

**ETHICAL, LEGAL, AND SOCIAL ASPECTS OF MEDICAL CARE  
MULTIPLE CHOICE EXAMINATION  
November 2002**

*Please give the **ONE BEST** answer:*

1. **You are living several years ago at a time when polio vaccine is first being developed. Suppose that the vaccine may prevent polio but also may possibly cause it. Assuming some children should be subjects, which children should be the experimental subjects?**
  - a) Mentally retarded children.
  - b) Children in institutions because of severe physical handicaps.
  - c) Children who have a terminal illness.
  - d) Healthy children whose parents are physicians.
  - e) Children in developing nations.
  
2. **An experiment is proposed which would subject a man convicted of rape to electric shocks when he has penile erections in response to slides showing rape scenes. The prisoner consents.**
  - a) This consent should be all that matters.
  - b) The prisoner should be forced to undergo these shocks as a punishment.
  - c) The experiment is unethical because the electric shocks are painful.
  - d) The fact that he could benefit is what matters.
  - e) His situation is inherently coercive.

3. **An experiment is begun testing an antihypertensive agent against placebo in hypertensive patients. After three years, the experimental group has had no complications and the control group, two deaths (1 MI and 1 stroke). The results are not statistically significant.**
- a) The study should be carried out in a developing country.
  - b) The participants should be informed of these results and allowed to drop out.
  - c) The study should be continued without informing any subjects.
  - d) The study should be continued, but only for the experimental group.
  - e) The study should be continued for only the control group.
4. **A 40 year old woman has a pap smear taken. She says that if she has cancer, she will kill herself. The lab reports "anaplasia... probable carcinoma". What do you do?**
- a) Ask her why she will kill herself.
  - b) Tell her that she has cervical anaplasia, omitting the fact that she may have cancer.
  - c) Tell her that she probably has cancer and will die without treatment.
  - d) Call a psychiatrist.
  - e) Tell her that cancer sometimes is curable.

5. **Suppose that a family takes a doctor aside and tells her not to inform a patient that she has terminal cancer.**
- a) Respect their request.
  - b) Tell the patient she has cancer regardless of their request.
  - c) Ask them why they are making this request.
  - d) Call in a psychiatrist.
  - e) Ask them if this is the practice in their culture or merely their personal view.
6. **A new regulation requires all military officers to report soldiers they know to be using marijuana. Upon taking a drug history from a soldier with a cold he reports that he smokes marijuana on weekends. The strongest argument(s) for NOT reporting him is (are):**
- a) He may be relying on your confidentiality as a physician when responding to your questions.
  - b) He may know of other military physicians who have violated this regulation and not reported soldiers.
  - c) If you report him, he may tell others who will be less likely to come to military doctors and more likely to withhold information if they do.
  - d) All the above arguments.
  - e) One of the above arguments.

7. **A new regulation requires all military officers to report soldiers they know to be using marijuana. Upon taking a drug history from a soldier with a cold he reports that he smokes marijuana on weekends. What is (are) the strongest argument(s) for reporting him?**
- a) Your upholding military regulations supports their authority.
  - ~~b)~~ The soldier has reason to know that in the military he is not allowed to use marijuana and if he does not know this, he deserves to be punished.
  - c) The soldier has reason to know that in the military the doctor/patient relationship lacks confidentiality.
  - d) All of the above.
  - e) None of the above.
8. **You decide the next time under similar circumstances to forewarn the soldier that while you will take a drug history, anything he tells you, you may report.**
- a) You are respecting him as a person by taking the initiative to insure he is informed at a time he is vulnerable due to his illness.
  - b) The drug history you take will be optimally useful in arriving at a differential diagnosis.
  - c) You are putting him and other soldiers on notice that you cannot be trusted.
  - d) All of the above.
  - e) None of the above.

9. **The U.S. is fighting a war on foreign soil. You, a military physician, are asked to run a ward clinic to treat civilians. You are asked to give priority to procedures which will be most dramatic and gain political support such as plastic surgery. You should**
- a) Refuse to carry out this duty.
  - b) Carry out this duty.
  - c) Treat civilians but give total priority to these civilians' medical needs according to their urgency as you see them.
  - d) Do a few procedures such as plastic surgery but use most resources to treat other problems, such as malnutrition and infections.
  - e) Treat patients for tuberculosis for the short term even if you know this will be ineffective.
10. **In the same situation as the last case, you now find that civilians are being offered treatment only on the condition that they participate in interviews designed to obtain valuable military information. You should.**
- a) Carry out treatment as asked.
  - b) Treat patients only if this condition is removed.
  - c) Treat patients only on the condition that patients be given a choice of being interviewed or not being interviewed.
  - d) Treat patients only on the condition that neutral observers be present during interviews to ensure that patients do not give information unwillingly.
  - e) Use truth serum involuntarily on patients who will not give information.

11. **A 65 year old retired sergeant is dying of lung cancer. He should live no more than two months at most. He wishes a resuscitation attempt be undertaken if he has a cardiac arrest. As his physician, you**
- a) Persuade him that since he is dying and will occupy a bed, he should agree to resuscitation not being attempted.
  - b) Describe in detail the tubes likely to be in him and the suffering he may experience if he resuscitated.
  - c) Accept his decision.
  - d) Accept his decision so long as he understands that his condition is terminal and may deteriorate.
  - e) Request a psychiatry consult.
12. **A forty year old patient has terminal cancer. The standard treatments have failed and the patient has experienced many disturbing side effects from previously attempted chemotherapies. She asks what she should do.**
- a) The physician should refuse to give her advice and inform her that this is her choice.
  - b) The physician should ask what she fears most and reassure her that he will do all he can to see that she does not die alone or in pain.
  - c) The physician should encourage her to continue therapy because a cure may be discovered tomorrow.
  - d) The physician should tell her that she should continue therapy because the sanctity of her life supersedes other values.
  - e) The physician should suggest she enter a protocol on which she is the principal investigator.

**13. A mother has given consent that her 3-year-old son who is dying of cancer not be resuscitated and a no-code order has been written. While the mother is standing over her son with the nurse present, he arrests. The mother shouts, "Save him, please!" The nurse should:**

- a) Console the mother while her son dies.
- b) Attempt resuscitation but not call a resuscitation team.
- c) Attempt resuscitation and call for a resuscitation team.
- d) Take the boy's pulse and inform the mother that his pulse is not returning.
- e) Ask the mother why she changed her mind.

**14. A 64 year old severely mentally retarded man has cancer and requires chemotherapy which may cause severe adverse effects such as nausea and vomiting.**

- a) The chemotherapy should be given because his life is sacred.
- b) Someone should decide for him because he will suffer additional mental anguish because he will not understand what he is experiencing.
- c) The chemotherapy should be given because an average reasonable patient would want it.
- d) The chemotherapy should not be given because it will cause him adverse effects.
- e) The chemotherapy should not be given because he is retarded.

15. **A 90 year old woman who is mentally incompetent is fed by a gastrostomy tube in her abdomen. She pulls it out. Surgery is necessary to replace it.**
- a) Surgery should be undertaken because an average reasonable patient would want to stay alive.
  - b) The meaning of this patient's pulling out her tube is open to interpretation. Her genuine desire may be undiscoverable in this instance.
  - c) Surgery should not be undertaken because this individual patient, having pulled out her tube, wants to die.
  - d) Surgery should not be undertaken because this individual patient, having pulled out her tube, made a statement about how she wants to live.
  - e) Surgery should not be done because she is mentally incompetent.
16. **A 70 year old retired soldier comes to Walter Reed because of terminal cancer. He says that he knows he is losing weight but he has been attempting to diet. He states that there is no possibility he's dying. What do you do?**
- a) Ask him if he were dying from cancer would he want to know.
  - b) Tell him he is dying from cancer.
  - c) Comment that if he mentions cancer, he must suspect that he has cancer.
  - d) Change the subject and offer emotional support
  - e) Ask him why at 70 he wants to die.

**17. Hundreds of retarded children are institutionalized in Willowbrooke, N.Y. Research is proposed which would give some of these children hepatitis, artificially. This experiment:**

- a) Would be justified if the children would be likely to develop more serious hepatitis without this opportunity.
- b) Would be justified if those who are experimental subjects are given better housing.
- c) Exploits these experimental subjects' vulnerability.
- d) Is justified because those who will eventually benefit include other retarded children.
- e) Is justified because these children are retarded.

**18. The patient, an 84 year old woman, has terminal cancer, is incompetent, and a no-code order has been written. She has severe respiratory disease. She begins to cough from excess secretions and begins to suffocate. The nurse:**

- a) Should not suction the patient because a no-code order has been written.
- b) Should suction the patient as vigorously as possible.
- c) Should suction but not vigorously.
- d) Should call the physician who wrote the order for clarification.
- e) Should suction slowly so that the patient can die as she requested.

19. **After a child is born with sickle cell trait, both parents are tested to discern if either has the trait, because if both do, a future child could have sickle cell disease and prophylactic penicillin could be beneficial. The mother asks that her husband not be told if he is not the biological father of the child. The argument which best supports non-disclosure of paternity is?**
- a) Showing compassion for the mother.
  - b) Respect for the father's autonomy.
  - c) Avoiding stress to the patient's careprovider.
  - d) Protecting the integrity of the medical profession.
  - e) The child's welfare.
20. **An infant is born with extremely low birth weight.**
- a) How careproviders respond may depend on whether society gives priority to the possibility of normal life for an individual patient or to avoiding problems in many.
  - b) The infant should be kept alive indefinitely even if it has a poor statistical prognosis.
  - c) The infant should be allowed to die since infants who may do poorly merit most consideration.
  - d) If the infant survives, it will have little likelihood of having increased mental and physical defects.
  - e) Careproviders should decide what to do (give full treatment or allow the infant to die) on the basis of their individual moral conscience.

**21. When psychiatrists treat servicepersons for combat fatigue, which of the following is true?**

- a) The psychiatrist should give priority to protecting the patient from dying during combat.
- b) The serviceperson should be kept awake.
- c) If relieved from combat, the serviceperson is less likely to have permanent emotional problems due to survivor guilt.
- d) The serviceperson should expect to return to combat.
- e) The serviceperson should be given fluid but no food.

**22. If a patient has AIDS and is imminently dying, the patient:**

- a) Should be asked the conditions under which he or she would like to die.
- b) Should be told that a miracle drug may become available tomorrow.
- c) Should not discuss death because this may be depressing.
- d) Should not be asked about a do-not-resuscitate order because this may be depressing.
- e) Should be asked about a do-not-resuscitate order only if relatives concur.

**23. Great sums of money are not given to research subjects because:**

- a) Little money is available for research.
- b) This would attract persons wanting money and skew the results.
- c) Researchers would use animals instead of humans.
- d) This would exploit the poor.
- e) Too few researchers would get grants.

**24. A physician initiates discussion of religion in the hope of converting a patient to the physician's religious beliefs. Which of the following statements is true?**

- a) This represents optimal care.
- b) Most patients would find it easy to object.
- c) There is an ethical consensus that this is an appropriate expression of the physician's moral conscience.
- d) The physician is exploiting the patient's vulnerable situation.
- e) This is recommended practice by the medical profession.

25. It is discovered on physical workup that a 23 year old patient has testicular feminization and XY chromosomes. Which of the following statements is true?
- a) This patient will be able to have a child.
  - b) Telling this patient that she has XY chromosomes will not upset her.
  - c) She will be hyper aggressive.
  - d) The patient should be addressed as a woman in conversation.
  - e) She is more likely to be a criminal.
26. A pediatric patient requires cardiovascular surgery. The child is seen by a surgeon in a rural hospital whose success in treating this condition is substantially less than that of another physician at an urban hospital (at which this surgery is performed much more frequently). Which of the following statements is NOT true?
- a) A physician's lower success rate could be because more difficult patients are referred to this physician.
  - b) Respecting the parents' autonomy would require that the physician inform the parents of the difference in success rates.
  - c) If the parents cannot seek care for their child at the urban hospital and the physician informs them of the urban physician's higher success rate, this will increase the parents' emotional pain.
  - d) The parents should not be told of this difference so that the physician can continue to do surgery.
  - e) Informing all such parents of this discrepancy could result in no more cardiovascular surgery being performed at the rural hospital.

**27. A six-week-old baby girl dies. It is discovered on autopsy that she was a baby boy.**

- a) The parents' initial response to the physician's telling them is indicative of their later reaction.
- b) The correct action depends on the judgement of the attending physician's peers.
- c) The correct action depends on the judgement of the attending physician's chairperson.
- d) Whether the infant has a sex-linked illness such as hemophilia is a morally relevant factor.
- e) The correct action can be determined by the parents' final view.

**28. A good reason for honoring families' request to withdraw life preserving treatment from a child whose situation is futile is that:**

- a) The family may dislike the child and treat it badly if it survives.
- b) The family may save money.
- c) The hospital may save money.
- d) Society may save money.
- e) The family, more than anyone else, will live with the decision.

29. **A patient is in a coma and only has a small chance of recovering. Her doctor and the family are together. Her doctors say, "Let her go." The family says, "She has a chance".**
- a) The best intervention at this time is for a doctor to say, "Yes, she does."
  - b) The doctors should "hold their ground."
  - c) The family is irrational.
  - d) This illustrates non-medical persons' ignorance.
  - e) The doctors' course should be determined by the financial status of the patients.
30. **A pregnant women tells her physician that she is using cocaine. The strongest argument against the physician taking action to commit her against her will is:**
- a) The fetus will do better at home.
  - b) This ultimately will enhance the mother's autonomy.
  - c) The doctor has not promised she would not commit her.
  - d) The patient may stop using cocaine on her own.
  - e) If other pregnant women who use cocaine learn of this physician's response, they may not come for prenatal care.

**31. An argument for doctor's rationing at the bedside is:**

- a) Doctors can maintain their role as patient advocates
- b) These decisions do not reflect physicians' idiosyncratic ethical biases.
- c) Doctors would fulfill their promise to give society's interests first priority.
- d) Doctors biases are like those of the greater society.
- e) Cost containment is necessary because society has not yet spoken.

**32. A man with painful, incurable cancer sees his doctor. She informs him about standard chemotherapy and about a research protocol with a new drug.**

- a) The patient will have unwarranted hope with the new drug.
- b) Since the patient is exceptionally vulnerable, the new drug should not be offered.
- c) Since the patient is frightened, a surrogate decision-maker should be appointed.
- d) The physician should recommend one or the other choice.
- e) The physician also should discuss the option of hospice care.

33. **When a patient's physician is the same as the one who is conducting therapeutic research**
- a) Patients will know that their physician is primarily interested in their welfare.
  - b) The physician is less likely to be aware of risks of the new drug.
  - c) There is a greater likelihood that the physician will discuss with the patient the option of receiving hospice care.
  - d) The physician faces no conflicting interests.
  - e) The physician would have a greater interest in the patient remaining in the study.
34. **A physician is opposed to turning off the respirator in a jurisdiction in which this is permissible. In such a jurisdiction, when patients are competent, have a terminal illness, and can make this request**
- a) The physician should refuse since turning off the respirator would violate the sanctity-of life principle.
  - b) The physician is legally entitled to refuse but should tell these patients the physician's position prior to placing them on a respirator so that these patients could find another doctor if they wished to do so.
  - c) The physician should ignore the physician's own moral beliefs and go along with the patient's request.
  - d) The physician should ask a nurse to turn off the respirator.
  - e) The physician should contact the hospital lawyer for advice.

- 35. Inherent coercion is least likely to be an ethical concern when experimental subjects are:**
- a) Physicians.
  - b) Researchers wanting to serve as subjects in their own research.
  - c) Prisoners.
  - d) Poor.
  - e) Servicepersons bored with peacetime duty.
- 36. A patient with terminal illness most fears leaving his offspring with no money and refuses hospitalization to save his family money.**
- a) He may be competent.
  - b) If the patient refuses hospitalization to save his family money, the family should be asked to convince him otherwise.
  - c) If the patient refuses hospitalization to save his family money, the patient is incompetent.
  - d) If the patient refuses hospitalization to save his family money, the physician should challenge this decision in court.
  - e) This view probably results from an underlying depression.

**37. A 90-year old patient comes into a clinic with kidney failure. Assume that there are insufficient funds in this country to provide kidney dialysis to him at public expense.**

- a) If the doctor tells the patient about dialysis, the patient would not want to raise funds to go abroad because of his age.
- b) If the doctor tells the patient about dialysis, the patient would not feel sad at not being able to afford treatment abroad because of his age.
- c) If the doctor does not tell the patient about dialysis, this would be "lying by omission".
- d) The doctor should base what he or she says on his or her individual moral conscience.
- e) The doctor should base what he or she says on whether he or she has known the patient for a long time since doctors can learn over time how patients will react.

**38. A woman is dying from cancer. Her son kills himself. The question arises whether she should be told. Which of the following statements is NOT true?**

- a) The key question is what to do, not who should decide.
- b) Most ethicists would say that this case requires the need to balance the values of truth telling and avoiding harm.
- c) There is a need to know this patient's religious views because they could influence how she would respond.
- d) The length of time this woman is likely to live is a factor which may affect the degree to which she is likely to be harmed.
- e) Due to how this society regards suicide, the patient is likely to respond differently if her son had been run over by a car.

- 39. An 80-year-old man with incurable cancer and lung metastases has a DNR order. He develops pneumonia and needs admission to the ICU for treatment of his pneumonia to be successful. His doctor refused because this would use up a scarce resource. Which of the following statements is correct?**
- a) The doctor is justified because if a DNR order is written, other "heroic" treatments should not be given.
  - b) If the patient wants to survive a few weeks longer for some event such as a grandchild's graduation from college, this consideration is ethically irrelevant.
  - c) The doctor is justified because he has responsibility for "gate-keeping" and thus should impose his or her value bias.
  - d) If the patient needs the ICU and it is full, the physician should consider taking initiative to find a free ICU bed in another hospital.
  - e) The doctor is justified because the patient's situation is futile.
- 40. When patients express advance directives, doctors should:**
- a) Have patients check "yes or no" answers.
  - b) Read them the living will but not frighten patients by letting them read it.
  - c) Ask patients questions related to their conditions.
  - d) Not let patients write anything in their own handwriting since it may be illegible.
  - e) Use a standard legal form to eliminate ambiguity.

41. **A soldier volunteers for a highly dangerous combat assignment repeatedly. This may be ethically problematic because**
- a) He probably is mentally ill.
  - b) He may be more courageous than others and thus may be at greater risk.
  - c) He clearly needs to punish himself.
  - d) Allowing him to take such disproportionate risk violates equity.
  - e) His fellow soldiers may envy him.
42. **You are discussing with a patient the possibility that the patient may have cancer. The patient remarks, "If I ever become incompetent, please don't keep me alive with machines". Which of the following should you do?**
- a) Write this down in the chart because it indicates that the patient has a tendency to panic.
  - b) Write this down in the chart because it is a "soft indication" that the patient is depressed.
  - c) Write this down in the chart because this comment indicates the patient's preference.
  - d) Do not write this down in the chart because the patient has not given consent.
  - e) Do not write this down in the chart because this would violate patient/doctor confidentiality.

**43. Which of the following is NOT true regarding casuistry?**

- a) It uses principles to resolve ethical dilemmas.
- b) It compares cases.
- c) It operates similarly to judge made law.
- d) It relies on principles to find equivalent cases.
- e) It challenges traditional philosophical analysis.

**44. In the view of Dr. Pellegrino, the fundamental value underlying the patient/doctor relationship is.**

- a) A promise to patients.
- b) A contract with patients like that for a new car.
- c) Treating the patient as an equal.
- d) Respecting the careprovider's integrity.
- e) Treating the patient as a friend.

45. In the view of Dr. Pellegrino, virtue is

- a) Keeping anxiety-provoking information from patients.
- b) Speaking softly with patients.
- c) Doing right at 3 a.m. when no one is watching.
- d) Doing what attendings say.
- e) Blowing the whistle on wrongdoing attendings.

46. A liver is available for transplant, and statistically, three potential recipients stand to benefit to an equivalent degree. One has a history of alcoholism. One smokes. One is obese. In deciding who should receive the liver, it is asserted that the decision should be based on who has taken most responsibility for his/her health. This argument is problematic because

- a) Alcohol is legal.
- b) Cigarettes are legal.
- c) Eating large amounts is legal.
- d) Genetic factors are unknown.
- e) There are no three-sided coins.

**47. If pregnant women were required to undergo caesarian sections for the sake of their fetus, justice might require that**

- a) Men decide when caesarian sections would be performed.
- b) Woman also submit to in utero surgery.
- c) Woman be forced to die during child birth when this is necessary to save their infants' lives.
- d) Men be required to give compatible bone marrow to their children.
- e) Pregnant women would also be prosecuted for using illegal drugs.

**48. A patient in a coma who has a terminal illness requires surgery to recover from the coma. His wife says he would not want the surgery. His parents say he would. Which statement is NOT true.**

- a) Most state laws say which substitute decision makers' views should have priority.
- b) Following the wife's view would most respect this patient's autonomy.
- c) Helping the wife and parents to come to a compromise all could accept would further the care perspective.
- d) Since the patient has terminal illness, surgery shouldn't be considered.
- e) What may be best ethically may differ from what the law requires.

49. **A patient with a rapidly deteriorating heart condition accepts cardiac surgery which is the only procedure which could result in his having a "long life." He becomes a bit confused in the ICU but when asked if he wants the surgery, still says, "Yes."**
- a) The surgery should be postponed to respect his autonomy even if as a result he is more likely to die during surgery.
  - b) The surgery may be warranted immediately if only this could preserve his life even though he is now confused.
  - c) A surrogate decision maker should be sought regardless of the time this will take.
  - d) A judge should be contacted regardless of the time this takes.
  - e) An ethics committee should be convened regardless of the time this will take.
50. **A patient is dying at home and has thought of ending it all with an overdose. The patient says he would like to discuss this.**
- a) The careprovider should say, "No way."
  - b) The careprovider should tell the patient that this is suicide.
  - c) If the careprovider allows the patient to discuss this, the likelihood of the patient's taking the overdose should decrease.
  - d) The careprovider should attempt to involuntarily commit the patient.
  - e) The careprovider should refer the patient to a group that assists patients to commit suicide.

**51. Stimulants such as ritalin**

- a) May be useful when treating patients with terminal illness who are depressed.
- b) Should not be used with patients with terminal illness because they are addictive.
- c) Should not be used with patients with terminal illness because they can induce paranoid thoughts.
- d) Should not be used with patients with terminal illness because they can precipitate mania.
- e) Should not be used with patients with terminal illness because standard, new antidepressant meds, such as prozac, "work" more quickly.

**52. Reasons for genetic screening do NOT include.**

- a) Treatment of disease.
- b) Elimination of disease from the population.
- c) Reproductive guidance.
- d) Preventing onset of the disease.
- e) Enhancing infants' welfare.

**53. A careprovider must decide which of two patients needing ICU care should be sent to the ICU. The careprovider tells one patient that the careprovider will send the patient to the ward. This action is ethically equivalent to the careprovider's:**

- a) Following the "gag rules" or withholding potentially beneficial information.
- b) Giving a patient the wrong drug.
- c) Being paternalistic.
- d) Saving society's resources.
- e) Treating an infant even though the infant cries.

**54. When deciding how to allocate resources,**

- a) A certain single principle, such as not letting die, should prevail among all others.
- b) Only utilitarian concerns should be considered.
- c) Disutilitarian choices (giving some aid to the worst off even though they will benefit less than others) should be considered.
- d) The majority will protect those worst off.
- e) The worst off are all responsible for their situation.

**55. A patient is on dialysis. Her family is devoted to her. An ethics consultant fears she does not truly know that she has “permission” to refuse dialysis. He meets her and tells her she can refuse.**

- a) Since the ethics consultant is enhancing her autonomy, there is no risk to this.
- b) The ethics consultant is enhancing her autonomy at the risk of “suggesting” that she should refuse dialysis.
- c) Her family probably wouldn’t influence her.
- d) There is no rational reason she would want to refuse dialysis.
- e) Patients on dialysis are unlikely to be vulnerable to suggestion.

**56. When treatment is medically indicated, the patient is incompetent, and the family members consent, physicians often treat the patient without going to court even though appointing a guardian is legally required because:**

- a) A family member would most likely be appointed guardian if a guardian were appointed.
- b) The doctors know what is best.
- c) The doctors consider the law untrustworthy.
- d) The doctors are afraid the court will go against them.
- e) The doctors fear that the court will seek out another family member who will sue.

**57. An 800-gram infant is born. It will survive and be normal if given neonatal intensive care. Another infant currently in the neonatal ICU will have severe mental retardation even if it survives. The value which would favor admitting the 800-gram infant to the ICU in place of the other infant is**

- a) Keeping the parents from suing.
- b) Equity.
- c) Doing what makes doctors feel comfortable
- d) The 800-gram infant should contribute more to society
- e) Utility.

**58. When military research is conducted, servicepersons:**

- a) Should be discharged from the military if they decide they do not want to continue to be in a research study.
- b) Are not in an inherently coercive situation if they volunteer for research because they are bored with peacetime duties.
- c) Are not in an inherently coercive situation if they participate in research to achieve a promotion in rank.
- d) Are often sought out in preference to civilians due to convenience.
- e) Are not in an inherently coercive situation if all their peers participate.

**59. When allocating limited resources,**

- a) Treating persons equally may mean persons worst off do worst.
- b) Utility, alone, should be considered.
- c) Values should be considered only if they can be quantified.
- d) Costs and benefits warrant greater moral weight than racial equality.
- e) Costs and benefits warrant greater moral weight than gender equality.

**60. You have performed three bone marrow aspirations under supervision and are now about to perform one on your own (on a fourth year hematology rotation). Your patient, a retired Sergeant, says "Doc, have you done lots of these?" Which of the following most respects this patient's autonomy?**

- a) Tell him that you have performed several without a hitch.
- b) Tell him that you have performed just a few but have had no difficulties.
- c) Inform him that you have performed some under supervision and are considered by the staff to be competent.
- d) Ask him if he is afraid of pain and reassure him that this fear is normal.
- e) Inform him that you have performed some under supervision and that the staff considers you competent but that if he wants a more experienced person to perform the aspiration, this is possible.

**61. The husband of a patient who was dying and in a coma thought she would want treatment discontinued but was reluctant to say so because he knew that if his wife did die, he would receive more inheritance and thus, careproviders might distrust his motivation. This anecdote suggests that:**

- a) Spouses often cannot predict a patient's true preference.
- b) The greatest stress is the loss of a spouse.
- c) When spouses are indecisive, careproviders should be willing to make decisions for patients.
- d) When spouses are indecisive, careproviders should not make decisions.
- e) Spouses may be unwilling to make decisions out of self-interest.

**62. If hydration is withheld from patients with cancer at their request:**

- a) They usually report agonizing thirst.
- b) They will die later than they will if nutrition is withheld.
- c) They are at increased risk of developing pulmonary edema.
- d) Their electrolytes should be corrected before they die.
- e) This decision can be reversed.

- 63. Which of the following statements is currently considered valid:**
- a) Competent, terminally ill patients' requests to have food and water withheld should be honored.
  - b) Once treatment, such as a respirator is started, it should not be discontinued.
  - c) A patient wanting to die should be given continuing nutrition since this is not like treatment, but like touching the patient.
  - d) Pain medication for patients with terminal illness should be limited since they may become addicted.
  - e) "Cosmetic codes" in which no real attempt at cardiovascular resuscitation is made should be an option when patients have terminal illness, because this is likely to keep the family from suffering.
- 64. A two-year-old girl with multiple organ system abnormalities is in severe pain and requires mechanical ventilation. Her parents refuse to give you a permission to relieve her pain. Which of the following statements is true?**
- a) The parents must not love their child.
  - b) You cannot attempt to go to court on the child's behalf to support your view.
  - c) If you give the child medication for relief of pain and suffering, you may be protected legally for giving analgesics over the parents' objection.
  - d) Ethically, the parents' autonomy should preclude all other considerations.
  - e) If the parents object, you should not bring the case before an ethics committee.

**65. When patients with terminal illness request relief from pain, doctors should give them sufficient pain-relieving medication to relieve their pain**

- a) Even if it is certain this would result in the patient's premature death.
- b) Unless this could result in premature death and the patient's family could bring suit.
- c) Even if this could result in premature death.
- d) Unless this would dull the patient's consciousness.
- e) Unless the patient's family disagrees.

**66. When psychiatrists treat servicepersons for combat fatigue, which of the following is true?**

- a) The psychiatrist should send the patient back to the states to maximize the likelihood of recovery.
- b) The serviceperson should be kept awake because the serviceperson may have a concussion.
- c) If relieved from combat, other servicepersons unconsciously or consciously may acquire combat fatigue to escape the risk of death.
- d) The serviceperson should have a thyroid screen.
- e) The serviceperson should be given fluid but no food since he may have a head injury and vomit and aspirate.

- 67. When military physician practicing in another country treat captured enemy soldiers,**
- a) They can treat enemy servicepersons after they treat their own soldiers for revenge.
  - b) One reason for treating enemy prisoners equally is that this alone affords them dignity as humans.
  - c) International law allows captured enemy servicepersons to be treated after one's own soldiers.
  - d) Under International law, the U.S. can withhold treatment "to make them talk."
  - e) Under International law, the U.S. can give truth serum since this causes no harm and is like getting them drunk.
- 68. A physician is opposed to turning off the respirator when this is legally permissible and a patient who is competent makes this request:**
- a) If the physician "could not live with him or herself," the physician should refer the patient to another doctor.
  - b) The physician should seek help from a psychiatrist.
  - c) The physician should ignore his or her own moral beliefs and go along with the patient's request.
  - d) The physician should attempt to persuade the patient to change his mind.
  - e) The physician should refer the patient to a psychiatrist.

**69. A no-code:**

- a) Should preclude patients from being admitted to the ICU because this and only this policy would be consistent.
- b) Requires that other life prolonging treatments be withheld as well.
- c) Should be ordered by physicians regardless of what patients want when CPR would be unlikely to be successful.
- d) Should be reversed if the patient later changes his or her mind.
- e) Should be ordered when a patient is incompetent and care is expensive.

**70. Parents' request to withdraw life preserving treatment from a child whose situation is futile is honored legally because:**

- a) Such parents may treat the child badly if it survives.
- b) Society may save money.
- c) The parents, more than anyone else, will be affected with the decision.
- d) The resources can be given to other children.
- e) Most parents cannot love children with severe problems.

- 71. When patients who are extremely sick participate in therapeutic research,**
- a) They are likely to believe that they will benefit more from the research than the medical facts would suggest.
  - b) They are less vulnerable than subjects who are healthy.
  - c) Their illness is not an inherently coercive factor.
  - d) The physician treating the patient should be the principal researcher, if possible.
  - e) The patient would be better off entering a protocol.
- 72. Servicepersons may be exposed to biological and chemical warfare, the identity of which is not known. Protective compounds cannot be fully tested against these agents. If these agents are used without servicepersons' consent,**
- a) Servicepersons' autonomy is protected.
  - b) Servicepersons have agreed to necessary limitations in their autonomy when necessary for the good of the military mission.
  - c) The military is doing this because the military is interested in research.
  - d) The military should not keep records so that this is not perceived as research.
  - e) There is no need for civilian consultation on the benefit/burden ratio.

73. Which of the following statements concerning allocation of limited resources to the elderly is true:

- a) Discrimination against elderly persons exists if the criterion for allocating resources is patients' having the opportunity to live to old age.
- b) Discrimination against elderly persons is ethically indistinguishable from discrimination against racial groups.
- c) Policies that would justify discrimination against the elderly because "we all age" may be invalid because technological advances affecting on generation differ from one generation to the next.
- d) Discrimination against the elderly is justified since they use up more resources.
- e) Discrimination against the elderly is justified since they contribute less to society.

74. Which of the following arguments opposes informing the sexual partners of patients with HIV when these patients will not inform their partners themselves?

- a) Pregnant partners who become infected may transmit HIV to their fetus.
- b) Partners not infected can insist on using condoms.
- c) Partners receiving this information can avoid infecting others.
- d) Patients who knew that their partners would be informed might not go for testing.
- e) Even if partners are already infected, they would not seek treatment earlier.

**75. The two examples of (1) an infant born with Down's syndrome and intestinal atresia and (2) persons from Mars with an I.Q. of 200 taking over persons on earth illustrate:**

- a) The principle of distributive justice.
- b) The principle of respect for persons.
- c) The principle of consistency.
- d) The principle of doing good.
- e) The principle of avoiding harm.

**76. An example of a consequential value is:**

- a) Telling the truth.
- b) Avoiding harm.
- c) Keeping a promise.
- d) Giving information.
- e) Treating persons equally.

**77. A toddler has a genetic variety of “Lou Gehrig’s Disease” and is becoming progressively paralyzed from the waist up. She will soon need to be on a respirator that will never be able to be withdrawn. The decision must be made whether to start a respirator in the future when she will need it.**

- a) Experts cannot help in determining the toddler’s likely benefits and burdens.
- b) The argument is stronger to start the respirator if the bonds between the parents and toddler are greater.
- c) This benefit/burden ration should have less moral weight than it would with an incompetent adult who had previously been competent and expressed a preference.
- d) The respirator should be given regardless of the burdens.
- e) The respirator should not be started since it is futile.

**78. A mother is deciding whether to abort a fetus that has severe problems and very likely will die. She says that even if it could not ever move its arms or legs or talk, she would want it so long as it in some way could “relate.”**

- a) Her self assessment is unrealistic.
- b) Many parents may gain immense gratification from raising such children.
- c) She should not be given this choice.
- d) The decision should be based on whether the family can afford help.
- e) A psychiatrist should be consulted.

**79. When taking a history from patients, careproviders should NOT:**

- a) Notice what patients are feeling.
- b) Ask patients having a strong feeling to describe it.
- c) Ask patients what their having an illness means to them.
- d) Tell them that they are immoral if the doctor believes this.
- e) Sit if the patient is sitting.

**80. When taking a patient's history,**

- a) Care providers should never let on that they don't know a medical fact.
- b) Careproviders should not cry.
- c) Careproviders should allow themselves to "wince" spontaneously if something the patient says evokes their pain, as that their child was killed.
- d) Careproviders should not take action when patients are seriously wronged.
- e) Careproviders should interrupt patients if they speak about concerns not directly related to their medical problem.

**81. When giving statistics, such as a patient's chance of living or dying if having surgery**

- a) Tell only the likelihood of living.
- b) Tell only likelihood of dying.
- c) Tell the likelihood of both living and dying.
- d) Tell only the likelihood of living if the patient appears depressed.
- e) Tell only the likelihood of dying if the patient is denying death.

**82. Patients with terminal illness**

- a) Rarely respond to antidepressants.
- b) Should be depressed because they are terminally ill.
- c) May find more meaning in their last days than in any other days of their lives.
- d) Should be informed if they are not progressing through the stages of dying.
- e) Should be referred to a physician or organization who will help them die when they first express this wish.

**83. When asking patients about advance directives, doctors should NOT:**

- a) Tailor patients' specific wishes to their unique situations.
- b) Ask patients who show an emotional response about their associations.
- c) Ask patients who show an emotional response about their feelings.
- d) Ask them more about specific choices as they become more seriously ill.
- e) Insist they indicate their preferences if they do not want to.

**84. Patients facing surgery for cancer:**

- a) Should be told that they should feel good since surgery is superior to what it was years ago.
- b) Should be told that they should feel good since it is less mutilating than it was years ago.
- c) Should be encouraged to express their fears.
- d) Should be told that if they lose hair, it will grow.
- e) Should be told that if they lose hair, no one will know if they wear a wig.

**85. As resources diminish:**

- a) Deserving patients should have first choice.
- b) Access to resources should be randomized.
- c) Who have money should count most.
- d) These who can contribute most to society should have first choice.
- e) The principle of utility should continue to be used exclusively.

**86. If physicians agree to family requests that patients not be told that they are dying:**

- a) Physicians will respect such patients' autonomy.
- b) Physicians will fulfill an implied promise to their patients.
- c) The family will carry on a charade.
- d) The patient will feel as close as possible to the family because the patient lacks this information.
- e) The family will find it easier to grieve the patient's death.

**87. When military physicians treat servicepersons during combat so that they can return to the battlefield, which of the following is true?**

- a) They may be providing a link in the chain of events which results in some servicepersons' deaths.
- b) The military is putting the servicepersons' interests first.
- c) They are acting inconsistently with these servicepersons' prior expectations.
- d) The military physician is usurping the commander's role.
- e) The military physician is acting as the basis of traditional medical priorities.

**88. Parents love a "baby girl." She has multiple birth problems and lives for 3 months. On autopsy, it is found she is genetically a male. There are no genetic implications for future offspring.**

- a) The pediatrician should tell the parents to have least risk of being sued.
- b) The decision should be based on whether the truth will be painful for the parents.
- c) If informed of this finding, the parents should be offered the opportunity to discuss their response.
- d) The parents should be told that having a boy is preferable to having a girl.
- e) The pediatrician should not tell the parents.

**89. When competent patients have terminal illness,**

- a) They can refuse life prolonging measures.
- b) They cannot refuse life prolonging measures because this is suicide.
- c) They can refuse artificial respiration but not food and water.
- d) They can refuse life prolonging measures only if their family agrees.
- e) Physicians can carry out euthanasia if this is what these patients request.

**90. Which of the following statements is true regarding advance directives?**

- a) All patients should fill out a living will.
- b) All patients should appoint a durable medical power of attorney.
- c) All patients must be found competent by a psychiatrist before they can fill out one.
- d) All medical facilities should inform patients that they can issue advance directives.
- e) They require all patients to fill out a general values scale.

**91. If doctors ask patients early on during interviews what concerns them most**

- a) This enhances patients' trust.
- b) Patients are likely to do worse physically and emotionally.
- c) Patients are likely to give less information useful to their care.
- d) Doctors are more likely to feel burned out.
- e) More patients are likely to pursue alternative care.

**92. There is presently ethical consensus that**

- a) Medical students should be sure that patients know their status.
- b) Medical students should not do spinal taps.
- c) Medical students should always have supervision.
- d) Only attendings should "discuss" advance directives with patients.
- e) Medical students should not tell relatives when they "practice" on patients who have died.

**93. According to Dr. Pellegrino, the physician patient relationship**

- a) Is like that of a car mechanic.
- b) Is bound by a contract between equal parties.
- c) Is based on a difference of bargaining position due to patients' greater fear and vulnerability.
- d) Relies on doctors doing whatever the chief of service says.
- e) Relies on what is needed to gain the greatest income.

**94. When patients enter a teaching hospital,**

- a) They give up right to refuse to let students do procedures on them.
- b) They retain the prerogatives of patients in non-teaching hospitals.
- c) They know that only students wear short coats.
- d) They accept students practicing on them after they die.
- e) They accept students doing procedures on them when they are unconscious without their prior consent.

95. **If physicians made rationing decisions on the basis of persons' social contributions to society, this would**

- a) Increase trust between the doctor and patient.
- b) Tend to reduce persons to their social roles.
- c) Further the principle of equity.
- d) Take into account genetic difference.
- e) Take into account socio-economic differences.

96. **Women involuntarily hospitalized for using drugs when pregnant have NOT been predominantly**

- a) African - American.
- b) Hispanic.
- c)  Caucasian.
- d) In teaching hospitals.
- e) Poor.

97. **Parents have a child with leukemia. They want to have another child to give her a bone marrow transplant to save her life. Which argument is true?**

- a) There is no certainty the baby will be harmed.
- b) The baby will be solely a means to the older child's ends.
- c) The baby will hate her older sister.
- d) The baby will be unloved.
- e) The bone marrow probably will be incompatible.

98. **Which of the following statements regarding Huntington's is true.**

- a) Relatives should be told.
- b) Persons may feel worse after learning they do NOT have Huntington's.
- c) Children should be tested and then parents told.
- d) No one should be tested since some commit suicide.
- e) No one should be tested since it is uncertain whether those with the "Huntington's gene" will be impaired.

**99. Mothers aborting a fetus on account of its sex**

- a) Is right if the fetus is male because females will then know they are wanted.
- b) Is right because this respects mothers' autonomy.
- c) Is wrong because it violates gender equity.
- d) Is wrong because a mother's having this information is unnatural.
- e) Is controversial.

**100. Treating the sexual partner of a patient with HIV infection who dies to help them overcome grief**

- a) Is anticipated by planners.
- b) Violates the principle of utility.
- c) May help HIV patients who know that their partner will receive this help.
- d) Should not be considered if the partners are homosexual.
- e) Should not be covered if the partners are IV drug users.