

*Answer Sheet:
Exam 2002*

- 1) d. The least vulnerable child should be used.
- 2) e. The possibility of parole makes his situation inherently coercive.
- 3) b. Research participants should be informed of significant new findings.
- 4) a. You need to explore her reasons. Some, such as fear of pain, may be “treatable.”
- 5) c. The family’s reasons may bear on the decision.
- 6) d. There are many “prices” one pays for reporting without warning.
- 7) a. There are reasons to know and to not know.
- 8) d. Gains of any approach may involve significant losses.
- 9) c. Treating civilians according to their needs may be treating them as ends in themselves and not primarily as means to the military’s ends.
- 10) b. Doing otherwise exploits those patients’ vulnerability.
- 11) d. His decision should be an informed one, if possible.
- 12) b. Dying patients, especially, need support.
- 13) c. The mother gave substitute consent and can change it at any time.
- 14) b. The decision should be made on the basis of the best guess on what individually, he would want and what would be best for him.
- 15) b. Motivations are complex: Over-simplified interpretations lead to erroneous results.
- 16) a. It is unclear whether he is asking not to be told. This question may help.
- 17) c. This research exploits those infants’ poor circumstances. For this reason, this institution no longer exists.
- 18) b. The patient can change her mind. There is no place for “slow” codes. They are now illegal.
- 19) e. Children warrant greatest protection due to their greater vulnerability.

- 20) a. Maximizing all infants' chances runs a greater risk that more will have problems.
- 21) d. The serviceperson, if surviving return to combat, should have less survivor guilt.
- 22) a. All patients should be asked this.
- 23) d. This would violate equity.
- 24) d. Attempts at conversion are inappropriate. See the Sulmasy article in the reading.
- 25) d. The patient has regarded herself and should be regarded as a woman.
- 26) d. Patients should be informed of significant options. The "Gag" rule which permitted non-disclosure is now illegal.
- 27) d. In ethics as in evidence-based medicine, anecdotal data can be misleading.
- 28) e. This is why parents are allowed to decide whether some infants, terribly ill, will or will not receive life-preserving treatment.
- 29) a. Doctors should validate what is right about what patients and families say, before they give other views, if they do.
- 30) e. Effects on others should always be considered.
- 31) e. Doctors must delegate rationing decisions or they lose their role as patient advocates.
- 32) e. Always inform of standard treatment, research protocols-if there are any, and no treatment or palliative treatment such as hospice care.
- 33) e. For this reason, physicians should not ask their own patients to participate in their studies.
- 34) b. Otherwise, the physician must "abandon" the patient at a time of great need.
- 35) a. Researchers have exceptional incentive for their research to succeed. They are thus not as "free" to decide.
- 36) a. The question is should you as a careprovider raise this option so patients can feel more free to discuss such concerns with you.
- 37) c. Patients at any age may want to go overseas. Doctors cannot necessarily glean patients' response accurately even after years.

- 38) a. When the decision what to do cannot be resolved, the question should change to who should decide.
- 39) d. Doctors should help patients obtain optimal care whenever possible.
- 40) c. The key is to ask patients questions related to their particular conditions and note this in the chart.
- 41) d. The same ethical principle is violated when soldiers volunteer repeatedly to be subjects in risky research.
- 42) c. This statement of the patient's general values can be a legally valid ground for deciding what to do later on.
- 43) a. The use of cases is adjunctive to the use of principles.
- 44) a. Dr. Pellegrino holds that when one says, "I am a doctor," she says, "I promise to give you the care you need when you are vulnerable due to illness."
- 45) c. Dr. Pellegrino says that virtue is doing what you think is right even when no one else knows about it.
- 46) d. In addition, social factors are unequal.
- 47) d. A big ethical problem here is justice between genders.
- 48) d. A solution the wife and parents can accept may be the best outcome, especially, for example, if the patient has children.
- 49) b. Even if incompetent, the surgery can be done legally on an emergency basis.
- 50) c. Most terminally ill patients sometimes feel they want to die. Allowing them to discuss this helps and often helps reduce their desire to die.
- 51) a. A patient with terminal illness and depression should be treated for depression. This, ideally, may mean starting with a psychostimulant, while waiting for an antidepressant that takes longer to have a beneficial effect to "work."
- 52) b. The idea is not to "cleanse" the gene pool of "undesirable" genes.
- 53) a. The careprovider should not withhold potentially beneficial information.

- 54) e. Disutilitarian choices or choices that violate the principle of utility (or getting the most from “the dollar”) are not only justifiable but are sometimes ethically optimal because they fulfill the principle of justice according to need (to the worst off) and, also, afford such persons dignity as human beings.
- 55) b. Giving permission in this may be helpful, but, at the same time, it risks suggesting to vulnerable patients that they should allow themselves to die.
- 56) a. There are some instances in which careproviders routinely violate the law, like driving 56 mph in a 55 mph zone. This is one of them.
- 57) e. Competing with the value of utility is equity or treating both infants equally and the prior implicit promise to the family that the careprovider will not “oust” their infant if one with a better prognosis came along.
- 58) d. Thus, careful measures should be carried out to enable servicepersons to volunteer “freely.”
- 59) a. A “Rawlsian” analysis, in contrast, would allow the rich to get richer if the worst off get any better off.
- 60) e. The patient does not give up the “right” to not be treated by a student when he or she enters the teaching hospital.
- 61) e. This anecdote exemplifies the subtle knowledge careproviders can gain from talking with patients and their families.
- 62) e. Patients with terminal illness often have less painful feelings of starvation than persons without terminal illness would... If they do, they can have sedation or the situation can be reserved.
- 63) a. Nutrition and hydration, once considered more like “caring,” are now considered more like artificial ventilation.
- 64) c. The parents may love their child and have, say, a religious view, to abide by what they believe God declares. You can, of course, oppose them with or without going to court.
- 65) c. There is no ethical or legal excuse for not relieving pain.
- 66) c. Opening up the “flood gates” is, of course, the overriding concern here.
- 67) b. Truth serum is invasive of the body and mind and is universally ethically and legally proscribed and condemned.

- 68) a. Doctors can always follow their own moral beliefs but there may be other obligations that then must go with this.
- 69) d. Patients may give valid reasons for wanting both a DNR order and ICU admission and should be offered the opportunity to rescind the order if and when these two options are mutually exclusive.
- 70) c. As the first session showed, parents can love children with severe problems.
- 71) a. Such patients are vulnerable to false hope. Thus, the protections.
- 72) b. Servicepersons agree also to wear helmets and civilian experts should be consulted also to reduce possible inadvertent bias.
- 73) c. There is an important distinction. We all will age. We all will not become a different race or gender.
- 74) d. This was the initial reason contact tracing was not carried out for HIV infection as it is for syphilis.
- 75) c. The principle of consistency holds that if the morally relevant factors are the same the decision should be consistent or something is wrong.
- 76) b. Deontological values are based on how we should treat others, regardless of the consequences.
- 77) b. Since greater benefits will mean more benefit, this may change the burden/benefit ratio.
- 78) b. While what parents anticipate may be wrong, their capacities must not be underestimated.
- 79) d. Doctors should ask about feelings and meaning early on and commend and inquire when patients show strong reactions.
- 80) c. Doctors showing of feelings, even crying, can and has been profoundly moving and beneficial for patients.
- 81) c. This avoids inadvertent bias.
- 82) c. Doctors having the skills to help such patients find meaning is, therefore, essential, though not a ground for keeping them alive over and against their objection.
- 83) e. By law, patients should be offered the opportunity to indicate their preferences but their refusals should be respected.

- 84) c. Asking about fears and concerns is always important.
- 85) b. At some point, one person's life should be deemed equal to another's and the principle of justice should (and does) prevail.
- 86) c. Avoiding a charade makes a strong case for trying to convince families to tell patients the truth.
- 87) a. The military doctor is following military medical triage principles.
- 88) c. After giving stressful information, always give the opportunity to discuss it.
- 89) a. Doctors should do all they can, however, to insure that patients take time to discern their genuine desire.
- 90) d. All patients also should be asked if they have already done so.
- 91) a. Thus, ask early on what concerns patients most.
- 92) a. USUHS may soon have a policy on this to assist students in carrying this out.
- 93) c. He says that when the doc says 'Can I help,' this is an implicit promise to understand the patient's vulnerability and thus place his/her interest first.
- 94) b. But most patients, openly informed, will let students "practice" on them.
- 95) b. For all these reasons, rationing on the basis of social worth doesn't fly. Those tasked with making these judgements initially when kidney diagnosis first became available often became emotionally distraught.
- 96) c. Since, in practice, discrimination has occurred, whether involuntary hospitalization should be carried out is open to question.
- 97) a. Not only may harm not be likely. The baby may be greatly loved despite being conceived for this purpose.
- 98) b. That persons may feel worse is counter-intuitive, this illustrating the need to obtain real data. This may be due to survivor guilt.
- 99) e. There are strong values supporting opposing arguments here. Thus, internationally, this issue is an controversial as it is.
- 100) c. Treating partners for grief is an example of the innumerable ways careproviders being imaginative can enhance patients' care.