



Adolescents, Parents, and Covid-19 Vaccination — Who Should Decide?

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Covid-19 vaccination for adolescents (for these purposes, children 12 to 17 years of age) is important, both for their own mental and physical health and for public health; the benefits

of vaccination vastly outweigh the small risk of adverse reactions. Yet according to the Centers for Disease Control and Prevention, nearly 40% of U.S. adolescents haven't received at least one dose of the Pfizer–BioNTech Covid-19 vaccine (as of December 2021, the only product that had been authorized by the Food and Drug Administration for this age group, with approval granted for those 16 or older). Although adolescents are at lower risk than adults for severe medical complications of Covid-19, they tend to be disproportionately affected by the instability that comes from school closures, social distancing, and other pandemic-related disruptions. Adolescents also make up a substantial portion of the population that is ca-

pable of spreading Covid-19. Vaccines, because of their role in keeping schools open and ending the pandemic, can address both problems — but only if they are widely administered.

Low Covid-19 vaccination rates among U.S. adolescents can be partly explained by some parents' decision not to consent to vaccination for their children. In a November 2021 survey conducted by the Kaiser Family Foundation, 50% of parents reported that they had already had their adolescent children vaccinated, but 4% said they would vaccinate their children only if vaccination was required for school attendance, and 13% said they would "wait and see" before having their children vaccinated. The most worrisome find-

ing was that 30% of parents said they were definitely opposed to vaccination for their children.¹ Given the importance of Covid-19 vaccination, we believe adolescents should be able to independently consent to vaccination, even when their parents don't want them to be vaccinated.

The ability of adolescents to consent to Covid-19 vaccination is complicated by inconsistent regulations. Adults are legally presumed to have medical decision-making capacity. Whether an adolescent legally has medical decision-making capacity depends on the state — and in some cases, the local jurisdiction.² All but a few states consider 18 years to be the age of majority (at which people are granted full personal legal responsibility). Nine states and the District of Columbia, however, allow younger adolescents who are capable of giving informed consent to make general medical decisions on their

own behalf. Four states and the District of Columbia have age thresholds that are lower than 18 years, whereas the other half don't specify a minimum age for independent medical decision making.³ Complicating matters further, some local jurisdictions have established their own regulations — San Francisco, for example, allows children as young as 12 to consent to receiving Covid-19 vaccines.⁴

In most states, parental permission is still required for the vaccination of an adolescent under 18. The scope of child-welfare protections allows parents substantial discretion to make medical decisions for their children according to their own values. In nearly all these states, however, there are statutory exceptions to this general standard. Current exceptions to parental-consent requirements include allowing adolescents to seek contraceptive and abortion services and treatment for substance use disorders, mental health disorders, and sexually transmitted infections (STIs) without parental permission. In a few states, adolescents can also receive diagnostic services and treatment for reportable and other communicable diseases (other than STIs) without a parent's permission. In even fewer states, they can receive preventive services for these conditions; these states can actively encourage adolescents to consent to Covid-19 vaccination.

One approach to increasing adolescent-vaccination rates would be to increase the number of states that allow adolescents to independently consent to general medical treatment when treatment is in their best interest. A more feasible strategy would involve encouraging all states that already have laws allowing some statutory exceptions to parental-consent re-

quirements (e.g., exceptions for the detection and treatment of STIs) to expand their lists of exceptions to include the prevention, diagnosis, and treatment of reportable diseases and other diseases of public health importance. This approach would be focused primarily on states that don't allow exceptions to parental-consent requirements for most reportable diseases, but do have exceptions for substance use disorders, mental health disorders, or STIs. If these states expanded their lists of exceptions, at least some adolescents in every or nearly every state could independently consent to being vaccinated against infectious diseases, including Covid-19.

When it comes to the most common exceptions to parental-consent requirements (contraceptive and abortion services and treatment for substance use disorders, mental health disorders, or STIs), the primary justification for allowing adolescents to independently consent to care is that being denied access to any of these forms of care could negatively affect an adolescent's life. The same is true of Covid-19 vaccines. Adolescents may want to be vaccinated to protect themselves, their family, and their friends and to participate in in-person events. A requirement for parental permission could also lower the chances that an adolescent will seek desired treatment and preventive services. Just as adolescents may be uncomfortable bringing up topics such as contraception and substance use disorder treatment with their parents, raising the topic of Covid-19 vaccination (including expressing an intention to be vaccinated) may be uncomfortable when adolescents know their parents are opposed to Covid-19 vaccination more generally.

Given the evidence regarding the individual and public health benefits associated with Covid-19 vaccination, should adolescents who are interested in being vaccinated need to forgo vaccination because their parents have the legal authority to withhold permission? Allowing adolescents to bypass their parents or override their parents' refusal of consent probably won't sit well with affected parents. Given the implications for personal and public health, however, we believe parents' desire to refuse vaccination shouldn't be sufficient justification for preventing willing adolescents from receiving Covid-19 vaccines.

Some people argue that adolescents aren't competent to make their own decisions about vaccines and therefore shouldn't be allowed to independently consent to vaccination. When peer pressure and emotional arousal are minimized, however, adolescents over 14 years of age are "just as mature as adults" when it comes to medical decision making.⁵ The past year has seen extensive advocacy by adolescents promoting vaccination. One teen-run website (vaxteen.org), for example, provides teenagers with relevant information about vaccines and consent laws by state to encourage and facilitate teenage vaccination. Moreover, vaccines are clearly beneficial for adolescents individually and for society more generally; the favorable risk-benefit profile of Covid-19 vaccination tips the balance in favor of facilitating adolescents' access to vaccination.

There is a need for research on the frequency with which adolescents who are interested in Covid-19 vaccination encounter barriers and whether requirements for parental permission limit their access to vaccines or lead them to

resort to deception in seeking vaccination. If future research shows that adolescents make decisions about Covid-19 vaccination thoughtfully and with a clear understanding of the risks and benefits involved, it will be evidence of their capacity to make decisions regarding vaccination against Covid-19 and will strengthen the case that they should have the legal authority to independently consent to vaccination.

Allowing adolescents to independently consent to Covid-19 vaccination could substantially increase vaccine uptake in this population. The process of obtaining consent from adolescents doesn't have to mirror the consent process for adults. Since adolescents may be more susceptible to peer pressure and emotional influenc-

es than adults, conversations about consent could occur only in private encounters with medical professionals delivering vaccines (whether in private offices, clinics, pharmacies, or schools). We believe that allowing adolescents to independently consent to Covid-19 vaccination is on par with allowing independent consent to any intervention that is in adolescents' best interest and supports an important public health goal.

The views expressed are those of the authors and do not represent the position or policy of the National Institutes of Health, the Department of Health and Human Services, or the U.S. government.

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