

**EXAM QUESTIONS & ANSWERS**

**LEGAL MEDICINE & MEDICAL ETHICS**

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# Arab Board, Bio-Ethics (medical Ethics questions)

## First part.

### Bioethics (general medical ethics)

1. **The full version of the 'Ought Implies 'Can' principle is ...**
  - a. Ought implies can, only when you can
  - b. Ought implies can, and can not\*
  - c. Ought implies can (that's it; what more do you want!)
  - d. Ought implies can, and can implies ought
  - e. Ought implies ought, and can implies can
  
2. **Autonomy is one of the main principles of bioethics , which mean:**
  - a. Selfishness
  - b. The right to be selfish
  - c. Self-awareness
  - d. Self-promotion
  - e. Self-governance \*
  
3. **The four medical ethics principles which shared between Values Based Medicine and the principles of ethics, explained by Beauchamp and Childress are:**
  - a. Autonomy, privacy, respect, and confidentiality
  - b. Veracity, privacy, beneficence, and nonmaleficence
  - c. Autonomy, nonmaleficence, beneficence, and justice \*
  - d. Veracity, privacy, confidentiality, and fidelity
  - e. Autonomy, veracity, nonmaleficence, and beneficence
  
4. **Which of the following ethical issues form the foremost part of Hippocratic Oath?**
  - a. Confidentiality \*
  - b. Sexual boundaries
  - c. Advertising
  - d. Bribery
  - e. Doctor's rights

5. **Paternalism among doctors is not an ethical attitude because it conflicts with**
  - a. Patient's medical care
  - b. Doctors' tasks and duties
  - c. Patient's autonomy\*
  - d. Doctor's autonomy
  - e. Patient's family rights
  
6. **The concept of justice in ethics is:**
  - a. an obligation of the patient to the society.
  - b. that the health resources must be distributed according to the principals of equity.\*
  - c. taken as patients right to choose or refuse treatment.
  - d. For all medical Professionals to do good for all patients under circumstances
  - e. the obligation to do no harm to the patients
  
7. **Confidentiality can be breached**
  - a. When the patient does not listen to the doctor.
  - b. When financial resources are scarce and patient is not compliant.
  - c. When a patient authorizes to do so \*
  - d. For a patient who requires Invasive treatment
  - e. In the case foreign nationals in a country
  
8. **The Bio Ethics science suggests that health care has moved, historically, to respect for autonomy from which model?**
  - a. Engineering
  - b. Contractual
  - c. Priestly\*
  - d. Covenant
  - e. Collegial .
  
9. **The bio-ethical Principle and the Rational Choice Principle are principles that mainly guide**
  - a. Physicians \*
  - b. Patients
  - c. Insurance companies
  - d. Surrogates
  - e. Children

**10. The Standard of Health Care, known as: “reasonable professional” is defined by**

- a. Practice standards, education, institutional policies, federal and state statutes \*
- b. Federal law, state law, county ordinances, city ordinances
- c. Competency, education, experience, success
- d. Coursework, internships, practical, experience
- e. None of the above

**11. Regarding Ought/ is law; The ‘ought implies can’ principle says**

- a. If you ought to do something, someone other than you can do it
- b. If you can do something, then you ought to do it
- c. If you ought to do something, then you can do it\*
- d. and b
- e. b and c

**12. Primum Non Nocere means**

- a. First, do no harm \*
- b. First, do not listen
- c. Never be the first
- d. The higher, the fewer
- e. Give nothing to the first

**13. Fair distribution limits our duties of beneficence. What basic goods of others should be met before we dole out any luxuries?**

- a. Food, kindness, education
- b. Attention, compassion, consideration
- c. A job, a home, an education
- d. Nourishment, shelter, clothing \*
- e. Food, entertainment, companionship

**14. According to the ethical principles, the benefits we are obliged to provide as healthcare professionals are specified in part by ...**

- a. Our upbringing and personal values
- b. Our relationship, role, and agreements\*
- c. Our employer, the law, our conscience
- d. Our contract with the hospital or clinic
- e. Our willingness to help

**15. The physician should do what is medically indicated, do good than possible harm .” That is called the:**

- a. Hippocratic oath
- b. Medical Nonmaleficence Principle
- c. Medical Indications Principle \*
- d. Physician’s Code
- e. Best Interests Principle

**16. Medical Ethics:**

- a. Is the study of moral aspects of a doctor’s professional life? \*
- b. Is the study of legal aspects of a doctor’s professional life?
- c. Is the code of conduct of doctor’s professional life?
- d. Is covered by Hippocratic Oath.
- e. Is regulated by local Medical and Dental council

**17. The principles of medical ethics are all, except:**

- a. Non-Maleficence
- b. Beneficence
- c. Autonomy
- d. Justice
- e. Confidentiality \*

**18. The concept of “Culture” from the ethical prospective ...**

- a. Is the outcome of the architectural part of our environment?
- b. Is the outcome of the man-made part of our environment? \*
- c. Is an isolated view of the world?
- d. Comprises of beliefs which produce an unacceptable view of the society

**19. What is required for maintaining human dignity, or remaining human, in bio-ethics language is called....**

- a. A good
- b. A necessary good\*
- c. An obligatory good
- d. A transcendental good
- e. Pretty good

## **Research**

**20. The relationship between clinical research and clinical medical practice is ethically considered. Which of the following best describe it?**

- a. Research has been tightly regulated because a particular research may put a patient at risk for the benefit of others.
- b. Medical practice is focusing on the patient's own best interests and relies and considering benefit/risk ratio, so it is not very tightly regulated.
- c. There is distinction between research and medical practice.
- d. Patient has to consent for any surgical or medical step of management or for accepting to be enrolled in research
- e. All of the above \*

## **Medicine and industry**

**21. With regard to relationship with the pharmaceutical industry:**

- a. There should be mutual pooling to promote welfare of the health institutions \*
- b. Doctors should regularly seek assistance for holidays abroad
- c. Should pay more attention to the pharmaceutical literature.

- d. Must strive to attend all academic activities such as panel discussion and Lectures at holiday resorts
- e. Meeting with pharmaceutical representatives is as good as looking at peer reviewed evidence base

# Arab Board Medical Ethics MCQs

## Part2

### Medical ethics Clinical implementation)

1. **You are a male doctor and a female patient comes to your clinic wearing revealing clothes. She comes up very close to the doctor and starts asking personal questions in a seductive tone.**

**What would be the appropriate response?**

- a. Refuse to examine her.
  - b. **Call in a nurse\***
  - c. Use open ended questioning technique
  - d. Ask about her personal life
  - e. Refer her to another doctor
- 
2. **You are a female doctor sitting in your clinic and a male patient entered your clinic in not suitable clothes and became very close to you and starts asking personal questions in a seductive tone.**

**What should you do?**

- a. Refuse to examine him.
  - b. **Call in a nurse\***
  - c. Use open ended questioning technique
  - d. Call the police.
  - e. Refer him to a male doctor
- 
3. **41. An adult patient in a medical ward may started to insist to be examined by one particular doctor, feels that the same doctor comes to his bed first and wants to spend longer time in the company of the same doctor. The doctor, on account of his physical appearance, mannerism, or personality qualities, reminds the patient of his or her father. This is can be explained by the phenomenon of:**
- a. Resistance
  - b. Transference \*
  - c. confidentiality
  - d. Informed consent
  - e. Counter transference



**4. Patient is going for serious surgery and he was informed about the mortality rate. He was conscious but not fully oriented GCS is 13. Patient came out of the surgery in vegetative stage. Patient' son tells the treating team that his father told him before surgery; that he would never want to be "kept alive like a vegetable". The term "vegetable" should be understood by the doctor to mean:**

- a. The patient does not want any heroics or extraordinary treatments.
- b. Pull the plug if the patient is ever in terminal state on a respirator.
- c. If the patient is in a comatose state, let him die.
- d. The doctor should interpret the term as vague and not helpful in advance care planning discussions unless it is clarified \*.
- e. Doctor should not listen to the son and do the maximum

**5. A 62-year-old man who just had tumor biopsy of the thalamus showing Glioblastoma. As you went out of the OR you saw his brother in the hall, and he begs you not to tell his father because the knowledge would kill him even faster. A family conference to discuss the prognosis is already scheduled for later that afternoon.**

**What is the best way for the doctor to handle this situation?**

- a. The doctor should honor the request of the family member who is protecting his beloved brother from the bad news
- b. The doctor should tell the brother that withholding information is not permitted under any circumstance.
- c. Patient should withhold informing the patient about the seriousness of the Glioblastoma because of the grave diagnosis.
- d. The doctor should ask the patient how he wants to handle the information in front of the rest of the family, and allow for some family discussion time. \*
- e. Doctor may understand the patient has the right to know all the details and worst scenario and inform him

- 6. You operated 46 years old patient for removal of large ICH, patient remained in coma, three days later patient arrested and died in ICU, you were there. As you are going out of the ICU, Patient's wife rushed to you in the hospital corridor, asking about her husband. What should you do?**
- a. Inform her that her husband just passed away.
  - b. Ask her to bring members of her family and meet you later.
  - c. Refer her to the ICU staff to ask them.
  - d. Calm her and ask a nurse or other female doctor to join you to a private room to inform her about the death of her husband \*
  - e. Calm her and inform her immediately and take her to the ICU to see the body of her husband.
- 7. You were on call and received a family involved in RTA, husband was in Coma, GCS 5, suffers large right fronto parietal epidural hematoma, the son 18 years old suffers moderate head injury, GCS is 12, no neurological deficit but confused, the wife has pneumothorax, in agony and short breath, fully conscious and neurologically intact. You decided to send the patient to the Operating room, who should sign the consent?**
- a. The son
  - b. The wife
  - c. Both son and wife together
  - d. Two consultants and the medical directors
  - e. Two consultants and medical directors after informing the wife and son \*
- 8. The classification of patients as, intellectually subnormal, or confused, may put ethical consideration on:**
- a. They can never be guilty of negligence
  - b. Their ability to give informed consent\*
  - c. Their autonomy
  - d. Healthcare workers are sometimes cruel
  - e. They can never give informed consent

**9. In cases of triage or emergency prioritization situation certain roles, codes and policies are based on clinical, scientific and ethical merits. One of the following answers is not relevant to a physician's decision of prioritization (who should go first in)?**

- a. Spine injuries
- b. Excessive Bleeding
- c. Pain
- d. Patient responsibility for their condition \*
- e. Burns injury

**10. An Adult, fully conscious and oriented patient with advanced renal cancer, expressed clearly his wish verbally to his treating doctor, not to receive any neither chemotherapy nor resuscitation and prefer to die in peace. Few days later that patient became unconscious. The patient's family requested to give the patient chemotherapy.**

**What should you do if you recognize a conflict between the known verbal wishes of a patient and the decision of his family?**

- a. Follow the family's request, and give chemotherapy.
- b. Refer the patient to another team for second opinion
- c. Don't listen to the family.
- d. Be ready to seek court intervention\*
- e. Give trial of chemotherapy and allow only one attempts of resuscitation in case of arrest.

### **Patient's safety**

**11. Which of the following increases the risk of wrong-site surgery?**

- a. Surgery late in the day
- b. Thin patient
- c. Surgeon running multiple rooms
- d. Multiple surgeons involved in the same operation \*
- e. Reading several data

## **Patient's- physician relationship**

**12. Understanding and appreciating patient's need and worries are important keys for proper treatment. What is the most worrying and stressing question, any patient may have as you advise him for admission?**

- a. Who is/are my treating team/s?
- b. How long will I need to stay in the hospital?
- c. What is the visiting time?
- d. What is wrong with me? \*
- e. How much will the treatment cost?

**13. People with Type A personality are more vulnerable to:**

- a. Psychiatric disorders.
- b. Have the same incidence of heart disease as general population
- c. Increased incidence of eye disease
- d. Increased incidence of heart disease \*
- e. Have an increased incidence of ear disease

**14. When may confidentiality be breached?**

- a. When the patient does not listen to the doctor.
- b. When financial resources are scarce and patient is not compliant.
- c. When a patient authorizes to do so \*
- d. For a patient who requires Invasive treatment
- e. In the case of foreign nationals in a country

**15. In cases of "double effects" your surgical or medical action will produce both bad results and good results. How do you ethically handle such cases?**

- a. The action does not go directly against the dignity of the patient \*
- b. The action is endorsed by senior consultants
- c. The action is written in literatures.
- d. The action conforms to society's norms
- e. The action is done really, really quickly, with few onlookers"

**16. Which of the following best describes the relationship between clinical research and clinical medical practice?**

- a. Research has been heavily regulated because it has been thought to place subjects at risk for the benefit of others and to investigate unconfirmed hypotheses about diagnoses and treatments.
- b. Medical practice is minimally regulated on grounds that it focuses on the patient's best interests and relies on interventions of proven benefit and acceptable risk.
- c. The sharp distinction often drawn between research and medical practice is morally questionable.
- d. Patient has to consent for either participates in research or for any surgical or medical treatment
- e. All of the above \*

**17. In Behavioral Sciences the Bio- Psycho- Social (BPS) model of health care is best described as:**

- a. The management of Psychological and social Issues of patients
- b. Biological aspects of disease being more being more important than psychosocial aspects.
- c. Use of social and psychological factors alongside the biological aspects of the illness \*
- d. A method in which a patient should be seen psychologist and a social worker.
- e. A system practiced mostly in the developed world

# Bio Ethics

## Part 3

### Patient's consent

1. **Granted informed consent ethically means:**
  - a. The physician/surgeon should do what is medically indicated, and ought to be for the good for the patient and cause no harm \*
  - b. Patient consents to accept any complication
  - c. Patient and family signed to accept and complication including death as outcome of treatment or surgery.
  - d. It is a routine procedure in the hospital.
  - e. This term used only for serious clinical condition
  
2. **Meaningful consent requires that the patient be properly informed about treatment or surgery or any intervention procedure. Ethically cannot be accepted in all of these cases; but**
  - a. Signed as part of hospital routine documents during admission
  - b. Patient's intellectual deficiencies
  - c. Not matching therapeutic Privilege of the treating doctor
  - d. Physician's Code, and patient's autonomy are respected\*
  - e. Signed during, panic, confused or anger situation.
  
3. **Medical Ethics is very much concerning about the importance of patients understanding the consequences of their consent. Which of the following is often left out, but may be just as important to the patient?**
  - a. Understanding the legal consequences (it might get them into trouble)
  - b. Understanding the harm it might cause physicians (it might increase hospital costs)
  - c. Understanding the expense (there may be hidden costs)
  - d. Understanding the nature of their consent (it may involve lying, breaking a promise, etc.) \*
  - e. Nothing is left out; only consequences matter to rational people.

**4. The principle of Double Effect ethically means:**

- a. It is acceptable to knowingly cause harm in pursuit of some good. \*
- b. It is not acceptable to knowingly cause harm in pursuit of some good
- c. It is a principle of diminishing returns
- d. It is the Principle of Utility
- e. The principle is ethically rejected

**5. The most important consideration regarding the information in informed consent is:**

- a. It be understood by the patient\*
- b. It must be communicated free of emotion
- c. It must be technically accurate
- d. It must be delivered in writing
- e. It must be strictly medical

**6. 24. Informed consent should not include “Patient Preference rule” for specifying questions because these questions are:**

- a. Gives the patient too much respect
- b. It takes power out of the hands of doctors
- c. Suggests patients are competent to make decisions themselves
- d. Absolves patients from their duties
- e. Invites wasting time with silly questions \*

**7. 25. The ethical principles don’t approve restrictions put or guide what information must be shared in obtaining informed consent because...**

- a. Physicians may not favor an expensive treatment
- b. Physicians are always changing their customs
- c. Patients have right to know all the details of their illnesses, management and possible outcomes\*
- d. Patients are too likely to simply agree without thinking
- e. Patients mistrust physicians, creating a conflict