

PE1627/C

General Medical Council Letter of 14 February 2017

Thank you for your letter to our Chief Executive. In this, you asked the General Medical Council (GMC) to provide our views on a petition to 'provide for consultation with and consent from a parent or guardian before prescribing medication to treat mental ill health if the patient is under 18 years of age'. You also sought clarification about what guidance we provide on prescribing medication to patients under 18, particularly those with issues relating to their mental health.

The Chief Executive's office has passed this on to the Standards team to respond to, as we are responsible for producing guidance which outlines the professional values, knowledge, skills and behaviours that we require of all doctors working in the UK.

As I am sure you are aware, the GMC is an independent organisation that helps to protect patients and improve medical education and practice across the UK. As part of our role, we outline good practice in the form of standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers. We also take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Given our role as a professional regulator, we feel that it would be outside of our remit and expertise to comment specifically on the steps that can be taken to prevent suicide in young people using prescription medication. We are however aware of the very distressing situation which has prompted this letter and wish to aid the work of the Committee by advising on what our guidance says about the issues raised in the petition as clearly and comprehensively as possible.

This response will outline:

- The nature and remit of our guidance
- Key pieces of our guidance and relevant contextual information relating to these
- An explanation of the good practice principles outlined within this guidance, which we would expect doctors to take into account.

Our guidance for doctors: setting the context

Our guidance sets out the standards of competence, care and conduct that we expect of all doctors registered with us in the UK. We do not give clinical guidance, as that is the role of the medical Royal Colleges and other bodies such as the Scottish Medicines Consortium and Scottish Intercollegiate Guidelines Network. Doctors must follow our guidance and serious or persistent failure to do so will raise questions of whether a doctor's fitness to practice may be impaired. But the way in which they apply it cannot be mandatory, as it necessarily leaves room for doctors to exercise their professional judgement and apply this to the situations they face in practice.

We have published two pieces of guidance that are particularly relevant to the Committee in addressing the questions raised. These are [0-18 years: guidance for all doctors](#) and [Good practice in prescribing and managing medicines and devices](#). Collectively, these cover the key principles of relevance in our guidance: patient confidentiality, patient consent and good practice in prescribing. It's important to note that our guidance applies to doctors treating patients with both mental and physical conditions: we don't make a distinction between the two.

[0-18 years: guidance for all doctors](#) focuses on providing care for children and young people until the age of 18. It's important to clarify what we mean when we talk about 'children' and 'young people' in this guidance. We refer to older or more experienced children who can make these decisions themselves as 'young people'. References to 'children' usually mean younger children who lack the maturity and understanding to make important decisions for themselves.

Our guidance applies across the UK and in Appendix 1 of this guidance, we acknowledge that at 16, it is legally presumed that young people have the ability to make decisions about their own care. [Page 36](#) of our guidance acknowledges that in Scotland, the only parental responsibility that continues beyond 16 is provision of guidance to the young person.

Patient confidentiality

Our guidance is clear that doctors have the same duty of confidentiality to young people as they have to adults ([paragraph 21](#)). Without the trust that confidentiality brings, young people might not seek medical care and advice, and may not tell doctors all of the facts they need to provide good care ([paragraph 42](#)). If there was an automatic expectation that parents and guardians would be consulted about the patient's care and asked for consent before a doctor could prescribe medication for a mental health condition to a young person, this could deter young people with medical needs from engaging with health services. It could also mean that the doctor is not given a full picture about the young person's condition and state of mind, making it more difficult for them to accurately assess and prescribe for the young person.

Sharing information

We acknowledge that young people are usually happy for information to be shared with parents and we recognise that sharing information is often in the best interests of young people ([paragraph 21](#)). We therefore advise doctors to encourage young people to involve their parents in their care ([paragraph 29](#)).

If young people are able to take part in decision-making, doctors should explain why they need to share information, and ask for their consent ([paragraph 45](#)), unless that would place the young person at risk of harm or undermine the purpose of the disclosure ([paragraph 48](#)). Doctors should share relevant information with parents in accordance with the law and the guidance in paragraphs [27-28](#) and [42-55](#).

There are some circumstances in which doctors can disclose information about a young person without their consent. Whilst doctors should consider any views given by the young person about why they should not disclose, doctors should disclose

information if this is necessary to protect the young person from risk of death of serious harm. We acknowledge that cases like this may arise if a young person is involved in behaviour that might put them at risk of serious harm ([paragraph 49](#)).

Young people: assessing the capacity to consent

Turning to the Committee's question of consent, [Paragraphs 24-26](#) of this guidance outline how we expect doctors to assess whether a young person has the capacity to consent to a particular treatment.

We make it clear that the capacity to consent depends more on a young person's ability to understand and weigh up options than on age. When assessing a young person's capacity to consent, we say that doctors should bear in mind that at 16, a young person can be presumed to have the capacity to consent. We also say that a young person under 16 may have the capacity to consent, depending on their maturity and ability to understand what is involved. It is important that doctors assess maturity and understanding on an individual basis and with regard to the complexity and importance of the decision to be made.

Having considered this, provided all relevant information to the patient and thoroughly discussed it with them, doctors must decide whether a young person is able to understand the nature, purpose and possible consequences of proposed treatments. Only if they are able to understand, retain, use and weigh this information, and communicate their decision to others can they consent to that treatment.

Our guidance is clear that doctors can provide medical treatment to a young person with their consent if they are competent to give it ([paragraph 22](#)). As mentioned, this applies to both mental and physical health. Parents cannot override the competent consent of a young person to treatment that the doctor thinks is in their best interests ([paragraph 31](#)). Doctors should encourage young people to involve their parents in making important decisions, but they should usually abide by any decision that the young person has the capacity to make themselves ([paragraph 29](#)).

If, following a capacity assessment, a young person lacks the capacity to consent, the doctor should ask for their parent's consent ([paragraph 27](#)). But doctors should still involve young people as much as possible in decisions about their care, even when they are not able to make decisions on their own ([paragraph 23](#)).

Prescribing

Having outlined the key principles we expect doctors to take into account when involving young people in treatment decisions, I'll now move to our guidance on [Good practice in prescribing and managing medicines and devices](#) to answer the questions you have raised in relation to prescription medicines. This guidance outlines steps that doctors must take to guard against unsafe and inappropriate use of prescription medicines. It's important to bear in mind that the consent principles outlined above would still apply.

Doctors should identify the cause of the patient's condition and which treatments are likely to be of overall benefit to them ([paragraph 23](#)). They should only prescribe

medicines if they have adequate knowledge of the patient's health and are satisfied that they serve the patient's needs ([paragraph 14](#)). Doctors should also consider whether the person's needs are best met by prescribing that particular medicine, or whether some alternative or additional treatment would be appropriate.

After taking an adequate history which includes other medical conditions, they should – together with the patient - make an assessment of their condition before deciding to prescribe a medicine ([paragraph 21](#)). Doctors must give patients (or, if they lack capacity, their parents) sufficient information about the medicines they propose to prescribe to allow them to make an informed decision ([paragraph 71](#)).

Importantly, doctors should reach an agreement with the patient on the proposed treatment, explaining the likely benefits, risks and burdens, including serious and common side effects; what to do in the event of a side effect or recurrence of the condition; and, how and when to take the medicine and how to adjust the dose if necessary ([paragraph 24](#)). Doctors should encourage patients to be open with them about whether they have taken prescribed medicines as directed in the past ([paragraph 22](#)).

We say that doctors must make sure suitable arrangements are in place for monitoring, follow up and review, taking account of the patients' needs and any risks arising from the medicines ([paragraph 51](#)). We acknowledge that reviewing medicines will be particularly important where patients may be at risk or if they are prescribed a medicine that is commonly misused or abused ([paragraph 53](#)). At each review, the doctor should confirm that the patient is taking their medicines as directed, and check that the medicines are still needed ([paragraph 58](#)).

Further information

It may be helpful to mention the work we do with doctors and medical students to promote our guidance. Our team in Scotland runs free and interactive professionalism sessions for groups of doctors. We also introduce medical students to the role of the GMC and the standards expected of them in their future careers. These sessions are bespoke, and will include many of the issues discussed above. They allow doctors the opportunity to discuss some of the key challenges around putting our guidance into practice. We work closely with employers and universities to discuss which of these sessions would be appropriate.