



"We are expected to be terrorists and to hate Westerners, yet we were born in Australia. People say things like 'Where are you from?'. We are perceived to be illiterate and uneducated. They think we don't have free rights, freedom of speech or equality with our men. They expect to hear we are forced to cover up and have arranged marriages. When we walk down the street, people call us 'threats to society' and 'extremists'."

Bennett D, Rowe L. What to do when your children turn into teenagers. 206.

Australians Against Racism Billboard project. • www.australiansagainstracism.org • copy: Steve Sorec • photography: cassandramathie@optus.com.au • design: blackant@iinet.net.au

LETTER TO THE EDITOR

Practical evidence in favour of mature-minor consent in primary care research

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TO THE EDITOR: We recently advocated the inclusion of a mature-minor clause in the National Health and Medical Research Council ethics guidelines on teenagers' participation in research.¹ This would allow minors (teenagers younger than 18 years) who show sufficient maturity and understanding to consent to participation in minimal risk research (eg, observational studies and quality assurance studies) without requiring parental consent. This is important in primary care research, as teenagers presenting to general practitioners without an accompanying parent or carer frequently wish their visit to remain confidential. To exclude this group from research would deny them the benefit of

potential improvements to their health care as a result of research.

As no such data were available in Australia, we sought to document, as part of a larger primary care study of young people's perspectives on their health problems and their expectations from a GP consultation, the proportion of teenagers aged 16 to 18 years who potentially would not be able to participate because they presented without a parent. We also documented whether, when present, parents would express concern about not being asked to provide consent for their teenaged child to participate.

We recruited up to 20 consecutive patients aged 16 to 24 years in each of 26 randomly selected practices throughout Victoria and invited them to participate in an interview on their perspectives on the health problem for which they had come to see the doctor and their expectations from the consultation. Our institutional ethics committee approved inclusion of minors aged 16 to 18 years without parental consent. One of the authors, a GP (DH), obtained consent from participants and conducted the interviews.

Results are reported with 95% confidence intervals adjusted for clustering within practices. Of the 501 young people approached, 101 were minors. Five minors (5%; 95% CI, 0.6%–9%) were excluded (too unwell, intel-

lectually disabled or non-English speaking), and another five (5%; 95% CI, 1%–8%) declined participation. Of the 91 minors who consented to participation, 40 (44%; 95% CI, 35%–53%) had come without a parent. Although 37 of the parents of the 51 minors who were accompanied (73%; 95% CI, 59%–86%) went into the GP consulting room with their children, only one was concerned about her child consenting and participating in an interview on his own.

Had parental consent been mandatory, nearly half the patients aged 16 to 18 years could not have been included in this primary care study. When present, the overwhelming majority of parents did not disapprove of their children consenting and participating on their own.

These findings support the idea that, for low-risk studies in primary care, mature minors should be given the opportunity to consent to participation on their own.

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1. Sancı LA, Sawyer SM, Weller PJ, et al. Youth health research ethics: time for a mature-minor clause? *Med J Aust* 2004; 180: 336-338. □