**[Yesenia Llera](https://ashford.instructure.com/courses/86523/users/44544%22%20%5Co%20%22Author%27s%20name) post to week 4 discussion 1**

Tina, a 36-year-old female is HIV positive. She contracted the disease when she was sexually active with her previous boyfriend that had a history of drug use. She became pregnant during her time with this man and had a baby girl which she named Victoria. Victoria was born with the disease. She is 12 years old now and still has no knowledge of her disease. She had been put on medication that her mother justified as it was to treat “a problem with her blood” but recently told her mother that she dislikes it and has been skipping dosages. The clinic staff confronted Tina about telling Victoria about her diagnosis as she is nearing the age of being interested in sexual behavior. The clinic’s therapist feels that if Victoria knew about her diagnosis, she would be more willing to take the medication as instructed. However, Tina feels that her daughter is still too young and letting her know could emotionally destroy her. She feels that keeping this from her daughter is her way of protecting her.

Victoria has the right to know her diagnosis for two ethical reasons. One, it is her personal information therefore she is entitled to it and two, there will always be more decisions to make on the course of treatment (Breslin, n.d.). Although, the mother would be the one to make the medical decision alongside the doctor, it is unethical for the doctor not to disclose information asked of them by the patient. In the state of California, a child of the age of 12 or older has the right to consent to HIV treatment and the healthcare provider is not permitted to inform the legal guardian without patient consent (National Center for Youth Law, 2011). It is important to be aware of the State laws and always make decisions based on the patient’s best interest.

The mother also has the right to withhold the diagnosis from her daughter until she feels fit to tell her or until she is challenged by medical caregiver. This can happen “when those decisions place the child at significant risk of serious harm. When satisfactory resolution cannot be attained through respectful discussion and ethics consultation, seeking involvement of a State child protection agency or a court order might be necessary” (Diekema, 2018, para. 4). The clinic’s therapist is already expressing her concern to Tina about Victoria’s need to understand the importance of taking her medicine and the severe consequences she will be facing if she continues to skip dosages. She feels that telling Victoria about her diagnosis will help her understand the severity and importance of her taking the medicine as instructed.

The mother does have the right to her own privacy; however, this does not give her the right to withhold her daughter’s diagnosis from her. It is up to Tina whether she wants to disclose to her daughter that she contracted the disease from her, but it is not required of her to do so. The staff should not tell Victoria about her diagnosis however, they should not withhold information form her either. Meaning, they can speak openly as they have been doing and if Victoria asks any questions, the Doctor should give an honest answer.

The course of action I recommend for this scenario is to recommend for Tina to go get mental health treatment to sort out her feelings of guilt of having given her daughter this disease. It is clear that the staff is seeking parental permission to disclose the diagnosis to Victoria and that Tina is not ready. The staff should explain that they cannot keep this information from Victoria indefinitely and suggest it is best that they start coming up with a plan as to what would be best when the time comes. I also recommend that the staff give Tina some control by offering her options on how she should disclose this information to her daughter (would she like to do it by herself, with the doctor present, have the doctor do it by himself, in a family therapy session) (Smith, 2019). This is a difficult situation for Tina and for Victoria therefore, showing Tina that everyone is willing to work together to support her and her daughter may help her come to terms with telling her daughter the truth. Educating her with evidence behind telling the truth can also help her understand why it is important for Victoria to know what is going on with her body. Tina should be aware that “when parents engage their children in these challenging conversations, they are better able to meet their child’s needs, alleviate their fears and protect them in unanticipated ways” (Seattle Children's Hospital, 2021, sec. 5). Letting Tina know that she can still be a protector for her daughter in the ways mentioned can help her come to terms with the importance of Victoria being aware of her diagnosis and feeling included in the choices being made in regard to treatment options.

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