LESSON 1
1. Medical ethics refers to the discussion about _________ in medical practice:
   a. Values and Goals
   b. Choices and Values
   c. Principles and Values
   d. Choices and Principles

2. It is your responsibility to do your job in an ethical way.
   a. True
   b. False

LESSON 2
3. Changes in Society and Advances in Medicine create new ethical questions for providers.
   a. True
   b. False

4. 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

5. 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

6. Which statement 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.

7. Beneficence is defined as the duty of the healthcare provider to:
   a. Do good
   b. Do no harm
   c. Promote fair distribution of healthcare resources
   d. Protect the patient’s ability to make healthcare choices

8. Non-Maleficence is defined as the duty of the healthcare provider to:
   a. Do good
   b. Do no harm
   c. Promote fair distribution of healthcare resources
   d. Protect the patient’s ability to make healthcare choices

9. Respect for Patient Autonomy is defined as the duty of the healthcare provider to:
   a. Do good
   b. Do no harm
   c. Promote fair distribution of healthcare resources
   d. Protect the patient’s ability to make healthcare choices
10. **Justice** is defined as the duty of the healthcare provider to:
   a. Do good
   b. Do no harm
   c. Promote fair distribution of healthcare resources
   d. Protect the patient’s ability to make healthcare choices

**Lesson 3**

11. 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 it would not be appropriate for you to accept.

12. The use of contraception conflicts with our 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.

13. 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.

14. 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.

15. 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.
   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.

16. What ethical obligation do providers have to society?
   a. To serve as an 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.
17. It is always ________ for a provider to have a sexual relationship with a current patient.
   a. Legal
   b. Illegal
   c. Ethical
   d. Unethical

LESSON 4

18. 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 an infection

19. 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

20. Palliative care addresses:
   a. Physical pain
   b. Spiritual needs
   c. Psychosocial needs
   d. All of the above

21. Choose the ethically problematic situation for a healthcare provider.
   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 refused to continue treatment.

22. As a healthcare provider, you have an ethical duty to:
   a. Understand the importance of palliative care.
   b. Stay up-to-date on the legality and ethics of using high-dose opiates for control of physical pain.
   c. 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.
   d. All of the above

23. The ethics of physician-assisted suicide and euthanasia is ________ in most states.
   a. Legal
   b. Illegal
   c. Controversial
   d. Accepted practice

24. Withdrawing and withholding life-sustaining treatment are ________ equivalent.
   a. Not
   b. Almost
   c. Ethically and Legally
   d. Properly and Lawfully
LESSON 5

25. Providers have an ethical duty to:
   a. Treat patients whether or not they can pay.
   b. Use resources wisely and help distribute resources fairly.
   c. Provide medical services to the uninsured and underinsured.
   d. All of the above

26. 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

27. 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 make clear-headed medical decisions.
   d. The provider is likely to perform an inadequate physical exam.

28. 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

29. Which statement 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.

30. 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 incompetent providers from disciplinary action.
   d. To protect incompetent providers from disciplinary action.