HealthStream Regulatory Script

Medical Ethics (CE)
Release Date: June 2009
HLC Version: 602

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

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### Course Rationale

Medical ethics refers to the discussion about:
- Choices and values in medical practice
- The duty of healthcare providers

It examines questions of moral right and wrong.

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
### Course Goals

<table>
<thead>
<tr>
<th>Upon completion of this continuing education activity, participants should be able to:</th>
<th>NO IMAGE</th>
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<tbody>
<tr>
<td>• List the four guiding principles of medical ethics to improve patient outcomes</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 that will improve patient care</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 gave the course rationale and goals.

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.
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
History of Ethics

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.”
History of Ethics

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.

Developments that have contributed to changes in the ethical landscape for medical professionals include:
- Scientific advances
- Increased public education and awareness
- Civil rights and consumer movements
- Effects of law and economics on the practice of medicine
- Increasing heterogeneity of American society
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).
Dilemmas

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
| 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 |
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.
### 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

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#### Lesson Map

- The imbalance of power
- Relationship issues
  - Nature of the relationship
  - Payment
  - Confidentiality
  - Disclosure & informed consent
  - Medical risk
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
**3006**

**Nature of the Relationship: Sexual Relations**

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

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**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.
Money

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

| Earn the TRUST of your patients by respecting their CONFIDENTIALITY | IMAGE: 3010.JPG |
Confidentiality: Exceptions

Patient confidentiality is not absolute.

A provider may have a duty to breach confidentiality when there is a conflict between:

- Patient autonomy (the right of the patient to control his or her own health information)
- 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.

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.
<table>
<thead>
<tr>
<th>Disclosure &amp; Informed Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient autonomy means that patients must get good information about their:</td>
</tr>
<tr>
<td>• Health status</td>
</tr>
<tr>
<td>• Healthcare choices</td>
</tr>
<tr>
<td>“Good information” means all the information needed to make informed decisions about care. This includes the risks and benefits of each treatment option.</td>
</tr>
<tr>
<td>The ability to make informed decisions because of receiving good information is <strong>informed consent</strong>. Patients must give informed consent for any treatment.</td>
</tr>
<tr>
<td>To be sure to give good information to patients, always talk to patients:</td>
</tr>
<tr>
<td>• In terms the patient can understand</td>
</tr>
<tr>
<td>• At a pace comfortable for the patient</td>
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</tbody>
</table>

**When the patient is a child, the parents or legal guardians act on behalf of the child in the informed consent process.**
Disclosure & Informed Consent: Conflicts

The provider’s duty to give good information may sometimes conflict with his or her personal beliefs.

This is particularly common with reproductive rights, such as:
  • Abortion
  • Sterilization
  • Contraception

A provider is not required to disclose information that conflicts with his or her personal beliefs.

However, the provider does have a duty to refer the patient to someone who will give full disclosure.
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.

If you have a conflict with a patient that will affect his or her care, REFER the patient to a DIFFERENT 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

<table>
<thead>
<tr>
<th>Working with certain patients puts providers at risk of serious infection. For example, providers are at risk when they work with patients who have:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hepatitis C</td>
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<tr>
<td>• AIDS</td>
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<tr>
<td>• Drug-resistant TB</td>
</tr>
</tbody>
</table>

Providers have an ethical duty to care for all patients. It is unethical to refuse to treat certain patients because of their disease state.

**Diagram:**

- **Transfer of patient to another provider**
  - Ethical reasons
  - Unethical reasons
  - Provider does not respect patient's treatment decisions
  - Patient cannot afford to pay for treatment
  - Provider is unwilling to provide full information
  - Provider wants to avoid risk of infection
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
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.

IMAGE: 3020.JPG
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.
- b. Accept the invitation but decline future invitations.
- c. Accept the invitation. If things work out, you can transfer his care to another provider.
- d. Thank your patient for the invitation. Explain that it would not be appropriate for you to accept.

**MULTIPLE CHOICE INTERACTION**

Correct: D

Response to A, B, C: Incorrect. Sexual contact between a provider and a current patient is never ethical. The correct answer is D.

D: Correct.
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 [glossary] care
- Identify ethical issues related to end-of-life care
- List ethical duties of the healthcare provider related to end-of-life care
<table>
<thead>
<tr>
<th>Background</th>
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<tbody>
<tr>
<td>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:</td>
</tr>
<tr>
<td>• How to provide end-of-life care</td>
</tr>
<tr>
<td>• When life should end</td>
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<tr>
<td>Ethical Issues</td>
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<tr>
<td>----------------</td>
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<tr>
<td>Specific ethical issues have to do with:</td>
</tr>
<tr>
<td>• Palliative care</td>
</tr>
<tr>
<td>• End-of-life treatment decisions</td>
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<tr>
<td>• Withdrawing treatment</td>
</tr>
<tr>
<td>• Organ donation</td>
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<tr>
<td>• Assisted suicide and euthanasia</td>
</tr>
</tbody>
</table>

Let’s take a closer look at each.
Palliative Care

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 control of physical pain.
<table>
<thead>
<tr>
<th>End-of-Life Treatment Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember: Patients have the right to refuse treatment. This includes the right to refuse life-sustaining treatment near the end of life.</td>
</tr>
<tr>
<td>Patients who are unable to make or communicate healthcare decisions do not lose the right to refuse treatment.</td>
</tr>
<tr>
<td>Treatment decisions for these patients should follow the patient’s advance directive [glossary]:</td>
</tr>
<tr>
<td>- Living will</td>
</tr>
<tr>
<td>- Medical power of attorney</td>
</tr>
<tr>
<td>Click on each for additional information.</td>
</tr>
</tbody>
</table>

**CLICK TO REVEAL**

**Living will**
A living will is a legal document describing what medical care a patient wants at the end of life. It takes effect when a terminally ill patient is no longer able to make or communicate healthcare decisions. A living will should address: life support, tube feeding, DNR/DNI orders, withholding treatment, palliative care, and organ donation.

**Medical power of attorney**
A medical power of attorney (POA) is a legal document granting the power to make healthcare decisions. It is also known as durable power of attorney for healthcare. This power becomes active if the patient loses the ability to make or communicate his or her own decisions.
End-of-Life Treatment Decisions

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

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.
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 control
<table>
<thead>
<tr>
<th>Palliative care addresses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Physical pain</td>
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<tr>
<td>b. Spiritual needs</td>
</tr>
<tr>
<td>c. Psychosocial needs</td>
</tr>
<tr>
<td>d. All of the above</td>
</tr>
</tbody>
</table>

### MULTIPLE CHOICE INTERACTION

Correct: D

A, B, C: Not quite. The best answer is D.

D: Correct.
Choose the ethically problematic situation for a healthcare provider:

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

**MULTIPLE CHOICE INTERACTION**

Correct: D

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

D: 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.
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
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
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
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

Providers have the following ethical duties related to their peers:
- Protect patients from incompetent providers
- Help colleagues who lack competency or need consultation
- Request consultation, as needed
- Work together with other providers to optimize patient care
- Be respectful of one another
- Report colleagues who have engaged in fraud or other misconduct
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.
###Course Glossary

<table>
<thead>
<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td></td>
<td><em>advance directive</em></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>
</tr>
<tr>
<td></td>
<td>ethics</td>
<td>ideas of right and wrong</td>
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<tr>
<td></td>
<td><em>kickback</em></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><em>palliative</em></td>
<td>relieving symptoms without repairing the underlying condition</td>
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<tr>
<td></td>
<td>deleterious</td>
<td>causing damage</td>
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<td></td>
<td>heterogeneity</td>
<td>having diverse characteristics rather than similar ones</td>
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<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><em>Standard Precautions</em></td>
<td>recommendations issued by the Centers for Disease Control and Prevention (CDC) to decrease the risk of exposure to bloodborne pathogens in the healthcare setting</td>
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<td></td>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
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<td></td>
<td><em>conflict of interest</em></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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</tbody>
</table>
Exam

1. Medical ethics are based on four guiding concepts. Three of these concepts are beneficence, non-maleficence, and justice. What is the fourth?
   a. Paternalism
   b. Professional competence
   c. Adjustment to market forces
   d. Respect for patient autonomy

Correct answer: D
Rationale: The four guiding principles are beneficence, non-maleficence, justice, and respect for patient autonomy.

2. What is the primary reason for ethical dilemmas in medicine?
   a. Healthcare professionals are inherently unethical.
   b. Healthcare professionals never think about ethics.
   c. The four guiding principles of medical ethics sometimes conflict.
   d. The four guiding principles of medical ethics provide a clear answer in every situation.

Correct answer: C
Rationale: Unfortunately, the four guiding principles of medical ethics sometimes conflict. This can lead to ethical dilemmas.

3. What is true about the dynamics of the patient-provider relationship?
   a. The provider is free to act in any way.
   b. The patient is vulnerable and dependent.
   c. The provider has less power in the relationship.
   d. The patient has a responsibility to guide the relationship properly.

Correct answer: B
Rationale: In the patient-provider relationship, the provider has specialized skills and knowledge, while the patient is dependent and vulnerable. This results in an imbalance of power, which obligates the provider to behave in certain ways.

4. What is a likely problem if a provider treats a family member or close friend?
   a. The provider is likely to be objective.
   b. The provider is likely to take a complete medical history.
   c. The provider is likely to perform an inadequate physical exam.
   d. The provider is likely to make clear-headed medical decisions.

Correct answer: C
Rationale: Treating close friends or family can lead to incomplete medical histories and inadequate physical exams. In addition, providers are unlikely to be objective about loved ones. This can lead to poor medical decisions.
5. Which law reflects the healthcare provider’s ethical duty to care for patients, regardless of their ability to pay?
   a. ADA  
   b. HIPAA  
   c. Title VII  
   d. EMTALA

Correct answer: D  
Rationale: Under EMTALA, 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.

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. Which statement is true about working with patients with hepatitis C?
   a. Such patients should be quarantined.  
   b. It is ethical to refuse to treat such patients.

Correct answer: a  
Rationale: Patients with hepatitis C can be treated safely and effectively with antiviral medications. Quarantine is not necessary.
c. Working with such patients places providers at risk for serious infection.
d. There is nothing your facility can do to limit your risk of exposure when working with such patients.

Correct answer: C
Rationale: Working with patients with bloodborne diseases does place providers at risk for serious infection. However, it is not ethical to refuse to treat these patients to avoid the risk of infection. When working with high-risk patients, providers can and should expect their workplace to limit their risk through proper infection control.

9. What is palliative care?
   a. Care provided to prevent illness
   b. Care focused on curing a patient
   c. Care focused on keeping a patient comfortable
   d. Care provided for acute illness such as infection

Correct: C
Rationale: 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.

10. 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. Euthanasia
    b. Unethical behavior
    c. Physician-assisted suicide
    d. Respect for patient autonomy

Correct answer: D
Rationale: Providers have an ethical duty to respect a patient's end-of-life treatment decisions. This includes the decision to refuse life-sustaining treatment. Complying with a patient's decision to refuse life-sustaining treatment should not be confused with euthanasia or physician-assisted suicide.

11. Which of the following is an ethical duty related to medical practice?
    a. To use resources wisely
    b. To refuse to treat uninsured patients
c. To provide unnecessary tests if a patient requests them
d. To provide better care to patients who are able to pay for it

Correct: A
Rationale: Providers have an ethical duty to use resources wisely and distribute resources fairly.

12. What ethical obligation do providers have to society?
   a. To serve as expert witnesses when needed
   b. To serve as subjects in clinical trials of new drugs
   c. To prevent the uninsured from accessing healthcare services
   d. To prevent the general public from accessing information about healthcare

Correct: A
Rationale: One of the provider's duties to society is to serve as an expert witness when needed, in civil and criminal legal proceedings.

13. What ethical duty do providers have to their peers?
   a. To work together to optimize patient care
   b. To hide evidence of fraud or other misconduct
   c. To refuse to help colleagues who lack competence
   d. To protect incompetent providers from disciplinary action

Correct: A
Rationale: One of the provider's duties to his/her peers is to work together to optimize patient care.