EXAM QUESTIONS & ANSWERS

LEGAL MEDICINE & MEDICAL ETHICs

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1. **You are a resident in the emergency department. An irate parent comes to you furious because the social worker has been asking him about striking his child. The child is a 5-year-old boy who has been in the emergency department four times this year with several episodes of trauma that did not seem related. Today, the child is brought in with a child complaint of "slipping into a hot bathtub" with a bum wound on his legs. The parent threatens to sue you and says "How dare you think that about me?**
   I love my son!"

What should you do?

a. Admit the child to remove him from the possibly dangerous environment.
b. Call the police.
c. Ask the father yourself if there has been any abuse.
d. Explain to the parents that the next time this happens you will have to call child protective services.
e. Report the family to child protective services.

Answer: (e) Report the family to child protective services.

Comment: Although, in general, it is better to address issues directly with patients and their families, this is not the case when you strongly suspect child abuse. Reporting of child abuse is mandatory even based on suspicion alone. Although it is frightening to be confrontational with the family, the caregiver is legally protected even if there turns out to be no abuse as long as the report was made honestly and without malice.
You do not have the authority to remove the child from the custody of the parents.
Only child protective services or the courts can do that. The police would be appropriate for an assault happening at that exact moment, but the police are not appropriate to investigate child abuse. When you have a suspicion of child abuse, it doesn't matter what the parents say. That is why talking directly to the mother or father is incorrect. When you suspect abuse, even if the family denies it, you must still report.

2. **You are working at the desk in your hospital when another employee of the hospital asks for information about a patient who was admitted last night with a pulmonary embolus secondary to cancer. You know the details of the case. The person requesting the information states that he is a close friend and co-worker of your patient. He shows you proper identification proving he really is a co-worker of your patient who also works in the hospital.**

Which of the following is the most appropriate response to this request?

a. Give him the information on the patient.
b. Give him the information only if he is a relative of the patient.
c. Inform him that you are not at liberty to give details regarding the patient without the patient's permission.
d. Have him sign a release or consent form before revealing the information.

Answer: (c) Inform him that you are not at liberty to give details regarding the patient without the patient's permission.

Comment: Confidentiality is a fundamental right of all patients. As part of maintaining the patient's autonomy in revealing information only to those they wish to be informed of their condition you must refuse to release any specific information of the patient's medical history or current medical problems without direct permission from the patient. Respect this right even if the person asking is, indeed, a co-worker—or even their superior. You have no idea if medical information may be used to discriminate against the patient. Separate from this, third parties have no automatic right to a patient's medical information unless they are directly involved in the care of the patient. This would hold true even if the person seeking information is a health-care worker if they are not directly involved in the care of the patient. Have the patient— not the person requesting the information—sign the consent form for release of information confirming that they are giving you permission to release information.

3. **You are seeing patients in clinic when two men in dark suits and dark glasses come in and show' you badges marking them as members of a federal law enforcement agency. The identification is legitimate. These "men in black" inform you that they are making a "minor investigation" of one of your patients. They ask to look at the patient's chart for a few minutes, saying, "You wouldn't want to interfere with a federal investigation, would you?"**

What should you do?

a. Give them the chart.
b. Ask them to sign a release for the chart so you are absolved of responsibility.
c. Tell them you cannot show them the chart unless there is a signed release from the patient.
d. Tell them that you can give copies but not the original record.
e. Don't give them the chart but read the relevant information to them.

Answer: (c) Tell them you cannot show them the chart unless there is a signed release from the patient.

Comment: You cannot release a patient's medical records unless there is a clear, signed release from the patient or there is a court order. This is true no matter who is asking. If the federal agents have a court order for the records then they have a right to the information. A court order, warrant, or subpoena can be used by the judicial system to violate confidentiality if the judicial system sanctions the violation. Although the medical record as a physical object is the property of the physician or health-care facility, the information is the property of the patient. In a sense, the information is like a person's house. No one has the right to enter your home without either your permission or a court order allowing the investigation. This is also true even if the people requesting it are law enforcement agents. We all have a constitutional right against illegal search and seizure of our property.

4. **You are a psychiatrist in session with a patient who tells you he thinks his boss at work is persecuting him. The patient has had mild schizophrenia. The patient asks you if you can keep a secret and then tells you that he is planning to kill his boss "when the time is right." You say, "Of course, everything you tell me during the session will always be confidential"**

What should you do?

a. Keep the patient's session confidential but make attempts to discourage the patient from his plan.
b. Inform your medical director and let him handle it.
c. Inform law enforcement agencies of the threat to the patient's boss.
d. Inform the patient's boss that he is in danger.
e. Inform both the patient's boss as well as law enforcement of the threat.

Answer: (e) Inform both the patient's boss as well as law enforcement of the threat.

Comment: A patient's right to confidentiality ends where another person's right to safety begins.

Your duty to protect the life of the person at risk is more important than keeping the patient's medical information confidential. You must see that the person at risk is duly warned. If law enforcement is informed and the potential victim is not informed then you are held liable if there is injury to the victim.

5. **You are discussing the care of an elderly woman with her family. Although she is awake and alert, the patient is very' ill and physically fragile. You are awaiting the results of a biopsy for what will likely be cancer, which has already metastasized throughout the body. The family asks that you inform them first about the results of the biopsy. They are very loving and caring and are constantly surrounding the patient. They do not want to depress the patient further, and because there will be no hope for a cure they see no reason to ruin her remaining life with this information.**

What should you tell them?

a. You will honor their wishes.
b. You agree with their wishes and you ask them to give you the necessary written request.
c. You ask them to involve the ethics committee for the hospital.
d. You tell them that you are obligated to inform the patient of all the findings.
e. Explain to them that that decision can only be made by the health-care proxy.

Answer: (d) You tell them that you are obligated to inform the patient of all the findings.

Comment: Your first duty is to keep the patient fully informed about her health care. Unless there is significant evidence of possible psychological harm to a patient, you have an absolute duty to the patient first, not the family. One of the only examples of possible psychological harm to a patient would be an actively suicidal person who was given significant bad news.

The motives of the family members are irrelevant. Whether they are kind and loving or vindictive and evil makes no difference. This is true whether their request to withhold information is in writing or is from the hospital ethics committee. In this case, the ethics committee is not necessary because there is no substantive question of the right action to **inform** the patient first. The health-care proxy's opinion and participation are only mandated if the patient loses decision-making capacity. If the patient has decision-making capacity, the health-care proxy's opinion is not different from anyone else's.

6. **Your patient has just recently been diagnosed with familial adenomatous polyposis (FAP). This disorder is chronic, progressive, and fatal. There is a genetic test that can tell whether children of parents with the disease will develop it. The test is very accurate. The patient has become divorced and refuses to give you his consent to inform his ex-wife who now has custody of their three children. He threatens to sue you if you reveal elements of his medical care to his ex-wife.**

What should you do?

a. Respect the patient's right to confidentiality.
b. Transfer the patient's care to another physician as long as the patient agrees.
c. Ask the health department to inform the patient's ex-wife about the disease risk.
d. Seek a court order to inform the patient's ex-wife.
e. Inform the patient's ex-wife of the risk to the children.

Answer: (e) Inform the patient's ex-wife of the risk to the children.

Comment: The patient's right to confidentiality ends where it comes into conflict with the safety of other people. The right to confidentiality is extremely strong, but it is not universal and absolute. In this case, the children of the patient have a right to know whether their lives will be cut short by the disease of familial adenomatous polyposis (FAP) and colon cancer. The most important element is that screening for polyps should begin at the age of 12 with screening sigmoidoscopy every year. Colectomy needs to be done if polyps are found. Hence, in FAP there is a very specific intervention that can prevent colon cancer and a very specific screening that can be done. In addition, the mother has a right to know whether her children will become ill and how to plan for that. If a child falls and breaks his leg, one parent cannot claim confidentiality as a reason to withhold this critical health information from the other parent. As a part of divorce, the stipulation that each parent must inform the other parent of health-care issues for the children as they arise is a standard part of the agreement.

Although, in this case, the health-care issue involves the private health of one parent, the issue is still pertinent to the other parent as the caregiver of the children.

The right to one person's to privacy is not as important as the right of another person to safety. This is established standard and does not require a court order. You will have more liability from the mother of the children if she is NOT informed than from violating the confidentiality of the patient to inform. She can successfully pursue a legal action stating you, the physician, did not inform her that her children were at risk of the "injury" of the genetic disease.

The health department does not do notification for genetic diseases. The health department notifies partners and the population at risk of transmissible diseases such as tuberculosis, HIV, STDs, and food- or water-borne diseases.

7. **You are a fourth-year medical student with a patient who has been in a severe motor vehicle accident. The patient has a subdural hematoma that led to cerebral herniation before it could be drained. Over the last few days, the patient has lost all brainstem reflexes and is now brain dead. You have the closest relationship with the family of anyone on the team. The ventilator is to be removed soon and organ donation is considered.**

Who should ask for consent for organ donation in this case?

a. You, because you are the person with the best relationship with the family
b. The resident because you are only a student
c. Attending of record
d. Hospital administration
e. Organ-donor network

Answer: (e) Organ-donor network

Comment: The rules concerning organ donation are quite specific that the medical team taking care of the patient must not be the ones asking for the donation of organs. This is a conflict of interest. It pits the family's perception of the physician as caregiver against the impression that the medical staff just wants the organs. There can also be significant amounts of irrational thinking associated with grief such as the family thinking you only want to turn off the ventilator so you can harvest the organs. The medical team must stay clearly in the role of the people trying to preserve the life of the patient. The other most practical reason for the organ-donor network to ask is that their chance of successfully obtaining consent is far, far in excess of physicians who ask. The organ-donor network doing the asking both preserves the ethical integrity of the medical team in the eyes of the family as well as markedly increasing the supply of viable organs available for donation.

8. **A man arrives at the emergency department on a ventilator after an accident. He is brain dead by all criteria. He has an organ-donor card in his wallet indicating his desire to donate. The organ-donor team contacts the family. The family refuses to sign consent for the donation. What should be done?**

a. Remove the organs anyway.
b. Wait for the patient's heart to stop and then remove the organs.
c. Stop the ventilator and remove the organs.
d. Seek a court order to overrule the family.
e. Honor the wishes of the family; no donation.

Answer: (e) Honor the wishes of the family; no donation.

Comment: Although the organ-donor card indicates the patient's wish to donate his organs, it is still unacceptable to harvest organs against the direct wish of the family. If we were to overrule the family, then there would be no point in asking them to consent. Why ask consent for donation, if we would take the organs anyway even if they said no? The organ-donor card is an indication of the patient's wishes but it is not fully binding.

9. **You have a patient with severe multiple sclerosis that is advanced and progressive who now develops renal failure secondary to diabetes. The patient is alert and has elected to put the DNR (Do-Not-Resuscitate) order in place at her own discretion. The patient's potassium level is now markedly elevated at 8 meq/L.**

Which of the following is the most appropriate management of this patient?

a. Dialysis cannot be done because of the DNR order.
b. You can do the dialysis if the DNR is reversed for the procedure.
c. Go ahead with the dialysis; ignore the DNR order.
d. Give kayexalate until the DNR status is discussed with the family.

Answer: (c) Go ahead with the dialysis; ignore the DNR order.

Comment: A "Do-Not-Resuscitate" (DNR) order is very specifically defined as refraining from cardiopulmonary resuscitative efforts such as chest compressions, antiarrhythmic medications such as amiodarone or lidocaine, and electrical cardioversion in the event of the patient's cardiopulmonary arrest. A DNR order has nothing to do with any of the other forms of care that the patient is receiving. A DNR order has no impact on the use of dialysis. You should pretend that the DNR order does not exist when evaluating for dialysis. Hyperkalemia is life threatening. It is illogical to use an inferior therapy such as kayexalate for the long-term management of the hyperkalemia of renal failure if dialysis is indicated. This patient is awake, alert, and able to understand his or her own medical problems. The patient's family is not relevant in terms of the decision-making pathway if the patient has the capacity to understand his or her own medical problems.

10. Which of the following most accurately describes the participation of prisoners in clinical trials and research?

a. There is no need for informed consent.
b. No monetary compensation may occur.
c. Prisoners are not permitted to participate as research subjects.
d. Their rights are identical to those of a nonprisoner.
e. Research on prisoners is always considered unethical.

Answer: (d) Their rights are identical to those of a nonprisoner.

Comment: Prisoners have the right to participate in clinical research trials. They are also entitled to monetary compensation for their participation. Participation cannot be used as a criterion for shortening their prison sentence. Essentially, prisoners have all the same rights in terms of their participation in clinical research as nonprisoners. This also includes the right to refuse participation. It is not unethical for them to participate.

The ethical difficulties begin when the power of choice and informed consent are removed from the prisoner. Incarceration does not reduce the prisoner to the subhuman, animal-like status of unfair treatment or not having the right to refuse participation.

Clinical trials that occur in a prison must undergo the same review process by an institutional review board (IRB) as those occurring outside the prison. You cannot force someone into research just because he is a prisoner. You cannot coerce them into participating by suggesting it will shorten the prison sentence.

11. **You have a patient with a strong family history of breast cancer. As a matter of the patient's request, you perform a BRCA genetic test to see if there is an increased risk for breast cancer. The patient's employer is requesting a copy of any genetic testing that may have been done.**

What should you do?

a. Give the employer the information.
b. Refer the employer to the hospital lawyer.
c. Bring the request to the ethics committee.
d. Refuse to provide the information to the employer.
e. Give the information if it is positive on a repeat exam.

Answer: (d) Refuse to provide the information to the employer.

Comment: The employer has no right to the genetic information of a patient. Cancer is not transmissible to fellow employees. None of the genetic tests have an impact on job performance or job safety, which are the only forms of information that an employer has a claim to.

12. You are a resident invited to a dinner given by a pharmaceutical company. In addition to the dinner there is a lecture given on a medical subject as well as a $500 gift certificate to a department store for attending the presentation.

Which of the following is the most appropriate action in this case?

a. It is entirely unethical to accept any of it; refuse everything.
b. It is only ethical to attend the lecture.
c. Do not accept the money, but the dinner and the lecture are ethically acceptable.
d. You may accept all three components.
e. Cash payments from industry are acceptable as long as they are not tied to prescribing specific medications.

Answer: (c) Do not accept the money, but the dinner and the lecture are ethically acceptable.

Comment: Drug companies constantly surround physicians in an attempt to influence prescribing patterns. It is ethically acceptable to participate in educational activities sponsored by the pharmaceutical industry. Modest meals are also ethically acceptable. Although the speaker may accept a cash honorarium for preparing and giving the lecture, it is not ethically acceptable for members of the audience to accept direct monetary payment for participating. Hence, it is ethically acceptable to attend the lecture and the meal, but not to accept a check for cash for the participants.

13. You have been asked to give Grand Rounds at a hospital. A manufacturer of a new medical device is sponsoring you. In exchange, you are being offered a $1,000 fee for your talk.

What should you do?

a. You must refuse the money.
b. You may accept only as long as you donate it to charity.
c. You may accept as long as you don't reveal the honorarium to the audience.
d. It is permissible to take the money as long as you disclose any other financial or business connection with this or any other company.
e. You may accept the money as long as you submit the content of your talk to an independent panel for review to ensure objectivity.

Answer: (d) It is permissible to take the money as long as you disclose any other financial or business connection with this or any other company.

Comment: Industry sponsorship of the speakers in medical education is acceptable as long as there is no expectation of the company controlling or influencing the content of the presentation. In other words, you are not allowed to simply be an advertisement for the company pretending to be giving an objective presentation of medical data.

Speakers have a mandatory responsibility to disclose all financial participation with industry. This allows the audience to judge for itself whether there is undue influence from industry altering the content of the talk in favor of a particular product. There is no requirement to donate all speakers' fees to charity. There is no requirement for prior review of a presentation to an independent monitoring board for content.

14. You have a patient in your clinic who is an elderly woman with multiple medical problems. Her family is extremely grateful for your care and they bring you a meal they cooked at home, a cake, and a scarf.

What should you do?

a. Accept the gift but report it.
b. Accept the gift.
c. Offer payment for the food.
d. Refuse the gift.
e. It is ethical to accept the gift if you share the food with the rest of the house staff.

Answer: (b) Accept the gift.

Comment: Small gifts from patients of limited value are ethically acceptable. Food, plants, and small articles of clothing such as a scarf are all acceptable. Refusing such signs of gratitude would be hurtful to the doctor/patient relationship if they are a sign of the good relationship with you. Gifts can never be tied to a specific expectation of care such as a particular prescription or the successful completion of paperwork such as disability forms. There is no reporting or disclosure requirement for small gifts of nominal value.

15. **You have a patient who is an HIV-positive physician. He has recently found out that he is HIV-positive. He is very concerned about confidentiality and you are the only one who knows he is HIV-positive. He asks you who you are legally obligated to inform.**

What should you tell him?

a. His insurance company
b. State government
c. His patients
d. His patients, only if he performs a procedure such as surgery where transmission can occur
e. No one without his direct written consent

Answer: (e) No one without his direct written consent

Comment: Patients with HIV have a right to privacy as long as they are not putting others at risk. You have no mandatory obligation to inform the state, his insurance, or his employer. You and the patient do not have a mandatory obligation to inform his patients of his HIV status even if he is a surgeon. This is because an HIV-positive physician poses no significant risk of transmission to a patient. Universal precautions are supposed to prevail in order to prevent transmission. Every patient requires management as if he were HIV-positive in order to interrupt transmission. This is the meaning of "universal" precautions.

16. **You have an HIV-positive patient in the office. You ask her if she has informed her partner that she is HIV-positive. She has repeatedly resisted your attempts to have her inform the partner. She is pregnant with his child. The partner is in the waiting room and you have met him many times.**

What should you do?

a. Inform the partner now.
b. Respect her confidentiality.
c. Refer your patient to another physician who is comfortable with her wishes.
d. Tell the partner to practice safe sex from now on but don't tell him her HIV status.

Answer: (a) Inform the partner now.

Comment: You have full legal protection if you inform the partner. The safety of an innocent person is always more important that privacy. You are not legally mandated to inform the partner directly but you are protected if you do. You have no liability in breaking confidentiality for this purpose. You definitely are liable if the patient's partner seroconverts and you did not tell him he was at risk even though you knew. This is a version of the Tarasof case in psychiatry (***Tarasofv: Regents of the State of California,*** 17 Cal3d 424 [1976]). If a mentally ill patient discloses to you in confidence that he is planning to injure someone, you have an absolute mandate to inform both law enforcement as well as the person at risk. If you know that harm may occur, but you do nothing, then you are liable. If partner notification is going to occur, you must inform the patient that you will inform her partner.

17. **An 87-year-old man comes to see you for follow-up to a minor concussion sustained a few weeks ago. He was in a minor motor vehicle accident in which his head hit the dashboard but he did not lose consciousness. Your patient has glaucoma and presbycussis. He renewed his driver's license by mail two years ago and the only restriction is that he must wear glasses. You are uncertain whether the patient should be driving.**

What should you do?

a. Inform the patient's family and explain to them that they should not allow the patient to continue driving because it is dangerous for him.
b. MRI of the brain.
c. Neurology evaluation.
d. Start aricept to improve his memory.
e. Discuss the issue with the patient and encourage him to find alternate methods of transportation.

Answer: (e) Discuss the issue with the patient and encourage him to find alternate methods of transportation.

Comment: The laws concerning the impaired driver are not universal between states except for drunk driving. There is no national law guiding physician reporting of an impaired driver for reasons of age, cognitive impairment such as Alzheimer's, or neurological diseases such as multiple sclerosis or Parkinson disease. A few states require mandatory reporting to the Department of Motor Vehicles in order to restrict or remove a driver's license. Most do not. Some states offer protection for physicians in case the report is not honored. Most do not. The rates of motor vehicle accidents remained stable in older patients until the age of 70 when there is a slight rise. However, the highest rate of motor vehicle accidents in all age groups is in those above 85. This group of the very old exceeds even teenagers in terms of the rate of motor vehicle accidents. Because the standards for reporting of the impaired driver varies based on the state, there can be no question where the correct answer is either to report or not to report because this is a national examination. All that can be universally agreed upon is that you should encourage a potentially impaired driver at any age to seek alternate forms of transportation or to have someone else drive.

18. **A 37-year-old man comes to your office for his regular visit. He has seemed severely depressed for some time but refuses to discuss either his feelings or treatment options of any kind. He does not want to use antidepressant medications. His only medications are vitamins. Your relationship with him is excellent but he just won't confront his feelings of depression although he firmly denies suicidal ideation. You prescribe a serotonin reuptake inhibitor for him and tell him that it is a vitamin. Over the next several months his mood markedly improves and he feels much better.**

Which of the following most appropriately characterizes your action toward the patient?

a. Your action is appropriate because it benefited the patient.
b. Your action is appropriate because there were no side effects.
c. Your action is not appropriate because you are not a psychiatrist.
d. Your action is not appropriate because you treated the patient without his consent.
e. Your action is appropriate because you are sincerely trying to help the patient.

Answer: (d) Your action is not appropriate because you treated the patient without his consent.

Comment: A patient must give consent to any test or treatment performed upon him as long as the patient has the capacity to decide. Physicians are not acting ethically when they treat a patient without his consent even if it benefits the patient. It is very difficult for some people to accept that goodwill and sincerity are not sufficient to override the absolute necessity for informed consent. This is true even if you are right in the sense that the treatment will help the patient and that only the patient will benefit from the procedure or treatment. This is true even if payment is not received. Autonomy of the individual outweighs beneficence, which is the desire to do good. This is the physician's desire to treat the patient. Another way of saying it is: I have a right to be sick and miserable if that is what I want.

19. **A 67-year-old woman is diagnosed with breast cancer. She is fully alert and very specifically both verbally and in writing tells you that she does not want to have surgery on her breast to remove the tumor. She fully understands her condition and treatment options. This is a decision her husband and son both disagree with. Over the next several weeks the patient becomes confused and loses the capacity to understand the details of her medical care. The husband and son now approach you to perform the surgery.**

Which of the following is most appropriate?

a. Refuse to do surgery and follow the original advance directive.
b. Perform the surgery only if the request is in writing.
c. Honor the family's request and perform the surgery.
d. Consult the ethics committee.
e. Perform the surgery only if you really believe that it will benefit the patient in the long term.

Answer: (a) Refuse to do surgery and follow the original advance directive.

Comment: The patient in this question gave a clear advance directive while she still had decisionmaking capacity. This must be followed. This case is especially clear because it states there is both a clear verbal as well as written advance directive. Cases in which there is no clear advance directive are much harder. It does not matter if the family's request is in writing. The case would be considered too straightforward to warrant the intervention of an ethics committee. Even if the ethics committee for some reason recommended the surgery, you would still have to refuse because your duty is to follow the patient's wishes, no one else's. You cannot refuse a decision made while competent simply because the patient later becomes incompetent. If this were not so, then all wills would be invalid. A person's will is a form of advance directive for their property after they become unable to speak for themselves directly.

20. **A 52-year-old man with cerebral palsy is being evaluated for screening colonoscopy. He has a mental age of 8 and a second grade reading level in terms of comprehension. He lives alone and survives on a combination of public assistance and a low paying part-time job sweeping floors. You have thoroughly explained the procedure to him in terms of risks and benefits. He repeatedly refuses the procedure entirely on the basis of "I just don't want it."**

What should you do?

a. Perform the procedure.
b. Seek consent from the family.
c. Honor his decision and do not do the colonoscopy.
d. Seek a court order mandating the procedure.

Answer: (c) Honor his decision and do not do the colonoscopy.

Comment: Just because a patient may be incompetent in certain areas of his life does not mean that he is not able to consent for medical procedures. The patient described has a severe and permanent cognitive impairment; however, he is still able to refuse the procedure. A patient can be considered incompetent for financial issues but still have the ability to make medical decisions. It would not be advisable to recommend routine medical procedures against the will of the patient. This would mean literally forcing him into the endoscopy through restraints or sedation. Incompetence in one area does not mean total incompetence. The court recognizes a much lower standard of cognitive ability to reliably consent or refuse procedures compared with financial decisions. It is easier to be declared incompetent for financial decisions than it is for medical decisions.

21. **Mr. M. consents to a procedure on his left ear. After the patient is anesthetized Dr. W. discovers that the right ear is in greater need of surgery.**

What should the surgeon do?

a. Perform the procedure on the right ear if it is clear that it is more necessary.
b. Wake the patient up and seek consent for a different procedure.
c. Seek a second opinion from another surgeon and proceed with the more necessary procedure.
d. Perform the procedure on both ears.

Answer: (b) Wake the patient up and seek consent for a different procedure.

Comment: You must obtain informed consent by specific procedure. Consent for another procedure or clear medical necessity cannot infer consent for another procedure. Neither the medical necessity of the procedure, the seriousness of the condition, nor the assumption that any reasonable person would consent is sufficient to assume that consent is given. The patient is not aware of his surroundings and condition because of the sedation. You cannot have an "informed consent" without waking up and informing the patient. Another example would be a blood transfusion in a Jehovah's Witness. If, during a procedure, a clear but unexpected necessity for blood transfusion arises, you must wake the patient up and ask about the patient's wishes to have or not have blood. The consent or refusal must be informed. You cannot say that because of the necessity or sedation, that you should just give the blood. On the other hand, just because a patient is a Jehovah's Witness, you cannot assume that he will refuse the blood. A refusal must be informed as well. The patient could, after all, be a Jehovah's Witness who does not agree with that religion's teaching on blood. Each procedure must undergo an individual consent process.

22. **A 52-year-old Spanish-speaking woman has arrived for the first day of a clinical trial of chemotherapy for breast cancer. You suddenly remember the need for signing a consent form. You ask a medical student to "get the consent." He walks up to the patient and says in English, "Sign this," and she signs. She completes the trial but her hair falls out and she files suit against you for an improper informed consent.**

Why will this lawsuit be successful?

a. The risks of the treatment were not explained.
b. The explanation was not in a language you were sure she could understand.
c. She experienced harm from the study medication.
d. Someone who didn't understand the study obtained the consent.
e. All of the above.

Answer: (e) All of the above.

Comment: For consent to be valid, the person who thoroughly understands the procedure must explain the risks of it in a language the patient understands. The hospital is required to provide translators to accomplish this end.

23. A 34-year-old man is brought to the emergency department with fever, headache, and a change in mental status leading to significant disorientation. His head CT is normal and he is in need of an urgent lumbar puncture and intravenous antibiotics. He is agitated and is waving off anyone who tries to get near him. Co-workers accompany him. The resident informs you that the patient is pushing away the lumbar puncture needle.

What should you do?

a. Sedate the patient with lorazepam and perform the lumbar puncture.
b. Wait for the family to obtain consent.
c. Use blood cultures as an alternative.
d. MRI of the brain.
e. Ask the co-workers to sign consent.

Answer: (a) Sedate the patient with lorazepam and perform the lumbar puncture.

Comment: The patient described is not able to give informed consent for the procedure nor is he able to make an informed refusal of the procedure. He does not have the capacity to understand his medical condition and the consequences of deferring the lumbar puncture or the antibiotics. There is no proxy or family member available to give consent for the procedure and to substitute for his own judgment. In other words, what would the patient want for himself should he be able to make decisions for himself.

The co-worker does not count as a person who can give consent. A blood culture alone or an MRI is insufficient as a diagnostic test to manage meningitis adequately.

You cannot wait for the family in a case like this.

If a patient has an urgent, life-threatening, dangerous, or even severely painful medical condition, and the patient is not competent and has no family or proxy available, then the medical staff can do what they feel is necessary to protect the patient without a specific signed consent. You would be more at fault for withholding therapy in this patient than you would to do the lumbar puncture. Acting in his best interests outweighs a formal consent that you cannot immediately obtain.

24. **Mr. Sakiewiec is a 32-year-old man with severe mental retardation who has been institutionalized since childhood. He is noncommunicative and has never been able to verbalize his preferences on any decision. His parents are dead and the institution and a court-appointed guardian manages him. He has developed leukemia that is severe and incurable. Chemotherapy involves significant risk and discomfort and only a small chance of prolonging his survival.**

What should be done in terms of his medical treatment?

a. Proceed with the chemotherapy.
b. Confer an "expert panel" to determine therapy.
c. Bone marrow transplantation.
d. Ask the guardian what is in the best interests of the patient.

Answer: (d) Ask the guardian what is in the best interests of the patient.

Comment: This patient has never been competent so there is no possibility of trying to determine what he had wanted for himself. There is no family to act in his best interests. You cannot substitute judgment for a person that has never had judgment. This case involves decision making on the least accurate of the decision-making standard, which is to determine what would be in the best interests of the patient. The reason this is the least accurate method of giving or withholding consent is that there is no way to be sure what the patient would have wanted for himself. With a best interests standard we have the difficult problem of determining whether the guardian is basing their decision on what the patient would need, or the guardian's own subjective standard of what they would want for themselves. In this case, the burden of therapy for no chance of cure is worse than the option of simply deferring therapy. If there is a court-appointed guardian, then there is no point of an "expert panel." The question here is not one of what the best medical therapy is, but what is in the best interests of a patient too mentally impaired to make his own decisions.

25. A 27-year-old pregnant woman presents in her last trimester of pregnancy with severe cephalopelvic disproportion. Her physicians have recommended a caesarian section. She does not want to undergo the surgery. She fully understands the procedure and she is unwilling to suffer the discomfort of surgery. She has been infonned that without the C-section her fetus may not survive childbirth.

What should you do?

a. Honor her wishes and do not perform the C-section.
b. Psychiatry evaluation.
c. Sedate her and perform the surgery.
d. Obtain a court order to perform the surgery.
e. Explain the situation to the baby's father and ask him for consent.

Answer: (a) Honor her wishes and do not perform the C-section.

Comment: A competent adult has the right to do what she wants with her own body. This is true even if the decision seems foolish or unwise. This is also true even if the patient is pregnant and the fetus is potentially viable. Until the baby is bom, a fetus does not have the rights of a "person." An undelivered fetus is judged as a part of the woman's body; hence she has the entire right to choose what will go on. Psychiatry evaluation and a court order are inappropriate because she is fully competent as per the description in this case.

The father does not have the right to decide what to do any more than he has a right to consent to an appendectomy for the mother. The mother's right to refuse a C-section is the same as a mother's right to choose abortion. The father has no say.

26. A 52-year-old man sees you in follow-up after a radical prostatectomy. He had been fully informed about the risk of the procedure such as incontinence and impotence. Neither of these adverse effects occurs. While searching on the Web he finds that there is treatment without surgery involving the implantation of radioactive seeds or pellets in the prostate. He files suit against you because of an improper informed consent.

What will be the most likely outcome of the suit?

a. He will lose because there were no adverse effects. He will lose because all the risks of the surgery were explained to him before he signed consent.
b. He will lose because radical prostatectomy is a standard procedure.
c. He will win because you did not inform him of the risks and benefits of alternative therapy to surgery.
d. He will win because radioactive seeds are the superior form of therapy.

Answer: (d) He will win because you did not inform him of the risks and benefits of alternative therapy to surgery.

Comment: Patients have the right to be fully informed about the risks and benefits of therapy and also about alternative therapies. He cannot make an informed decision if he has not been informed about the alternative to the main course in therapy. The absence of adverse effects does not eliminate the need to tell him the risks of therapy as well as the benefits.

27. **Mr. Dorone is a 22-year-old man who sustained a subdural hematoma and a brain contusion in a motor vehicle accident. He needs blood in order to have the necessary lifesaving surgery done. His parents refuse to allow the transfusion based on their religious beliefs.**

What should be done?

a. Honor the parents' wishes and do not give the blood.
b. Give the blood.
c. Wait for a formal hearing with a judge and a court.

Answer: (b) Give the blood.

Comment: Only a fully conscious patient can refuse a lifesaving blood transfusion. You do not have direct evidence of the patient's wishes for himself. You cannot assume that what the parents are saying is what he would have wanted for himself. If he were awake he may very well say he thinks his parents' religious beliefs are crazy and he wants the blood. He may say he agrees with them. Because you have no clear idea of what the patient wanted for himself, you must give the blood. Consent is implied in an emergency procedure unless there is a contemporary refusal by a conscious patient. You cannot wait for a court hearing. The patient will die in the meantime.

28. **You are a resident managing a private patient with cellulitis. The patient has a history of congestive heart failure and a normal EKG. The patient is on digoxin, an ACE inhibitor and a diuretic, but not a beta-blocker. You cannot find a contraindication to the use of beta-blockers either in the chart or in discussion with the patient. You ask the private attending why there is no beta-blocker and he looks at you as if you had anoxic encephalopathy. He says, "I have been in practice for 40 years. Don't you think I know what I am doing? Beta-blockers are dangerous in congestive failure." The patient looks proudly at the attending and says, "I have the smartest doctor in the world."**

What should you do about this disagreement?

a. Wait for the attending to leave and give the patient a prescription for carvedilol.
b. Suggest to the patient that he should find another doctor.
c. Report the physician to the state licensing board.
d. Do nothing; he is the attending of record.
e. Bring the disagreement to the chief of service.

Answer: (e) Bring the disagreement to the chief of service.

Comment: Your first duty is to the patient; however, you cannot damage the physician/patient relationship between the private attending and the patient. You cannot just change therapy on someone's patient without his knowledge. It would be inappropriate to go outside your local hierarchy without first appealing privately to the chief of service.

The chief of service has the authority in an institution to intervene in quality of care issues.

29. A patient of yours has gone to the hospital to obtain a copy of her medical record for her own review. The hospital refuses to release them to her on the grounds that she must provide an adequate reason for wishing to see the records. She has come to see you to ask if this is true and how can she get her records.

What should you tell her?

a. You, as the physician, can get the records for yourself to view, but she cannot.
b. The hospital will give her the records as long as you ask.
c. She has the right to have her own records as long as she has a legitimate reason.
d. She has the right to her own records even without giving a reason.
e. Only another physician, hospital, or insurance company can have free access to her records.

Answer: (d) She has the right to her own records even without giving a reason.

Comment: The patient does not have to provide a reason for why she wants a copy of her records. The reasons for desiring the record are not pertinent. The medical record cannot be withheld from the patient for any reason including nonpayment of bills. The patient's health-care information cannot be held like a hostage for ransom. This right is so strong, that it is actually the physician, hospital, and insurance provider who must seek the patient's approval in order for them to get a copy of the patient's records. You, as a physician, require written permission from the patient in order for you to get a copy of the records from another institution.

30. Which of the following most accurately describes the ownership of the medical record?

a. The record is entirely the property of the patient.
b. The record is entirely the property of the health-care provider.
c. The information is the property of the patient and the physical paper or electronic record is the property of the health-care provider.
d. The information is the property of the health-care provider and the physical paper or electronic record is the property of the patient.

Answer: (c) The information is the property of the patient and the physical paper or electronic record is the property of the health-care provider.

Comment: The health-care provider can provide copies of the medical record to the patient or other health-care providers, but the physical record is the property of the physician, clinic, or hospital. Hence, the original record always remains with the provider of care. The information in the record is the property of the patient and that is why the patient is entitled to access of the chart.

31. **A man comes to the emergency department after a stab wound. Your notes document a 500-mL loss of blood. Later that night the patient develops asystole and dies. You find the loss of blood was originally really 3,000 mL, which was not recorded by you.**

What should you do to correct the documentation?

a. Use correction fluid to eliminate the original note.
b. Erase the original note.
c. Remove the original note from the chart.
d. Write a new note timing and dating it at the same time as the original note.
e. Write a new note with the current date and time.

Answer: (e) Write a new note with the current date and time.

Comment: The two methods of correcting errors in documentation are to place a single line through the original error, write in the new information, and add your initials or to place an entirely new note with the current date and time. Use the first method if you find the error immediately and the timing is the same. The reason not to remove, erase, or use correction fluid on the error is to maintain credibility. If you alter the note in an unacceptable way, then the thought process—including the mistake— cannot be followed. You must never backdate/postdate a note. You cannot rewrite history by trying to make it look like a note written today was really written yesterday. Always use the current date and time for what you write in the chart.

32. The neighbor of a 14-year-old boy brings him to the emergency department after sustaining a slight laceration to the scalp from head trauma. You evaluate him and determine that suturing of the scalp will be necessary.

Which of the following is the most accurate?

a. He is an emancipated minor; the patient can give consent.
b. The neighbor can give consent.
c. Wait for the consent of at least one parent.
d. Wait for the consent of both parents.
e. Consent is not necessary in this case.

Answer: (c) Wait for the consent of at least one parent.

Comment: This is not an emergency procedure and can wait for consent of a parent. Procedures that are emergencies do not need any informed consent from a parent in order to begin the treatment. We do not want a child's health to suffer just because no one is present to give consent at that moment an emergency occured. Neighbors cannot give consent. Only parents or legal guardians can give consent for procedures for minors; however you do not need both parents to sign consent. You would only seek a courtappointed guardian if there were no identifiable parents. This patient cannot give consent because he is a minor, which in most states is defined as being under age 18.
By definition, minors are considered incompetent except on areas of oral contraceptives, STDs, prenatal care, and rehabilitation or detoxification for substance abuse.

33. A 12-year-old girl presents with severe right lower-quadrant abdominal pain and marked tenderness and is found to have acute appendicitis. The child is at a sleep away camp. You are not able to locate her parents. They are not at home and you cannot reach them on the cell phone. The camp counselor and the director of the camp bring in the child.

What should you do?

a. Do not do the surgery without parental consent.
b. Ask the camp counselor or director for consent.
c. Ask the patient for consent.
d. Perform the appendectomy.
e. Give intravenous antibiotics alone.

Answer: (d) Perform the appendectomy.

Comment: The patient described in this case has acute appendicitis and needs an urgent procedure.

An appendectomy must be performed as soon as possible in acute appendicitis. You cannot allow harm to the patient because you are momentarily unable to contact the parents. Intravenous antibiotics alone are insufficient to treat acute appendicitis. Again, you cannot harm the child because the parents are not able to be located at this moment. Only a parent or legal guardian can consent to a procedure on a patient.

Neighbors, aunt and uncles, grandparents, and babysitters cannot give consent for a child that is not their own. Minor children cannot consent to an appendectomy.

34. A 65-year-old man comes to see you because he wants your help in committing suicide. The patient has recently been diagnosed with metastatic colon cancer but he is not in pain or nauseated. He found out because of a screening colonoscopy and a subsequent staging evaluation. He denies depression and seems to have a normal mood. He is asking for a prescription or combination of medications that he can take to end his life. He says he will wait for a few weeks or months until he starts to feel weak and then he wants to end his life before he becomes debilitated, bed-bound, or a burden to his family.

Which of the following is most appropriate in this case?

a. Provide the pain medications as appropriate but not the means to end his life.
b. Provide the patient with medications he wants to end his life.
c. Have him undergo psychological screening first.
d. Refer him to a specialist in this area.
e. In-patient psychiatric evaluation for suicidal ideation.

Answer: (a) Provide the pain medications as appropriate but not the means to end his life.

Comment: Physician-assisted suicide is always considered unacceptable. The patient is not acutely depressed so antidepressants are unnecessary. This form of reasoning does not need an inpatient psychiatric evaluation. Try never to refer patients on board questions for anything. There is no "specialist" that can certify a patient as a good candidate for assisted suicide. There is an ethical imperative for the physician to preserve life. Consequently there are no acceptable circumstances in which a patient can act as an assistant in suicide. There is significant concern that putting the power to end life in the hands of the physician is an uncontrollable power that would easily be subject to abuse and indiscriminant use. In addition, there may be many depressed persons in need of treatment for depression who would otherwise simply choose suicide on demand. Remember that the boards are not testing your personal opinions about what you think ought to be acceptable. They are testing the best consensus of the law and practice guidelines.

You may personally agree with physician-assisted suicide or disagree that first trimester abortions are acceptable. Just do not choose these as the answers to the test questions. Forty-nine or 50 states have laws that make physician-assisted suicide illegal. The experiment in the state of Oregon where physician-assisted suicide is legal does not hold true for any other place in the United States. Hence, on a national examination, you must go with what would be true in the majority of cases. In addition, despite whatever laws there are currently, all physician professional groups consider assisted suicide unethical.

35. **A 79-year-old man comes to see you for assistance in ending his life. The patient is fully competent and has been suffering from progressively worsening amyotrophic lateral sclerosis for several years. He is not immediately preterminal. Despite this, he finds his quality of life to be unacceptable. More important, he correctly predicts that his level of function will deteriorate over the next several months and that he may become ventilator dependent. He is requesting that you administer a lethal injection in his home. He is not depressed. His family is aware of his desire and they are willing to honor the patient's wishes. You have discussed appropriate palliative care issues.**

What should you tell him?

a. You tell him that you will honor his wish because he is competent and not depressed.
b. You tell him that you will honor his wish because his condition will worsen over time.
c. You agree to his wish because he has a right to a better quality of life.
d. You tell him that you cannot help him because there is no state law authorizing it.
e. You tell him that under no circumstances can you participate in euthanasia.

Answer: (e) You tell him that under no circumstances can you participate in euthanasia.

Comment: Under no circumstances is it ethical for a physician to participate in euthanasia.

The difference between euthanasia and physician-assisted suicide is that euthanasia is a means of death administered to the patient by another. Physicians are not ethically permitted to destroy life. This is true even if there is a law authorizing it. The higher ethical duty of the physician to preserve life supersedes state law. Euthanasia is unacceptable even if a competent patient requests it. Physician-assisted suicide is different from euthanasia in that the physician provides the patient with the means to end their own lives. In physician-assisted suicide, the patient administers the means of ending their life. In euthanasia, the physician administers the means of death. Both of these are unacceptable. This is markedly different from giving pain medications or other therapy that inadvertently ends the patient's life. If the only way to control a person's pain and suffering completely is to give medications that inadvertently or unintentionally shorten the patient's life, this is acceptable. This is sometimes referred to as terminal sedation. The primary issue is one of intent. In euthanasia, the primary intent is to end life. In terminal sedation, the primary intent is to relieve suffering.

36. You are a fourth-year medical student on a subintemship in obstetrics. You notice that the resident has come in with alcohol on his breath and some abnormal behavior. No one except you seems to notice.

What should you do?

a. Nothing; you are subordinate to the resident.
b. Talk to the resident directly alone but don't mention it to the program director.
c. Tell the dean of students.
d. Report him to the state licensing board.
e. Report him to the chairperson or program director of his department.

Answer: (e) Report him to the chairperson or program director of his department.

Comment: The reporting of a potentially impaired physician is an ethical duty that cannot be bypassed. Although you have an absolute duty to protect the patients under his care, you should first go to the person in the table of organization to whom the resident reports. Telling your dean of students is inappropriate because the dean of students does not supervise the resident. Telling the dean of students would be appropriate if the impaired person was another student. For physicians-in-training the first stop is their program director or department chair. For attending physicians it can be the department chair or the medical director of the hospital. For attending physicians not reporting or working for local authorities, make the report at the higher level of the state licensing board or the mechanisms in place for impaired physicians. It is fruitless to go straight to the impaired person. It is like reporting child abuse. If the person who is impaired admits it to you, you must still report centrally to make sure of the follow-up and resolution. If they deny the problem you must still do the same.

If you notice the impairment and do not report it, then you become liable for any harm that might happen to a patient.

37. A physician in a busy inner-city environment has developed his practice over the years to the point where he no longer needs to solicit new patients. He does not want to expand his hours of work so he decides to limit his practice. He instructs his office staff to begin refusing to accept new patients.

Which of the following most appropriately describes his action?

a. It is both legal and ethical.
b. It is ethically acceptable, but illegal.
c. He is within his legal rights to refuse patients, but it is considered ethically unacceptable.
d. It is both illegal and unethical to refuse to accept new patients.
e. It is ethical as long as he arranges transfer of care to another physician.

Answer: (a) It is both legal and ethical.

Comment: There is no legal or ethical mandate to care for any patient who comes to see you. The physician/patient relationship must be entered into voluntarily on both parts. Hence, if the physician's practice is full, there is no obligation to accept new patients. It would be unethical if the physician were to accept some patients based on arbitrary personal preferences and reject others for the same reason, although this is not illegal. For example, it would be unethical to accept or reject patients simply on the basis of race, gender, or religion unless it had to do with a specific area of expertise such as being a gynecologist rejecting male patients. Although it is courteous to make a referral to another physician there is no obligation to arrange for care from another physician. This is entirely different from a case in which a patient was already under the care of a physician. In this case, a physician must arrange for appropriate transfer to another physician's care as he ends the relationship. Once having accepted responsibility for a patient there is far less freedom on the part of the physician to break that relationship. To cease from providing care to an ill patient without appropriate transfer of care is both an unethical and illegal action characterized as patient abandonment.

38. You have a patient who has recently been diagnosed with myeloma and he is discussing treatment options with you. You are the full-time employee of an outpatient facility run by a managed-care plan and you have recently received written instructions not to bring up subjects such as bone marrow transplantation in myeloma with patients. The reasoning was that they are outrageously expensive and do not cure the disease, although it may extend survival. The data that they extend survival are not entirely conclusive. In addition, in a private meeting with the medical director, you have been told that the expenditures per patient load of care of each of the physicians would be examined yearly to determine which physician would be promoted.

What do you do?

a. Fully inform the patient about the risks and benefits of bone marrow transplantation.
b. Refer your patient to an oncologist to have this discussion.
c. Transfer the patient to another primary-care provider.
d. Advise the patient to fde suit against the managed care plan.
e. Inform the patient about bone marrow transplantation if he asks you about it.

Answer: (a) Fully inform the patient about the risks and benefits of bone marrow transplantation.

Comment: Your primary duty is always to the patient. One of the unique elements of the physician/ patient relationship is that its ethical boundaries transcend ordinary rules of the workplace and institutional rules. As such, you cannot withhold information from a patient if that information may lead to benefit for the patient. In order to make an "informed consent," the patient must be fully informed. The patient cannot be fully informed if he has not heard of the options. It is not appropriate for you to back away from educating your patient by transferring care unless it is for an area outside your expertise. There is no need to encourage litigation under any circumstances.

It is not ethical to tell a patient about a potential therapy only if he asks about it. It is our duty to inform him. "Gag orders" preventing the education of patients about treatment options are always wrong. The patients cannot have autonomy over the choice of treatment of their body if they are not aware of the options. Beneficence to the patient always outweighs institutional directives.

39. You have a patient who is a 57-year-old man with a history of HIV who has recently been found to have severe coronary artery disease. He has three vessels with more than 90 percent occlusion and left ventricular dysfunction. He is referred for bypass surgery. The cardiothoracic surgeon at your hospital refuses to operate on your patient because he is scared of touching HIV-positive patients for fear of seroconversion. He is already on a beta-blocker, ACE inhibitor, and aspirin.

What should you do?

a. Add calcium channel blockers.
b. Perform angioplasty and stenting.
c. Add clopidogrel.
d. Have his chief of service compel him to do the procedure.
e. Refer the patient to another cardiothoracic surgeon.

Answer: (e) Refer the patient to another cardiothoracic surgeon.

Comment: The patient has a very clear need for coronary bypass surgery with three-vessel disease and left ventricular function. The bottom-line point to this question is about what you do for patients who need a particular procedure when the physician is refusing to do the right thing. Answers b, c, and d involve switching the patient to another form of therapy, which is inadequate, compared with surgery. This is unacceptable.

You cannot force the surgeon to operate against his will. Although it is unethical for a physician to refuse care on the basis of race, gender, ethnic origin, and diseases such as HIV, you cannot legally force a physician to take care of someone they do not want to. The physician/patient relationship that must be entered into voluntarily on both parts; hence, it is unethical to refuse to treat a patient solely based on your dislike or discomfort with HIV-positive persons, but it is not illegal. The chief of service may have the power to remove or suspend hospital privileges and to fire someone for unethical behavior, but the chief of service does not have the ability to force a physician to perform a procedure. When a patient needs a procedure that your consultant will not do, then the right action is to find the patient a doctor who will do the right thing. Although this case was framed in terms of HIV, the answer of referring to another physician would be the same no matter what reason the physician had for refusing to do the procedure.

40. A 60-year-old male physician who is an internist has had a female patient for the last 20 years. Both lost their spouses several years ago. They start spending time together outside the office. The female patient wants to begin a sexual/romantic relationship with the physician.

What should he tell her?

a. "I can never do that with you, ever."
b. "We can be social, but not sexual."
c. "We need the ethics board's approval first."
d. "I cannot date you and be your doctor—maybe in the future we can date, after you get another doctor."
e. "Because this is your initiative we can begin dating."

Answer: (d) "I cannot date you and be your doctor—maybe in the future we can date, after you get another doctor."

Comment: Sexual relations between a physician and a current patient are never ethically acceptable.

At the very least, the physician/patient relationship must stop. The patient must transfer her care to another physician. This is to avoid an abuse of power in the relationship and to keep clear boundaries. Relationships between a psychiatrist and a patient are generally never acceptable even after the physician/patient relationship has stopped. It does not matter who initiates the relationship. There is no ethics board in place to act as a dating service for physicians.

41. Which of the following does not need to be reported to the health department?

a. Salmonella
b. Gonorrhea
c. Herpes simplex
d. Tuberculosis
e. Measles

Answer: (c) Herpes simplex.

Comment: The primary purpose of reporting diseases to the Department of Health is to be able to interrupt a cycle of transmission. In addition, we wish to know the epidemiology of diseases in order to assess resource allocation and the success of intervention programs. Finally, for infectious diseases we report sensitivity patterns in order to guide appropriate empiric therapy in the future. For instance, we track the sensitivity of gonorrhea resistance to quinolones in order to assess whether we can continue to use quinolones empirically to treat patients into the future. We report salmonella so that we can identify and eliminate the source of the infection such as a restaurant closed or contaminated food discarded. We report tuberculosis so that the contacts can be PPD skin-tested and the source patient isolated until noninfectious. Measles notification is important so that we can assess who needs vaccines in order to prevent further spread. Herpes does not need any of these interventions. Herpes spreads only through intimate contact. It cannot spread through contaminated food and water like salmonella. Herpes cannot be effectively eradicated from the entire body. In between outbreaks, herpes is dormant in the body and the outbreaks only shorten with abortive therapy such as acyclovir. People often harbor asymptomatic gonorrhea, which can be detected and eradicated. There is no isolation for herpes and there is no effective vaccine.

42. A 38-year-old bus driver is seen in clinic for fever, cough, and sputum with an apical infdtrate as well as sputum positive for acid-fast bacilli. The patient is unwilling to take tuberculosis (TB) medications consistently and his sputum remains positive for TB. Directly observed therapy while in his home has failed. You continue to cajole, discuss, encourage, threaten, educate, advise, and beg him to take the medications but he refuses.

What should you do?

a. Nothing, he has a right to autonomy.
b. Arrest the patient and put him in prison.
c. Remove the family from the house.
d. Remove the patient from his job as a bus driver and incarcerate him in a hospital to take medications.
e. Physically restrain the patient and place a nasogastric tube to give the medications.

Answer: (d) Remove the patient from his job as a bus driver and incarcerate him in a hospital to take medications.

Comment: The patient's right to privacy and autonomy ends when the public's right to safety is at risk. The patient does not have the right to be at-large with persistently positive sputum stains for acid-fast bacilli. You do not have the right to force feed the medications through a nasogastric tube, but you do have the right to remove the patient from his job and put him in a hospital where he cannot infect others until his sputum is free of acid-fast bacilli. This is not just because he has a job as a bus driver, which has a lot of contact with the public. TB incarceration is not the same as being arrested. It is part of the Department of Health, not the criminal justice system. You go to a hospital where the only way to get out is to take the medications and have clean sputum. You do not go to a jail.

43. A 27-year-old man is seen by you after the diagnosis of syphilis. As you are administering his treatment you find he is quite promiscuous. You inform him that you must notify the Department of Health and that his sexual contacts need to be treated. He is extremely embarrassed and asks how they will find out.

What should you tell him?

a. You will notify them yourself but you will not give his name.
b. You will notify them and must let them know he was the contact.
c. You will tell the Department of Health but he himself must tell the contacts.
d. The Department of Health will send a letter or call the contacts and let them know they have a serious health issue. They will test and treat the partners but will not reveal his name.
e. He doesn't have a choice; he has to give the names.

Answer: (d) The Department of Health will send a letter or call the contacts and let them know they have a serious health Issue. They will test and treat the partners but will not reveal his name.

Comment: The need to keep the population free from disease limits the patient's right to privacy.

You have a duty to the other contacts he may have infected. However, in order to respect the patients' privacy, the Department of Health has never revealed the name of the source patient, no matter how much they are asked. They make the original notification by phone or mail but only reveal the specific disease in person. If the patient won't reveal the names of his contacts, you have no means to force him to do so. You cannot incarcerate or arrest a patient because he will not reveal the names of his contacts.

44. A 16-year-old female is in your office because she has just found out she is pregnant. She discusses her options and asks you to refer her for an abortion. She states that her parents do not know she is pregnant and she does not want them to know.

What should you do?

a. Refer her for the abortion without parental notification.
b. Make a "reasonable effort" to contact the parents, but still refer for the abortion if you cannot contact them.
c. Do not refer for abortion without parental consent.
d. Seek a court order declaring her emancipated.
e. Strongly encourage her to discuss the issue with her parents.

Answer: (e) Strongly encourage her to discuss the issue with her parents.

Comment: Although competent adults have an unfettered legal right to abortion within the first ___ trimester, this right is not universal for a minor. A minor is generally defined as a person below the age of 18. The necessity of parental consent or at least notification is a mixed issue across states nationally. Some states require parental notification and some states do not. Hence, as a board examination, which is given nationally, there is no single clear answer. Unlike the bar examination for lawyers, physicians take virtually no state-specific examination. When you pass USMLE or the Board of
Internal Medicine, it is valid in every state.

The only thing that is always clear is that we should strongly encourage the patient herself to have the discussion with her parents. Many of the boards will want an answer indicating discussion before action so you will be trained into trying to build consensus. Even if you are within your rights to walk up to a brain-dead patient and remove the ventilator without consent of the family, the boards will always want you to answer "discuss with the family" first if that is one of the options.

45. A 30-year-old woman presents to the clinic during her third trimester. The estimated gestational age of the fetus is 28 weeks and she is seeking an abortion. The patient is generally healthy. An ultrasound of the fetus at 26 weeks and routine genetic testing showed no abnormalities.

What should you tell the patient?

a. It's okay; you will go ahead with the abortion.
b. You will be happy to comply if she can get a court order.
c. No way, third-trimester abortions are prohibited.
d. Legally you can only do it if her life is at risk.
e. No, you can't do it because the fetus is normal.

Answer: (d) Legally you can only do it if her life is at risk.

Comment: Abortion during the third trimester is the most controversial area of reproductive rights. There is no automatic right to abortion on demand past the first trimester.

During the third trimester, the fetus is potentially viable. A fetus at 28 weeks of gestational age (six months) can potentially survive intact with a delivery although it would have a greater risk of complications secondary to prematurity. The Supreme

Court has consistently left exceptions for the possibility of abortion in later stages of pregnancy if the life of the mother is at risk. You cannot ethically freely abort a potentially viable fetus unless there is a very significant extenuating circumstance such as risk to the mother or a fetus so developmentally abnormal that fetal demise is certain.

As for a court order, the court cannot order a physician to perform a task that is ethically or professionally unacceptable. For example, if a law passed tomorrow making it legal to perform euthanasia on a person with Down syndrome, it would still be unethical to do so even with a court order. This is similar to the ethical unacceptability of a physician participating in an execution. The condemned is under a court order to die and it is legal. However, it is unethical for a physician to participate, as a physician, in an execution.

46. A 42-year-old man comes to see you for routine management when you inquire about multiple scratches and contusions as well as a black eye. He says his wife routinely abuses him and is "beating me up pretty regularly, doc." He denies hitting his wife. You see him a few weeks later and he has a new version of the same injuries. You are very concerned about his injuries and you tell him that you are planning to report the injuries. He very clearly states that he does not want these injuries reported.

What do you tell him?

a. You have no choice but to report the injuries because you are a mandatory reporter.
b. You will report the injury only with his consent.
c. You will honor his wish but must report it if there is another episode.
d. There is no spousal abuse reporting.
e. You will report it if you find evidence that the wife was really the attacker.

Answer: (b) You will report the injury only with his consent.

Comment: The rules on the reporting of domestic violence are much less strict than those on reporting child abuse are. This is because a competent adult has the voluntary choice of reporting the injury themselves in the vast majority of cases. In addition, you cannot violate the patient's right to autonomy by specifically doing something that has expressively been refused. For children there is mandatory reporting because children do not have the ability to defend themselves. Minors, by definition, are deemed incompetent except for a few exceptions like sexually transmitted diseases (STDs). Children are not, therefore, considered to have autonomy that can be violated.

This patient is being physically abused. As an adult patient with the capacity to understand his medical problems, he has the right to refuse care and protection from reporting the injury if that is what he wants.

47. A 68-year-old man attempted suicide by driving his car into a telephone pole with the intentional purpose of ending his life. He was found severely hemorrhaging and in the emergency department he refuses to give his consent for surgery necessary to stop the bleeding. He states that he wants to die. He was recently diagnosed with cancer and refused surgery to remove it. He states that his life had been complete and now, he wishes to end it.

What should you do about the surgery to stop the bleeding now?

a. Follow his stated wish and withhold surgery.
b. Perform the surgery.
c. Obtain a court order to force the surgery.
d. Ask the family members for consent.

Answer: (b) Perform the surgery.

Comment: This patient's injury is, in a sense, the same as a purposeful drug overdose, jumping off a bridge, or trying to shoot himself. In this case, the car is a large gun. Although an adult patient with the capacity to understand his medical care can refuse treatment, this is not the same as allowing patients to kill themselves. People actively trying to kill themselves are, by definition, not considered competent. The right to autonomy ends just short of condoning active suicide. It is assumed, in this case, that the suicide attempt was performed while under the intolerable emotional burden of recently having found he had cancer. An assumption is made that when acute life stressors lead a patient to attempt suicide that they are temporarily incompetent and psychotherapy or psychopharmacology may help him. If you review the question you will see that the case never stated that the cancer was incurable, progressive, or even fatal.

48. **You are a civilian physician and you have been asked to participate in the interrogation of a prisoner suspected of carrying out a terrorist attack. There is very significant evidence to prove his participation in planning subsequent attacks. You have been asked to monitor the patient's oxygen level during a simulated "hanging" and "strangulation" of the patient to determine if supplemental oxygen or intubation is necessary.**

What should you do?

a. It is ethically permissible to participate.
b. Participation is permissible only if he has been convicted of the crime.
c. You can participate if there is a court order.
d. You must have a release signed by the military prior to your participation.
e. You cannot participate in the purposeful torture of a prisoner.

Answer: (e) You cannot participate in the purposeful torture of a prisoner.

Comment: Physicians are never ethically allowed to participate in the torture of anyone. This is true even if there is a court order directing you to do so. It would not be ethical to assault someone or murder someone even if there is a court order. The physician's duty to the patient transcends duty to ordinary institutional structure. This is true even if the prisoner has been convicted of the crime. We cannot have our duty to patients flexible based on whether they have been accused, arrested, charged, on trial, or convicted.

It is always unethical to participate in the purposeful injury whether physical or psychological of a prisoner. There is no release you can obtain from a superior or an institution that makes unethical behavior ethical. The physician cannot later justify participation in torture under the rubric, "I was only following orders."

49. A group of prisoners is brought to a military hospital in which you work. They are to be screened prior to transfer either to long-term imprisonments or, in some cases, to be released. You notice that several of the patients have bums that look like cigarettes were put out on them as well as several broken bones that have started to heal.

What should you do?

a. Report the injuries as signs of possible torture.
b. Report the injuries only on the patients to be released.
c. If you are a military physician, you should report the injuries.
d. If you are a civilian physician, you should report the injuries.
e. Your only duty is to treat the injuries

Answer: (a) Report the injuries as signs of possible torture.

You have a duty to protect the welfare of all patients under your care. This includes prisoners. Failing to report the injury makes you an accomplice or in some sense participatory to the injury because you did nothing to prevent the next injury. This duty transcends your presence either in or out of the military. It would be the same as finding evidence of child abuse. You are a mandated reporter. You are liable if you fail to report an injury to a child that you suspect of being abuse. If there is a subsequent injury to the child, those who fail to report the first injury are liable for helping to cause the subsequent injury by failing to report the first. The same is true for evidence of torture to prisoners. You have an ethical duty to report even if the injury turns out not to have been secondary to torture.

Hence, in terms of torture and Child abuse, the physician's ethical duty is to detect and report possible episodes. There is no obligation to only report episodes that are always proven to be episodes of abuse or torture.

50. An elderly patient with multiple medical problems has been admitted to your care in the intensive-care unit. The patient is in a persistent vegetative state secondary to anoxic encephalopathy and has now developed sepsis, hypotension, gastrointestinal bleeding, and respiratory failure requiring intubation. There is no improvement expected in the underlying severe brain damage. Renal failure develops to the point of needing dialysis but you feel the dialysis would be completely futile.

Which of the following is the most appropriate step in management?

a. Hemodialysis
b. Peritoneal dialysis
c. Renal transplantation
d. Give albumin
e. Recommend that dialysis not be performed

Answer: (e) Recommend that dialysis not be performed

Comment: You are not required to administer any form of therapy that you feel would be futile. You do not have to perform the dialysis if it will not lead to any significant benefit for the patient. This is true even if the family is requesting that you perform the dialysis. Although, in practice, it is extremely difficult not to honor a family's wishes to perform any therapy, there is no legal or ethical requirement to do so. In this case, besides the persistent vegetative state, there is multiorgan failure associated with essentially no chance of survival. Hence, dialysis would not be prolonging this patient's life; it would only be prolonging the dying process. In this case, doing dialysis would ethically be the same as the family requesting kidney transplantation.

51. A 33-year-old female boxer sustains a cervical spine fracture during the welterweight championship match in Las Vegas. She has a fracture of Cl and C2 resulting in paralysis from the neck down and is ventilator dependent. She is fully alert and understands her medical condition. There has been no improvement for the last three months and there is no hope of recovery. Her manager is the health-care proxy. She is frustrated but not depressed and is repeatedly and clearly requesting removal from the ventilator. She understands that she will not survive without the ventilator.

What should you do?

a. Remove the ventilator as she requests.
b. Obtain a court order to continue the ventilator.
c. Seek family consensus on removing the ventilator.
d. Seek approval of the health-care proxy.
e. Sedate the patient and continue the ventilator.

Answer: (a) Remove the ventilator as she requests.

Comment: Any adult patient with the capacity to understand her medical problems has the right to do what she wishes with her own body. Although there may be an emotional distinction on the part of the caregivers and family between withholding of care and withdrawal of care, there is no ethical or legal distinction. This patient understands she will die and it is her legal right to have the ventilator removed if she wishes. A court order is not necessary because this type of case has been legally worked out in the past in other cases. The consent of the family and the proxy are not necessary because the patient is alert and able to communicate her own wishes. The healthcare proxy only becomes responsible for decision making when the patient loses the capacity to speak for herself. You should not even consult the proxy and the family when the patient is alert unless it is at the request of the patient. Sedation is inappropriate.

We cannot just sedate people when we do not like their decisions. You do not have the right to force any form of therapy on a competent patient. This would be different only if the person were acutely suicidal.

52. A 48-year-old woman has developed stage III non-Hodgkin's lymphoma and needs Combination chemotherapy for treatment. Without therapy she has no hope of survival beyond a few weeks or months. With therapy she has an 80 percent chance of complete remission. She understands this entirely but insists that she simply does not want the therapy. There is no evidence of depression.

Which of the following is the most appropriate action?

a. Psychiatric evaluation.
b. Ask the family for their opinion.
c. Seek a court-appointed guardian.
d. Honor the patient's wishes.
e. Offer radiotherapy instead.

Answer: (d) Honor the patient's wishes.

Comment: The patient is an adult who has the capacity to understand the risks and benefits of therapy. Consequently she has the right to refuse or accept therapy or any part of the therapy that she sees fit. Psychiatric evaluation would only be necessary if there were evidence of depression and possible suicidal ideation. Psychiatry evaluation is also useful sometimes if the patient's capacity to understand her medical condition is unclear. If the patient clearly understands her issues or is clearly unable to understand then a psychiatric evaluation is unnecessary. The court has no standing to appoint a guardian to overrule an adult with the capacity to understand her issues.

Radiotherapy is not adequate therapy for stage III lymphoma. In addition, you cannot substitute another therapy without the patient's consent. Risk management is an institutional agent whose role is to minimize the risk of litigation for the institution.

They would not be necessary here as long as you have adequately documented the patient's mental capacity and the refusal of therapy.

53. **An elderly patient with progressive Parkinson's disease comes to see you because of fever, cough, shortness of breath, and sputum production consistent with pneumonia. The patient's Parkinson's disease has been worsening and he has become quite depressed. He has insomnia, early morning waking, and weight loss as well as anhedonia. He is refusing antibiotics and is asking for palliative care only to help him die.**

What should you do?

a. Psychiatric evaluation.
b. Sedate the patient.
c. Comply with the patient's wishes.
d. Seek the opinion of the family.
e. Refer to the ethics committee.

Answer: (a) Psychiatric evaluation.

Comment: This patient is severely depressed with vegetative signs of depression such as weight change, anhedonia, and sleep disturbance. It is important to evaluate and treat depression, which may be a temporary condition, prior to withholding therapy without which the patient will likely die. In addition, the shortness of breath may indicate hypoxia, which may be interfering with the patient's capacity to understand their medical condition. You do not want to sedate a patient who needs to speak to a psychiatrist. In addition, simply sedating a patient who is refusing therapy may be construed as simply making him unable to refuse therapy. The family's opinion does not change the primary duty to the patient to assure that the reason for the refusal of potentially lifesaving therapy is not simply untreated depression. Ethics committee evaluation is most useful when a patient does not have the capacity to understand his medical condition and the family members are in disagreement. A DNR order does not absolve you of the need to treat the patient's other conditions.

54. A 55-year-old man has been admitted to the hospital for worsening of his mental status, poor nutrition and inability to eat when fed. The patient has Creutzfeld-Jakob disease and will not likely improve. Over the last several months the patient has told you repeatedly that he does not want to be "kept alive as a vegetable" with artificial nutrition and hydration by any method. The health-care proxy form specifically states there is to be "no placement of a nasogastric or gastric tube for enteral feeding." The health-care proxy agent is a nurse. The proxy insists that you have a jejunostomy (J-tube) placed for feeding telling you the proxy form only excludes the NG and G-tubes.

What should you do?

a. Place the J-tube.
b. Tell the proxy she needs to get a court order for the J-tube.
c. Tell the proxy she needs an ethics committee evaluation.
d. Do not place any form of tube for artificial nutrition or hydration.
e. Transfer the patient's care to another physician who feels comfortable placing the J-tube.

Answer: (d) Do not place any form of tube for artificial nutrition or hydration.

Comment: Your primary duty is to the patient who specifically told you not to place any form of tube for artificial nutrition. Although the proxy has the ability to overrule anyone in the family in terms of decision making, she cannot overrule the patient. Although the paper documentation did not specifically mention J-tube, the patient gave you a clear oral advance directive and that is the absolute rule. You must stick by it no matter what a court or the ethics committee may say. Although it is your right to refuse to accept a patient, you cannot ethically transfer the care of a patient to someone who will go against the patient's wishes just because you feel uncomfortable. Oral advance directives are harder to prove but they are still valid. This is true even when the patient loses the capacity to make decisions. If we did not honor a patient's wishes after losing competence, no one would be able to make a last will and testament. A person's will is, in essence, a proxy directing the financial and property wishes of the patient. Death is the ultimate way of losing capacity to make decisions. A person's advance directive is a form of will directing what he wishes done with the most personal property a patient can have: his own life and body.

55. A 75-year-old man is admitted for a myocardial infarction and a stroke that leaves him in a persistent vegetative state. He is a widow, never designated a liealth-care proxy, and left no written evidence of his wishes for himself. His nephew and daughter want to continue all forms of therapy including artificial nutrition and hydration. His son and the patient's brother want to stop everything. Both parties believe they know the wishes of the patient.

What should you do?

a. Encourage discussion amongst the family.
b. You, the physician, make the decision in the best interest of the patient.
c. Stop all forms of therapy.
d. Obtain a court order seeking a court-appointed guardian.

Answer: (a) Encourage discussion amongst the family.

Comment: When there is no clear evidence of a patient's wishes for himself, we must seek the best evidence we can find of what judgment the patient would make for himself were he awake and communicative. In practice this is not a problem as long as the family members all agree. In addition, when there is disagreement, particularly when the family members are considered to have equal "weight" then we must first try to seek consensus by encouraging discussion. Only if this is not fruitful should an outside third party such as the courts be sought. All necessary therapy should continue while the evidence of the patient's wishes is collected.

56. A 72-year-old man comes to see you because of severe pain from metastatic prostate cancer to the bones. His pain has become progressively more severe and has not responded to localized radiation, flutamide, or goserilin. In addition, numerous pain medications have failed to achieve an acceptable level of analgesia. He needs more intense pain management with subcutaneous or intravenous opiates. He also has severe COPD and there has been concern about the effect of the opiate medications on the patient's respiratory drive. In other words, the only way to achieve a sufficient amount of pain relief is to use medications that may shorten his life, inadvertently, because of respiratory depression. The patient is fully alert and has the capacity to understand the problem.

Which of the following is the most ethical way to approach his pain management?

a. It is all right as long as he is DNR.
b. It is acceptable as long as the patient understands the risks.
c. It is unacceptable to shorten life with physician-administered medications.
d. Intubate the patient then give the pain medications.
e. Leave him in pain as long as the respiratory drive is not impaired.

Answer: (b) It is acceptable as long as the patient understands the risks.

Comment: Your primary duty to a patient with a terminal condition and intractable pain is to relieve suffering. It is unacceptable and unethical to leave him to suffer. As long as he understands that the pain medications may have the "double-effect" of both relieving his pain and possible shortening his life and he agrees then it is acceptable. It is the same as performing a risky surgical procedure in which the patient consents to a lifesaving surgery knowing there is a risk of possible death. This is the same as cardiac bypass grafting in which the surgery will prolong life if successful, but has a risk of death from the procedure. This is the same as a bone marrow transplantation in which the patient has a very significant risk of death, but must do it in order to prevent death from leukemia. A DNR order alone is not a way of avoiding risk. Physician-assisted suicide is illegal in virtualy all jurisdictions. You cannot purposely end the patient's life. The primary issue is the intent of the physician in giving the pain medications. If the primary aim is to relieve suffering and there is an inadvertent shortening of life as an adverse effect, then it is acceptable. If the primary intent is to end his life with the medications then it is unacceptable. The direct statement of the U.S. Supreme Court is "the state permits physicians to administer medication to patients in terminal conditions where the primary intent is to relieve pain, even when the medication is so powerful as to hasten death and the patient chooses to receive it with that understanding."

57. A 77-year-old woman is admitted with a stroke that renders the patient dependent on endotracheal intubation and mechanical ventilation. There is no hope of recovery and the patient is unable to communicate. There is no health-care proxy and the patient lacks the capacity to understand her problems. Her husband produces a living will signed by the patient on which is written the statement, "I do not wish to be maintained on a ventilator if there is no hope of recovery." He does not recall ever discussing the subject with his wife.

What should you do?

a. Continue the ventilator.
b. Risk management evaluation.
c. Remove the tube and the ventilator.
d. Seek a court order to remove the ventilator.
e. Ask the rest of the family what they think.

Answer: (c) Remove the tube and the ventilator.

Comment: All adults of sound mind have the right to do what they want with their own body. The patient has left a clear advance directive of what she wanted clearly stating she does not want ventilator management if there is no hope of recovery. It does not matter what the risk manager, the rest of the family, or even the husband wants. All that matters is what the patient wanted. To treat a patient for anything without her consent is legally equivalent to assault and battery. In this case, if you leave the ventilator in place you are "mugging" the patient. This case is extremely clear because the advance directive is in writing and specifies the precise medical intervention that is being refused by name. A court order is unnecessary because the courts do not have the authority to treat a patient against her will. The vast majority of states have actual statutes saying that a living will is a valid form of advance directive that absolutely must be honored. All 50 states have laws declaring the validity of advance directives. In the three states that do not have specific living will statues, there is case law and legal precedent showing that the living will must be honored. It is clearer if we take the word "living" out of the reasoning and view the patient's body as a house in which the husband brings in a will directing what she wants done with her house. If the document is valid then you must honor it no matter what the rest of the family or the courts say.

58. An 84-year-old woman is admitted with abdominal pain. On the second hospital day she becomes febrile, severely hypotensive, and tachycardic from an intestinal perforation. The patient is disoriented with no capacity to understand her medical problems. There is no response to antibiotics, fluids, and dopamine over the next 48 hours and there are signs of significant anoxic encephalopathy. Although there is no health-care proxy, the family is in uniform agreement on what the patient would have wanted for herself had she been able to speak for herself.

Which of the following cannot be stopped at the direction of the family?

a. Ventilator
b. Blood tests
c. Dopamine
d. Fluid and nutrition
e. Nothing.

Answer: (e) Nothing

Comment: There is no limitation on what family can withdraw that is united in agreeing on the wishes of the patient. The difficulties arise when the family splits in their opinion as to what the patient wanted. The best form of advance directive is a proxy with an agent that has the patient's wishes for herself written out and described by specific procedure. In other words, instead of saying "no heroic measures" the proxy says "no mechanical ventilation, no nasogastric tube placement, and no artificial nutrition."

This is the patient speaking for herself. It is clear and precise. There are no limits on what can be withdrawn or withheld. When this is not present, then the family or friends must describe what the patient would have wanted for herself had she been able to speak. In this case the family acts as a substitute for the judgment of the patient themselves. Substituted judgment is not as good as a proxy because there is no clear documentation. The family is stating what they believe are the patient's wishes for themselves. This is the case in this question. Because they are in agreement, there is no problem. They can do anything including pulling out the endotracheal tube and stopping nasogastric tube feeding.

The pivotal point is that the family is conveying what they understand the patient would wish for herself, not what they think is right for the patient. The last form of decision making for a patient without decision-making capacity and without a proxy is people making a judgment of what they think is in the best interests of the patient.

This form of decision making of the "best interest" standard is when there is no documentation of the patient's wishes (living will), and no proxy.

The order of directives arranged from strongest to weakest is:

1. Adult with capacity—No limit on what can be withdrawn/withheld

2. No capacity, but with proxy that states in writing the patient's wishes—No limitation
3. No capacity, no proxy, but written wishes from the patient—No limitation
4. No capacity, no proxy, no written wishes, but family united in knowing the patient's wishes (essentially a verbal advance directive)—No limitation

When there is no proxy and no living will and the family is not in agreement, then an arbitration process should occur starting with an institutional ethics committee and sometimes ending in the courts.

59. A 47-year-old man with end-stage renal failure has asked you to stop his dialysis. The patient fully understands that he will die if he stops dialysis for more than a few days or weeks. He is not depressed and not encephalopathic.

What should you tell him?

a. "I need a court order first."
b. "I am sorry; I don't feel comfortable doing that."
c. "I can't do that. Physician-assisted suicide is not ethical."
d. "I will stop when we get you a kidney transplant."
e. "Although I disagree with your decision, I will stop the dialysis."

Answer: (e) "Although I disagree with your decision, I will stop the dialysis."

Comment: An adult with the capacity to understand the effects of his decisions can stop any form of therapy even if it will lead to his death. Stopping dialysis is not a form of physician-assisted suicide or euthanasia. Euthanasia means giving a medication that will kill the patient. The primary difference is one of intent. Passive dying from stopping a medical treatment is entirely at the discretion of the patient provided that the person is not acutely depressed and suicidal. By definition, a suicidal patient is deemed not to be competent. This case specifically states that the patient is not depressed.

Although there may be an emotional difference between stopping therapy and ever starting in the first place, there is no legal difference. There is no ethical or legal difference between withholding and withdrawing a treatment. All that matters is that you are adhering to a competent adult's clear wishes for his own care.

If I am painting your house blue and halfway through the job you insist thatJ paint the house red, I must comply with your wishes. I can't tell you, "Sorry, once I start to paint, I don't stop until the job is done. Your wishes are less important than mine."

It is your house. You can do what you want with it.

60. **Mr. Barber is a 58-year-old man who has a cardiac arrest after surgery. He suffers permanent brain damage from anoxic encephalopathy. He is in a permanent vegetative state and ventilator dependent. His wife and eight children are present in the hospital and request in writing for the ventilator to be stopped. After its removal he continues to breath. They are asking for the intravenous lines to be removed and all blood testing to be stopped. They agree that this was his wish for himself. He did not leave a written advance directive such as a living will but he clearly told his family, "I don't want to be a vegetable." He never designated a health-care proxy.**

What should you do?

a. Refer the case to the ethics committee.
b. Obtain a court order.
c. Refuse; you cannot ethically do this.
d. Transfer the care of the patient to another physician.
e. Remove the IV lines and stop blood draws as they wish.

Answer: (e) Remove the IV lines and stop blood draws as they wish.

Comment: There is no limitation on what can be withdrawn from a patient's care based on a clear advance directive. In this case the advance directive is oral. A written advance directive is preferable because it is easier to prove. This is especially important when there is disagreement amongst the family members. In this case, the wife and eight children are in uniform agreement on what the patient stated he wanted for himself.

There is no ethical or legal distinction between withholding and withdrawing care.

An ethics committee is important when there is disagreement on what the patient's wishes were. Judicial intervention would be necessary if the physicians disagreed with the prognosis of the patient. In other words, if the family wanted everything stopped because they believed there would be no recovery but the physicians believed the impairment was temporary, then judicial intervention for a court order might be necessary.

61. **Jose is a 62-year-old man who just had a needle biopsy of the pancreas showing adenocarcinoma. You run into his brother in the hall, and he begs you not to tell Jose 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 the 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 Jose's brother that withholding information is not permitted under any circumstance.
c. Jose should withhold informing the patient about the pancreatic cancer because of the grave diagnosis.
d. The doctor should ask Jose how he wants to handle the information in front of the rest of the family, and allow for some family discussion time for this matter.

Answer: (d) The doctor should ask Jose how he wants to handle the information in front of the rest of the family, and allow for some family discussion time for this matter.

Comment: It is common for family members to want to protect their loved ones from bad news, but this is not always what the patient himself would want. It would be reasonable to tell Jose's brother that withholding information can be very bad because it creates a climate of dishonesty between the patient and family and medical caregivers; also, that the only way for Jose to have a voice in the decision making is for him to understand the medical situation. Ask Jose how he wants to handle the information in front of the rest of the family, and allow for some family discussion time for this matter.

In some cultures it is considered dangerous to talk about prognoses and to name illnesses (e.g., the Navajo). If you suspect a cultural issue it is better to find someone who knows how to handle the issue in a culturally sensitive way than to assume that you should simply refrain from providing medical information. For many invasive medical interventions which require a patient to critically weigh burdens and benefits, a patient will need to have some direct knowledge of their disease in Western terms in order to consider treatment options.

62. **A 25-year-old female medical student was doing a rotation in an HIV clinic. Sara is a 30-year-old woman who dropped out of college after she found that she contracted HIV from her husband, who has hemophilia. In talking to Sara, it turns out that the medical student and the patient shared a number of things--both are from the same part of Montana originally, also have young children, and like to cook. Sara now has advanced HIV.**

How should the medical student tell Sara about the advanced HIV and that she will need some blood tests without making her angry or upset?

a. The medical student should follow the protocol for breaking bad news because it covers everything.
b. The medical student should tell Sara about the advanced HIV and the need for blood tests and not be concerned about provoking a reaction.
c. The medical student should get another perspective perhaps from someone in clinic who has known Sara before breaking the bad news.
d. None of the above.

Answer: (c) The medical student should get another perspective perhaps from someone in clinic who has known Sara before breaking the bad news.

Comment: Although the protocol for breaking bad news is helpful, it doesn't cover everything. There are instances when you may provoke a reaction from a patient because you remind them of someone else--or, as in this case, themselves. In these instances it can be helpful to step back, get another perspective (perhaps from someone in clinic who has known Sara), and try not to take this reaction too personally--even though it is likely that Sara will know how to really bother you.

63. A young mother has just been informed that her 2-year-old son has leukemia. The mother refuses permission to begin chemotherapy and informs the oncology team that their family physician (a naturopath) will follow the child's illness.

What should you do as the team physician?

a. I should wait to hear from the family physician.
b. I should honor the mother's request in this situation.
c. I should arrange promptly a care conference with both the mother and the family's naturopathic physician to discuss the chemotherapy.
d. If chemotherapy offers a clear and compelling survival benefit as the only hope this child has, and the mother refuses treatment, I am professionally obligated to seek a court order to appoint a guardian for the child.

Answer: (d) If chemotherapy offers a clear and compelling survival benefit as the only hope this child has, and the mother refuses treatment, I am professionally obligated to seek a court order to appoint a guardian for the child.

Comment: Of utmost importance are the child's best interests, which include getting good medical care *and* maintaining a close connection with his mother. One way to achieve both is by requesting a care conference with both the mother and the family's naturopathic physician. If the mother refuses this meeting and you remain convinced that chemotherapy is the only hope this child has, you are professionally obligated to seek a court order to appoint a guardian for the child. If chemotherapy offers a clear and compelling survival benefit, the justification for seeking legal intervention increases.

64. Your 36-year-old patient has just tested positive for HIV. He asks that you not inform his wife of the results and claims he is not ready to tell her yet.

What would you say to your patient?

a. Encourage the patient to share the information with his wife on his own, giving him a bit more time if necessary.
b. Tell the patient that his wife is at serious risk for being infected with HIV, and that you have a duty to ensure that she knows of the risk.
c. Tell the patient that public health law requires reporting both the patient and any known sexual partners to local health officers.
d. All the above.

Answer: (d) All the above.

Comment: Because the patient's wife is at serious risk for being infected with HIV, you have a duty to ensure thatshe knows of the risk. While public health law requires reporting both your patient and any known sexual partners to local health officers, it is generally advisable to encourage the patient to share this information with his wife on his own, giving him a bit more time if necessary.

65. A 75-year-old woman shows signs of abuse that appears to be inflicted by her husband. As he is her primary caregiver, she feels dependent on him and pleads with you not to say anything to him about it.

How would you handle this situation?

a. This is a case of elder abuse and the doctor is required to always report incidents of abuse to the authorities.
b. The doctor is not permitted under HIPAA (Health Insurance Portability and Accountability Act) to report the abuse.
c. The laws supporting reporting elder abuse allow the doctor to break confidentiality and report suspected abuse.
d. The patient should not be reported. Instead, she should obtain support and access to other services in order to maintain her primary caregiver.

Answer: (c) The laws supporting reporting elder abuse allow the doctor to break confidentiality and report suspected abuse.

Comment: In this case, the required reporting laws can be interpreted in a number of justifiable ways. The laws supporting reporting elder abuse (and child abuse) allow you to break confidentiality and report suspected abuse. However, if you think it is possible to give this woman support and access to other services without reporting the case immediately, those alternatives will help her more in the long run. Either way, you have an obligation to address her abusive situation.

66. A 60-year-old man has a heart attack and is admitted to the medical floor with a very poor prognosis. He asks that you not share any of his medical information with his wife as he does not think she will be able to take it. His wife catches you in the hall and asks about her husband's prognosis.

What are you required to do legally?

a. The doctor should inform the wife about her husband's poor prognosis.
b. The doctor is should not divulge the prognosis to the wife, but he should ask the nurse to let the wife know about her husband's condition.
c. The wife is certainly affected by her husband's health and prognosis and every effort should be made to encourage an open dialogue between them.
d. The doctor should not encourage the patient to talk to his wife about his condition.

Answer: (c) The wife is certainly affected by her husband's health and prognosis and every effort should be made to encourage an open dialogue between them.

Comment: The duty to maintain confidentiality remains strong in this case as information about the patient's health does not directly concern others' health, welfare, or safety. There is no imminent danger to others here. However, the wife is certainly affected by her husband's health and prognosis and every effort should be made to encourage an open dialogue between them. It remains his responsibility to do so.

67. A mother brings her 18-month-old daughter to your office for a routine physical examination. The child has had no immunizations. Her mother says that they believe in naturopathic medicine and prefer not to immunize their children.

You would tell the mother in this situation that:

a. You respect her (the mother's) wishes and say no more.
b. The risk faced by unimmunized individuals is relatively high.
c. The mother's refusal to immunize poses a significant likelihood of harm to her child.
d. The physician should be sure that the child's mother understands the risks of remaining unimmunized and attempt to correct any misconceptions about the degree of risk associated with getting immunized.

Answer: (d) The physician should be sure that the child's mother understands the risks of remaining unimmunized and attempt to correct any misconceptions about the degree of risk associated with getting immunized.

Comment: The risk faced by unimmunized individuals is relatively low, and the mother's refusal to immunize does not pose a significant likelihood of harm to her child. The physician should be sure that the child's mother understands the risks of remaining unimmunized and attempt to correct any misconceptions about the degree of risk associated with getting immunized. If the mother persists in her request, the physician should respect her wishes.

68. Skip is a 50-year-old man with metastatic non-small cell lung cancer. He decided to try palliative chemotherapy because "otherwise I might just as well roll over and give up." After the first cycle of carboplatin and taxol, he requires hospitalization for fever and neutropenia (a complication of the chemotherapy). You stop by for a visit, and he says he feels terrible, wonders "if the chemo is worth all this", but that he's too scared to stop.

How would you handle this situation?

a. Encourage the patient to discontinue the palliative chemotherapy because it is an intervention providing, on average, a small benefit at considerable toxicity inmetastatic non-small cell lung cancer.
b. Stop the palliative chemotherapy based of the side effects and medical futility.
c. Be certain that the patient is well informed understands the benefits and burdens and wishes to proceed with the trial and palliative chemotherapy .
d. Stop chemotherapy and start hospice care .

Answer: c

Comment: For metastatic nonsmall cell lung cancer, palliative chemotherapy is an intervention providing, on average, a small benefit at considerable toxicity. Yet for a patient who is well informed, understands the benefits and burdens, and wishes to proceed, a trial of palliative chemotherapy is justified. However, now Skip is voicing concern: the most important thing to do is hear him out. Find out what he is worried about, how he rates his quality of life, and what his goals are. This information will help you sort out what is going through his mind and help you guide him to a decision that will be the best for him.

As Skip thinks through his situation, ask him if he wants you to describe what would happen if he decides to have more chemotherapy, or stops his chemo and starts hospice care. Eventually you might ask him what a good death would be for him--he may not be able to answer immediately, but it might help him (and you) shape a care plan later. When you talk with Skip, keep in mind the goals of a decent death, which include:

1. Control of pain and other physical symptoms. The physical aspects of care are a prerequisite for everything that follows.
2. Involvement of people important to the patient. Death is not usually an individual experience; it occurs within a social context of family, significant others, friends, and caregivers.
3. A degree of acceptance by the patient. Acceptance doesn't mean that the patient likes what is going on, and it doesn't mean that a patient has no hopes--it just means that he can be realistic about the situation.
4. A medical understanding of the patient's disease. Most patients, families, and caregivers come to physicians in order to learn something about what is

happening medically, and it is important to recognize their need for information.

5. A process of care that guides patient understanding and decision making. One great physician does not equal great care--it takes a coordinated system of providers.

69. Angela is a 72-year-old woman with end stage congestive heart failure from coronary artery disease--she has had two myocardial infarctions. When her medical management is optimal, she is just able to take care of herself in her own apartment, but with any small decompensation, she ends up in the hospital. She comes in for a clinic visit, and her weight is up 2 kilograms and she is complaining of paroxysmal nocturnal dyspnea, even though she has been taking her meds as prescribed. Exasperated and discouraged, she asks, "Am I dying"? The cardiologist replies: "Well, no--this is all reversible."

What would you, as the medical-legal consultant/ethicist, say to Angela?

a. Agree with the cardiologist that "--this is all reversible."
b. Tell the patient that her condition has deteriorated and that she is dying.
c. Inform the patient that the clinical course of congestive heart failure is unpredictable and includes periods of fairly good function alternating with decompensation right up until death, and that the terminal event is often sudden.
d. Tell the patient that she needs a hospice referral because her severe end-stage congestive heart failure is terminal.

Answer: (c) Inform the patient that the clinical course of congestive heart failure is unpredictable and includes periods of fairly good function alternating with decompensation right up until death, and that the terminal event is often sudden.

Comment: The SUPPORT study has shown us that the clinical course of dying from congestive heart failure is quite different from dying of lung cancer. Patients with lung cancer begin a visible, predictable decline several weeks before death that usually evident to experienced clinicians. Patients with congestive heart failure, however, experience periods of fairly good function alternating with decompensation right up until death, and the terminal event for these patients is often sudden. This pattern of decline is not usually labeled by patients or physicians as "dying." The unpredictable course has resulted in very few hospice referrals for patients with end-stage congestive heart failure.

The best care plan in this situation would be based on a discussion with Angela about what kinds of contingency plans should be in place if she has a severe, possibly fatal decompensation. Some medical centers are developing Palliative Care or Comfort Care services to try to better match the needs of patients with less predictable end-stage illnesses.

70. A young accident victim has been in a persistent vegetative state for several months and family members have insisted that "everything possible" be done to keep the patient alive.

Should you honor the family's request?

a. The request must be honored because the family members insisted to do "everything possible".
b. The request should be honored because of absence of a court order to withhold treatment.
c. The request should NOT be honored because it is unreasonable.
d. The request need NOT be honored if the doctor and the members of the health care team agree that the interventions in question requested by the family would be futile.

Answer: (d) The request need NOT be honored if the doctor and the members of the health care team agree that the interventions in question requested by the family would be futile.

Comment: This case illustrates the possible conflicts that can arise with patients or family members about withholding or withdrawing futile interventions. If you and other members of the health care team agree that the interventions in question would be futile, the goal should be to withdraw or withhold these interventions. Achieving this goal requires working in tandem with the patient and/or family, as well as drawing upon resources, such as social workers, hospital chaplains, and ethics committees. If there is no professional consensus about the futility of a particular intervention, then there is no ethical basis for overriding the requests of patients and/or family members for that intervention.

71. An elderly man who lives in a nursing home is admitted to the medical ward with pneumonia. He is awake but severely demented. He can only mumble, but interacts and acknowledges family members. The admitting resident says that treating his pneumonia with antibiotics would be "futile" and suggests approaching the family with this stance.

Do you agree?

a. No I disagree because for this patient, treating pneumonia with antibiotics stands a reasonable chance of success.
b. Yes I agree that because the patient is severely demented, treating his pneumonia with antibiotics would be "futile".
c. Yes I agree that the treatment of pneumonia in this severely demented patient is futile because antibiotics may be ineffective, especially if the etiology is non-bacterial.
d. None of the above.

Answer: (a) No I disagree because for this patient, treating pneumonia with antibiotics stands a reasonable chance of success.

Comment: In many cases, "futility" is used inaccurately to describe situations that appear undesirable. For this patient, treating pneumonia with antibiotics stands a reasonable chance of success. The patient's quality of life, though low, is not unacceptably so. Unless the patient (or if found incapacitated, his surrogate) was to say that he would find this quality of life unacceptably low, there is neither quantitative nor qualitative grounds for calling antibiotics futile in this case.

72. A 22-year-old woman is admitted to the hospital with a headache, stiff neck and photophobia but an intact mental status. Lab test reveal cryptococcal meningitis, an infection commonly associated with HIV infection. When given the diagnosis, she adamantly refuses to be tested for HIV. How should the medical staff handle the situation?

a. Test for HIV despite the patient's refusal.
b. Do not test for HIV, because as for any other medical procedure, testing should be done only with the informed consent of the patient.
c. Test the patient for HIV anonymously, without any identifying remarks.
d. Report the patient's cryptococcal meningitis to the Public Health Department and ask the Department to test the patient for HIV.

Answer: (b) Do not test for HIV, because as for any other medical procedure, testing should be done only with the informed consent of the patient.

Comment: Testing for HIV, as for any other medical procedure should be done only with the informed consent of the patient. Testing without consent is unethical in this setting. The physician's role in the care of this patient is ongoing support, education and guidance about her various options for care.

73. One of your clinic patients is a 35-year-old man with AIDS on Medicare who is an active intravenous drug user. He uses heroin and cocaine, but he never shares needles and is reliably present at all his clinic visits. He admits that he is often unable to take his medicines regularly when he is using drugs. He is asking about antiretroviral therapy with protease inhibitors. You have just read that HIV viral resistance to protease inhibitors occurs rapidly when patients are unable to take their medicines reliably.

Should you prescribe protease inhibitors to this patient?

a. No, because the problem of resistance is a real concern in a patient who cannot take his medicines reliably.
b. No, because the patient is continuing to use heroin and cocaine.
c. Yes because the patient wants the protease inhibitors.
d. Yes, because the doctor is under a duty not to abandon the patient and to continue an ongoing therapeutic relationship and encourage him with information and guidance about his HIV disease and issues of addiction.

Answer: (d) Yes, because the doctor is under a duty not to abandon the patient and to continue an ongoing therapeutic relationship and encourage him with information and guidance about his HIV disease and issues of addiction.

Comment: This is a difficult and ongoing debate in the care of patients with HIV. Protease inhibitors used in combination with nucleoside analogues have proven a powerful weapon in the fight against HIV. The problem of resistance is a real concern in a patient who cannot take his medicines reliably. Many public health advocates feel that these medicines should not be offered to patients who are admittedly noncompliant because they would be creating resistant clones of virus which could then be passed on to others, or make the individual unable to benefit later if they were able to become compliant. They also argue that the cost of these medications on the health care system is so extreme that they should only be used by those who can fully benefit from them. Others argue the principle of justice which espouses equitable distribution of resources amongst all available people in need, and if the patient wants the medications he should have equal access to them.

There is no answer to this debate at this time. *The only clear principle that should be followed here is that of non-abandonment.* Whatever your choice is with the patient, the physician's responsibility is to remain available to the patient and continue an ongoing therapeutic relationship and encourage him with information and guidance about his HIV disease and issues of addiction.

74. A 28-year-old woman presents for diagnostic laparoscopy for pelvic pain. During laparoscopy, the surgeon announces that she intends to proceed to hysterectomy for multiple uterine myomata. The anesthesiologist then declares that he will "wake the patient up" rather than allow the surgeon to proceed, due to lack of consent for the procedure, and questionable medical necessity.

Can the anesthesiologist "tell" the surgeon what to do?

a. No, the anesthesiologist cannot “tell” the surgeon what to do.
b. No because the hysterectomy will obviate the need for a second surgery.
c. No because the hysterectomy is medically necessary at the moment.
d. Yes he can legally and ethically.

Answer: (d) Yes he can legally and ethically.

Comment: The anesthesiologist can stop the surgery, and may even have an ethical obligation to the patient to do so, but should take such action only after discussing several issues with the surgeon. Is the surgery in fact included in the consent? If not, is the surgery medically necessary at this moment (i.e., would delay place the patient's life in significant danger) or can it be postponed until the patient can be awakened and asked for consent?

If the surgery is not emergent, and there is no consent, the anesthesiologist is morally obliged to protect the patient's autonomy and right to give consent. Anesthesiologists have been also held legally liable for harm done to patients during elective surgery for which they did not consent, because the anesthesiologist renders the patient insensate and unable to protect themselves from unwanted intrusion.

Often, in a case like this one, consensus can be obtained from the health care team, which in this case could consult the hospital legal counsel and the hospital ethics committee prior to proceeding.

75. **A 32 year old woman was admitted to the Trauma Intensive Care Unit following a motor vehicle accident; she had multiple injuries and fractures, with several complications which continued to develop over the first couple of weeks. The patient rapidly developed Adult Respiratory Distress Syndrome, was on a ventilator, and was continuously sedated. Shortly after the patient's admission, her parents were contacted and remained vigilant at her bedside. The parents reported that the patient was one month away from having her divorce finalized. The patient's husband was reportedly physically and emotionally abusive to her throughout their five years of marriage. The parents had not notified this man of the patient's hospitalization, and reported that visit by him would be distressing to the patient if she were aware of it. The patient's soon to be ex-husband is her legal next of kin.**

Should the husband be responsible for treatment decisions which the patient cannot make?

a. No, because there is an implied consent by law for provision of "emergency" medical treatment in such cases.
b. Yes because there is a divorce proceeding.
c. Yes because the law sets an explicit time limitation on implied consent based on an "emergency."
d. Yes because the father is the surrogate decision-makers for the patient.

Answer: (a) No, because there is an implied consent by law for provision of "emergency" medical treatment in such cases.

Comment: There is implied consent by law for provision of "emergency" medical treatment. If a medical emergency exists and implied consent is relied on by the health care providers, it should be documented in the patient's medical record in accordance with legal and institutional standards. It is important to note that the law sets no explicit time limitation on implied consent based on an "emergency." The patient may have provided her own consent to treatment either at the time of her admission or earlier in her hospitalization. At that time, she may have expressed her ongoing wishes for care. The patient's own previous statements/consent may therefore be the basis for continued consent for her ongoing care. If there is a need for informed consent for a new treatment decision on behalf of the patient, the patient's previously expressed wishes may still be relevant to her legally authorized surrogate decision-maker and her treatment plan. If the patient already filed for divorce, it is likely that there is a temporary court order in effect and this order may affirmatively remove the patient's estranged husband from making medical decisions for her. It is common in divorce paperwork to have mutual restraining orders which prevent both spouses from contacting each other. The patient's parents should be asked to provide the name of her divorce attorney to obtain copies of the relevant legal papers - which can then be

placed in the legal section of the patient's medical record. With the husband thus removed as her surrogate decision-maker, it appears the patient's parents would become the highest level class of surrogate decision-maker and could provide informed consent for her care if the patient is unable to do so. If the patient's husband remains her legal surrogate decision-maker, his decision on the patient's behalf are constrained by legally imposed standards. First, a surrogate is legally required to provide "substituted judgment" on behalf of the patient. This means that the surrogate must act in accordance with the patient's wishes. If substituted judgment isn't possible (i.e., unknown what the patient would want under the current medical circumstances), then the law requires the surrogate to act in the patient's "best interests." Since the medical team has significant input about what would medically be in the patient's interest, a decision by a surrogate which doesn't adhere to this standard should not be automatically followed and may need to be reviewed by the institutional ethics committee, risk management, or legal counsel. The patient's husband may be willing to waive his surrogate decision-maker role to his estranged wife. If this occurs, then he would agree to remove himself from the list of potential surrogate decision-makers and the next highest level surrogate decision-maker(s) would be contacted as necessary to provide informed consent for the patient. A final option may be for the patient's parents to file to become the patient's legal guardians for health care decision-making.

76. A 72 year old woman was admitted to the Neurological Intensive Care Unit following a cerebral hemorrhage which left her with severe brain damage and ventilator dependent. One year before this event, the patient and her husband had drawn up living wills with an attorney. The patient's living will specified that the patient did not want ventilator support, or other artificial life supports, in the event of a terminal condition or a permanent vegetative state.The patient's husband is her legal next of kin and the person with surrogate decision-making authority. When the living will was discussed with him, he insisted that the patient had not intended for the document to be used in a situation like the present one. By this, the husband apparently meant that although the patient would not be able to recover any meaningful brain function, her condition was not imminently terminal. The husband did not consider his wife to be in a permanent vegetative state.The treatment team allowed a week to pass, with the goal of providing the husband more time to be supported in his grief and to see how ill his wife was. Nevertheless, at the end of this time, the husband was unwilling to withdraw life support measures consistent with the patient's wishes as expressed in her living will.

Should the hospital follow the patient's wishes in the living will despite the husband's unwillingness to withdraw life support measures?

a. Yes, because the patient has an Advance Directive (living will).
b. No, because the patient's husband is her legal surrogate.
c. Only if the court orders the withdrawal of life support.
d. Yes after obtaining a review and approval by the hospital ethics committee to withdraw life support.

Answer: (c) Only if the court orders the withdrawal of life support.

Comment: The patient's Advance Directive is strong evidence and significant in determining what the patient would want for substituted judgment. Since the patient's husband (her legal surrogate) only made vague statements as to why he thought she would want continued care under these circumstances and the husband's perspective was contradicted by their adult children - it appears the situation requires further communication efforts, e.g., patient care conference, ethics consult.

If these additional communication efforts fail to resolve the impasse - one legal/risk management approach may be to go forward with withdrawal of life support under the following conditions:

1) Verify that the content of the patient's Advance Directive is consistent with a decision to forego further life-sustaining measures. Check, if possible, with those persons who were present when she prepared/signed the document to

gather further information about the patient's intentions.

2) Affirm that the requisite clinical determination(s) were made ("terminal" or "permanent unconscious" conditions) to activate the patient's Advance Directive. Check to make sure the clinical determination is well-documented in the patient's chart.
3) Affirm consensus among the medical team about: the clinical determinations; the appropriateness of withdrawing life support as in the patient's best interests; and that withdrawal is consistent with her Advance Directive.
4) Set a final patient care conference with the family members to review the patient's prognosis and the medical team's decision to withdraw care at a specific future date and time. This advance notice of planned future action allows the patient's husband an opportunity to seek judicial review or arrange for a transfer of care to another medical facility before the withdrawal of care. Under the circumstances, if the husband sought such review or transfer, the patient would need to be continued on life support pending completion of review or transfer. The legal benefit of this notice and time to act is it eliminates any claim that the hospital unilaterally took irreversible action without the family's consent or at least without their acquiescence. This course of action would also break the stalemate of the patient's situation and force a resolution.

77. **An 18-month-old child presents to the clinic with a runny nose. Since she is otherwise well, the immunizations due at 18 months are administered. After she and her mother leave the clinic, you realize that the patient was in the clinic the week before and had also received immunizations then.**

Should you tell the parents about your mistake?

a. No because the error is a trivial one.
b. No because no harm is done.
c. No because the mother will never find out.
d. Yes because an open and honest approach to errors is most appropriate.

Answer: (d) Yes because an open and honest approach to errors is most appropriate.

Comment: The error is a trivial one. Aside from the discomfort of the unnecessary immunization, no harm has resulted. Nonetheless, an open and honest approach to errors is most appropriate. While the parents may be angry initially about the unnecessary injection, they will appreciate your candor. On the other hand, should they discover the error and believe you have been dishonest, their loss of trust will be significant.

78. **A 3-month-old has been admitted to the hospital with a newly diagnosed ventricular septal defect. She is in early congestive heart failure and digoxin is indicated. After discussing the proper dose with the attending physician, you write an order for the drug. Thirty minutes later the baby vomits and then has a cardiac arrest and dies. You discover that in writing the digoxin order you misplaced the decimal point and the child got 10 times too much digoxin.**

What is your duty here?

a. Inform the parents about the mistake and say you are sorry.
b. Do not inform the parents.
c. Do not say sorry.
d. Let the liability insurance company handle everything, because a malpractice lawsuit may follow.

Answer: (a) Inform the parents about the mistake and say you are sorry.

Comment: This unfortunate event represents a serious error with profound implications for the patient and family. You owe this family an honest explanation. They need to hear you say that you're sorry. Any attempt to hide the details of the event would be dishonest, disrespectful, and wrong. Though a lawsuit may follow, these parents are less likely to litigate if you deal with them honestly and take responsibility for the error.

79. **A 3-year-old presents to the emergency department. She was diagnosed with pyelonephritis by her physician yesterday, treated with an intramuscular injection of antibiotic and sent home on an oral antibiotic. She is vomiting today and unable to keep the antibiotic down. As you prepare to admit her, you feel she should have been admitted yesterday.**

Should you tell the parents that their physician made a mistake?

a. Yes the parents should be told.
b. The parents should not be told.
c. Discuss the case first with the other treating physician, then tell the parents.
d. Report the incident to the risk manager and not the parents.

Answer: (b) The parents should not be told.

Comment: The practice of medicine is not an exact science. Frequently physicians will disagree about what constitutes the most appropriate management in a given case. Often these are legitimate disagreements with more than one acceptable course of action. Simply because you would have managed a patient differently does not mean the other physician made a mistake. In this case, you may wish to discuss the case with the other physician and explain why you manage children with pyelonephritis differently. However, in situations where standard practice varies, the parents should not be told that a mistake has been made.

80. Melinda is a married 35-year-old pregnant childless woman who has lost four previous pregnancies between 16 and 23 weeks gestation. She currently has reached 23 weeks and 3 days of gestation, her fetus is seemingly healthy, and has an estimated weight of 550 grams (+/- 1.2 lbs). She has ruptured her bag of waters and is now having labor that seems unstoppable with tocolytics. Delivery seems inevitable.

What is the physician's duty to inform the parents?

a. Inform the parents that the fetus is not viable.
b. Inform the parents that the 23-week-old baby will either die or live with significant handicap.
c. Provide sufficient medical information to the parents about the care and possible outcome of the baby so they can make their own informed choice.
d. Inform the parents to choose passive comfort care mode treatment for the baby rather than aggressive measures.

Answer: (c) Provide sufficient medical information to the parents about the care and possible outcome of the baby so they can make their own informed choice.

Comment: This gestational age and estimated birthweight represent the "gray zone" in terms of viability vs. non-viability. Accordingly, the *parents* have a choice to make. They can choose a passive comfort care mode treatment (with non-survival being a virtual certainty) or alternatively, assisted ventilation, pressors, antibiotics, parenteral nutrition, etc. The role of the physician is to provide information and guide the parents through the decision-making process. This situation 30 years ago would have presented no ethical dilemma. Indeed, the 1972 *Roe v. Wade* Supreme Court case defined the limit of viability as 28 weeks gestation. Any form of aggressive care involving newborn infants below this gestational was thought to be futile. Today, however, aggressive measures at birth are sometimes initiated with a modest degree of success achieved in terms of promoting survival (+/-25%). Notably, survival is accompanied by a long stay in the hospital following delivery (3-4 months), enormous costs(+/-$250,000), considerable suffering, and morbidity (in at least 50% of the cases there is significant handicap).

81. A 4-year-old with an obviously broken forearm is brought to the emergency department by her baby-sitter. Both the baby-sitter and emergency room staff have attempted to reach her parents without success.

Can you treat this child without parental permission?

a. No. The parents must consent first.
b. The Baby-sitter's permission would be sufficient without the parent's consent.
c. Because the parents cannot be reached, the doctor should first obtain a court order before treating the infant.
d. The doctor should proceed with x-rays and treatment of the child's fractured forearm without the consent.

Answer: (d) The doctor should proceed with x-rays and treatment of the child's fractured forearm without the consent.

Your first duty is to the health and welfare of the child. Having attempted to reach her parents for consent without success, you should proceed with x-rays and treatment of her fractured forearm. Rapid treatment of the child's pain and fracture are clearly in her best interest. When optimal treatment requires immediate intervention, treatment should not be delayed even if consent has not been obtained.

82. **Mrs. Franklin, an 81-year-old Alzheimer's patient hospitalized under your care has been asked to participate in a clinical trial testing a new drug designed to help improve memory. You were present when the clinical investigator obtained a signed informed consent from Mrs. Franklin a few days ago. However, when you visit Mrs. Franklin today and ask her if she is ready to begin the study tomorrow, she looks at you blankly and seems to have no idea what you are talking about.**

What should you do?

a. The signed informed consent for the clinical drug testing is in doubt, and should not be done.

b. The primary investigator should be contacted to discuss Mrs. Franklin's participation in the trial.

c. A surrogate who can give consent for her participation may be contacted if the clinical trial is deemed to be in her best interests.

d. All of the above.

Answer: (d) all of the above.

Comment: The competence of Mrs. Franklin to give an ethically valid informed consent is in doubt. You should contact the primary investigator to discuss Mrs. Franklin's participation in the trial. There may be a surrogate who can give consent for her participation if it is deemed to be in her best interests. Although she may be considered a vulnerable research subject because of her mental status, Mrs. Franklin does belong to the population the intervention is designed to assist, and her participation may benefit herself and other Alzheimer's patients. However, a careful balancing of risks and benefits should occur.

83. After having completed a study that involved the collection of tissue from the subjects, an investigator wishes to perform additional analysis of the archived tissue samples. This nature of this analysis was not explicitly stated in the original consent form.

Should the investigator be required to obtain explicit consent for the new research?

a. The investigator is required to obtain explicit consent for the new research from the IRB.

b. The investigator is NOT required to obtain explicit consent for the new research.

c. The investigator is required to obtain a general consent.

d. The investigator is required to obtain explicit consent for the new research from the patient.

Answer: (c) The investigator is required to obtain a general consent.

Comment: Institutional Review Boards have increasingly required that explicit consent be obtained, if practical, before archived tissue can used for research. Archiving samples for an unspecified "future use" without explicit consent undermines the autonomy of the participants. Even if participants may be willing in general to have surplus tissue used for research purposes, they should still be asked for their consent.

84. Mrs. Hanes is a 62-year-old woman with metastatic breast cancer. She was admitted with dehydration and weakness. Her cancer treatments have failed, as she now has a recurrence. The oncologists are contemplating some new palliative chemotherapy. The nutrition team is concerned about her cachexia and recommends total parenteral nutrition (TPN).

Should the patient be started on TPN?

a. The patient should NOT be started on TPN.
b. The patient should be started on TPN.
c. The patient decides whether or not to be started on TPN after being fully informed about all the treatment choices and probable outcomes.
d. The treatment with TPN is "futile" in this patient and will serve no purpose.

Answer: (c) The patient decides whether or not to be started on TPN after being fully informed about all the treatment choices and probable outcomes.

Comment: Patients with metastatic cancer often suffer from profound cachexia, attributable to the metabolic effects of their cancer and their inability to get adequate caloric intake from eating alone. TPN is able to provide protein and nonprotein nutrients to reverse the catabolic effects of illness. TPN has a number of potential complications, such as those related to infection from the central line catheter site. In this case, you should carefully evaluate the goals of therapy as they relate to TPN. Is TPN likely to offer the patient any benefit? If her life expectancy can be prolonged with additional chemotherapy, it may be reasonable to give TPN to allow the patient to enjoy that benefit. If additional chemotherapy offers no substantial increase in quantity or quality of life, TPN could become another burden for the patient without any meaningful benefit, and ought to be withheld.

85. A 65-year-old man comes to his physicians with complaints of abdominal pain that is persistent but not extreme. Workup reveals that he has metastatic cancer of the pancreas. The man has just retired from a busy professional career, and he and his wife of 40 years are about to leave on a round-the-world cruise that they've been planning for over a year.

Should you tell him his diagnosis?

a. Withhold telling the man his diagnosis for fear of psychological harm.
b. The man should be told his diagnosis, prognosis, and treatment options before his planned trip.
c. It is best to wait until he returns from his trip before telling him the diagnosis.
d. Tell the wife the diagnosis, and let her decide when to inform the patient and her husband of 40 years.

Answer: (b) The man should be told his diagnosis, prognosis, and treatment options before his planned trip.

Comment: Several factors tempt one to withhold the diagnosis, and these should be recognized. One would be the concern that the patient would suffer psychological harm that would interfere with his planned trip. There is little empirical evidence that this occurs, and lacking some compelling reason to think it would occur with this man, it is insufficient grounds to withhold information. To the contrary, sensitive disclosure would allow the patient and his wife to decide if the trip is still important to them, versus seeing their grandchildren, for instance, and would spare the patient the inconvenience of suffering advancing symptoms while traveling, perhaps necessitating emergency care in a foreign locale. Finally, physicians should not confuse discomfort at giving bad news with justification for withholding the truth. In this case, the man should be told his diagnosis, prognosis, and treatment options.

86. An 80-year-old Asian woman is hospitalized with weight loss, generalized weakness, and a pulmonary mass. Work-up reveals that she has pulmonary tuberculosis. Her family approaches the physician and asks that the patient not be told, stating that in her upbringing in mainland China tuberculosis was considered fatal and to tell her would be like giving her "a death sentence."

Should you respect the family's concerns?

a. The doctor should explore the patient's belief system then decide accordingly whether or not to inform the patient.
b. The doctor should respect and follow the family's request.
c. The physician has a duty to inform the patient and the Department of Public Health about the diagnosis.
d. It would be justifiable in this case to withhold the diagnosis of tuberculosis based on cultural beliefs.

Answer: (c) The physician has a duty to inform the patient and the Department of Public Health about the diagnosis.

Tuberculosis is a reportable disease, and the patient should be informed otherwise she can not provide informed consent to treatment for tuberculosis. Some cultures hold different beliefs about truth-telling in the medical encounter. Some assert that in some Asian cultures, members of the family unit may withhold the truth about terminal illness from elders out of respect and a desire to protect them from harm. If a patient and their family members hold such beliefs, they should be respected, and a mechanism for informed decision making in collaboration with the family negotiated. One must not, however, assume that every patient of Asian ancestry holds the beliefs described here. The physician should make an attempt to explore the patient's belief system. If he finds that the patient does hold such beliefs about the harmful nature of truthful disclosure of the truth, then it might be ethically justifiable to withhold the diagnosis of tuberculosis, but not legally.

87. A 68-year-old man is brought to the hospital due to 2 days of progressive shortness of breath and cough. He has a history of severe chronic obstructive pulmonary disease and has had multiple recent exacerbations and several hospitalizations over the past year.

During his last hospitalization, he had acute respiratory failure requiring endotracheal intubation. This prompted the patient to make a living will specifying that he does not want any resuscitative measures or invasive therapies in the event of a life-threatening emergency. On examination, he is lethargic and arousable only to noxious physical stimuli. His temperature is 37.2 C (99 F), blood pressure is 132/70 mm Hg, pulse is 102/min, and respirations are 32/min. Examination reveals diffusely decreased breath sounds, bilateral expiratory wheezes, and labored breathing. It is determined that he lacks decision-making capacity. His daughter says, "I have been taking care of my father for many years and I know him better than anyone. He would not want any aggressive measures. Please just make him comfortable." However, the patient's wife demands that everything be done to save her husband's life, including intubation if necessary. She insists that she knows what her husband would have wanted and threatens to file a lawsuit.

Which of the following interventions is the most appropriate next step?

a. Consult the hospital ethics committee
b. Meet with all family members to achieve consensus on a course of action
c. Obtain a court order to proceed with intubation
d. Proceed with endotracheal intubation if medically indicated
e. Respect the patient's living will and provide comfort care only.

Answer: (E) Respect the patient's living will and provide comfort care only.

Comment: A living will (advanced directive) specifies a patient's wishes for health care in advance of losing the ability to communicate or of becoming incapable of making his or her own decisions. In this case, the patient is incapacitated and his family members strongly disagree on the best course of action; both claim to have a better understanding of what the patient would have wanted in the current situation. However, the physician's responsibility is to the patient, and ethically the physician must adhere to the patient's wishes as outlined in the living will. The living will protects the patient's autonomy and overrules the wishes of any family members.

88. **A 44-year-old psychology professor with a chronic history of rheumatoid arthritis presents for a follow-up examination. She is currently taking prednisone and infliximab, a regimen that has successfully stabilized her condition. Physical examination reveals no significant changes. Toward the end of the visit, she mentions that she would like to try acupuncture as an adjunct treatment in addition to the medications she is currently taking.**

What is the most appropriate response to her request?

a. "I'm sorry, but I am not very familiar with acupuncture and am reluctant to combine the two therapies."
b. "I hope you are aware that acupuncture has its limitations."
c. "If you want to try acupuncture, I cannot continue serving as your physician."
d. "Why do you want to try acupuncture?"
e. "How can an educated woman like you suggest something like this?"

Answer: (d) "Why do you want to try acupuncture?"

Comment: All patients enjoy the right to select treatment plans based on their personal values or preferences. When a patient expresses interest in alternative medicine, the physician should inquire about the reasons for departing from traditional treatments. It is important to determine if the patient is dissatisfied with the quality of her current care or if she is suffering from a bothersome side effect. Therefore, it would be most appropriate to ask this patient why she is interested in acupuncture as an adjunct treatment.

89. **A 45-year-old man is brought to the emergency department following a serious motor vehicle collision on a California interstate highway. Despite all attempts to save him, his condition does not improve. The physician caring for him believes that he is brain dead. On examination, the patient's temperature is 36.7 C (98 F) and blood pressure is 104/60 mm Hg. He is on mechanical ventilation. Neurologic examination is consistent with brain death. Laboratory and imaging studies are not suggestive of a reversible cause. Apnea testing shows no spontaneous breathing. In accordance with local regulations, a second physician confirms the diagnosis of brain death. The patient's family understands the prognosis. Unfortunately, the patient does not have an advanced directive or durable medical power of attorney.**

Which of the following steps is legally necessary to remove this patient from the ventilator?

a. Court-appointed legal guardianship
b. Ethics consultation
c. Medical examiner notification
d. No additional steps are necessary
e. Permission from the patient's next of kin

Answer: (d) No additional steps are necessary

Comment: Brain death is defined as irreversible loss of function of the whole brain, including the brainstem. There are several criteria for declaring brain death. Brain death is a legally acceptable definition of death, and artificial life support does not need to be continued. In this patient's case, no further steps are legally required to remove him from the ventilator. Some states, such as New York and New Jersey, have regulations in place in case the declaration of legal death based on brain death is in violation of an individual's religious beliefs.

90. A 65-year-old heavy smoker with a lengthy history of chronic obstructive pulmonary disease comes to the office due to recent-onset hemoptysis. He reports 3-5 episodes of coughing up blood in the past month. He also reports a 9.1-kg (20-lb) weight loss in the past 2 months. Chest radiograph reveals a suspicious lesion, and a bronchoscopy followed by biopsy establishes the diagnosis of squamous cell carcinoma of the lung.

When the patient is informed of his condition and the prognosis, he asks that no one in his family be told the news yet. He seems tearful but cognitively intact. His wife, who usually brings him to his visits and is also his health care proxy, calls the next day to inquire about the pathology report. She says she is deeply concerned because her husband is reluctant to discuss his condition.

Which of the following is the most appropriate course of action?

a. Ask the wife to come to the office with a copy of the patient's health care proxy form.
b. In response to the wife's concerns, ask her to come to the office to further review the patient's status.
c. In response to the wife's concerns, inform her that the patient will receive comprehensive care.
d. Inform the patient that his wife must eventually be told if the patient refuses to do so himself.
e. Inform the wife of the pathology report results as she is his health care proxy.

Answer: (d) Inform the patient that his wife must eventually be told if the patient refuses to do so himself.

Comment: Health information cannot be shared with anyone (including family members) without the patient's permission. This patient's wishes must be respected and his confidentiality strictly maintained. That said, he should be strongly encouraged to discuss his diagnosis with his spouse as she will be significantly impacted by it. Moreover, she may be able to provide moral support to her husband, thereby easing his burden. The physician should encourage an open dialogue between the patient and his wife but should in no way coerce the patient to share the information.

91. A pediatrician in a group practice comes to a colleague to inquire about a patient that the colleague examined earlier that morning. The pediatrician says that he recognized the patient as a former neighbor who is also a good friend of the family. The patient was recently diagnosed as HIV positive and is now on antiretroviral medication. The pediatrician asks why the patient is being treated.

What is the most appropriate response to such an inquiry?

a. Actually, we've not been able to diagnose his condition.
b. He is on antiretrovirals because he is HIV positive.
c. I think you should know he has an infectious disease.
d. It would be best for the patient to tell you the diagnosis.
e. It would be inappropriate for me to discuss this with you.

Answer: (e) It would be inappropriate for me to discuss this with you.

Comment: Confidentiality is one of the key components of a well-run and ethical medical practice. The obligation to maintain confidentiality prohibits the physician from disclosing information about the patient's diagnosis or treatment to anyone not directly involved in, or necessary to, the patient's management. Physicians should avoid discussing a patient's medical condition in public areas where comments might be overheard.

In this case, although the person inquiring is a physician and colleague, he is not involved in the patient's care and is therefore not entitled to details regarding that care. Moreover, his inquiry is based on personal and not professional curiosity. Therefore, the physician should tell the colleague that it would not be appropriate to discuss the patient's condition. Every effort should be made to strictly maintain the patient's confidentiality.

92. A 36-year-old man has been hospitalized for the past 3 days for alcoholic hepatitis. His condition is slowly improving and his prognosis is favorable. However, this is his third absence from his job in the past 6 months due to health-related issues. The patient notified his employer that he is presently hospitalized and was informed that he needs to provide the employer with proof of hospitalization or he could lose his job. In accordance with hospital policy, the patient provides verbal consent for the physician to speak with his employer and disclose his health status. The employer proceeds to contact the physician directly by phone, requesting an update on the patient and his likelihood of returning to work.

Which of the following is the most appropriate response by the physician to the employer?

a. "I can confirm that the patient is currently hospitalized, and I anticipate he will be able to return to work."
b. "I can disclose information to you only in the presence of the patient, so we need to schedule a meeting."
c. "I cannot discuss a patient's care with anyone without a written signed release of information."
d. "I cannot verify your identity and therefore cannot disclose any information about the patient."
e. "The diagnosis is alcoholic hepatitis and I expect him to recover and return to work in the coming days."

Answer: (a) "I can confirm that the patient is currently hospitalized, and I anticipate he will be able to return to work."

Comment: The Health Insurance Portability and Accountability Act (HIPAA) privacy rule outlines the handling of protected health information. The main goal is to protect patients' privacy and confidentiality. A physician can respond to an employer's request for health information only if the patient has specifically provided verbal or written authorization for release of information to the employer. Because this patient has given his physician verbal permission to speak with his employer and discuss his care, in accordance with hospital policy, the physician can provide this information. In general, a written (rather than verbal) release of information document is preferred to protect both the patient and physician from any misunderstanding, but this is not a HIPAA requirement (Choice C).

93. A 43-year-old patient asks the physician to examine his 75-year-old mother, who has been complaining of headaches. When the woman presents for her first appointment, she admits to having a severe, persistent headache for the past 4 weeks. She says the headache is worse in the morning and always lingers throughout the day. She usually feels nauseated but has no vomiting. Her medical history is significant for severe depression and anxiety, and her current medications include an antidepressant. A complete workup shows that she has a brain tumor, likely a glioblastoma. Both she and her son (also the physician's patient) are present at today's appointment to learn of the diagnosis. Before the physician has a chance to discuss the findings, the son steps outside the patient's room and requests that the physician not reveal the diagnosis to his mother.

Which of the following is the most appropriate response?

a. "As a physician, I always tell a patient about a serious diagnosis, as it is my moral responsibility."
b. "If you feel this strongly about it, how about I delay giving her information now, but tell her at a later date?"
c. "Is there a specific reason why you do not want your mother to know the diagnosis?"
d. "Leave the matter to me as I will determine whether she should know her diagnosis."
e. "This news would only be upsetting to her and therefore I will not discuss the diagnosis at all."

Answer: (c) "Is there a specific reason why you do not want your mother to know the diagnosis?"

Comment: In general, a patient has the right to know a diagnosis. If family members ask for information to be withheld, it is imperative for the physician to understand their reasoning. Occasionally, it is in the patient's best interest to withhold especially distressing news (eg, if a severely depressed patient might become suicidal). Therefore, it is best to clarify the situation with the concerned family members first before deciding how best to proceed.

94. A 35-year-old woman established primary care at a clinic 3 months ago. Last month, she arrived unannounced, urgently requesting to see the same physician. Due to a cancellation, she was seen later that day for the complaint of a rash on her chest. The male physician completed a thorough but unremarkable physical examination in the presence of a female nurse practitioner. Two weeks later, the patient comes to the same physician's office at closing time and without an appointment. She complains of "needing to talk to the doctor immediately about a private matter." She informs the receptionist that it is "absolutely critical" for her to be seen and examined for similar skin complaints that seem to "come and go" and "itch frequently." The patient is calm but insists that an appointment with the female nurse practitioner is not acceptable and instead requests to see the physician privately, without the presence of another staff member.

Which of the following would be the most appropriate initial response by the physician?

a. Ask the patient to have a seat in the office and proceed with the unscheduled appointment.
b. Have the receptionist contact security to remove the patient from the premises.
c. Have the receptionist instruct the patient to schedule an appointment during normal office hours.
d. Instruct the receptionist to inform the patient that she must leave and not return to the clinic.
e. Transfer the patient's care to a partner who is on call for the evening and available by phone.

Answer: (c) Have the receptionist instruct the patient to schedule an appointment during normal office hours.

Comment: This question addresses the importance of maintaining professional conduct when dealing with patients of all types, ranging from hostile to seductive. Several actions suggest that this patient could have boundary issues. These include:

- Arrival at unscheduled times and/or at closing time (when others are less likely to be available)
- Insistence on seeing the same physician for each visit (for mild conditions) and in private
- Frequent return visits for nonspecific complaints
- Health complaints that necessitate examination of private areas or undressing, despite recent normal findings
- To maintain a therapeutic distance, the physician should have the receptionist politely inform the woman that patients are seen only when they have scheduled appointments during normal office hours and with the presence of another staff member.

95. A medical resident on call is asked to see a 72-year-old woman who has a headache. The medical record indicates that she was admitted 5 days ago after a fall that caused a hip fracture requiring surgical correction. The patient developed postoperative chest pain and was transferred to the medical service for further care. She is stabilized and receiving morphine for her pain but frequently calls nurses to say that she is uncomfortable. According to the nurse, the patient developed an intermittent headache earlier in the day that recurred an hour ago after her daughter called to say she would be unable to visit today. When she sees the resident, the patient snaps, "You look so young. I hope you know what you're doing." The resident asks a few questions about her headache, but she gives very little information. When the resident attempts to perform a basic physical examination, the patient yells, "Don't touch me. I'm going to complain to the hospital administrators about you because you have no idea how to properly deal with a patient."

Which of the following is the most appropriate response?

a. "As you may know, this is a teaching hospital; I can assure you that I am well trained and can consult an attending physician if necessary."
b. "I am sorry you are unhappy with your care; you are free to file a complaint as described in the patient bill of rights."
c. "I see that you're upset; I imagine that you might be disappointed that your daughter was unable to visit."
d. "I see that you're upset; would you prefer to be seen by my supervising attending physician?"
e. "May I ask what is upsetting you so that I can help you as best I can?"

Answer: (e) "May I ask what is upsetting you so that I can help you as best I can?"

Comment: This patient is irritable, angry, and verbally abusive to the resident physician. Although the immediate cause of her anger is unclear, her complicated medical course, general discomfort and pain, and probable disappointment that her daughter did not visit are likely contributing to her distress. Although the situation is challenging, it is the physician's responsibility to be nondefensive, defuse the patient's anger, and attempt to preserve the physician-patient relationship. Acknowledging the patient's distress, remaining nondefensive, and asking open-ended questions regarding what is upsetting the patient are the best means of establishing an open dialogue. Professionalism should be maintained at all times, and the physician should not retaliate with defensive or negative comments, which will only worsen the situation.

96. A senior resident attends a medical conference. at which a table sponsored by a drug company offers free flash drives for attendees. The resident needs a new flash drive for presentations and asks a friend whether it is appropriate to take one. The friend responds, "I think it is okay. It is not an expensive item and it won't affect how you prescribe." According to professional ethical guidelines.

Which of the following is the most appropriate course of action?

a. Do not take the flash drive as it is unethical to accept any gifts from pharmaceutical companies
b. Do not take the flash drive as only small gifts that directly benefit patients are acceptable
c. Take the flash drive as the gift costs less than $50, which is acceptable
d. Take the flash drive as this gift will not influence patient care
e. Take the flash drive, but only for personal and not professional use.

Answer: (b) Do not take the flash drive as only small gifts that directly benefit patients are acceptable

Comment: Physicians should exercise caution when accepting gifts from external parties, such as pharmaceutical and medical device companies, that have a direct interest in a medical practice. These gifts can influence a physician's prescriptions or practices, even on a subconscious level.

To safeguard patients and preserve the reputation of doctors, the American Medical Association (AMA) guidelines (Opinion 8.061 - Gifts to Physicians from Industry) suggest accepting nonmonetary gifts from interested parties only if the gifts directly benefit patient care and are of small monetary value (eg. unbiased educational materials, drug samples). No gifts of cash or high value, or with implied reciprocity, should be accepted. The flash drive, although not of high monetary value (Choice C), does not directly benefit patient care and should not be accepted.

97. **An unconscious 42-year-old man is brought to the emergency department by ambulance after sustaining a gunshot wound to the chest during an attempted robbery at a convenience store. He is bleeding profusely. The patient is minimally responsive to pain and is unable to provide any history. The ambulance record indicates that his initial blood pressure was 120/70 mm Hg, pulse was 95/min, and respirations were 16/min. The patient's current blood pressure is 70/40 mm Hg, pulse is 130/min, and respirations are 28/min. He has an open gunshot wound in the chest and an exit wound in the back. Intravenous fluids and vasopressors are started, and a blood transfusion is ordered. The patient's fiance arrives and states that he should not receive a blood transfusion because he is a devout Jehovah's Witness. No evidence is found in the medical chart of advance directives or a living will documenting the patient's wishes and examination of his belongings show no blood refusal card.**

Which of the following is the most appropriate next step in management of this patient?

a. Administer high-dose erythropoietin and intravenous iron to stabilize blood loss
b. Continue intravenous fluids and consult the hospital ethics committee
c. Obtain a court order for approval to administer the blood transfusion
d. Proceed with the blood transfusion
e. Withhold the blood transfusioh because of the patient's religious beliefs

Answer: (d) Proceed with the blood transfusion

Comment: This patient is a presumed Jehovah's Witness who presents with hemorrhagic shock and is likely to benefit from a transfusion that could prevent exsanguination. Because the patient lacks decision-making capacity, providers should determine if he has completed an advance directive that can guide treatment decisions. Most Jehovah's Witnesses carry advance directive cards that explicitly document the individual's refusal of a blood transfusion. In the case of adult patients, courts have consistently supported the right to refuse blood on religious grounds.
In this case, no advance directive card is provided and delay in treatment could place the patient in serious harm. The Health Care Consent Act has been applied to Jehovah's Witnesses to allow transfusion to preserve a patient's life in an emergency when no blood refusal card is present. The patient's fiance is not a legal next of kin and cannot serve as a substituted decision-maker (Choice E).

98. A 28-year-old married woman who works with you in the clinic as a nurse privately comes to you because she "missed a period" this month. An over-the-counter urine pregnancy test confirms that she is pregnant. First-trimester laboratory testing reveals that she is also HIV positive. When you inform the patient of her HIV status, she is devastated. She hesitantly reveals that she had unprotected sexual intercourse with a former boyfriend several months ago. You explain that her husband's HIV status must be evaluated. The patient is horrified and says "No, I cannot tell him about this. He would never forgive me!"

Which of the following is the most appropriate first step?

a. Immediately inform the local health department
b. Immediately inform the local health department and the patient's husband
c. Assure the patient that her condition will be kept absolutely confidential
d. Encourage the patient to tell her husband but tell her that you are required to inform the local health department
e. Tell the patient that she cannot expect your medical or moral support if she does not tell her husband

Answer: (d) Encourage the patient to tell her husband but tell her that you are required to inform the local health department

Comment: This patient presents with a HIV-positive test and wishes not to discuss her results with her husband. The Health Insurance Portability and Accountability Act allows patient information to be confidential, but reporting of diseases that are viewed as public health risks (e.g., HIV and tuberculosis) is required by public health departments. This patient's HIV is potentially detrimental to the health and welfare of her husband and any other sexual partners she might have had in the past. Therefore, it is important that the individuals at risk also be notified. The health department (and not the physician) typically makes contact with all of the patient's sexual partners and informs them of being at risk for the disease, without giving any identifying information about the partner who placed them at risk.

However, the most appropriate initial step is to encourage this patient to inform her husband of her diagnosis. Often, patients who have just received devastating news need some time to absorb the impact before they feel prepared to inform their loved ones. If this patient persists in refusing to disclose her HIV status to her husband, she should be told that the physician is required to report the result to the local health department. They will eventually contact her husband about being at risk for HIV, without giving any identifying information about the person who placed him at risk.

99. A 16-year-old girl is brought to the physician for evaluation of "moodiness." Her parents are concerned that she has been crying frequently since her boyfriend ended their relationship last month. The girl has been going to her bedroom after school and refusing to speak to her parents about the breakup. She has no history of medical or psychiatric problems. Her father hunts for sport and keeps multiple rifles in the basement. Growth parameters and vital signs are normal. Examination shows a cooperative girl with flat affect and lacerations on her wrist.

Which of the following is the most effective method of preventing firearm injury in a patient with suicidal gestures?

a. Remove all firearms from the home
b. Store loaded firearms in a locked container
c. Store unloaded firearms and ammunition in separate, locked containers
d. Store unloaded firearms and ammunition in the parents' bedroom
e. Store unloaded firearms and ammunition in the same locked container

Answer: (a) Remove all firearms from the home

Comment:

Firearm injury	
Risk factors	• Male adolescent • Behavior or psychiatric problems • Impulsive, violent, or criminal behavior • Low socioeconomic status
Prevention	• Remove all firearms from the home • Store firearms unloaded • Lock firearms & ammunition in separate containers

Firearm-related injuries and death are extremely common in the United States. Firearms are responsible for suicides and most homicides. Almost all morbidity and mortality from firearms results from access to firearms in the perpetrator's home or that of a relative or friend. In addition, unintentional injuries to children are most likely to occur when they are left unsupervised in a home with loaded guns.

This patient's behavior change and evidence of skin-cutting is concerning for suicidal ideation. The single most effective approach to preventing firearm injuries and death is removing firearms from the home. If this approach is unfeasible or unacceptable, the patient's family should be educated on proper firearm storage. The safest storage strategy is to lock unloaded firearms and ammunition in separate containers.

100. A 16-year-old girl is brought to the emergency department by her 18-year-old boyfriend due to nausea, vomiting, and severe pain in her lower right quadrant. She also complains of some anorexia. The patient has had these symptoms for almost 12 hours. Her last menstrual period was 2 weeks ago, and she has not been sexually active in the past 2 weeks. Her temperature is 38.1° C (100.6° F), blood pressure is 110/70 mm Hg, pulse is 88/min, and respirations are 12/min. Examination shows diffuse discomfort in her abdomen that is increased in the right lower quadrant without guarding or rebound tenderness. Pregnancy test, workup for sexually transmitted diseases, and pelvic examination are negative. Abdominal and pelvic computed tomography scans show nonspecific inflammation in the area of the appendix but are not definitive for appendicitis. The patient's condition remains stable with improved pain control. However, it is recommended that she be admitted to the hospital for further observation, with consideration for possible exploratory laparotomy in the next 24 hours if she worsens. This is discussed with the patient and her boyfriend. The physician inquires about obtaining consent for further medical care. The patient says that she lives with her parents but does not want them called as "they would find out I've been spending time with my boyfriend, and they don't approve of him."

Who is the appropriate person to sign the consent form for admission and further medical care?

a. Parent of the adult boyfriend
b. Patient
c. Patient's adult boyfriend
d. Patient's parent
e. Physician in the emergency department

Answer: (d) Patient's parent

Comment: This patient is considered to be an unemancipated minor and her condition is stable (as opposed to an emergency). It is therefore necessary for a parent to provide consent.

Circumstances in which minors do not require consent	
Medical Circumstances	• Emergency care • Sexually transmitted infections • Substance abuse (most states) • Prenatal care (most states)
Emancipated minor	• Homeless • Parent • Married • Military • Financially independent • High school graduate

Minors in all states may be given emergency care without consent if obtaining consent would delay treatment, but the parents or legal guardians must be notified as soon as possible. Laws may vary by state regarding minors in some situations. Many states also allow minors to consent without parental notification for contraceptive services, sexually transmitted disease care, prenatal care, mental health services, and substance abuse.

Minors who are parents may consent for treatment involving their own minor children.

This patient may have the computed tomography scan without consent as it is part of the emergency care required to make a diagnosis and determine the need for surgery. However, she does not need emergency surgery and will be admitted and observed, with the possibility of surgery in the future. Her parents or legal guardians should be notified and are required to give consent for further medical care.

101. A middle-aged married couple brings their 1 0-year-old daughter to the pediatrician because "she is too tired to play nowadays and sleeps all the time." The parents say that their daughter becomes winded with minimal exertion. For the past 2 weeks, the girl's gums have bled when she brushes her teeth. Physical examination demonstrates pallor and hepatosplenomegaly. An extensive workup indicates that she is suffering from acute lymphoblastic leukemia, and the parents are informed that chemotherapy will be necessary. They firmly refuse to comply with this treatment plan, however, due to their belief that the side effects will be too severe and her quality of life will be poor. Despite a lengthy discussion about the benefits of treatment and the likely consequences if therapy is withheld, the parents insist on taking the girl home.

Which of the following is the most appropriate next step?

a. Comply with the parents' wishes
b. Obtain a court order for chemotherapy
c. Proceed with the chemotherapy
d. Provide supportive treatment only
e. Transfer care to a pediatrician willing to provide supportive treatment only

Answer: (b) Obtain a court order for chemotherapy

Comment: Although parents generally have the right to make medical decisions for their minor children, courts in the United States have ruled that parents are not allowed to refuse life-saving treatment for a child, including refusal for religious reasons. In this case, the parents are refusing a well-established and proven life-saving treatment for their child. Current treatments of acute lymphoblastic leukemia have resulted in a survival rate of over 80%. Without treatment, acute lymphoblastic leukemia commonly results in death. The pediatrician should continue to engage the parents, explaining the benefits of treatment and the consequences of withholding diagnostic tests and chemotherapy. The hospital ethics committee, social services, and hospital risk management can also assist.

In some cases, this multidisciplinary approach will enable parents to overcome their fears and consent to the proposed treatment. However, if the parents continue to refuse life-saving treatment, the physician should seek a court order to proceed with the necessary intervention.

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