1. **Advance Directive**: 1. It is best if advance directives are initiated during outpatient visit with primary provider. 2. Advance directives should be readdressed during each hospital admission. 3. Advance directives take precedence over family wishes.

2. **Alternative Therapy**: If a patient is interested in alternative therapy, then the physician should first inquire as to why.

3. **Bad News**: When delivering bad news it is important to provide the appropriate details and to be empathetic, supportive and be observant of the patient’s perception and reaction of the situation. Bad news should be delivered in person when possible and using open-ended questions to assess the patient’s current level of understanding.

4. **Best Interests**: Patient’s best interest is fundamental.

5. **Checklists**: Checklists are very important in the prevention of undesired outcomes that result from communication failures during the patient handoff process.

6. **Child Abuse**: Clinicians have a legal and ethical obligation to report child abuse, neglect, and exploitation. Patient should be interviewed alone in order to avoid intimidation by possible abusers. Abuse should be approached with empathetic interviewing techniques. Contact Child Protective Services immediately if child abuse is suspected.

7. **Competent Patient**: Competent patients have the right to refuse any medical treatment.

8. **Confidentiality & Family**: Healthcare providers cannot disclose information to family members if the patient objects.

9. **Confidentiality**: Patient confidentiality should be vigilantly protected. Exceptions are when keeping confidentiality would endanger the health and welfare of others. However, patients should be encouraged to discuss their health and medical conditions with loved ones.

10. **Conflict of Beliefs I**: Living in a pluralistic, multicultural society, means by definition that healthcare professionals will regularly be exposed to a variety of incommensurable beliefs between the patient and healthcare provider. Patient best interests, must always be a top priority. When conflict of beliefs do occur, professional public responsibility can override a healthcare provider's personal beliefs and convictions. Under such conditions, treatment should be provided in a professional and non-judgmental way.

11. **Conflict of Beliefs II**: In non-emergency settings, healthcare providers are not required to provide medical services that are against their personal beliefs. In such cases, the physician should provide a referral to providers who will perform the requested procedure, in a professional and non-judgmental way.

12. **Consent of Minors**: Without being emancipated, and without parental consent or notification, minors can consent to: 1. prenatal care, 2. contraception, 3. diagnosis or treatment of sexually transmitted disease, and 4. drug or alcohol rehabilitation.
13. **Consent Parental**: If parent(s) refuse to provide consent for their child to receive treatment for a non-emergency, but fatal condition, healthcare provider should seek a court order.

14. **Consent**: Consent of spouse or significant other is not needed in order for a patient to consent to undergo any type of procedure including sterilization.

15. **Difficult Patients**: Healthcare providers must keep a professional demeanor when addressing the medical and psychological needs of difficult patients.

16. **Disability Benefits**: Healthcare providers frequently evaluate patients for disability benefits. With demanding patients, it may be necessary to explain that you have a responsibility to perform a thorough assessment prior to making the determination.

17. **Doctor Access**: Patients of all ages should have the opportunity to speak with the healthcare provider alone.

18. **Donor Bodies**: All interactions and contact with a donated body must be done with dignity and respect.

19. **Elder Abuse**: Clinicians have a legal and ethical obligation to report elder abuse, neglect, and exploitation. Patient should be interviewed alone in order to avoid intimidation by possible abusers. Abuse should be approached with empathic interviewing techniques.

20. **Emergency Adult**: In an emergency, if an adult patient does not have capacity, then consent is not required before providing life-saving treatment.

21. **Emergency Medical Treatment and Labor Act (EMTALA)**: EMTALA was enacted by Congress to prevent hospitals from inappropriately transferring, discharging, or refusing to treat indigent patients. All patients who come to the emergency department need to be provided screening, medical exam and stabilization regardless of their ability to pay.

22. **Emergency Minor**: In an emergency, minors must always be provided life saving therapy.

23. **Gifts**: Accepting expensive gifts can influence or appear to influence healthcare. These gifts should be declined after expressing appreciation for the gesture.

24. **Health Insurance Portability Accountability Act (HIPAA) Records**: HIPAA gives patients the legal right to obtain copies of their medical records within a specified timeframe.

25. **Health Insurance Portability Accountability Act (HIPAA)**: HIPAA protects health information by requiring verbal or written authorization from the patient before there is a release of information even to family members. Disclosure of patient information to friends and family members can only occur if the patient gives explicit permission or does not object when given a reasonable opportunity. Hospitals and physicians’ offices may have additional policies and procedures. If the healthcare provider discloses information, then only disclose necessary information.

26. **Hospice**: Hospice is a palliative, interprofessional model of care for patients that have a prognosis of less than six months.
27. **Impaired Colleagues**: Healthcare providers are ethically and legally required to report on the job or on call impaired colleagues in a timely manner. Reporting promotes patient safety, and can assist the colleague in receiving appropriate evaluation and treatment.

28. **Informal Treatment**: Except for emergency situations, it is generally considered problematic to informally treat friends. Full understanding and other risks factors may not be available or disclosed to you.

29. **Information Withholding**: Patients have the right to not be informed of their medical condition if they so choose.

30. **Information**: Patients have the right to know their diagnosis if they so desire. If family members suggest otherwise, then the underlying reasons should be explored.

31. **Informed Consent**: The individual who gets the informed consent from a patient should have the ability to provide: 1. knowledge of the treatment, 2. an accurate description of the intervention, 3. risks and benefits of the treatment, 4. alternative treatments, and 5. address patient questions.

32. **Intimate Partner Violence**: Patients who experience intimate partner violence, should be assessed for safety in a supportive, nonjudgmental, and open-ended manner. Patient should have an emergency safety plan.

33. **Jehovah Witness**: If there is a life threatening emergency with a Jehovah Witness, without the patient’s refusal and without documentary evidence such as an advance directive, it is advisable not to withhold blood, even if family and friends suggest otherwise.

34. **Language**: Trained medical foreign language interpreters should be used to ensure proper informed consent, and/or optimal medical care. Sign language included.

35. **Literacy**: Recognition of low literacy is very important for good medial care and adherence. Auditory and visual provisions are necessary to address this challenge.

36. **Living Will**: If patient loses capacity, then a living will communicates the patient’s wishes. The living will overrules the wishes of the family.

37. **Medical Errors**: Healthcare providers should inform patients or their proxies of medical errors in a timely fashion regardless of whether or not harm occurred. This can be accompanied with an explanation of what happened, and a “form” of an apology.

38. **Medical Interpreters**: A trained medical interpreter should be used in order to promote patient understanding, and when getting an informed consent for those who speak a different language or use sign language.

39. **Name Addressing**: Healthcare providers should ask patients of their preferred form of address. Formal address should be used unless indicated otherwise.

40. **Parent Minors**: A parent who is a minor can give consent for the treatment of their child.

41. **Patient Advances**: Healthcare providers should politely but firmly respond to inappropriate patient requests. Professionalism should be maintained at all times.
42. **Patient Confidentiality**: Patient confidentiality is strongly protected because the patient must feel free to disclose details of their lives so that physicians can provide the best care possible. Exceptions to confidentiality are: child or elder abuse, knife or gunshot wounds, diagnosis of a reportable communicable disease, and patients at risk of physically harming himself or others.

43. **Patient Dating**: Romantic and sexual relationships with current patients is unethical. A relationship with a former non-psychiatric patient might be acceptable under very limited conditions. A relationship with a present or former psychiatric patient is unethical and illegal.

44. **Patient Disclosure**: Healthcare providers should neither confirm nor deny whether a person of interest is in fact their patient even to another healthcare provider if they are not involved in the patient’s care.

45. **Patient Information**: Confidential patient information should only be disclosed to fellow healthcare workers who are directly involved in the patient’s care. Avoid discussing a patient’s medical condition in public areas where comments might be overheard.

46. **Patient Refusal**: If a patient refuses a potentially life-saving treatment, then it is important that the healthcare provider fully discusses the patient’s reasons for the decision and the consequences of the decision before honoring it.

47. **Physical Abuse**: Victims of suspected physical abuse should be approached with empathic interviewing techniques. Use open-ended questions and allow patients to describe their situation on their own terms. First priority is to obtain accurate and thorough information of the abuse and take any necessary action to ensure patient safety. Additional steps may be needed to address psychological symptoms and to satisfy legal reporting requirements.

48. **Prayer**: If a patient requests your prayers in an acute setting, it is appropriate to offer your personal support, without interjecting your personal beliefs. The principle of nonmaleficence can be achieved by not disagreeing with the patient and not getting into a religious debate. The principle of beneficence would be achieved by responding “I will be keeping you in my thoughts.”

49. **Pregnant Woman**: A pregnant woman has the right to refuse treatment even if it places her unborn fetus at risk.

50. **Protected Health Information—PHI**: Healthcare providers must be cautious about PHI in public places including public settings within the hospital.

51. **Proxy**: A proxy is a legally designated person for making medical decisions for a patient in the event that the patient loses medical decision-making capacity. Overrules the standard surrogate decision-makers including family.

52. **Psychiatric Patients**: Psychiatric patients have the right to give informed consent as long as they are competent to make such decisions.

53. **Public Risk**: Patients have the right to refuse treatment unless doing so would pose a serious threat to public health.
54. **Root Cause Analysis**: Root cause analysis is a quality improvement measure that identifies: what, how, and why a preventable adverse outcome occurred. First step is usually the interview of multiple individuals involved.

55. **Sexual History**: When taking a sexual history the healthcare provider should be neutral, open, and nonjudgmental. Sexual orientation should not be assumed and there should be an inquiry about all sexual partners.

56. **Stages of Grief**: Patients with terminal illness may experience stages of grief: 1. denial, 2. anger, 3. bargaining, 4. depression, and 5. acceptance. Order and number of stages may vary. Experiences that do not impair relationships or interfere with patient care should not be confronted.

57. **Surrogate**: If patient does not have capacity and has not designated a surrogate decision-maker, then decision making defaults to next of kin and for married individuals that is usually the spouse.

58. **Unemancipated Minor**: Unemancipated minors normally cannot consent to their own treatment. Parents or legal guardians usually need to provide consent. Informed consent from one parent or guardian is considered legally sufficient.