CHAPTER 5: THE PHYSICIAN–PATIENT RELATIONSHIP

1. The contract for services with a physician includes
   a. an agreement to pay for services for as long as they are received by the patient.
   b. truthful disclosure of conditions by the patient.
   c. an agreement to provide services by the doctor.
   d. all of the above.

2. Physicians may
   a. refuse to treat patients, except in emergencies.
   b. not refuse to treat patients.
   c. withdraw from a contract if the patient is uncooperative.
   d. a and c.

3. An increase in malpractice insurance premiums has caused
   a. physicians to refuse more patients.
   b. physicians to charge more for services than in the past.
   c. physicians to withdraw from caring for more patients.
   d. none of the above.

4. A physician can turn away patients that
   a. are emergencies.
   b. they have not agreed to treat.
   c. are indigent.
   d. have AIDS.

5. An indigent patient is one who
   a. is abandoned by the physician.
   b. has AIDS.
   c. is unable to pay for medical care.
   d. has an emergency.

6. Abandonment can be avoided by
   a. giving informal notice of withdrawal from a case.
   b. giving formal notice of withdrawal from a case.
   c. writing to another doctor about the case.
   d. declaring the patient indigent.

7. The physician, by law, must report to the state any person who
   a. is HIV or AIDS positive.
   b. had been noncompliant.
   c. refuses to pay for medical care.
   d. all of the above.
8. The physician who believes that his or her AIDS patient may place the health of others in jeopardy has an ethical obligation to
   a. notify the patient’s partner.
   b. call the local health department.
   c. persuade the patient to inform his or her partner(s).
   d. notify the local police department.

9. Testing for HIV first requires
   a. a physician’s order for the test.
   b. the patient’s informed consent.
   c. the lab’s acceptance of the sample.
   d. all of the above.

10. A report of an HIV or AIDS diagnosis must be completed by the
    a. physician.
    b. patient.
    c. local health department.
    d. patient’s family.

11. Patient confidentiality does not apply in the case of
    a. HIV/AIDS.
    b. any communicable disease.
    c. allied health professionals.
    d. the life or safety of the patient.

12. Medical ethicists currently encourage healthcare providers to:
    a. maintain falsehoods to protect the patient or family.
    b. focus on the consequences of an action while protecting the patient.
    c. apply the principles of justice.
    d. b and c.

13. The patient has a right to:
    a. deny any treatment.
    b. give informed consent for any treatment.
    c. expect the appropriate standard of care.
    d. all of the above.

14. Minor children may receive life-saving treatment:
    a. even though the parents refuse.
    b. if they choose to receive it.
    c. when grandparents override the wishes of the parents.
    d. none of the above.
15. A breach of confidentiality is considered unethical and illegal, and is prohibited by:
   a. DRGs.
   b. HIPAA.
   c. Medicare.
   d. Medicaid.

16. Confidential information that has been told to a physician by the patient is called
   a. advance directives.
   b. informed consent.
   c. privileged communication.
   d. self-determination.

17. A statement of the patient’s intentions for healthcare-related decisions is called:
   a. an advance directive.
   b. implied consent.
   c. in loco parentis.
   d. consent.

18. A patient request to either use or not use life-sustaining treatments and artificial nutritional support is known as
   a. durable power of attorney.
   b. the Uniform Anatomical Gift Act.
   c. a living will.
   d. PSDA.

19. The authority of a healthcare agent to act on behalf of the patient:
   a. continues even if the patient cancels it.
   b. continues even if the patient is physically or mentally incapacitated.
   c. only includes the elderly.
   d. only includes minors.

20. A minor is one who
   a. is less than 18 years of age (in most states).
   b. is not considered competent to give consent for most treatments.
   c. may have a child.
   d. a and b.

21. The patient’s signature on an informed consent form indicates
   a. understanding of the treatment options.
   b. expressed consent.
   c. understanding of the limits or risks in the pending treatment.
   d. all of the above.
22. Patients who indicate by their behavior that they will accept a procedure are providing
   a. informed consent.
   b. expressed consent.
   c. implied consent.
   d. none of the above.

23. Exceptions to obtaining consent may include
   a. commonly known risks.
   b. when the physician does not want to tell the patient the outcome of the treatment.
   c. when a cure is possible.
   d. when a physician guarantees that the treatment will be successful.

24. Refusal for medical or surgical treatment by the patient must be honored if
   a. the patient is concerned about the success of the procedure.
   b. the patient is not confident in the physician.
   c. religious beliefs against the procedure are expressed.
   d. all of the above.

25. One of the best ways to prevent medical errors is for the patient to
   a. be a better informed consumer of medical services.
   b. sue the physician if he or she does not like the outcome of a procedure.
   c. keep quiet and let the physician handle all aspects of the care.
   d. use herbal remedies before calling the physician.
CHAPTER 6: PROFESSIONAL LIABILITY AND MEDICAL MALPRACTICE

26. Failure to perform an action that a reasonable person would have performed in a similar situation is
   a. an assumption of risk.
   b. negligence.
   c. respondeat superior.
   d. malfeasance.

27. Performing a wrong and illegal act is considered
   a. misfeasance.
   b. nonfeasence.
   c. malfeasance.
   d. feasance.

28. Professional misconduct or demonstration of an unreasonable lack of skill with the result of injury, loss, or damage to the patient is
   a. nonfeasance.
   b. feasance.
   c. malpractice.
   d. misfeasance.

29. Negligence is composed of four elements:
   a. malpractice, misfeasance, nonfeasance, and malfeasance.
   b. duty, dereliction of duty, direct or proximate cause, and damages.
   c. malpractice, misfeasance, dereliction of duty, and damages.
   d. duty, dereliction of duty, nonfeasance, and malfeasance.

30. The reasonable person standard refers to the
   a. dereliction of duty.
   b. damages.
   c. duty of due care.
   d. proximate cause.

31. The standard of care for physicians and other healthcare professionals is determined by
   a. the AMA.
   b. the local hospital.
   c. a board of physicians appointed by the local chapter of the AMA who practice in the same medical specialty.
   d. what members of the same profession would do in a similar situation within the same geographic area.
32. To prove dereliction of duty, a patient would have to prove the physician
   a. did not carry malpractice insurance.
   b. did not conform to the acceptable standard of care.
   c. took additional risks in performing the treatment.
   d. none of the above.

33. The thing speaks for itself applies to the law of negligence and is the doctrine of
   a. res ipsa loquitur.
   b. respondeat superior.
   c. preponderance of evidence.
   d. compensatory damages.

34. Monetary awards by a court to a person who has been harmed in an especially malicious
   or willful way are
   a. compensatory damages.
   b. nominal damages.
   c. punitive damages.
   d. wrongful damages.

35. To win a wrongful death case, the plaintiff must prove
   a. proximate cause of death.
   b. malpractice.
   c. nominal damages.
   d. negligence.

36. The most common defense provided by the defendant in a medical malpractice case is called
   a. affirmative defense.
   b. denial defense.
   c. assumption of risk.
   d. borrowed servant.

37. Assumption of risk is the legal defense
   a. used by the defendant in a case to prove innocence from injury.
   b. that prevents the plaintiff from recovering damages if he or she accepts a risk
      associated with the activity.
   c. that determines that the patient was fully or partly at fault for the injury, and no
      damages may be recovered.
   d. that bases the recovery of damages by the plaintiff on the amount of fault of the
      defendant.
38. When an employer lends an employee to someone else, this is called
   a. comparative negligence.
   b. respondeat superior.
   c. the borrowed servant doctrine.
   d. fraud.

39. The statute of limitations for a case begins to run
   a. when the injury occurs.
   b. 2 years after the injury.
   c. when the plaintiff sues the defendant.
   d. when the injury is discovered.

40. Deliberate concealment of the facts from a patient is
   a. comparative negligence.
   b. fraud.
   c. liability.
   d. contributory negligence.

41. Res judicata means
   a. the thing has been decided.
   b. let the master answer.
   c. borrowed servant doctrine.
   d. the thing speaks for itself.

42. The legal relationship formed between two people when one person agrees to perform
   work for another person is called
   a. the promise to cure.
   b. liability.
   c. the law of agency.
   d. all of the above.

43. Protection for the physician/employer by the healthcare professional is best accomplished
   by
   a. having a job description with clearly defined responsibilities, duties, and necessary
      skills.
   b. using extreme care when performing his or her job.
   c. carrying out only those procedures for which he or she is trained.
   d. all of the above.

44. Responsibility for action in employment is ultimately assigned to the
   a. employee.
   b. employer.
   c. agency.
   d. supervisor.
45. A contract by which one person promises to compensate or reimburse another if he or she suffers a loss from a specific cause or a negligent act is
   a. a rider.
   b. arbitration.
   c. liability insurance.
   d. malpractice insurance.

46. Coverage of the insured party for all injuries and incidents that occurred while the policy was in effect, regardless of when they are reported, is
   a. occurrence insurance.
   b. claims-made insurance.
   c. malpractice insurance.
   d. rider insurance.

47. A general liability policy that covers any negligence on the part of the physician’s staff would include
   a. claims-made insurance.
   b. occurrence insurance.
   c. the malpractice policy.
   d. a rider on the malpractice policy.

48. Submitting a dispute to a person other than a judge is called
   a. law of agency.
   b. arbitrator.
   c. arbitration.
   d. liability.

49. A/an important reason for arbitration(s) of civil cases is to save
   a. court appointments.
   b. time.
   c. money.
   d. time and money.

50. The only health professional who is not usually employed by the physician is the
   a. nurse.
   b. pharmacist.
   c. medical assistant.
   d. radiology technician.