

# Guidance for GPs: Separated Parents Scenarios



Reading time:  
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Children of separating and conflicted parents frequently suffer distress and confusion trying to please both parents. The MIPS experience is that our members often feel exactly the same way! Our clinico-legal advisers frequently receive requests for advice from a practitioner (often a GP or paediatrician) trying to balance not only a child's best interests and the practitioner's clinico-legal obligations, with challenging family dynamics, but also sometimes, sadly, the 'games' played by parents.

According to the Rights of parents and children from the Australian Government Attorney General's Department, it shouldn't be complicated because separated parents with parental responsibility each have as much entitlement to information about their child as do non-separated parents.<sup>1</sup> The only exception to this occurs when there is a family court order stating otherwise. Although a diligent practitioner will enquire whether such a direction exists, they are rare and a doctor is usually safe in assuming that access to medical information is not precluded if a parent has unsupervised access to the child. It is, after all in the best interests of any child that both parents, particularly if they spend time with the child, are familiar with a child's medical history.

Anecdotally, the MIPS experience is that there are frequently misunderstandings in this area, but also be aware that unfortunately, parents may distort the facts to suit their own ends.

## MIPS recommends the following:

- Your first priority should be what is in the best interests of the child. Try your best to involve both parents equally. Explain politely yet firmly what you are recommending is in the best interests of the child. If one parent requests information then always try to provide copies to both parents (exceptions to this can be where reports are paid for by third parties for legal reasons (eg parents' lawyers), but even in that situation it is preferable that there is transparency.
- Keep accurate notes. Be careful to note any allegations as hearsay and not as fact.
- Be aware that you may become compromised if one or both of the parents is/are/or have been patients of yours.
- Keep accurate and clear records and make sure the appropriate information is recorded in the correct file. MIPS is frequently contacted by members who are required to provide the court with a child's records and the notes, which unfortunately sometimes contains private information about the parents' lives.
- Have a proactive strategy for dealing with difficult and conflicted parents. Make it clear you will not be compromised. A practical solution that avoids endless phone calls to commit to sending each parent a copy of the progress notes after each visit.
- Don't allow your own values to influence your practice. Not uncommonly mothers of babies ask our members for a letter stating that in their opinion the child is 'too sick' to go to the father. Understandably, the allegedly 'unsuitable' parent often takes offence when receiving such correspondence.
- Check the identity of adults accompanying children - don't make an assumption they are the parents particularly when making important treatment decisions.
- If despite all your efforts, consent between parents can't be agreed upon, the advice that 'the Court is going to have to decide and that this is a fairly expensive process', often causes parents to reconsider and come to some sort of agreement in the best interests of the child.

## Recent cases where MIPS was consulted to advise:

1. A father attended the GP member on a Saturday morning requesting that the GP perform catch up vaccination on his unimmunised child. The GP was aware that the mother was a conscientious objector; however he was keen to perform the vaccination. MIPS' advice was that whilst legally the member could perform the vaccinations, it was preferable to speak to the mother first. The conversation with the latter could include a reminder that if this matter was disputed before the Family Court then precedent would suggest that permission for the father to vaccinate the child would be granted.
2. A father presented to a GP member requesting a paternity test be performed on his four and six year old children. Their mother was away visiting family overseas. Legally, where both parents have parental responsibility for a child, each parent can act alone. MIPS' advice was to suggest that it would be preferable to inform the mother that these tests were being performed however, either parent could consent to this procedure. The GP member performed the requested pathology.

3. A MIPS member received a Family Court subpoena to produce the notes of a fifteen year old girl being treated for a chronic eating disorder. The notes contained information obtained in a private consultation with the girl and the member considered her to be a mature minor. The member was advised that although she considered the child to be a mature minor therefore she would not need to reveal the information in the notes to the parents, the Family Court subpoena could not be ignored.<sup>2</sup> In this type of situation, MIPS suggests the practitioner writes a covering letter addressed to the Registrar of the Court requesting that the notes be dealt with in a sensitive manner.

There are of course, many parents who behave in an exemplary manner despite their differences, putting their child's wellbeing first and cooperating with each other in medical matters. However, if this is not the case then MIPS is always happy to discuss the particular scenario and provide advice about the way forward.

Members should also be aware of their employer's protocols in these matters, where relevant.

1. [Rights of parents and children](#). Australian Government Attorney General's Department

2. [Gillick v West Norfolk and Wisbech Area Health Authority and Department of Health and Social Security \[1984\] Q.B. 581, 1985](#)

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