

# ATTITUDE OF LITHUANIAN RESIDENTS TO CONFIDENTIALITY OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH CARE

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## SUMMARY

**Objective:** To assess the attitudes of Lithuanian residents towards the protection of confidentiality in the sexual and reproductive health care of adolescents.

**Material and methods:** A public opinion survey was performed in August 2005. A random sample, taking into account age, sex, education, employment, family status, place of residence of 1,054 Lithuanian residents aged 16–74 was interviewed in their households. The topics dealt with in the 23-item questionnaire concerned attitudes towards confidentiality in adolescents' sexual and reproductive health care as well as towards sexual and reproductive health promotion for them.

**Results:** More than half (58%) of the respondents believed that confidentiality is an important issue in case of sexual and reproductive health services that address adolescents. Although only 12% of Lithuanians were ready to agree with the legalization of the right to confidentiality in health care for those younger than 16, at least one-third of the respondents stated that physicians have to protect confidential counselling for 14–15-year-old adolescents on inter alia contraception, pregnancy and sexually transmitted infections. Forty-two percent of the respondents gave top priority to the legal initiative focused on improvement of confidentiality protection. Other promising strategies selected by Lithuanian residents included the development of policies concerning confidentiality protection for minor patients, assuring the privacy of consultations and protecting the medical record keeping system.

**Conclusions:** The Lithuanian residents surveyed had a positive attitude towards confidential sexual and reproductive health care for adolescents. They stated that guarantees of confidentiality should depend on the reason for the consultation and the age of the patient. The most promising initiatives for the improved protection of confidentiality include strengthening legislation and improving organizational procedures in health care settings.

**Key words:** adolescents, adolescent-physician relationships, confidentiality, sexual and reproductive health care, Lithuania

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## INTRODUCTION

Confidentiality is usually treated as one of the cornerstones of the physician-patient relationship. The privacy of medical services is a primary obligation of the physician from both an ethical and legal standpoint (1, 2). While the importance of confidentiality in health care in general is seldom questioned, confidentiality in adolescent health care often is. This is unfortunate given a lack of guarantees related to the confidentiality of adolescent sexual and reproductive health care can reduce the number of young people seeking such care and may have a negative impact on physician-patient communication, as well as on the continuity of care (3–5). In order to improve the quality of adolescent reproductive health care, many international medical organizations, among others, strive to protect minors' rights to confidential services (6–9).

The current legal framework in Lithuania emphasizes the importance of adolescent's opinion when making decisions related to his or her health care (10, 11). Yet legal instruments in the country do not indicate explicitly which interests of an underage

patient have priority and consequently allow for the potential violation of confidentiality. A survey performed in Lithuania in 1998 revealed that the practice of maintaining confidentiality related to adolescent patients is at a critically low level. A study of 13 to 18-year-old teenagers carried out in Kaunas, the second largest city in the country, revealed that only 32% of the 1,271 respondents believed that primary health care providers would assure confidentiality during contraceptive counselling, while their trust in confidentiality for sexually transmitted infection consultations was only 19% (12).

One reason for this low percentage may be that efforts to strengthen adolescents' right to confidential health services usually encounter fierce resistance in Lithuania. Keeping a young patient's care secret is often portrayed in the mass media as a threat to the institution of the family, for example (13).

During the last two decades, studies from around the world dealing with the protection of confidentiality in the sexual and reproductive health care of young people were typically related to the knowledge, attitude and behaviour of health care providers

and patients, i.e. physicians and teenagers (14–16). Views of the rest of society on this important issue remain still poorly studied. Public opinion is an extremely important argument when making political decisions related to the sexual and reproductive health of young people.

Lack of scientific data not only complicates the process of making professional and political decisions, it also allows the views of extremists to be confused with public opinion. This paper sets out to investigate the public's opinion of confidential sexual and reproductive health care for adolescents in Lithuania.

## MATERIAL AND METHODS

A national representative survey was performed within the framework of the Umbrella Project for Lithuania, 2005, which was run by the former Kaunas University of Medicine (Lithuanian University of Health Sciences) and the United Nations Development Program.

The random multilevel selection of 1,270 16–74 year-old Lithuanian residents aimed to reflect a composition of Lithuanian residents according to age, sex, education, employment, marital status and size of the location of residence. The selection of residents and their interviewing was performed by the Lithuanian market analysis and survey agency UAB RAIT.

All respondents were interviewed in their households during the last two weeks of August 2005. One hundred and twenty-four of the participants were not at home during the time of the survey. Of the remaining 1,146 residents, 92 declined to take part in the survey. The 1,054 participants (response rate of 83%) were informed in writing about the selection procedure, the purpose of the questionnaire and the planned publications. They were also guaranteed full confidentiality. The socio-demographic characteristics of the respondents (Table 1) did not differ significantly from non-respondents.

A 23-item questionnaire was used in this cross-sectional study. Two items dealt with eight possible clinical situations each. One item comprised nine alternative possibilities. In total, there were 45 questions. The questionnaire was based on qualitative data collected in 2003–2004 (17). After piloting it with 24 people, we made minor revisions to the questionnaire. The study was approved by the Bioethics Committee of the Kaunas University of Medicine in 2005.

This study focuses on seven items from the survey. The first item asked respondents to indicate their opinion about the importance of confidentiality for adolescents addressing their primary health care physician in matter of sexual and reproductive health care issues. The second item asked respondents to forecast which of eight possible consequences would arise if there was legislation guaranteeing the confidentiality for adolescents (teenagers' trust in physician would increase, teenagers would more often address physician, teenagers would be more inclined to disclose their problems to physicians, teenagers would observe physicians' recommendations more strictly, the situation would not change, teenagers' parents trust in physicians would decrease, teenagers' parents' relationships would deteriorate, teenagers would be more engaged in sexual activity). The third item asked respondents to indicate from what age adolescents should have the right to address physicians and receive confidential health care services. In

**Table 1.** Socio-demographic data of the survey participants

Group	Number of respondents	
	n	%
Total number of respondents	1,054	100.0
Gender		
Male	511	48.5
Female	543	51.5
Age groups		
16–24 years	202	19.2
25–34 years	190	18.1
35–44 years	199	18.9
45–54 years	156	14.8
55–64 years	155	14.7
65–74 years	151	14.4
Education		
Primary	101	9.6
Basic	186	17.7
General (secondary school)	351	33.3
Further education (college, vocational training)	250	23.7
Higher education (university)	166	15.7
Employment		
Employed	532	50.5
Unemployed	486	46.1
Did not indicate	36	3.4
Marital status		
Married	573	54.4
Single	250	23.7
Divorced	90	8.6
Widow(-er)	96	9.1
Family without registered fact of marriage	42	4.0
Did not indicate	3	0.2
Size of location		
Up to 2,000 residents	359	34.0
2,000–30,000 residents	177	16.8
30,000–190,000 residents	180	17.0
More than 190,000 residents	339	32.1
Counties		
Vilnius	250	23.7
Klaipėdos	122	11.6
Kauno	199	18.9
Alytaus	54	5.1
Taurages	42	4.0
Siauliai	118	11.2
Utenos	52	5.0
Telsių	57	5.4
Panevezio	106	10.0
Marijampolės	54	5.1

the fourth item, respondents were asked to express their opinion as to from what age an adolescent's right to confidential health care service should be legalized.

In order to investigate respondents' expectations of a physician's behaviour in confidentiality matters, we presented them with eight types of clinical situations (adolescent interest in sexual issues; the onset of sexual activity (had had sexual intercourse); the use of contraception; sexually transmitted infection with or without consent to treatment; pregnancy; request for abortion; and disclosure of homosexual experience). Next, respondents were asked to express their opinion as to whether they think physician should maintain confidentiality and refrain from informing the parents of two groups of adolescents: younger than 16 and 16-year-olds and over.

In the seventh item respondents were asked to select, according to their opinion, the most appropriate measures to improve confidentiality in adolescent sexual and reproductive health care. We used the Statistical Package for the Social Sciences for Windows (SPSS), version 15.0, to code and analyse the data. Chi-square tests were used to investigate the statistical correlation between the categorical variables, setting the statistical significance level at  $p < 0.05$ .

We measured agreement between the responses to two questions using the same scale by calculating the kappa coefficient, a value ranging from 0 to 1, with 0 indicating that the degree of agreement is only due to chance and 1 indicating perfect agreement.

## RESULTS

### Confidentiality and Assessment of its Perception and Importance

More than half of the study participants (57.5%) believed that it was important for teenagers (answers "important" and "very important" were calculated together) that the physician ensured the secrecy of their consultation on sexual issues from parents

and others. This attitude was more frequent among women. It was also more common among younger respondents (Table 2).

Respondents with a general and higher education and single people more often agreed with the importance of respecting their medical confidentiality. The distribution of respondents according to the perceived importance of confidentiality did not significantly depend on the financial situation of the family, type of employment or location of residence.

### Forecasted Effects of Consolidation of the Improved Confidentiality Guarantees

When assessing the respondents' forecasts of the possible effect of legalising more confidentiality guarantees for adolescent sexual and reproductive health care, they were divided into two groups: those who expressed agreement and those who expressed disagreement with the importance to respect the confidentiality of adolescent consultations (Table 3). The majority of respondents from both groups were positive concerning the effects of adopting a law on the issue. However, those who expressed agreement were more inclined to expect a positive impact upon the relations between the physician and their minor patient (increased teenagers confidence in physicians and their increased trust in health care institutions, improvement of physician adolescent patient communication and improved adolescent adherence to treatment) and a less negative impact (decrease of teenagers' parents confidence in physicians, deterioration of physician-patient relationships, increase of adolescents' sexual activity), in comparison to those who disagreed with the importance of the confidentiality of adolescent consultations.

### Desired Tactics of Physician when Ensuring the Confidentiality of Adolescent Consultation Concerning Sexual Issues

More than one-third (38.3%) of those interviewed believed that the right to independently see a physician should be granted to teenagers, under 16 years of age. However, 23.1% of the

**Table 2.** Number of respondents (according to sex and age), who believed that it was important to teenagers that the physician ensured the secrecy of their consultancy about sexual health issues

Group of respondents		Number of respondents (%) <sup>1</sup>	
Gender	Male	275	(53.9)
	Female	330	(60.8)
	Total	605	(57.5)
		$\chi^2=5.05$ ; df=1; $p=0.025$	
Age group	16–24 years	146	(72.3)
	25–34 years	122	(64.2)
	35–44 years	117	(58.8)
	45–54 years	87	(55.8)
	55–64 years	77	(49.7)
	65–74 years	56	(37.1)
	Total	605	(57.5)
		$\chi^2=51.5$ ; df=5; $p<0.001$	

<sup>1</sup>Answers "important" and "very important" were calculated together

**Table 3.** Most frequent effects which, in the opinion of Lithuanian residents, would be caused by legalizing more confidentiality guarantees in adolescent sexual and reproductive health care, according to the respondents' attitude to the problem at issue

Effects	Number of respondents (%) <sup>1</sup>	
	1st group <sup>2</sup> (n=605)	2nd group <sup>3</sup> (n=449)
Teenagers' trust in physician would increase	378 (62.5)	172 (38.3)***
Teenagers would more often address physician	337 (55.7)	163 (36.3)***
Teenagers would be more inclined to disclose their problems to physicians	327 (54.0)	140 (31.2)***
Teenagers would stick to physician's recommendations more strictly	115 (19.0)	52 (11.6)***
Situation would not change	76 (12.6)	102 (22.7)***
Teenagers' parents trust in physicians would decrease	33 (5.5)	47 (10.5)**
Teenagers and their parents relationships would deteriorate	38 (6.3)	64 (14.3)***
Teenagers would be more engaged in sexual activity	19 (3.1)	44 (9.8)***

\* p<0.05; \*\* p<0.01; \*\*\* p<0.001 while comparing groups.

<sup>1</sup> Number of cases was calculated from 1–3 choices.

<sup>2</sup> Respondents, who expressed their agreement that it is "very important" and "important" to ensure by physician the confidentiality of adolescent consultation.

<sup>3</sup> Respondents, who did not agree with the aforementioned opinion.

**Table 4.** Respondents' opinion about the legalization (according to age) and the right to confidential health care services

Qualifying age	Number of respondents (%) (n=1,054)	
	Believe that minors should have the right to address a physician independently	Believe that the minor's right to confidentiality should be legalised
Less than 14 years of age	78 (7.4)	16 (1.6)
14–15	331 (31.4)	108 (10.3)
16–17	401 (38.1)	367 (35.1)
18	219 (20.8)	490 (46.8)
19 and older	24 (2.3)	65 (6.2)

respondents were sure that only major persons (18 and older) should have the right to independently see a physician (Table 4).

Lithuanian residents were more conservative when making forecasts from which age minor patients could enjoy the right of keeping the content of a consultation confidential. A little more than one-tenth (11.9%) of the respondents were ready to express consent to the right of persons under 16 years of age to confidential health care services, but more than half (53.0%) of the participants in the survey believed that the right to maintain the secrecy of the consultation should be guaranteed by law only to adults (Table 4).

However, respondents' expectations for physicians to provide confidential sexual health services to minor patients were high when they were presented few clinical situations (listed in Table 5). First, at least one-third of the interviewed persons stated that in all cases listed in Table 5 physicians had to guarantee confidentiality to anyone who had reached 14–15 years of age. Second, according to the opinion of Lithuanian residents confidentiality guarantees had to depend upon the content of the consultation: more respondents expected confidentiality when consulting on general sexual issues (e.g. contraception) in comparison to consultancy on issues related to the outcome of having sex (infections and pregnancy) or in case of disclosure of homosexual orientation. Third, the minors' age (14–15 years old comparing with 16–17

years old) did not significantly affect respondents' expectations towards confidentiality assurance. This statement is confirmed not only by very slight difference in percentage, but also by bigger kappa coefficients (Table 5).

### Possibilities of Improving the Confidential Health-care Related to Adolescent Sexual and Reproductive Health

In the course of assessment of various legal, organizational and community initiatives and changes that may lead to strengthening the guarantees of confidentiality in adolescent sexual and reproductive health care, participants emphasized the importance of legislation. This measure was supported by 253 (41.8%) out of 605 respondents, who answered this question (Table 6). However, many participants of the survey believed that other measures could also be instrumental in assuring the protection of confidentiality for minors (a written office policy on confidentiality protection for minor patients; better privacy protection during medical consultation; improving the medical records' keeping system; more emphasis on the provision of information about the necessity of confidentiality in adolescent health care in health care institutions).

**Table 5.** Respondents' opinion about desirable physician's tactics applied in order to guarantee confidentiality of adolescent consultation on sexual issues

Content of consultation	Number of respondents, who believed that physician should maintain confidentiality of consultation (%) <sup>1</sup> (n=1,054)		
	If patient is 14 to 15 years	If patient is 16 to 17 years	Kappa
Teenager is interested in sexual issues	480 (45.5)	504 (47.8)	0.697
Has already started sexual life	440 (41.8)	475 (45.1)	0.695
Uses condoms or other measures of contraception	426 (40.5)	483 (45.9)	0.681
Became infected with sexually transmitted infection and refuses treatment	329 (31.3)	345 (32.7)	0.778
Became infected with sexually transmitted infection and consents to treatment	376 (35.7)	398 (37.8)	0.741
Became pregnant (his girlfriend became pregnant)	355 (33.6)	360 (34.1)	0.791
Requests abortion	344 (32.6)	352 (33.4)	0.801
Discloses homosexual orientation	329 (31.2)	354 (33.6)	0.759

<sup>1</sup> Answers "yes" and "definitely yes" are calculated together.

**Table 6.** Opinion of the respondents about changes, which would be the most useful when improving confidentiality of sexual and reproductive health care services provided to minors

Changes	Number of respondents (n=605) <sup>1</sup> (%)
Legislation which clearly regulate physician's tactics of keeping medical secret of minors' consultation adopted	253 (41.8)
Written office policy concerning the confidentiality protection developed in health care institutions	221 (36.5)
The public awareness to confidentiality of adolescent sexual health care (e.g. encouraging a positive attitude of mass media to this issue) raised	219 (36.2)
Privacy of physician and patient consultations improved (other persons, including medical staff, like a nurse, should not participate at the consultation)	200 (33.1)
More strict order of keeping and dispensing the medical records to the patients and their representatives implemented	166 (27.4)
The recommendations on confidentiality in adolescent health care developed by the professional and academic medical organizations	121 (20.0)
Information about importance of confidentiality to the minors submitted in the waiting rooms, registration desks, etc.	88 (14.5)

<sup>1</sup> Number of cases was calculated from the choice of 1–3; 605 respondents, who said that it is "very important" or "important" that physician ensures confidentiality of adolescent consultation, had been asked this question.

## DISCUSSION

This study reported the attitude of Lithuanian residents about the importance of confidentiality of adolescent sexual and reproductive health care. The socio-cultural environment of the country is an important factor, influencing the implementation of strategies related to strengthening the sexual and reproductive health of young people (18, 19), and previous surveys in Lithuania have shown that health care providers avoid ensuring adequate confidentiality guarantees to teenagers, justifying such behaviour as being in accordance with prevailing attitudes in the population at large (17). Nevertheless, the results of this survey show the opposite: more than half (57.5%) of the participants recognized the confidentiality of adolescent sexual and reproductive health care as an especially significant aspect of health care.

Moreover, even those respondents who believed that confidentiality is not important for adolescents seeking health care services

thought that the legal consolidation of protection of confidentiality for minors would be positive. The opinion that increased confidentiality guarantees would positively affect physician-minor patient relationships and the quality of the health care services provided correlated with conclusions of surveys that had been performed elsewhere. As Jones et al. noted, minors who expect that confidentiality will be guaranteed by the physician decide more easily to see physicians (20). For example, 59% of teenage girls visiting US family planning clinics (where confidentiality is compulsory) stated that they would never go to these clinics if parental notification were compulsory (3). For teenagers who are sure about confidentiality guarantees, it is easier to discuss sensitive issues related to sexually transmitted infections and pregnancy prevention with the physician. Such minors are more inclined to disclose information to a physician that is quite often important in order to make an appropriate diagnosis and decide the optimal management strategy (4, 21, 22). Moreover, as Klein and



others (5) stated, confidentiality guarantees are the fundamental prerequisite of continuity of adolescent health care.

Despite the perceived importance of confidentiality for minors and the positive attitude towards the consequences of legalization of confidentiality guarantees, our results may, at first glance, indicate a rather conservative attitude of Lithuanian residents towards adolescents rights to confidential health care services and the legal consolidation of this right. More than one-third (38.8%) of the participants indicated that teenagers of 14 to 15 years of age should be granted a possibility to see the physician alone, but only a little more than one tenth of the respondents agreed that the right to confidentiality for persons of that age have to be legalized. Meanwhile, almost half (47%) of the respondents agreed with the legalization of the right to confidentiality for older adolescents, 16–17 years old. When assessing these results it appears that Lithuanian residents did not agree with the legalization of the right to confidentiality of persons, who are less than 16 years of age. However, respondents' expectations that physicians guarantee confidentiality did not differ significantly when addressing adolescents aged 14 to 15 or 16 to 17. Moreover, 31% to 46% of respondents (depending upon the content of the consultation) expected that the physician maintained confidentiality for patients 14 to 15 years of age, as well.

It is obvious that young people of this age may face difficulties when critically assessing a variety of aspects. The inclusion of parents and legal representatives in the process of making decisions about health care is therefore usually valued to be positive. Still, in specific cases, where respondents knew the content of the consultation, they were more inclined to consent to maintaining the confidentiality. On the other hand, Eisenberg and others (23) tended to explain similar inconsistency in the survey of parents' opinion in the USA by a mixed attitude toward the legalization of confidential services for teenagers. They stated that parents, while recognizing the importance of confidentiality on an intellectual level, might disagree with legalization of the minors' right to confidential health care services, as they wanted to control the activity of their own children and play the socially acceptable role of a parent. Further, the authors noted that answers of the respondents became more conservative when the word "law" was in the question (23).

For this it is possible that a quite detailed specification of miscellaneous aspects of consultation (specified type of consultations, age of patient and other details) would be more welcomed by Lithuanian society as compared to an abstract statement of an adolescent's right to confidential health services. Recently updated legislation (10) explicitly states that 16-year-olds and older adolescents have a right to see health care providers on their own and to receive confidential service. Nevertheless, the vagueness of exceptions leaves room for different interpretation and possible violations of confidentiality. Moreover, teenagers younger than 16 cannot legally expect their health care provision to be confidential as they have no right to address a health care provider without a parent or guardian (10). Given the resistance to legalizing the confidentiality of adolescent services for the full range of sexual and reproductive health services, it might be most palatable to the population if a detailed listing of such services were prepared and certain issues were considered confidential (24–26).

The survey results also indicate that parents need to be educated about the negative effects a lack of confidential services can have

on their children's health (24). This could take the form of TV programs, leaflets, and special information sessions at health care institutions (28).

Nevertheless, detailed legal regulation of confidentiality related to minors, in the opinion of Lithuanian residents, is the most important factor, which may improve confidentiality of sexual and reproductive health care services that are provided to minors. However, even carefully drafted legal acts would be ineffective without organizational changes in health care institutions (e.g. developing a written office policy on confidentiality protection in dealing with adolescent patients, better ensuring the privacy of consultation and stricter keeping of medical documents). The importance of health care institutions in ensuring confidentiality was also emphasized in the other surveys (28, 29).

## CONCLUSIONS

In Lithuania, there is a positive attitude towards respecting confidential sexual and reproductive health care for adolescents. Developing new initiatives to strengthen the legal basis for this and for improving organizational procedures that ensure this in health care settings are important measures to take, according to this study of the opinion of Lithuanian residents. The provision of a detailed description of key aspects to govern such confidential medical consultations (e.g. the age of the patient and the reason for the consultation) in legislation could to be more favourably accepted than abstract pronouncements about the protection of confidentiality for minors.

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## Statement on conflict of interests

None declared.

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