS TO CARE
FOR MINORS

An October 4 last, the Government tabled a bill in the Assemblée Nationale concerning legal abortions and contraception, an issue which was referred by the Presidents of assemblies to the Comité consultatif national d'éthique (CCNE), the National Advisory Committee on Ethics.

For its part, the National AIDS Council is delighted to note a similarity of views between the part of the bill dealing with the institution of a right for minors to request a legal abortion, and the more general report on "Confidential Access to Care for Adolescent Minors", which the Council itself submitted in March 2000 to the Secretary of State for health and the disabled, Dominique Gillot.

The National AIDS Council's approach on this is based on a number of basic principles and observations:

While there can be no question of casting doubt on the general rule that parents enjoy authority over their children, we need to take account of the danger of discredit, and even disgrace, facing some minors in their family circle in relation to their lifestyle, and particularly behaviour relating to their sexuality.

Adolescent minors have a right to privacy, and therefore to confidentiality, for their lifestyles and private behaviour, and especially in the sexual sphere. It is certainly the case that parents may in some cases be the confidents of their children, but surveys indicate that, in most cases, they are seldom called upon to play this role.

Some adolescent minors either seek indirect routes to healthcare or abandon the attempt to find treatment, because they fear the consequences of revealing to their parents the existence of the behaviour that has led to the need for treatment. And where many healthcare professionals are concerned, they have decided to ignore the requirement for parental permission in the interest of the minors themselves.

In the view of the National AIDS Council, confidential access to care for minors must not depend on the seriousness of the medical condition (or the state of health) of the minor concerned, but on the private character of the behaviour which has led to the condition (or the minor's state of health). It should not be provided in a generalised or automatic way, or from a defined age; rather, it should be provided on a case-by-case basis, when the adolescent seeks it and regardless of his or her age.

The Council's recommendations, to which the government bill on legal abortions is not without relevance, are, firstly, that the adolescent minor's right to privacy should finally be recognized, and that access to care commensurate with that right should therefore be made available; and secondly, that the adolescent minors should not be isolated but, on the contrary, dialogue with medical practitioners should be encouraged, along with assistance from a designated adult.