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## EDITORIAL

# The medical assessment of prospective adoptive parents: How far should it go in the child's best interests?

*The prospectice adoptive parents' health is a key element when assessing their ability to adopt. Even though the undertaking of quality evaluations is relevant to the child's well-being, the issue of respect for the applicants' privacy may be raised in some circumstances.*

As provided for in article 15 of the HC-1993, the medical situation of prospective adoptive parents must be examined within the framework of the report establishing their suitability to adopt. The term 'medical' relates to the physical as well as mental health of each of the applicants, which must be examined by competent professionals. Practices vary from one country to another, pushing the limits of this assessment in order to ensure that the child has a family suitable to take care of him. Faced with this diversity, and the absence, at international level, of a 'standard' model of report on the health of prospective adoptive parents[1] – like the one that exists for the child, reflection should be drawn to its content.

### More or less detailed models of assessment

In general, each prospective adoptive parent is requested to undergo, with his General Practitioner, a health check-up – the content of which may, however, vary considerably. Even though, in some cases, no precise guideline is provided to the Doctor, in others, a more or less detailed questionnaire, drafted by the Central Authority or accredited adoption body, is provided to the latter, such as, for example, in Sweden, Belgium, Switzerland as well as in the state of New South Wales in Australia (see p. 5). Following this initial assessement, and depending on its results, additional examinations undertaken by specialists may, in principle, be requested. Furthermore, complementary information may sometimes be requested from the applicant, such as an in-depth cardio-vascular examination or a HIV test. On the basis of this series of data, the professional will be able to determine whether the applicant has health problems that may impair his parental functions. Given the difficulty of establishing a precise list of illnesses that may be causes for the refusal of a suitability certificate, the professional is sometimes faced with delicate choices.

### What about the respect for the privacy of prospective adoptive parents?

From the prospective adoptive parents' perspective, the interviews and examinations relating to their health are not always experienced positively. The latter may, once again, feel put to the test, in particular when they have previously resorted to treatments against infertility, which have overwhelmed them mentally and physically. When a professional then comes to interfere with their private life with requests relating, for example, to their tobacco consumption, their weight, or even the number of sick days granted in their professional environment, they may, rightfully, feel that their privacy is being violated. The same applies to the personality tests, which they must sometimes undergo in order to assess their ability to manage stress.

Furthermore, when a prospective adoptive parent has a chronic condition, such as depression or cancer, or has a disability, the assessment will be even more

delicate and difficult, for the applicant as well as for the professional in charge of the latter. The resort to specialists is required in such cases and a review of the present and prospective consequences of these conditions on the applicant's life, on the adopted child and on the whole family must be carefully undertaken. Even though the private life of the applicants must be protected within certain limits, as for the professional, he must be able to offer, to the adopted child, parents, who are able to provide him with security, stability and continuity.

Health is also linked to the issue of the prospective adoptive parents' age. Without fully addressing here the difficult debate of the upper age limit of applicants, it remains important to take into account not only the age at the time of the adoption procedure, but also to foresee the family's future: how old will the adoptive parents be when the child starts his adolescence, for example, and what will be their physical and mental resources to confront this period, which is known to be a complex period?

## The search for a fair balance?

What should be done, then, to respect a certain privacy of the prospective adoptive parents whilst also giving priority to the child's well-being? First, the professional's explanation of the objective of the medical assessment plays a crucial role. Indeed, in order to obtain the best possible cooperation and transparency from the applicants, the latter must be able to understand the impact of their health on the child's care. For example, as highlighted by Johanne Lemieux in her latest publication[2], 'a better understanding by the adoptive parent of his own reactions to stress is of uppermost importance (…)' in order to test his abilities to face the changes linked to the adopted child's arrival. In relation to weight issues, they will most probably be better accepted by the applicants if one explains to them that eating disorders may, in some cases, be a sign of mental weakness, which the adopted child may disrupt.

Secondly, applicants, who are suitable to become the parents of an adopted child, must be able to understand, accept and even request a comprehensive assessment of their skills, in particular at psychological level. Indeed, they must be able to display a certain independence and emotional stability in order to face the child's potential attachment and interaction difficulties. Such an approach already reveals their realistic view of the challenge of adoption: to offer a healthy life environment and one that is suitable to his full development to a child with an already difficult background.

Finally, in the particular case in which an applicant suffers from a chronic condition or a disability, the professional – trained and supported by a multidisciplinary team – will have to consider the impact of this condition on the child and, should the suitability certificate be granted, the follow-up that he will need to undergo following the latter's arrival. The professional will also have to raise the applicant's awareness as to the fact that his potential disability or other health condition may be an obstacle to his adoption request in the country of origin, which also has its say.

**Health is a key element in matters of shared responsibility and cooperation between the country of origin and the receiving country. The latter, in particular, is responsible for offering adequate resources to adoptive families, who require a medical follow-up. Furthermore, the professionals must be prepared for the interpretation of medical reports and for potential delicate discussions with prospective adoptive parents throughout the procedure. Their final decision should be able to assure to the adopted child that his parents are able to physically and mentally care for him and, in particular, avoid any new form of abandonment due to one of the parents' potential death or incapacity.**

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