

MANAGING A 14-YEAR-OLD FEMALE TEENAGER PRESENTING WITH A SEXUALLY TRANSMITTED INFECTION - WHAT ARE THE ISSUES INVOLVED?

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ABSTRACT

In Singapore, sexual intercourse with a minor is an offence. An individual, who has knowledge of such an offence, is legally obliged to inform the authorities. This case study involved a minor who suffered from a sexually transmitted disease (STD) after sexual exposure. With her approval, the attending primary care physician reported the offence to the police using an on-line service. The case study also serves to illustrate the ethical and legal issues relating to her management.

Keywords:

sex with minor; ethical; legal; reporting

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PATIENT'S REVELATION: WHAT HAPPENED?

Miss N, a 14 year 8 month old Malay girl presented to a doctor at a public primary care clinic complaining of vaginal pain and discharge for three days. It was not associated with abdominal pain. She reported a consensual, unprotected vaginal sex two to three weeks ago with an 18 year old male friend. She was unable to recall the date of her last menstrual period. However, she had visited an emergency department of a government hospital a week earlier for a urinary tract infection and her urine pregnancy test was tested negative then.

Miss N's first sexual encounter was after she turned 14 years old. She has not had any other sexual partner. She is not sure if her male friend has had any other sexual partners apart from herself. She has not previously had any sexually transmitted diseases. She has not had any pregnancies before.

Miss N is currently a student in Secondary 2. She stays in a HDB flat with her parents and elder sister.

On examination, the genital area appeared red and inflamed. There were no genital ulcers. There were copious amounts of yellowish vaginal discharge coming from the vaginal introitus. The patient was unable to tolerate per vaginal examination as it was too painful. She did not have any tenderness or palpable masses in the abdomen. She was generally well looking and not pale.

Miss N was advised for a urine pregnancy test, which she declined.

She was diagnosed as having a vaginal infection, likely gonorrhea. In view of the recent history of unprotected sex preceding the onset of symptoms of vaginal infection, she was referred to the Department of Sexually Transmitted Infections Control the next day to exclude sexually transmitted infections.

The doctor informed Miss N that sex with a minor was considered an offence and that a report would have to be made to the police. She was initially not keen on having a police report filed as she did not want her partner to get into trouble or for her parents to find out about her sexual activity. She also did not want the doctor to contact her parents, and declined to return for a repeat consultation another day with her parents.

After discussion with senior doctors in the clinic, the doctor explained to the patient he was obligated by law to report the offence. The consultation was lengthy as the patient was given opportunity to ask questions and voice out her concerns. Eventually the patient agreed to the reporting of the offence. A police report was subsequently filed via the Electronic Police Centre the following day.

The doctor also contacted the Department of Sexually Transmitted Infections Control the next day and verified with the clinic staff that the patient had turned up for the consultation and was being followed up with the clinic's counsellor.

GAINING INSIGHT: WHAT ARE THE ISSUES?

This case raised the issue of whether the doctor should report the case to the authorities as the patient involved was a minor. This case illustrates how both legal and ethical implications have to be considered before reaching a decision on the course of action to be taken. There are also many social aspects to the case which need to be addressed by the doctor in charge.

I. Legal considerations

In Singapore, sex with a minor under 16 years of age has been classified as 'carnal connection' under Section 140¹ of the Women's Charter. There was previously no legal duty to report this offence to the police. However, according to the new Section 376A² under Chapter XVI of the Penal Code introduced during by the Penal Code (Amendment) Act 2007, sexual penetration of a minor below 16 years of age, with or without consent, is considered an offence, punishable by imprisonment for a term which may extend to 10 years, or with fine, or with both. Under the Criminal Procedure Code Act 2010³, it is classified as a significant offence (for which a police officer may arrest without a warrant).

Another legal term which general practitioners should

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familiarise themselves with is statutory rape, which is defined in Section 375⁴ under Chapter XVI of the Penal Code as offenders may be punished with imprisonment for a term which may extend to 20 years, and shall also be liable to fine or to caning.

Section 424⁶ of the Criminal Procedure Code states that “every person aware of the commission of or the intention of any other person to commit any sizeable offence punishable under Chapters VI, VII, VIII, XII and XVI of the Penal Code... shall, in the absence of reasonable excuse, the burden of proving which shall lie upon the person so aware, immediately give information to the officer in charge of the nearest police station or to a police officer of the commission or intention.”

In other words, the law has placed a legal responsibility on the doctor to report the case unless there are reasonable grounds not to.

In addition, there are also legal repercussions for intentional omission to give information of an offence, if a person is legally bound to do so. Section 202⁶ of the Criminal Procedure Code states that “whoever, knowing or having reason to believe that an offence has been committed, intentionally omits to give any information respecting that offence which he is legally bound to give, shall be punished with imprisonment for a term which may extend to 6 months, or with fine, or with both.”

II. Ethical considerations

Although doctors clearly have a legal duty to report, their decisions are often confounded by a barrage of ethical considerations: Would reporting the case constitute a breach of patient confidentiality - especially if the patient does not give consent to be reported? Would reporting the case result in greater harm to the patient, such as stopping her from seeking medical care, or driving her to desperate measures such as suicide? Is it necessary to inform the patient that the case would be reported to the police?

In general, all patients have a right to medical confidentiality. This includes adolescents. Doctors are obliged to respect their patients' confidentiality in matters pertaining to sexual activities, even if they are adolescents. However, the exception is when there is perceived obvious immediate danger to the patient, or if the patient's sexual activities are against the law, as in this case. The legal requirement of the law would override the doctor's obligation of patient confidentiality.

The main ethical principles to consider in this case are the principles of beneficence and non-maleficence. By notifying the police of the case, the doctor has acted in the patient's best interest as the police can carry out investigations to check if any circumstances of sexual abuse or exploitation have been occurring.

One may argue that the patient may choose to stop seeking medical attention for fear that she may get into trouble with the police. By reporting the case, the doctor may end up indirectly harming the patient if she were to have untreated sexually transmitted infections, or if she inflicts self harm upon herself, or

attempts suicide. If this were to happen, the ethical principle of non-maleficence would have been violated.

In general, there is no simple answer to such ethical conflicts. The pros and cons have to be weighed carefully on a case-by-case basis. If the patient expresses clear intent on self-harm, suicide or threatens not to seek further treatment, it may be argued that it would not be in the patient's best interest to report the case to the police.

STUDY THE MANAGEMENT: HOW DO WE APPLY IN OUR CLINICAL PRACTICE?

Doctors have a legal responsibility to report cases of sex with minors to the police. According to the Singapore Medical Council Ethical Guidelines⁷, under guideline 4.3.2.1, the principle of medical confidentiality may be over-ridden by legislation or court orders. This was the main credible source which the doctor referred to when trying to balance maintaining patient confidentiality against the legal duty to report. Reporting the case would thus not constitute an unethical breach of patient confidentiality.

The law does provide grounds for not reporting the case, but the onus is on the doctor to prove beyond doubt that there is 'reasonable excuse' for not reporting. There is no local guideline as to what circumstances would be deemed 'reasonable excuse' for not reporting the case to the authorities, but it would be necessary for appropriate documentation of any such circumstances in the case notes.

Although it is not legally required to inform the patient that a report will be made, it is good clinical practice to do so, so as to maintain the doctor-patient relationship. There is also no law stating that the parents of the minor have to be informed about the offence or the reporting of the offence to the police. If the adolescent is able to exhibit understanding of the situation and the consequences of engaging in underage sexual activity, the doctor is not obliged to inform the adolescent's parents. However, after establishing a good doctor patient relationship with the patient, the doctor should encourage the patient to tell her parents about the situation.

Police reports may be filed by the doctor either at the nearest police station, by calling '999', or filling up an online form at <http://www.spf.gov.sg/epc/ePCLinks.html>⁸. Information such as the victim's name, IC number, age and a brief outline of the case would be required. A pictorial guide to the key steps in submitting an online police report is shown in Figures 1-4⁸. There is no restriction as to how soon the reporting has to be done after the incident came to the doctor's attention.

As primary care physicians, holistic care is integral in the management of any patient. Screening for other sexually transmitted diseases eg. Hepatitis B, Human Immunodeficiency Virus (HIV), syphilis, should be carried out. Follow-up visits can be arranged to educate and counsel the patient further on the legal age for sex, advice on safe sex when she is of legal age, and options for contraception. Further education of the prevention

Figure 1: Electronic Police Centre Log-in Screen

http://www.spf.gov.sg/epc/ePCLinks.html Singapore Police Force Singapore Police Force / eP...

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Electronic Police Centre

Welcome to the Electronic Police Centre

With a demand for our police services to be consumed anywhere and anytime, this e-service serves as an online platform for reporting of lost properties or reporting of crime cases which do not require immediate police action.

To use this service, you must possess NRIC/FIN, Date of Birth and a valid email address.

This e-Service will take about 15 minutes to complete.

To proceed, please choose from the following links:

- Login for Singapore Citizens, Singapore Permanent Residents, Employment Pass and Work Permit Holders
- Login for others

If you encounter any problems with this e-Service, please contact SPF Service Delivery Department (SDO) at the following address:
25 Irrawaddy Road New Phoenix Park Singapore 329560
Tel: 1800 - 358 0000 Fax: 6 256 1266

Figure 2: Filling In of Personal Particulars of Informant

Singapore Police Force / Electronic Police Centre - Lodging of Police Reports - Windows Internet Explorer

https://www.psi.gov.sg/NASApp/tmf/TMFServlet

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Electronic Police Centre

Step1: About Yourself Step2: Incident Step3: Properties Step4: Victims Step5: Suspects Step6: Brief Facts Step7: Confirmation

Please check and complete your particulars below:
* Compulsory fields + At least one must be filled

* Name (As stated in NRIC):

* ID Type: NRIC

ID No.:

Sex: ☒ Female ☐ Male

Age:

Nationality:

Race:

Second Race:

* Occupation:

If others, please state:

Institution/ School Name:
(if you are a student)

* Address

Address Type:

Block/House No.:

Street:

Building:

Floor-Unit No.: # -

Postal Code:

Contact

+ Telephone:

+ Mobile:

* Email:

* Type to Reconfirm Email:

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Figure 3: Filling In of Personal Particulars of Victim

Singapore Police Force / Electronic Police Centre - Lodging of Police Reports - Windows Internet Explorer
 https://www.psi.gov.sg/NASApp/tmf/TMFServlet

Electronic Police Centre

Step1: About Yourself Step2: Incident Step3: Properties Step4: Victims Step5: Suspects Step6: Brief Facts Step7: Confirmation

Are there any victims involved in the incident? ☐ Yes ☐ No
 Are you a victim in the incident? ☐ Yes ☐ No

Add New Victim
 * Compulsory fields
 Please tell us more about the victim. Please click on the 'Add' button to include victim's details into your report. If not, please proceed to the next page.

Add

Personal Particulars

Name:
 ID Type:
 If others, please state:
 ID No:
 * Sex: ☒ Female ☐ Male ☐ Unknown
 * Age Range: to
 Race:
 Second Race:
 Occupation:
 If others, please state:

Address

Address Type:
 Block/House No.:
 Street:
 Building:
 Floor-Unit No.: # -
 Postal Code:

Contact

Telephone:
 Mobile:
 Relation to You:

< >

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Figure 4: Brief Summary of Case

Singapore Police Force / Electronic Police Centre - Lodging of Police Reports - Windows Internet Explorer
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Terms and Conditions | FAQs | Help **EXIT**

Electronic Police Centre

Step1: About Yourself Step2: Incident Step3: Properties Step4: Victims Step5: Suspects Step6: Brief Facts Step7: Confirmation

Please tell us **briefly** what happened during the incident (Maximum 4000 characters).
Guiding Points: What led to the incident? What happened during the incident? What was said and/or done to you or the victim(s)? Details of witnesses, if applicable.

Save

Please save your brief facts within 15 minutes to prevent loss of your work.

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of transmission of sexually transmitted diseases through abstinence or through the use of barrier methods could be advised. A urine pregnancy test should also be offered to screen for pregnancy. Ongoing follow-up would also help to build up the doctor-patient relationship, and with this trust in place, the patient can be slowly encouraged to tell her parents about the offence. Parents or other family members can then be recruited as sources of social support for the patient.

CONCLUSION

Teenagers who engage in sexual activity below the age of 16 are increasingly encountered in general practice. Doctors need to be aware of the various aspects involved when handling such cases. Most doctors would not have any problems dealing with the medical aspects of diagnosis, referrals and treatment. Equally important are the social aspects which involve enquiry into the patient's social background and family support, as well as advice on safe sex and contraception. Often forgotten or misunderstood are the legal implications of underage sex. Doctors need to keep themselves updated about the latest guidelines on the reporting of sexual offences, and be able to weigh their ethical considerations against their legal obligations to report. With so many issues to consider, and faced with a time constraint in a busy clinic, doctors need to be mindful to demonstrate empathy towards the patient, and schedule follow-up appointments to fully address all the issues involved.

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