Post *Roe v Wade's* Overturn: Importance and Methods of Patient-Physician Confidentiality in Conversations Surrounding Isotretinoin and Contraception in Wisconsin

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The overturning of the Supreme Court case *Roe v Wade* in the case of *Dobbs v Jackson Women's Health Organization* has far-reaching implications in medicine, even beyond the field of women's health. The ruling has obscured state abortion laws, leaving health care providers with questions regarding the legal parameters of reproductive health care.[1] Wisconsin, specifically, is now enforcing an 1849 statute, of which the original language prohibits all abortions except in cases that "preserve the life of [the] mother or shall have been advised by two physicians to be necessary for such purpose."[2] Wisconsin Governor Tony Evers voiced disapproval of the 1849 law and suggested that he would grant clemency to persecuted physicians, but this does not clarify the future of abortion access in Wisconsin.[3]

One specific area of ambiguity is whether pregnancies conceived while patients are prescribed teratogenic medications will fall within the legal exemptions of the abortion. When patients are under the age of 18, additional complexities are introduced. Minor consent laws, confidentiality, and the authority of patients' guardians must be considered when navigating next steps.

Dermatology is one specialty prescribing teratogenic medications, such as isotretinoin. Isotretinoin is the most effective treatment for patients with moderate-to-severe nodulocystic or recalcitrant acne vulgaris. Isotretinoin has a 20% to 35% risk of teratogenicity in fetuses, and its use is associated with neurologic malformations, thymic disorders, and cardiovascular and craniofacial defects.[4,5] The existing gravity of teratogens is now combined with the fact that there are no clear guidelines for abortion if patients become pregnant while prescribed isotretinoin.

> Providers outside the field of women's health may not be providing direct abortion counseling but, nonetheless, should be prepared to advocate for their patients' safety.

ISOTRETINOIN AND iPLEDGE

There were 6,740 reported pregnancies among patients taking isotretinoin from 1997 through 2017.[6] iPLEDGE is a risk evaluation and mitigation strategy program regulated by the US Food and Drug Administration that outlines strict regulations for contraception, abstinence, and pregnancy testing for patients prescribed isotretinoin. However, the intention of iPLEDGE may be different than its effect. A study found that while iPLEDGE regulations may emphasize treatment risks, this may not translate to reducing the number of pregnancies exposed to isotretinoin.[7] It is, therefore, vital to address gaps in patient care for the health of both patients and fetuses.

GAPS IN KNOWLEDGE ABOUT CONFIDENTIALITY

Patient-physician confidentiality is one such point of conversation. Although dermatologists are cognizant of the importance of discussing reproductive health, provider knowledge of confidentiality and consent laws for minors has been found to be limited.[8] Guardians also may have a limited understanding of confidentiality and mixed reactions to being excluded from health care conversations.[9] This is uniquely relevant to adolescents, as confidential conversations can be a key step towards developing their own perspective of their health.

Adolescents are more likely to disclose information, pursue treatment, and seek future care once physicians address confidentiality.[10]

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Only up to 43% of adolescents have had time alone with their physicians and may not even know that this is an option.[11] Physicians should address these concerns and clarify when guardians and partners will be included or asked to step outside to ensure transparency. One method is to normalize these conversations by assuring them that confidentiality is offered to all patients.

ADOLESCENT COGNITIVE DEVELOPMENT AND SEXUAL HEALTH

Knowledge of cognitive milestones and decisional capabilities can assist providers to tailor conversations about reproductive health accordingly. For example, early adolescents (12-14 years old) have difficulty thinking about the long-term consequences of their actions. Middle adolescents (15-17 years old) are better able to consider the consequences of their actions, but they are more likely to engage in risk-taking behavior, are more susceptible to peer influence, and often have more conflict with their parents. These behaviors tend to subside by late adolescence (18-21 years old).[12]

Data show that as of 2019, 3% of children engage in sexual intercourse before the age of 13, while 40% of high school students reported having had sex.[13] In order to be inclusive to adolescents in different stages of cognitive development and sexual activity, pediatric dermatologists should introduce the concept of confidential care as early as ages 11 years and older. In general, isotretinoin is typically not first-line acne treatment for patients younger than 12 years old. Outside of patients prescribed isotretinoin, the exact age may be tailored to whether the provider has existing rapport with the patient and the age the patient begins menstruating.

METHODS TO MAINTAIN PATIENT-PHYSICIAN CONFIDENTIALITY

Topics such as electronic health records (EHR), pharmacies, insurance documentation, after-visit summaries, and patient follow-up must be revisited to reinforce confidentiality. One method to protect confidentiality and sensitive information is to create a sensitive note. This note will be visible to the provider but not to the patient or their guardian. Another option is to make an adolescent privacy flag. The flag symbol will be visible, but guardians will not be able to see its content unless the patient consents. Physicians also have created systems of key phrases designed to remind themselves or other providers of confidential information.[14] Aside from monitoring sensitive information, some institutions even have been able to provide EHR portal access directly to patients under the age of 18.[15]

Within confidential conversations, dermatologists should ask patients their sexual preferences, gender identity, and preferred pronouns. Next, they should ask who is aware of this information to avoid sharing confidential information with guardians or partners. Isotretinoin treatment may interfere with gender-affirming hormonal treatment or raise questions among female-to-male transgender patients about their fertility. Due to the sensitivity of these conversations, sexual and gender minority patients may prefer a sexual and gender minority dermatologist.[16] Patient-physician confidentiality should be maintained once the appointment has ended as well.

Physicians can contact pharmacies to see if they send automatic messages about prescriptions or have medication sent to a pharmacy preferred by the patient.[17] Diagnoses and test results may be excluded from insurance documentation if a minor requests confidentiality.[18] Confidential information also can be excluded from the after-visit summary, or the after-visit summary can be given directly to minors. For follow-up purposes, physicians should ask patients under the age of 18 for an alternative phone number and address if communication absolutely cannot be sent to the minor's home, or, if the home phone number cannot be contacted, to speak in confidence to the patient.[19]

DISCUSSION

Keeping these confidentiality practices in mind, it is unclear whether the Wisconsin state legislature will change or clarify how teratogens will be considered in abortion access. In the meantime, there may be some change with how patients will engage with iPLEDGE and whether the percentage of patients choosing abstinence or other contraceptive options will shift. There also may be a change in adherence to selected methods now that there is an added risk of continuing with a pregnancy with birth defects and the added burden of traveling out of Wisconsin for an abortion.

Although the purpose of this commentary is to discuss isotretinoin counseling and confidentiality, this topic may be applied to any prescribed teratogenic medication. Providers outside the field of women's health may not be providing direct abortion counseling but, nonetheless, should be prepared to advocate for their patients' safety. Isotretinoin prescription among dermatologists must be acknowledged, specifically, to integrate the limitations of iPLEDGE, frequency of use among adolescents, and possible complications for sexual and gender minority patients.

This knowledge must be applied not only within appointments, but also extend to other methods of communication to ensure that confidentiality is maintained for the duration of isotretinoin treatment or for any other medication that has potential for teratogenicity. Navigating vulnerable conversations should always involve creating a safe space for patients; the court decision in *Dobbs v Jackson Women's Health Organization* is a reminder of the importance of confidentiality and its far-reaching implications.

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Promoting Faculty Development Through Structured Mentoring

Dear Editor:

Mentorship plays a crucial role in facilitating professional development and career advancement. Engaging in mentorship can be mutually beneficial for mentors and mentees.[1] Various models of mentorship exist, including peer mentoring and apprenticeship. Peer mentoring offers a collaborative platform for individuals with shared interests and similar levels of training to exchange knowledge, experiences, and learning resources. Conversely, apprenticeship models involve mentors with more professional experience than their mentees.[2]

The Division of General Internal Medicine (GIM) at the Medical College of Wisconsin has 2 formalized mentoring programs: peer mentoring affinity groups and structured mentor-mentee programs. Affinity groups include research, medical education, quality improvement, and case report groups; and more than 100 faculty and advanced practice providers (APP) are part of them. To assess the effectiveness of the affinity groups, we surveyed 85 assistant professors in GIM, resulting in a response rate of 42%; 17 out of 20 faculty members (85%) who attended affinity groups indicated that they are valuable in promoting scholarship activity and faculty development.

The structured mentor-mentee program (apprenticeship model) implemented by our division enables junior faculty to choose mentors based on their area of interest and meet their mentors twice a year to discuss short-term and long-term career goals. The program has 12 mentors and 20 mentees, totaling 32 participants. The results from a survey conducted at the end of 2022 to evaluate the program's effectiveness were quite encouraging: a majority (83% of mentors and 100% of mentees) recommended the program to others. Participants noted a range of benefits, including promotion, increased scholarly productivity, greater collaboration, and leadership development. We are pleased to report that our division recently has introduced a similar mentorship model for APPs.

We have observed an exponential increase in peer-reviewed publications and presentations at regional and national meetings since the implementation of these programs. Additionally, faculty members who have participated in these programs have been appointed to several committees and have assumed leadership roles at regional and national levels. Notably, we have observed an increase in faculty members promoted to associate and full professor.

While mentorship programs cannot be one-size-fits-all and need to be tailored to address local needs, our findings underscore the feasibility of combining 2 distinct programs and their potential to foster academic excellence and success for GIM faculty. Further research is needed to identify specific factors that contribute to success of these programs and to determine their applicability in other medical disciplines.

—Sanjay Bhandari, MD; Trisha Jethwa, MD; Pinky Jha, MD, MPH

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