

Methodist Health Services Corporation UnityPoint Health- Proctor	Page # 1 of 3	Section:	Policy #: 2
	Approved by:		Date: 6/2017 Review by: 6/2018
	Supersedes: Date Revised: 6/17		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
	Joint Commission Standard:		
SUBJECT: TREATMENT OF MINORS AND THE MEDICALLY INCOMPETENT			

I. POLICY:

UnityPoint Health EMS System will determine the authority for providing medical services to patients who are minors or medically incompetent.

II. PURPOSE AND STANDARD:

To define medically incompetent, minor and emancipated minor and outline the procedure for determining who can give consent for care.

III. POLICY SCOPE: Departmental

IV. GENERAL INFORMATION:

A. Definitions

1. Medically Incompetent- a medically incompetent person is one who is not competent to give informed consent because of age, immaturity, mental impairment or medical condition. Medical incompetence renders one incompetent to consent to or to refuse medical care. However, a patient will not be deemed medically incompetent simply because he or she refuses treatment.
2. Minor- a minor is a person who is under the age of 18 years. Generally, a minor is presumed to be medically incompetent. However, a minor may be medically competent where he or she possesses sufficient maturity to understand and appreciate the nature of the condition, the proposed treatment plan, the alternatives thereto and the risks inherent therein.
3. Emancipated Minor- an emancipated minor is a minor who is deemed an adult, for informed consent purposes, because of pregnancy, parenthood, marriage, judicial determination, or for certain types of treatment. The rules respecting informed consent applicable to adults are applicable to

emancipated minors. An emancipated minor can consent to his/her own treatment as well as to the treatment of his/her children.

B. Procedure

When consent is necessary: Consent is obtained for invasive treatment and/or procedures. In emergency situations, consent will be implied if express consent cannot be obtained.

1. **Emergency Situations-** In emergency situations, treatment should commence while attempts are made to obtain consent. Whenever there is any doubt as to the patient's medical competence and consent is refused, treatment should commence. In emergency situations, consent of the un-emancipated minor's parents or legal guardian need not be obtained if, in the sole opinion of the EMS provider or hospital, the obtaining of consent is not reasonably feasible under the circumstances without adversely affecting the condition of the minor's health.
2. **Non-Emergency Situations-** In a non-emergency situation, a competent adult or emancipated minor may consent or refuse to consent to the performance of any and all diagnostic or therapeutic procedures. This consent or refusal is valid regardless of the consequences of the decision.
3. Patients who are medically incompetent may not give a valid consent. The EMS provider should attempt to ascertain whether the patient has a representative such as a guardian, agent under the Health Care Powers of Attorney Act, or surrogate under the Health Care Surrogate Act. If such a person is found, consent should be obtained.
4. If there is no authorized representative or if the authorized representative refuses to consent to treatment, **Medical Control** should be contacted.
5. An un-emancipated minor is generally not considered capable of providing consent. Consent of either one of the parents or the authorized representative of the minor is sufficient to render care.

C. Persons authorized to give consent:

1. **Medically Competent Patients** - a medically competent patient may consent or refuse to consent to treatment. The consent or refusal is valid regardless of the consequences.
2. Patients who are medically incompetent may not give a valid consent. The hospital should ascertain whether a representative such as a guardian, agent under the Health Care Powers of Attorney Act, or surrogate under the Health Care Surrogate Act has been appointed. If there is one, consent should be obtained from the authorized representative.
3. **Emancipated Minors**-Minors who are married, pregnant or are a parent and who are not otherwise medically incompetent, by reason of medical or mental condition, may give valid consent or refusal to consent to treatment.

D. Mature minors who are not legally emancipated:

1. A minor who possesses sufficient maturity to understand and appreciate his/her medical condition, the nature of the proposed treatment, the alternatives to treatment and the risks inherent in the treatment may be

medically competent for consent purposes. This should be discussed with medical control.

2. Always attempt to reach parents to obtain consent. If parents cannot be reached, each situation should be evaluated on an individual basis.
- E. Children of minors: Consent from a minor parent is valid for treatment of the minor's child.
- F. Minors with Divorced or Separated Parents: Consent for treatment of minors when the parents are divorced either parent may consent to the performance upon his/her child of a medical or surgical procedure, unless otherwise authorized in a custody agreement or in a divorce decree. It is not the responsibility of the EMS Provider to determine who is the custodial parent, nor is it the hospital's duty to enforce a custody agreement or divorce decree. If a non-custodial parent brings the child in for treatment, you should proceed with treatment as requested by the parent. The issue as to which parent pays for the minor's health insurance is not significant.
- G. If there are any questions regarding consent, **Contact Medical Control** and consider treatment and transport to the hospital under implied consent.