As neonates do not have capacity those with parental responsibility (PR) usually consent for medical interventions. A recently delivered mother may be the only person with automatic PR, but might be unavailable in person, especially if the infant has been transferred to another hospital. Whilst consent can be obtained through telephone assessing capacity in this situation can be challenging, especially if the parent is under sixteen, and therefore lawfully a child themselves.

Case presentation A baby with bladder extrophy was delivered of a 15-year-old undergoing treatment for aplastic anae mia. After transfer to the national urology unit the surgical team obtained consent by phone. On review there was rather limited exploration of mother’s ability to understand suggested management and therefore consent.

Discussion Children are afforded the right to consent to medical treatment from 16-years. Though in Gillick v West Norfolk and Wisbech AHA Fraser LJ outlined circumstances where even younger children might consent to oral contraception and Scarman LJ extended it to a general replacement of parental consent as children mature.

It is now accepted that children of any age can consent if they can demonstrate capacity. But, no child has yet been permitted by the Courts to decline medical treatment held to be in their best interests. We can find no recorded cases – e.g. Westlaw-UK – before UK Courts regarding child-parents consenting or refusing treatment for their own child.

Professionals consenting for neonatal interventions need to be aware of the law surrounding child-parents.

REFERENCES
2 Great Ormond Street Hospital, Consent Policy, September 2012
6 Re P (Medical Treatment: Best Interests) [2003] EWHC 2327 (Fam); [2004] 2 F. L. R. 1117; [2004] Fam. Law 716