HealthStream Regulatory Script

Medical Ethics

Version: September 2006

Lesson 1: Introduction
Lesson 2: Overview
Lesson 3: The Patient-Provider Relationship
Lesson 4: Patients Near the End of Life
Lesson 5: Practice, Society, and Colleagues
Lesson 1: Introduction

Welcome to the introductory lesson on medical ethics [glossary].

Medical ethics set forth duties for healthcare providers.

This includes:

- What providers **should** do
- What providers should **not** do

As your partner, HealthStream strives to provide its customers with excellence in regulatory learning solutions. As new guidelines are continually issued by regulatory agencies, we work to update courses, as needed, in a timely manner. Since responsibility for complying with new guidelines remains with your organization, HealthStream encourages you to routinely check all relevant regulatory agencies directly for the latest updates for clinical/organizational guidelines.

If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to JCAHO.
This course will help you:
- Understand what you should and should not do as a healthcare provider.
- Do your job in an ethical way.

You will learn about:
- The four basic ethical principles for healthcare providers
- Ethics around specific issues in healthcare today
<table>
<thead>
<tr>
<th>Course Goals</th>
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<tbody>
<tr>
<td>After completing this course, you should be able to:</td>
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<tr>
<td>• List the four guiding principles of medical ethics.</td>
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<tr>
<td>• Recognize ethical duties related to patient care in general.</td>
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<tr>
<td>• Identify ethical duties related to patients near the end of life.</td>
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<tr>
<td>• List the ethical duties that providers have in relation to their medical practice, society as a whole, and other providers.</td>
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</tbody>
</table>
Course Outline

This introductory lesson gives the course rationale, goals, and outline.

Lesson 2 presents the four guiding principles of medical ethics.

Lesson 3 covers ethical duties related to patient care and the patient-provider relationship.

Lesson 4 takes a closer look at ethical duties related to patients near the end of life.

Finally, lesson 5 looks at ethical duties related to medical practice, society as a whole, and colleagues.

FLASH ANIMATION: 1004.SWF/FLA
Welcome to the overview lesson on medical ethics.

After completing this lesson, you should be able to:
- List the four guiding principles of medical ethics.
- Cite one example of how these principles might conflict.

FLASH ANIMATION: 2001.SWF/FLA
Many hundreds of years ago, physicians of ancient Greece first took the Hippocratic Oath. They swore to do what was “...for the benefit of...patients, and abstain from whatever is deleterious [glossary] and mischievous.”
Today, healthcare providers face ethical questions that were unheard of even 10 or 20 years ago.

These questions have come up because of:
- Advances in medicine
- Changes in society

Because of these changes and new questions, it makes sense for healthcare providers to go back to basics.

Providers must remind themselves of their basic ethical principles.
The four basic concepts of medical ethics are:

- **Beneficence**
- **Non-maleficence**
- **Respect for patient autonomy**
- **Justice**

Click on each to learn more.

### Beneficence
Beneficence means that healthcare providers have a duty to:
- Do good.
- Act in the best interest of their patients.
- Act in the best interest of society as a whole.

### Non-maleficence
Non-maleficence means that healthcare providers have a duty to:
- Do no harm to their patients.
- Do no harm to society.

### Respect for patient autonomy
This principle means that healthcare providers have a duty to protect the patient’s ability to make informed decisions about care.

### Justice
Justice means that healthcare providers have a duty to be fair to the community. In particular, providers have a duty to promote fair distribution of healthcare resources.
Unfortunately, the four guiding principles sometimes conflict.

For example, you might have a patient who needs a kidney transplant.

But kidneys are a scarce resource. If your patient gets a kidney, some other patient will not get the kidney.

You job is to advocate for your patient.

In doing so, you are “taking” a kidney from another patient. You are indirectly “doing harm” to that patient. But you must put aside non-maleficence, to act in the best interest of your patient (i.e., beneficence).
The ethical conflict on the previous screen is a simple example. It has a simple answer.

Other conflicts and dilemmas can be much more complex.

To address ethical conflicts, you must be able to take into account:
- The guiding principles of medical ethics
- The particular situation
FLASH INTERACTION: 2007.SWF/FLA

Drag and drop the terms below to their correct place in the table.

Beneficence – Duty of the healthcare provider to do good
Non-maleficence – Duty of the healthcare provider to do no harm
Respect for patient autonomy – Duty of the healthcare provider to protect the patient’s ability to make informed healthcare choices
Justice – Duty of the healthcare provider to promote fair distribution of healthcare resources
### Summary

You have completed the overview lesson on medical ethics.

**Remember:**
- The four guiding principles of medical ethics are: beneficence, non-maleficence, respect for patient autonomy, and justice.
- These principles can sometimes conflict.
- To resolve conflicts, you must have a clear understanding of ethical principles. You also must take into account the circumstances of each conflict.
Lesson 3: The Patient-Provider Relationship

3001

Introduction & Objectives

Welcome to the lesson on the patient-provider relationship.

After completing this lesson, you should be able to:
- Identify the imbalance of power in the patient-provider relationship.
- Recognize why providers should not treat themselves or loved ones.
- Recognize the provider’s ethical duty to maintain patient confidentiality.
- Recognize the ethical duties of the healthcare provider around informed consent.
- Identify the provider’s ethical duty to provide care to patients, regardless of their disease state or ability to pay.

FLASH ANIMATION: 3001.SWF/FLA
Overview: An Equal Relationship?

Remember: Respect for patient autonomy means that patients have the right to make decisions about their own care.

Providers must respect and protect this right.

This might suggest that patients and providers are on an equal footing in their relationship.
Overview: An Unequal Relationship

In reality, patients and providers never have an equal relationship.
- The provider has specialized knowledge and skills.
- The patient is vulnerable and dependent.

This results in an imbalance of power.

This means that the provider has special duties in the relationship.

At all times, the provider must:
- Act professionally.
- Guide the relationship properly.
- Keep the patient’s welfare as top priority.
Specific ethical issues in the patient-provider relationship have to do with:

- The nature of the relationship
- Payment
- Confidentiality
- Disclosure and informed consent
- Medical risk

Let’s take a closer look at each.
Nature of the Relationship

In his or her relationship with patients, the healthcare provider must:
- Be competent.
- Act responsibly.
- Treat the patient with compassion and respect.

The provider must focus on the welfare of the patient.

This focus must not be affected by:
- Market forces (e.g., healthcare coverage, drug companies, etc.)
- Social pressures
- Administrative concerns
It is always unethical for a provider to have a sexual relationship with a current patient. This sort of relationship would be abusive due to:
- The knowledge and power of the provider
- The dependence and vulnerability of the patient

This is true even if the patient:
- Consents to the sexual contact
- Initiates the sexual contact

Sexual contact with a CURRENT patient is always abusive. Sexual contact with a FORMER patient may also be problematic. Consult a colleague for an objective opinion.
Nature of the Relationship: Friends & Family

Healthcare providers should not treat:
- Themselves
- Close friends
- Family members
- Close employees

If a provider does treat someone close, the provider or patient could end up feeling awkward or embarrassed. This could lead to:
- Incomplete medical histories
- Inadequate physical exams

In addition, providers are unlikely to be objective about loved ones. This can lead to poor medical decisions.
Providers should be paid fairly. However, the provider’s duty to the patient comes before money. Providers have an ethical duty to care for patients, whether or not those patients can pay.
The ethical duty to care for patients, regardless of payment, is reflected in U.S. law.

Under EMTALA [glossary], hospitals that participate in Medicare and have emergency departments must provide emergency services to patients. This is true whether or not the patient can pay.
Confidentiality is a critical part of medical care

By protecting the confidentiality of patients, healthcare providers:
- Respect and uphold patient privacy rights.
- Encourage patients to talk about medical issues openly and honestly.
- Prevent health-related discrimination against their patients.
Patient confidentiality is not absolute.

A provider may have a duty to breach [glossary] confidentiality when there is a conflict between:
- Patient autonomy (the right of the patient to control his or her own health information), and
- Non-maleficence (protecting the patient or others from harm).

For example, a provider may have a duty to inform a patient’s sexual partner that the patient is HIV-positive.
Confidentiality: Exceptions

The following are other examples of situations in which it may be necessary to reveal patient information:

- A patient threatens serious self-harm or harm to someone else.
- The patient is a suspected victim of child abuse or neglect.
- The information relates to a crime.
- The patient is a healthcare provider, and has a condition that makes him or her a danger to patients.
- The patient is not fit to drive.

Before revealing patient information, be sure to check state and local law.

Confidentiality: Exceptions

If you decide to go forward with a disclosure:

- Talk to the patient first, if possible. Ask for the patient’s consent. Ideally, the patient will consent to the disclosure. If not, it is still okay to reveal the information, if you have determined that it is legal and ethical to do so.
- Disclose the information in a way that minimizes any harm to the patient.
- Follow state and federal guidelines for disclosing the information.

It is NEVER okay to violate patient confidentiality by discussing protected information in a public place, such as the hospital cafeteria.
Patient autonomy means that patients must get good information about their:
- Health status
- Healthcare choices

“Good information” means all the information needed to make informed decisions about care. This includes the risks and benefits of each treatment option.

The ability to make informed decisions because of receiving good information is **informed consent**. Patients must give informed consent for any treatment.

To be sure to give good information to patients, always talk to patients:
- In terms the patient can understand
- At a pace comfortable for the patient
<table>
<thead>
<tr>
<th>Disclosure &amp; Informed Consent: Conflicts</th>
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<tbody>
<tr>
<td>The provider’s duty to give good information may sometimes conflict with his or her personal beliefs.</td>
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<td>This is particularly common with reproductive rights, such as:</td>
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<tr>
<td>• Abortion</td>
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<td>• Sterilization</td>
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<tr>
<td>• Contraception</td>
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<tr>
<td>A provider is not required to disclose information that conflicts with his or her personal beliefs.</td>
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<tr>
<td><strong>However</strong>, the provider does have a duty to refer the patient to someone who will give full disclosure.</td>
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</tbody>
</table>

If you are unwilling or unable to provide a patient with full information, **REFER** the patient to a **DIFFERENT PROVIDER!**
Patients have the right to refuse treatment for any reason. The reason might not make sense to the provider. This does not matter. The patient still has the right to refuse treatment.

In this case, the provider needs to make sure that the patient understands the risks of refusing treatment. The provider then has an ethical duty to try to understand the patient’s viewpoint.

If the provider is able to respect the patient’s decision, it is ethical for the provider to continue to work with the patient.

If the provider cannot respect the patient’s decision, the ethical thing to do is to refer the patient to a new provider.
Disclosure & Informed Consent: Errors

Providers have an ethical duty to inform patients of errors in their care.

If errors are not disclosed, this puts the trust of the patient and society at risk.

By contrast, disclosing errors makes it possible to:
• Prevent similar errors in the future
• Compensate injured parties
Medical Risk

Working with certain patients puts providers at risk of serious infection. For example, providers are at risk when they work with patients who have:

- Hepatitis C
- AIDS
- Drug-resistant TB

Providers have an ethical duty to care for all patients. It is unethical to refuse to treat certain patients because of their disease state.
When working with high-risk patients, providers can and should expect their workplace to limit their risk through proper infection control.

For example, OSHA’s Bloodborne Pathogens Standards requires healthcare facilities to limit the worker’s risk of exposure to bloodborne pathogens.

Providers also need to take responsibility for their own protection by following:

- **Standard Precautions** with all patients
- Other appropriate isolation precautions for patients with specific diagnosed or suspected diseases
Medical Risk: Post-Exposure

Providers who may have been exposed to certain infections have an ethical duty to be tested. They should do so voluntarily.

Providers with certain infections should remove themselves from direct patient care, if their risk of infecting patients is too high.
It is ethical for a healthcare provider to:
   a. Initiate sexual contact with a current patient.
   b. Consent to sexual contact with a current patient, if the patient initiates the contact.
   c. Both A and B
   d. None of the above

<table>
<thead>
<tr>
<th>MULTIPLE CHOICE INTERACTION</th>
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<tbody>
<tr>
<td>Correct: D</td>
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<tr>
<td>Response to A, B, C: Incorrect. Sexual contact between a provider and a current patient is never ethical. The correct answer is D.</td>
</tr>
<tr>
<td>D: Correct.</td>
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</tbody>
</table>
The use of contraception conflicts with your personal beliefs. Therefore, you do not wish to give a patient full information about contraceptive options. In this situation, the ethical thing to do is:

- a. Refer the patient for religious counseling.
- b. Tell the patient that contraception is wrong.
- c. Refer the patient to someone who will provide full information.
- d. Tell the patient that her health plan will not cover the cost of any form of contraception.

**MULTIPLE CHOICE INTERACTION**

Correct: C

A, B, D: Incorrect. The correct answer is C. You are not required to provide information that conflicts with your personal beliefs. However, you do have a duty to refer patients to someone who will provide full information.

C: Correct. You are not required to provide information that conflicts with your personal beliefs. However, you do have a duty to refer patients to someone who will provide full information.
Summary

You have completed the lesson on the patient-provider relationship.

Remember:
- Healthcare providers must be competent, responsible, and respectful in their relationship with patients.
- Healthcare providers must focus on the welfare of the patient. The patient's welfare must not be sacrificed to other concerns.
- It is unethical for a provider to have sexual contact with a patient.
- Providers should not treat themselves or people close to them.
- Providers should be paid fairly for their services. If a patient cannot pay, the patient's health takes priority over payment.
- Confidentiality is a critical part of healthcare.
- Patients have the right to receive good information about their health status and healthcare choices. They have a right to refuse treatment. If a provider’s personal beliefs conflict with full disclosure or the patient's right to refuse treatment, the ethical choice is to refer the patient to a new provider.
- Providers have an ethical duty to inform patients of errors in their care.
- It is unethical to refuse to treat certain patients because of their disease state.
- Providers with certain infections should remove themselves from direct patient care, if their risk of infecting patients is too high.
Welcome to the lesson on patients near the end of life.

After completing this lesson, you should be able to:
- Define palliative care.
- Identify ethical issues related to end-of-life care.
- List ethical duties of the healthcare provider related to end-of-life care.
### Background

In the past, terminally ill or permanently unconscious patients tended to die quickly. This happened because they were unable to eat or drink, or they developed other complications.

Advances in medicine have made it possible to keep these patients alive for longer than ever before.

This forces patients, families, and healthcare providers to face difficult ethical issues related to:
- How to provide end-of-life care
- When life should end
### Ethical Issues

Specific ethical issues have to do with:
- Palliative care
- End-of-life treatment decisions
- Withdrawing treatment
- Organ donation
- Assisted suicide and euthanasia

Let’s take a closer look at each.
Patients near the end of life may need **palliative care**.

The goal of palliative care is not to cure the patient. The goal is to provide comfort.

As a healthcare provider, you have an ethical duty to:
- Understand the importance of palliative care.
- Be prepared to address all of the needs of patients near the end of life. These patients may need physical comfort. They also have psychosocial and spiritual needs.
- Stay up-to-date on the legality and ethics of using high-dose opiates for physical pain.
End-of-Life Treatment Decisions

Remember: Patients have the right to refuse treatment. This includes the right to refuse life-sustaining treatment near the end of life.

Patients who are unable to make or communicate healthcare decisions do not lose the right to refuse treatment.

Treatment decisions for these patients should follow the patient’s advance directive [glossary].

If the patient does not have an advance directive, treatment decisions should be made based on:
- What the patient’s close friends and family think the patient would have wanted
- The patient’s best interests
End-of-Life Treatment Decisions

Providers have two primary ethical duties around the patient’s right to make end-of-life treatment decisions:

- To encourage all adults to complete advance directives before they near the end of life
- To respect each patient’s verbal or written end-of-life decisions
Withdrawing Treatment

Withdrawing and withholding life-sustaining treatment are ethically and legally equivalent.

In other words, it is ethical and legal to withhold life-sustaining treatment if a patient refuses treatment.

It is also ethical and legal to discontinue treatment after starting, if the patient decides that treatment should be stopped.

Important note: Be sure to check your facility’s policies for specifics on withholding and withdrawing life-sustaining treatment.
Organ Donation

Providers have a duty to make patients aware of the option to donate organs and tissues.

This duty comes from the ethical principles of beneficence and justice.

Ethically, the care of the donor must be kept separate from the care of the recipient.

The potential donor's primary provider:
- Should not be responsible for the care of the recipient
- Should not be involved in retrieving the donor's organs and tissues

Before the potential donor is declared legally dead, any treatment to support transplantable organs should be given only if it is not expected to harm the donor.
Assisted Suicide & Euthanasia

The ethics of physician-assisted suicide and euthanasia continue to be controversial. Both practices are illegal in most states.

In physician-assisted suicide, the provider typically writes a prescription for a lethal drug dose. The patient takes these drugs on his or her own.

In euthanasia, the provider directly and deliberately gives the patient a lethal drug dose.

Physician-assisted suicide and euthanasia should not be confused with:
- A patient's informed decision to refuse life-sustaining treatment
- Unintended shortening of life, as a result of using high-dose opiates for pain

NO IMAGE
Review

Palliative care addresses:
   a. Physical pain
   b. Spiritual needs
   c. Psychosocial needs
   d. Both B and C
   e. All of the above

MULTIPLE CHOICE INTERACTION
Correct: E
A, B, C, D: Not quite. The best answer is E.
E: Correct.
Choose the ethically problematic situation for a healthcare provider:

a. Withholding treatment from a patient who refuses the treatment
b. Using high-dose opiates to relieve pain in patients near the end of life
c. Providing care to both a potential organ donor and his or her recipient
d. Withdrawing treatment from a patient who refuses to continue treatment

**MULTIPLE CHOICE INTERACTION**

Correct: C

Feedback for A, B, D: Incorrect. The correct answer is D.

C: Correct.
Summary

You have completed the lesson on patients near the end of life.

Remember:

- Providers have an ethical duty to stay up-to-date with palliative care options.
- Providers should encourage competent adults to complete advance directives. They must respect a patient’s end-of-life treatment decisions.
- Withdrawing and withholding treatment are ethically and legally equivalent.
- Providers should help make potential donors aware of the option to donate organs and tissues.
- In physician-assisted suicide, the provider writes a prescription for a lethal drug dose. In euthanasia, the provider administers the dose.
- Assisted suicide and euthanasia should not be confused with a patient’s informed decision to refuse life-sustaining treatment. They also should not be confused with unintended shortening of life as a result of attempting to relieve pain.
### Introduction and Objectives

Welcome to the lesson on ethics related to medical practice, society, and colleagues.

After completing this lesson, you should be able to:

- List ethical duties related to medical practice.
- Recognize the healthcare provider’s duties to society.
- Identify the responsibilities providers have for one another.

**FLASH ANIMATION: 5001.SWF/FLA**
Providers have an ethical duty to:
- Treat patients whether or not they can pay.
- Provide medical services to the uninsured and underinsured.
- Use resources wisely and help distribute resources fairly. This means that patients should be diagnosed and treated with as little waste (e.g., unnecessary tests, etc.) as possible.
Providers must recognize and manage conflicts of interest [glossary].

It is unethical for providers to:
- Give or take fees for patient referrals.
- Take commissions or kickbacks [glossary], especially from medical device or drug companies.
- Refer patients to outside facilities in which they have a financial interest.
- Accept individual gifts, trips, or monies from the healthcare industry.
Duty to Society

Providers have the following ethical duties related to society as a whole:
- Advocate for the health and wellbeing of the public.
- Report infectious diseases as required by law.
- Provide the general public with accurate information about healthcare and preventive medicine.
- Work to ensure that all members of the community have access to healthcare.
- Serve as expert witnesses when needed, in civil and criminal legal proceedings.
<table>
<thead>
<tr>
<th>Duty to Society: Legal &amp; Ethical Conflicts</th>
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</table>

Providers are both ethically and legally accountable for their actions. In some cases, legal and ethical duties conflict.

For example, providers have an ethical duty to refuse to take part in torture. In many countries, however, it is legal for healthcare workers to take part in torture.

This shows that **the law is never a substitute for ethical reasoning**.

If you are concerned about the possible legal consequences of your ethical decisions, consult an attorney.
Duty to Colleagues

<table>
<thead>
<tr>
<th>Providers have the following ethical duties related to their peers:</th>
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<tbody>
<tr>
<td>• Protect patients from incompetent providers.</td>
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<tr>
<td>• Help colleagues who lack competency or need consultation.</td>
</tr>
<tr>
<td>• Request consultation, as needed.</td>
</tr>
<tr>
<td>• Work together with other providers to optimize patient care.</td>
</tr>
<tr>
<td>• Be respectful of one another.</td>
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<tr>
<td>• Report colleagues who have engaged in fraud or other misconduct.</td>
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</tbody>
</table>
Providers have a duty to diagnose and treat disease without wasting resources. This duty comes primarily from the ethical principle of:

a. Justice  
b. Beneficence  
c. Non-maleficence  
d. Respect for patient autonomy

**MULTIPLE CHOICE INTERACTION**

Correct: A

Feedback for A: Correct. Justice is about distributing healthcare resources fairly. One way to help ensure fair distribution is to always use resources wisely. Do not waste resources on unnecessary tests and procedures.

Feedback for B, C, D: Incorrect. The correct answer is A. Justice is about distributing healthcare resources fairly. One way to help ensure fair distribution is to always use resources wisely. Do not waste resources on unnecessary tests and procedures.
You have completed the lesson on practice, society, and colleagues.

Remember:
- Providers have an ethical duty to treat patients, whether or not the patient can pay.
- Providers must recognize and manage conflicts of interest.
- Providers have ethical duties to the community at large.
- Providers are both ethically and legally accountable for their actions. In some cases, legal and ethical duties may conflict.
- Providers have ethical duties to and for one another.
<table>
<thead>
<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
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<tr>
<td></td>
<td>advance directive</td>
<td>written document that states how you want medical decisions to be made if you lose the ability to make decisions for yourself</td>
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<tr>
<td></td>
<td>autonomy</td>
<td>self-directing freedom</td>
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<tr>
<td></td>
<td>beneficence</td>
<td>performing acts of kindness and charity</td>
</tr>
<tr>
<td></td>
<td>breach</td>
<td>failure to do something that was promised</td>
</tr>
<tr>
<td></td>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
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<tr>
<td></td>
<td>ethics</td>
<td>ideas of right and wrong</td>
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<tr>
<td></td>
<td>kickback</td>
<td>illegal payment made in return for referrals or promotion of products</td>
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<tr>
<td></td>
<td>non-maleficence</td>
<td>not committing harm or evil</td>
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<td></td>
<td>palliative</td>
<td>relieving symptoms without repairing the underlying condition</td>
</tr>
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<td></td>
<td>deleterious</td>
<td>causing damage</td>
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<tr>
<td></td>
<td>heterogeneity</td>
<td>having diverse characteristics rather than similar ones</td>
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<tr>
<td></td>
<td>EMTALA</td>
<td>Emergency Medical Treatment and Active Labor Act; also known as the Patient Anti-Dumping Statute</td>
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<tr>
<td></td>
<td>Standard Precautions</td>
<td>recommendations issued by the CDC to decrease the risk of exposure to bloodborne pathogens in the healthcare setting</td>
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<tr>
<td></td>
<td>conflict of interest</td>
<td>a situation in which the duties of one relationship or position work against the duties of another relationship or position</td>
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</table>
[Medical Ethics]

Pre-assessment

1. The four basic ethical principles that guide the delivery of healthcare are:
   a. (1) Paternalism (2) Transference (3) Confidentiality (4) Informed consent
   b. (1) Professional competence (2) Responsibility (3) Compassion (4) Collaboration
   c. (1) Beneficence (2) Non-maleficence (3) Respect for patient autonomy (4) Justice
   d. (1) Scientific advances (2) Market forces (3) Social pressures (4) Administrative concerns

Correct answer: C
Rationale: These are the four guiding principles.

2. You have treated a patient for a number of years. He comes in for his annual check-up. He asks you out on a date. You are single. You think you would enjoy your patient’s company. You should:
   a. Accept the invitation, with the plan of continuing to date your patient, if you enjoy the first date. After all, your patient is a consenting adult, and he initiated this shift in your relationship.
   b. Accept the invitation and enjoy the evening out, but decline future invitations. Your patient is a consenting adult, but an ongoing relationship with a patient could become uncomfortable for one or both of you.
   c. Accept the invitation, with the plan of allowing the relationship to progress naturally. If things work out between you and your patient, you can always transfer his care to another provider to avoid any problems.
   d. Thank your patient for the invitation, but explain that it would not be appropriate for you to accept. Your patient is a consenting adult, but his position as your patient makes it unethical for you to get involved with him romantically / sexually.

Correct answer: D
Rationale: It is always unethical for a provider to enter into a romantic / sexual relationship with a current patient.

3. Potential problems with treating close friends or family members are:
   a. (a) Poor medical histories
   b. (b) Inadequate physical exams
   c. (c) Loss of objectivity, leading to poor medical decisions
   d. Both A and B
   e. All of the above

Correct answer: E
Rationale: Treating close friends or family can lead to all of these problems.

4. Providers have an ethical duty to treat all patients, whether or not the patient can pay. This duty is reflected in U.S. law.
   a. True
   b. False
5. Confidentiality is a critical part of medical care.
   a. True
   b. False

Correct answer: A
Rationale: Providers have an ethical duty to protect the confidentiality of their patients.

6. Your patient requests an HIV test. The test comes back positive. Your patient does not plan to inform his sexual partner of his HIV status. The ethical best practice would be to:
   a. Ask a colleague to follow up with the partner.
   b. Accept your patient’s decision not to inform his partner.
   c. Ask your patient for informed consent to disclose his HIV status to his partner.
   d. Leave a message on the partner’s answering machine, informing the partner of your patient’s HIV status.

Correct answer: C
Rationale: As a healthcare provider, you have an ethical duty to your patient, but also to other members of society. The ethical choice here would be to ask your patient for consent to disclose his HIV status.

7. You recommend a course of treatment for a patient. Your patient refuses treatment. Her reason does not make sense to you. However, you try to understand her viewpoint. In the end, you find it impossible to understand or respect your patient’s decision. At this point, the ethical thing to do is:
   a. Treat the patient, with or without consent.
   b. Transfer the care of the patient to a new provider.
   c. Obtain consent for treatment from the patient’s family.
   d. Seek a court order to treat the patient, with or without consent.

Correct answer: B
Rationale: Patients have the right to refuse treatment for any reason. Therefore, the ethical thing to do in a situation like this is to refer the patient to a new provider.

8. Choose the true statement about working with patients with hepatitis C:
   a. (a) Working with such patients places providers at risk for serious infection.
   b. (b) Providers may ethically refuse to treat such patients, to avoid the risk of infection.
   c. (c) There is nothing your facility can do to limit your risk of exposure when working with such patients.
   d. Both A and B
9. You are treating a terminally ill patient. The patient refuses life-sustaining treatment. You follow her wishes and do not provide the treatment. This is an example of:
   a. Unethical behavior
   b. Physician-assisted suicide
   c. Respect for patient autonomy
   d. Both A and B

Correct answer: C
Rationale: Assisted suicide should not be confused with a patient’s informed decision to refuse life-sustaining treatment. It is ethical to honor a patient’s wishes not to receive life-sustaining treatment.

10. Choose the true statement(s) about medical ethics and law.
   a. Laws and ethics always match.
   b. If a provider always follows the law in the care of patients, he or she will always make ethical decisions.
   c. If a provider always makes ethical decisions about the care of patients, he or she will never have legal problems.
   d. All of the above
   e. None of the above

Correct answer: E
Rationale: Laws are often based on ethics. But sometimes medical ethics and laws conflict.
[Medical Ethics]

Final Exam

Question Title: Question 1
Question: Choose the true statement(s) about medical ethics:

Answer 1: (a) Four basic ethical principles guide healthcare.
Answer 2: (b) Changes in medicine and society create new ethical questions and dilemmas.
Answer 3: (c) The ethical principles that guide healthcare are always compatible with one another.
Answer 4: Both A and B
Answer 5: All of the above

Correct Answer: Both A and B.
Answer Rationale: Four ethical principles guide healthcare. These principles sometimes conflict. Changes in medicine and society introduce new conflicts and questions.

Question Title: Question 2
Question: Scientific advances contribute to ethical dilemmas.

Answer 1: True
Answer 2: False

Correct Answer: True
Answer Rationale: Scientific advances make it possible to do more and more for patients medically. This creates ethical dilemmas around issues such as the end of life. For example, when should we use medical technology to sustain life? And when should we allow life to end?

Question Title: Question 3
Question: In their relationship with patients, providers must:

Answer 1: (a) Act responsibly.
Answer 2: (b) Make medical decisions for their patients.
Answer 3: (c) Treat patients with compassion and respect.
Answer 4: Both A and C
Answer 5: All of the above

Correct Answer: Both A and C
Answer Rationale: Providers must be responsible and respectful toward patients. They should not make decisions for patients. Patients should be given the information they need to make their own healthcare choices.

Question Title: Question 4
Question: Healthcare providers have an ethical duty to treat patients only if the patient can afford to pay.

Answer 1: True
Answer 2: False

Correct Answer: False
Answer Rationale: Providers have a duty to care for patients, whether or not they can pay.

Question Title: Question 5
Question: The federal law that sets standards for allowed disclosures of confidential patient information is:

Answer 1: HIPAA
Answer 2: EMTALA
Answer 3: STARK II
Answer 4: None of the above

Correct Answer: HIPAA
Answer Rationale: If you are uncertain about when it is okay to disclose patient information, refer to HIPAA.

Question Title: Question 6
Question: Providers have a duty to keep patients safe from knowing about errors in their care.

Answer 1: True
Answer 2: False

Correct Answer: False
Answer Rationale: Providers have a duty to inform patients of errors.

Question Title: Question 7
Question: Patients near the end of life:

Answer 3: Need physical care only
Answer 2: Should not be given high-dose opiates
Answer 1: Have the right to refuse life-sustaining treatment
Answer 4: Must accept the treatment decisions of their primary healthcare provider

Correct Answer: Have the right to refuse life-sustaining treatment
Answer Rationale: Patients have the right to refuse treatment. This includes the right to refuse life-sustaining treatment near the end of life.

Question Title: Question 8
Question: Healthcare providers have an ethical duty to make patients aware of the option to donate organs and tissues. This duty comes from the principles of:

Answer 1: Justice and beneficence
Answer 2: Non-maleficence and beneficence
Answer 3: Respect for patient autonomy and justice
Answer 4: Non-maleficence and respect for patient autonomy

Correct Answer: Justice and beneficence
Answer Rationale: Justice is about distributing healthcare resources fairly. Beneficence is about promoting good for patients and society. The duty to make patients aware of the option to donate organs comes from both beneficence and justice.

Question Title: Question 9
Question: A healthcare provider who follows the law will always make ethical decisions.

Answer 1: True
Answer 2: False

Correct Answer: False
Answer Rationale: Laws are often based on ethics. However, laws and ethics sometimes conflict.

Question Title: Question 10
Question: As a healthcare provider, you have an ethical duty to:

Answer 1: (a) Help or train colleagues who lack competency.
Answer 2: (b) Cover up the mistakes of incompetent colleagues.
Answer 3: (c) Protect incompetent colleagues from discipline or punishment.
Answer 4: Both A and C
Answer 5: All of the above

Correct Answer: Help or train colleagues who lack competency
Answer Rationale: Providers have a duty to help their colleagues who lack competency. They also have a duty to protect patients from incompetent colleagues.