

ENDOCRINOLOGY & DIABETES UNIT

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December 1, 2018

Attention: Rob Hoogland

We are writing regarding your child's decision to proceed with testosterone therapy. To respect Quinn's gender identity, his chosen name and male pronouns will be used throughout this letter. We understand that you have acknowledged that Quinn has consented to this treatment and that Quinn's mother, Kelly, agrees with him on moving forward with this approach. We also understand that you have a different opinion in that you do not believe a 14-year-old child should be able to make a decision regarding treatment without both parents consenting and you have made it clear that, at this time, you disagree with the proposed treatment.

As you may be aware, in British Columbia a minor like Quinn may give an effective consent to health care if his provider, first, is satisfied that he understands the nature, consequences, benefits, and risks of the proposed treatment and, second, concludes that the treatment is in his best interests. This right is provided for in section 17 of the *Infants Act* and, as you see in your separation agreement, your ability to refuse or withdraw consent on Quinn's behalf is subject to the operation of this provision. We have attached the relevant Part of the *Infants Act* to this letter for your reference.

When the two conditions referred to above are met, the right to consent to treatment belongs to the child alone. Although the child's parent may serve the crucial role of friend and advisor with respect to a healthcare decision, the parent cannot veto that decision.

Quinn's healthcare team has concluded that he possesses sufficient maturity and intelligence to be capable of consenting to his own medical care, notwithstanding the fact that he is only 14 years old. Furthermore, the team agrees that the proposed course of treatment is in his best interests. We appreciate that these conclusions differ from your own and we can sympathize with the difficult position that this places you in. We always strive to get parents to agree to support a proposed course of treatment, however, under these circumstances we are of the view that it is ultimately up to Quinn to give or withhold consent to his own medical care; neither you nor his mother can make this decision for him.

Your request that any information regarding Quinn be presented to you before treatment is provided is perfectly understandable but, legally speaking, the fact that Quinn is capable of consenting to medical care may limit your right to access his information. As we have indicated, a capable child, just like an adult, has the right to consent to his own care. In the same way, a capable child, like an adult, has the right to control his own health information and, in most cases, his provider cannot disclose this information—even to a parent or guardian—unless the capable child agrees. In other words, a member of Quinn's care team will have to speak with him and obtain his expressed consent before we can disclose his health information to you. We assure you that this issue will be raised with him at the first available opportunity.

We understand that you have sought legal advice on this matter and, in an effort to respect your stated views, the team has agreed to hold off on starting testosterone therapy for two weeks to permit you time to take legal action, if you so choose, to challenge the validity of Quinn's consent or the psychologist's conclusion that the proposed treatment is in his best interests. We believe that this period ought to be sufficient.

As you are considering legal action, we strongly advise you to formally retain the lawyer with whom you have consulted or another lawyer to fully advise you on your legal position, including your rights and obligations under the *Family Law Act* and your separation agreement.

If we have not received service from you or your counsel by December 15th, 2018, the team will be moving forward with Quinn's therapy on the basis of his consent.

We fully understand that Quinn's decision is not the decision that you would have made for Quinn and we appreciate that this is not the result you were wanting. Nevertheless, we hope that you can grow to accept Quinn's decision and support him in his care going forward.

Yours truly,

Brenden Hursh, MD, FAAP, FRCPC

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