

TEST

ETHICS

Q 1

A family physician photographs an unusual rash on a patient's torso for the medical record after obtaining consent. Later, the physician wants to use the image in a teaching presentation.

The face is absent, but a distinctive tattoo and rare diagnosis could identify the patient locally. What should the physician do?

- A. Use the image if the presentation is restricted to physicians
- B. Obtain specific consent for educational use of the image
- C. Use the image after removing the patient's name and chart number
- D. Use the image after cropping only the patient's face

Q 2

A 29-year-old man with a scalp laceration after a fall smells strongly of alcohol and wants to leave. His speech is mildly slurred, but he knows where he is, describes the risk of intracranial bleeding and explains that he would return for worsening headache or vomiting. His friend reports a brief loss of consciousness. What is the best next step?

- A. Permit his friend to authorize investigation on his behalf
- B. Detain him automatically until his blood alcohol level is zero
- C. Allow immediate departure after obtaining a signed refusal form
- D. Perform and document a focused decision-specific capacity assessment

Q 3

A school-bus driver using insulin has had two episodes of severe hypoglycemia requiring assistance during the past month. One occurred shortly before he began driving, although no collision occurred. He refuses medication adjustment and says he will continue working. What is the best response?

- A. Wait for a driving-related episode before imposing restrictions
- B. Maintain confidentiality after advising him to carry oral glucose
- C. Contact his employer and provide his diabetes history
- D. Advise immediate driving cessation and follow applicable reporting requirements

Q 4

Parents request tonsillectomy for their 13-year-old because of recurrent infections. The adolescent understands the expected benefits, bleeding risk and option of continued observation.

She consistently refuses surgery after a previous traumatic hospitalization. The operation is beneficial but not urgently required. What is the best next step?

- A. Proceed using parental consent without further assessment
- B. Assess her capacity and explore the reasons for refusal
- C. Ask the parents to conceal the operation until sedation begins
- D. Cancel all future ENT follow-up after documenting her refusal

Q 5

A recently separated patient sends her family physician a social-media friend request and a private message describing loneliness. She has no urgent symptoms and is scheduled for counselling next week. The physician feels sympathetic and believes online contact might strengthen the therapeutic relationship. What is the most appropriate response?

- A. Decline the request and redirect communication to clinical channels
- B. Ignore the message and cancel the upcoming appointment
- C. Accept the request but avoid discussing medical information online
- D. Accept temporarily until the patient's emotional crisis has resolved

Q 6

An 82-year-old inpatient with dementia repeatedly tries to walk to the bathroom and has fallen once. Staff request a continuous vest restraint. She becomes frightened when restrained. Her gait improves with assistance, and a low bed, scheduled toileting and observation have not yet been consistently attempted. What is the best approach?

- A. Use sedating medication instead of a physical restraint
- B. Implement the least restrictive individualized fall-prevention plan
- C. Permit unrestricted walking after documenting the family's acceptance
- D. Authorize continuous restraint until discharge

Q 7

A capable patient undergoing evaluation for a pancreatic mass says, “I do not want to hear whether it is cancer. Tell my sister everything and let her make the decisions.” He understands that this may include major treatment choices and identifies his sister clearly. What is the best response?

- A. Declare him incapable of making treatment decisions
- B. Ask his sister to conceal all treatment risks from him
- C. Clarify and document his preferences, then involve his sister as authorized
- D. Disclose the diagnosis directly before accepting his request

Q 8

During a severe platelet shortage, two clinically comparable patients require the final available unit. One is a prominent community donor; the other has no public profile. A hospital administrator asks that the donor receive priority because the decision may affect future fundraising. What principle should guide allocation?

- A. Apply transparent clinical criteria and an established tie-breaker
- B. Prioritize the patient offering greater institutional benefit
- C. Divide the platelet unit equally between both patients
- D. Let the treating physicians privately negotiate the allocation

Q 9

During a measles outbreak, an employer asks a family physician to provide the names and vaccination records of every employee in the physician's practice. Public health has issued exclusion rules but has not requested identifiable records from the physician. What is the best response?

- A. Provide the names but omit individual vaccination dates
- B. Refuse all communication with both the employer and public health
- C. Decline unauthorized disclosure and follow public-health procedures
- D. Release the records to help the employer control the outbreak

Q 10

A transplant program considers two patients with similar medical urgency and expected graft survival. One has stable housing and strong family support. The other lives in a shelter but reliably attends dialysis and appointments. A committee member proposes excluding the unhoused patient solely because of housing status. What is the best response?

- A. Allocate the organ by the committee chair's clinical intuition
- B. Prefer the housed patient as the safer social investment
- C. Exclude both patients until every adherence risk is eliminated
- D. Assess individual barriers and provide supports using consistent criteria

Q 11

A woman with early Huntington disease asks her family physician not to disclose the diagnosis to her adult son, who is planning a pregnancy. The son is also a patient at the clinic but has not requested genetic testing. There is no immediate medical emergency. What is the best initial approach?

- A. Inform the son immediately about his inherited risk
- B. Counsel her about family disclosure and arrange genetic support
- C. Record the diagnosis only outside the electronic chart
- D. Avoid discussing reproductive implications with the patient

Q 12

A patient requests referral for an abortion that is legally available in the jurisdiction. Her family physician has a conscientious objection and does not provide the service. The pregnancy is approaching the local gestational limit. What is the most appropriate response?

- A. Provide timely information and an effective pathway to appropriate care
- B. Ask the patient to locate another clinician independently
- C. Attempt to persuade the patient to continue the pregnancy
- D. Delay the discussion until a colleague returns to the clinic

Q 13

A patient consents to cataract surgery under general anesthesia. After induction, a resident asks to perform a pelvic examination for unrelated teaching. The examination has no clinical indication and was not discussed before anesthesia.

What should the supervising physician do?

- A. Ask the surgical substitute decision-maker for immediate permission
- B. Allow the examination if the resident is directly supervised
- C. Decline the examination unless specific prior consent was obtained
- D. Allow the examination if no findings are documented

Q 14

Awarehouse employee recovering from a rotator-cuff injury requests a return-to-work form. His employer asks the family physician to list the complete diagnosis, imaging results and all medications. The patient authorizes confirmation of work capacity but does not consent to broader disclosure. What information should be provided?

- A. Refuse to provide any work-related medical information
- B. Provide relevant functional restrictions and expected duration
- C. Provide the full record requested by the employer
- D. Provide the diagnosis but omit imaging and medications

Q 15

Parents refuse chemotherapy for their 7-year-old child with newly diagnosed acute lymphoblastic leukemia and request an unproven dietary treatment. The oncology team estimates a high likelihood of cure with standard therapy and a substantial risk of death without it. Continued discussion has not changed the parents' decision. What is the best next step?

- A. Discharge the child to receive dietary therapy elsewhere
- B. Initiate child-protection and legal processes for timely treatment
- C. Accept the refusal as a parental treatment decision
- D. Wait until the child becomes critically ill before intervening

Q 16

A patient tells his family physician that tomorrow he intends to stab a named former supervisor at a specific workplace.

He has obtained a knife, refuses emergency assessment and demands confidentiality. What is the best immediate response?

- A. Warn the intended victim but take no other action
- B. Arrange emergency intervention and disclose necessary safety information
- C. Preserve confidentiality and arrange follow-up within one week
- D. Ask the patient to promise that he will avoid the workplace

Q 17

A patient with metastatic lung cancer tells her family physician that she continues to smoke. During a family meeting, her daughter asks whether smoking caused the cancer and says scarce palliative resources should go to patients who “did not cause their illness.” What is the physician’s best response?

- A. Agree that continued smoking should lower her priority for services
- B. Affirm equitable care and redirect discussion to her current needs
- C. Disclose the patient’s current smoking pattern to correct the family’s assumptions
- D. End the family meeting to avoid disagreement about causation

Q 18

A patient with inflammatory arthritis asks her family physician to record a diagnosis of rheumatoid arthritis before diagnostic criteria are met so her insurer will cover a biologic prescribed by a private clinic. She argues that the medication may eventually prove helpful. What should the physician do?

- A. Enter the diagnosis temporarily and revise it after reassessment
- B. Document the current evidence accurately and pursue legitimate coverage options
- C. End the therapeutic relationship after refusing the request
- D. Use a vague diagnostic code without recording the clinical uncertainty

Q 19

A clinic introduces a new hypertension reminder and plans to compare outcomes with another clinic, publish the findings and generalize them beyond the local setting. Patients will be assigned different reminder strategies according to birth month, and additional research-only data will be collected. The team labels the project “quality improvement” to avoid ethics review. What is the best next step?

- A. Submit the project for formal research-ethics determination
- B. Abandon publication while continuing all other procedures unchanged
- C. Proceed after obtaining approval from the clinic manager
- D. Proceed as quality improvement without further review

Q 20

A family physician providing perioperative coverage notices that the surgeon scheduled to begin an elective colectomy smells of alcohol, is unsteady and has difficulty reviewing the operative plan. The surgeon insists that he is merely exhausted and orders the team to proceed. The anesthesiologist appears concerned but has not stopped the case. What is the family physician's best immediate action?

- A. Speak privately with the surgeon after the operation
- B. Ask the patient whether the surgeon may operate despite the concern
- C. Stop progression of the case and activate the hospital safety process
- D. Document the observations and let anesthesia make the decision

Q 21

Before gonadotoxic cancer treatment, a 34-year-old man stored sperm. His written consent permits storage and use with his spouse during his lifetime but says nothing about use after death. Two years after he dies, his spouse asks the family physician to authorize release of the sample for assisted reproduction, stating that they had often discussed having children. No other documentation of his wishes exists. What is the best response?

- A. Authorize release after confirming that the spouse is the estate beneficiary
- B. Permit one treatment cycle as a compromise between both interests
- C. Authorize release based on the spouse's substituted consent
- D. Decline authorization and refer for specialized legal and fertility review

Q 22

A commercial airline pilot has recurrent unexplained syncope and is awaiting electrophysiologic assessment. He asks his family physician to complete a form stating that he is medically fit to fly, arguing that suspension would cause severe financial hardship. He promises not to fly if he develops warning symptoms. What is the best response?

- A. Certify him temporarily with instructions to monitor symptoms
- B. Ask him to sign a waiver accepting personal responsibility
- C. Leave the cardiac section blank and sign the remaining form
- D. Decline certification and document the current medical limitations

Q 23

A clinic plans to send identifiable photographs of suspicious lesions to a commercial artificial-intelligence platform. The company may retain uploaded images to improve its algorithm. Patients previously consented to photography for their clinical records but were not told about external processing or data retention. What should the clinic do first?

- A. Assess privacy safeguards and obtain appropriate specific consent
- B. Upload only images from patients with malignant lesions
- C. Proceed if the platform produces more accurate diagnoses
- D. Upload the images after removing each patient's name

Q 24

A conscious incarcerated patient requires assessment of abdominal trauma. A correctional officer insists on remaining within hearing distance and keeping the patient handcuffed to the stretcher. The patient appears reluctant to answer questions about how the injury occurred. There is no immediate behavioural threat. What is the best approach?

- A. Document only objective findings and avoid asking about the injury
- B. Proceed with the officer present throughout the examination
- C. Defer all care until correctional authorities remove the restraints
- D. Request private assessment with the least restraint compatible with safety

Q 25

A patient whose drug plan covers semaglutide asks the physician to prescribe it in her name for her uninsured spouse. Both have obesity, and the spouse has no contraindication. She says they will share the medication and accept responsibility for any adverse effects. What is the best response?

- A. Provide one trial prescription before pursuing coverage
- B. Decline the request and explore legitimate treatment-access options
- C. Prescribe a larger dose and document intended household use
- D. Prescribe it if both partners provide written consent

Q 26

A Deaf patient using sign language presents with sudden unilateral hearing loss. Her spouse offers to interpret, but the patient requests a qualified sign-language interpreter. The spouse says arranging one will delay corticosteroid treatment and insists that lip-reading is adequate. What is the best action?

- A. Arrange qualified interpretation while initiating time-sensitive care
- B. Communicate only through written notes during the visit
- C. Transfer responsibility for consent to the spouse
- D. Use the spouse exclusively to avoid delaying treatment

Q 27

An older patient with substantial assets tells her physician that she has revised her will to leave the physician \$100,000, stating that no one else has cared for her so well. She refuses to remove the gift and asks the physician to keep it secret from her family. What is the most appropriate response?

- A. Accept the bequest if it takes effect only after her death
- B. Ask the patient to divide the bequest among all clinic staff
- C. Accept after documenting that she appears capable
- D. Decline the bequest and encourage independent legal advice

Q 28

A hospitalized 89-year-old patient with mild dementia speaks little English. Her son tells staff not to use an interpreter and says he will make all decisions. During a brief interaction in her preferred language, she appears able to express consistent choices and asks to speak without him. What is the best next step?

- A. Allow the son to interpret while assessing her capacity
- B. Use a qualified interpreter and assess her decision-specific capacity
- C. Postpone all decisions until a formal cognitive test is completed
- D. Accept the son as decision-maker due to the dementia diagnosis

Q 29

A patient with alcohol-associated cirrhosis is referred for transplant assessment. A clinician suggests declining the referral without evaluation, stating that the illness was self-inflicted. The patient has recently entered treatment and attends follow-up reliably.

What is the best response?

- A. Refer for individualized assessment using established transplant criteria
- B. Give priority over other candidates to counteract stigma
- C. Decline referral while continuing routine cirrhosis management
- D. Require permanent abstinence before any referral is considered

Q 30

A patient with sickle-cell trait is medically able to perform his job. His employer asks the family physician to disclose the result after hearing that the patient underwent genetic testing. The patient has authorized disclosure of work restrictions only and requests that the result remain private. What should the physician provide?

- A. Disclose the trait to permit an informed workplace assessment
- B. Provide the complete hematology report without interpretation
- C. Refuse to complete any occupational documentation
- D. Report that no relevant work restriction has been identified

Q 31

After a nurse sustains a needlestick injury, the source patient refuses HIV and hepatitis testing. The nurse is extremely anxious and asks the family physician to order the tests using blood already collected for another purpose. There is time to provide appropriate post-exposure management. What is the best action?

- A. Test the stored blood without documenting the additional tests
- B. Respect the refusal and manage the exposure using established protocols
- C. Delay prophylaxis until an ethics consultation is completed
- D. Ask the nurse to obtain consent directly from the source patient

Q 32

A healthy 17-year-old offers to donate a kidney to her critically ill father. In private, she says she is frightened and would prefer not to donate, but her relatives have told her that refusing would make her responsible for his death.

What is the best next step?

- A. Pause donation and arrange confidential independent donor advocacy
- B. Proceed if testing confirms that she is the best match
- C. Ask the family to reassure her before she decides
- D. Continue evaluation after obtaining her written consent

Q 33

A capable 30-year-old woman with epilepsy plans pregnancy. Her seizures are well controlled on valproate, and she requests preconception counselling. Her mother asks the physician to advise against pregnancy permanently, arguing that motherhood would be irresponsible. What is the best approach?

- A. Recommend permanent contraception due to the fetal medication risk
- B. Provide individualized counselling and optimize therapy before conception
- C. Decline pregnancy counselling due to potential future liability
- D. Follow the mother's preference until seizure medication is stopped

Q 34

A pregnant patient discloses that her partner has pushed and threatened her. She denies immediate danger, does not want police contacted and asks that the information not be recorded. Her two-year-old lives at home but was not present during the incidents.

What is the best initial response?

- A. Exclude the disclosure from the medical record as requested
- B. Assess safety privately, offer resources and explain confidentiality limits
- C. Contact police immediately despite her stated wishes
- D. Confront the partner during the next joint appointment

Q 35

A patient with severe visual impairment is asked to sign a standard print consent form for intravitreal injection. Staff offer to point to the signature line while summarizing the procedure. The patient requests the form in an accessible electronic format so she can review it independently. What is the best response?

- A. Ask a family member to read and approve the form
- B. Provide an accessible format and complete the consent discussion
- C. Use verbal consent only to avoid delaying the injection
- D. Postpone treatment indefinitely until she brings adaptive equipment

Q 36

An insurer sends a patient to a family physician for an independent assessment of chronic back pain. The patient assumes the visit is confidential treatment and begins disclosing unrelated psychiatric history.

What should the physician do before continuing?

- A. Clarify the assessment purpose, role and confidentiality limits
- B. Convert the visit into a therapeutic consultation
- C. Send all disclosed information to the insurer as requested
- D. Continue and exclude unrelated details from the final report

Q 37

Parents request growth hormone for their healthy 10-year-old, whose height is at the third percentile but follows genetic potential and has no endocrine disorder. They say being taller may improve future confidence and social success. The child dislikes injections and does not want treatment.

What is the best response?

- A. Decline non-indicated prescribing and address the family's concerns
- B. Proceed if both parents provide written authorization
- C. Refer automatically to a private clinic willing to prescribe
- D. Prescribe a six-month trial to assess psychological benefit

Q 38

A patient asks for a disability form stating that panic disorder prevents all employment. The physician's assessment supports temporary difficulty with customer-facing work but not total incapacity. The patient says full disability benefits are necessary to avoid eviction.

What is the best response?

- A. Document supported restrictions accurately and offer additional assistance
- B. Ask the patient to draft the limitations for the physician to sign
- C. Refuse to complete any form once exaggeration is requested
- D. Certify total disability due to the patient's financial hardship

Q 39

A patient with severe hypoxemia qualifies for home oxygen but continues to smoke indoors. His apartment building has shared ventilation, and he refuses smoking cessation support. The oxygen supplier requests authorization to deliver equipment immediately.

What is the best approach?

- A. Authorize delivery without discussing smoking-related risk
- B. Perform a structured safety assessment and develop a risk-reduction plan
- C. Notify every resident in the building of the patient's smoking
- D. Permanently deny oxygen solely because the patient smokes

Q 40

A family physician owns shares in a private infusion centre and recommends that a patient receive an expensive biologic there. An equally effective covered alternative is available through a hospital clinic, but the physician does not mention it or disclose the financial interest.

What is the most appropriate course?

- A. Proceed if the private centre provides high-quality care
- B. Disclose the interest and present reasonable alternatives impartially
- C. Proceed if the physician's profit from one referral is small
- D. Transfer the prescription to another physician at the same centre

Q 41

Researchers collected blood samples from an Indigenous community for a diabetes study. Years later, they propose using the stored samples for ancestry research. The original consent covered diabetes research only, and the new project may have implications for the community as a whole.

What is the best next step?

- A. Proceed if the investigators do not return individual results
- B. Seek appropriate community engagement and renewed ethics and consent review
- C. Ask the original principal investigator for sole authorization
- D. Proceed after removing personal names from the samples

Q 42

A patient consents to laparoscopic appendectomy by the attending surgeon. Immediately before anesthesia, the attending tells a junior resident that the resident may perform most of the operation for training. The patient was told that trainees would be present but was not told that a resident might act as primary operator. There is enough time for further discussion.

What should occur before proceeding?

- A. Clarify the resident's role with the patient and obtain agreement
- B. Exclude all trainees and proceed with the attending alone
- C. Proceed if the attending remains available in the operating room
- D. Proceed if the resident has completed the required technical training

Q 43

A capable 23-year-old man without children requests vasectomy. He consistently states that he does not want biological children, understands permanence, failure risk and alternatives, and declines sperm banking. The physician believes he may regret the decision and asks him to obtain his partner's written consent.

What is the best approach?

- A. Confirm informed voluntariness and proceed or refer without partner authorization
- B. Approve only temporary contraception until he reaches age 30
- C. Refuse vasectomy until he has at least one biological child
- D. Require psychological assessment before accepting his decision

Q 44

A 66-year-old man with an implantable cardioverter-defibrillator experienced an appropriate shock associated with loss of consciousness. He asks his family physician to omit the event from his record because he drives for a ride-sharing company and fears losing income.

What is the best response?

- A. Omit the loss of consciousness but document the ICD discharge
- B. Document the event accurately and discuss driving restrictions
- C. Create a confidential note excluded from the regular record
- D. Delay documentation until the electrophysiologist confirms the event

Q 45

During assessment of a five-year-old child's eczema, the family physician notices patterned burns on the back. The parent attributes them to a space heater, but the distribution is inconsistent with that explanation. The child becomes silent when asked about the injuries.

What is the best next step?

- A. Ask the child to confirm abuse before contacting authorities
- B. Arrange dermatology follow-up before considering a report
- C. Confront the parent and demand a complete confession
- D. Document objectively and report the concern through the required pathway

Q 46

During a crowded evening clinic, the physician's neighbour arrives with a minor ankle injury and asks to be assessed ahead of several waiting patients. The neighbour offers to pay privately and notes that the physician previously received help from him during a home renovation.

What is the best response?

- A. Refuse all care and direct him to another facility
- B. Assess him next while documenting the personal relationship
- C. Use the same clinical triage process applied to other patients
- D. Assess him privately after completing the current consultation

Q 47

A competitive amateur athlete requests testosterone after a private laboratory reports a low-normal morning level. He has normal sexual function and no confirmed hypogonadism. He admits that his main goal is increased muscle mass and offers to sign a liability waiver.

What should the physician do?

- A. Prescribe a low dose with regular testosterone monitoring
- B. Decline prescribing and assess his concerns and expectations
- C. Prescribe only during the athlete's off-season
- D. Refer directly to a private hormone optimization clinic

Q 48

A woman with a rapidly expanding neck hematoma develops stridor. She requests a female physician for cultural reasons, but no female clinician capable of securing the airway is immediately available. She remains conscious but is becoming hypoxic.

What is the best approach?

- A. Wait until a female airway specialist becomes available
- B. Sedate her before discussing who will perform the procedure
- C. Ask a family member to assume responsibility for the delay
- D. Explain the emergency and proceed while preserving dignity

Q 49

A patient asks the physician to delete a documented history of cocaine use from the medical record, stating that it may affect life-insurance eligibility. The entry accurately reflects information the patient previously provided but is no longer clinically current.

What is the best response?

- A. Preserve the original entry and add an updated clarification
- B. Move the entry to a record inaccessible to insurers
- C. Refuse any amendment or notation in the chart
- D. Delete the entry after confirming current abstinence

Q 50

An 88-year-old woman with advanced dementia, recurrent aspiration and profound functional dependence is unable to decide about feeding. She left no applicable prior directive. Her children insist on a feeding tube, believing it will restore strength, although the team expects substantial burdens and no meaningful improvement in survival or aspiration risk.

What is the best next step?

- A. Refuse further discussion because the intervention lacks benefit
- B. Offer a time-limited tube trial without defining outcomes
- C. Insert the tube immediately on the children's authorization
- D. Clarify goals and recommend individualized comfort-focused feeding

Q 51

A patient arrives for elective colonoscopy and receives midazolam before the gastroenterologist discusses possible polypectomy and its bleeding risk. The patient is relaxed, intermittently drowsy and agrees when asked whether the procedure may continue.

What is the best approach?

- A. Ask the accompanying family member to provide consent
- B. Defer non-urgent polypectomy unless valid prior consent exists
- C. Proceed after obtaining the patient's verbal agreement
- D. Proceed if polypectomy is standard during colonoscopy

Q 52

A patient with postpartum hemorrhage previously signed a document refusing transfusion. She is currently alert and privately tells the physician that she has changed her mind and wants blood, but asks that her family not be told. Her spouse presents the earlier document and demands adherence to it.

What should the physician do?

- A. Provide transfusion while maintaining her confidentiality
- B. Delay transfusion until an ethics consultant confirms the change
- C. Follow the signed refusal as the formal written instruction
- D. Ask the spouse to authorize reversal of the refusal

Q 53

A patient with infectious pulmonary tuberculosis repeatedly misses treatment and continues working in a crowded indoor setting. He refuses public-health involvement and asks the physician to keep the diagnosis confidential.

What is the best response?

- A. Terminate care after documenting repeated nonadherence
- B. Maintain confidentiality while continuing to offer voluntary treatment
- C. Notify public health and continue efforts to engage the patient
- D. Inform the patient's coworkers directly about his diagnosis

Q 54

A patient receiving dialysis for six years says the treatment burden has become intolerable and requests withdrawal. He has low mood but accurately describes that stopping dialysis will likely result in death, explains his values consistently and denies pressure from others.

What is the best next step?

- A. Assess capacity and reversible suffering, then honour a capable sustained decision
- B. Continue dialysis until his depressive symptoms fully resolve
- C. Transfer decision-making authority to his closest relative
- D. Request involuntary psychiatric admission before discussing withdrawal

Q 55

A university athlete remains symptomatic five days after a concussion. The coach asks the family physician to authorize limited competition because a championship scout will attend. The athlete minimizes symptoms and says losing the opportunity would end his career.

What is the best response?

- A. Authorize limited play with extra protective equipment
- B. Authorize play after the athlete signs a risk waiver
- C. Withhold clearance and follow a graduated return protocol
- D. Allow the coach to decide after reviewing the medical risks

Q 56

Following separation, one member of a couple wants to use their stored embryos to become pregnant. The other withdraws consent and requests destruction. Their original agreement states that both parties' continuing consent is required before transfer.

What is the most appropriate response?

- A. Allow transfer to the person intending to carry the pregnancy
- B. Do not transfer the embryos without the required continuing consent
- C. Divide the embryos equally between the former partners
- D. Transfer one embryo before the dispute proceeds further

Q 57

An older patient's visual acuity falls below the licensing standard. He asks the family physician to record the better result from last year on the current form, stating that he drives only during daylight.

What is the best response?

- A. Record the current result and explain the licensing implications
- B. Use last year's result with a daylight-driving recommendation
- C. Let the patient complete the visual-acuity section himself
- D. Leave the acuity section blank and sign the remaining form

Q 58

A patient presents with a fractured wrist. Her partner answers every question and refuses to leave the room. The injury pattern does not match the history, and the patient avoids eye contact. She has decision-making capacity.

What is the best next step?

- A. Call police before separating the patient from her partner
- B. Question the partner directly about possible assault
- C. Arrange private assessment and conduct a trauma-informed safety evaluation
- D. Treat the fracture without discussing the inconsistent history

Q 59

Parents who declined routine immunizations ask the physician to sign a medical-exemption form required by their child's school. The child has no contraindication; the parents say a medical exemption will prevent administrative difficulties.

What should the physician do?

- A. Decline the form and provide accurate vaccine counselling
- B. Sign the form while documenting that the exemption is parental
- C. List vaccine hesitancy as the medical contraindication
- D. Sign only if the parents accept responsibility for infection

Q 60

A patient with chronic schizophrenia refuses antipsychotic medication because of prior severe akathisia. He has fixed delusions but lives independently, obtains food and shelter, and accurately explains the proposed medication's purpose, benefits and adverse effects. He prefers close follow-up without medication.

What is the best next step?

- A. End psychiatric follow-up until he accepts medication
- B. Administer a long-acting medication despite his refusal
- C. Respect the refusal and establish a collaborative monitoring plan
- D. Ask his family to consent to medication on his behalf

Q 61

A retired construction worker is diagnosed with asbestos-related lung disease. His former employer offers to pay for private treatment if the physician removes any reference to occupational exposure from the report. The patient is considering the offer because he needs financial assistance.

What should the physician do?

- A. Remove the exposure history after obtaining the patient's consent
- B. Maintain accurate documentation and discuss legitimate compensation pathways
- C. Transfer care before the patient makes a decision
- D. Write separate reports for clinical and employer purposes

Q 62

A patient with osteoarthritis plans to spend substantial savings at an overseas clinic offering unproven stem-cell injections.

She asks her family physician to write that the therapy is medically necessary so her retirement plan will release funds.

What is the best response?

- A. Decline the certification and provide balanced evidence-based counselling
- B. Refuse further discussion once the patient chooses the treatment
- C. Write the letter if the patient accepts all financial and medical risks
- D. Write the letter while noting that evidence remains preliminary

Q 63

A region has funding for one mobile diabetes-screening service. Administrators propose operating it only near affluent workplaces because uptake and data collection will be easier, although disease burden and access barriers are greater in remote low-income communities.

What is the most ethically appropriate planning approach?

- A. Divide operating time equally among every geographic community
- B. Select affluent sites to maximize the number screened
- C. Allow private sponsors to select all service locations
- D. Use disease burden and access barriers to design equitable outreach

Q 64

Before anesthesia for an elective knee replacement, the operating-room team discovers that the consent form and schedule list the left knee, while the patient and clinic records consistently identify the right knee. The surgeon says the discrepancy is obviously clerical and proposes correcting the form after surgery to avoid losing operating time.

What is the best action?

- A. Stop the process and complete formal site verification with the patient
- B. Ask the anesthesiologist to decide whether the discrepancy matters
- C. Proceed if the surgeon marks the right knee personally
- D. Proceed on the right knee and amend the form afterward

Q 65

A 30-year-old man with mild intellectual disability requests vasectomy. His support worker says he should not become a parent and offers to sign the consent form. During a private discussion, the patient gives inconsistent explanations of permanence and says he mainly agreed to stop staff from repeatedly raising the issue.

What is the best next step?

- A. Proceed after using a simplified written consent form
- B. Refuse vasectomy permanently due to intellectual disability
- C. Proceed using the support worker's authorization
- D. Defer the procedure and arrange supported independent capacity assessment

Q 66

A 78-year-old woman with symptomatic complete heart block requires urgent pacemaker insertion. She has mild cognitive impairment. She initially explains that the device will prevent recurrent syncope and agrees, but when her anxious daughter arrives, she says, “Perhaps I should do whatever my daughter decides.” The daughter opposes implantation.

What is the best next step?

- A. Proceed immediately using the patient’s original agreement
- B. Request a formal psychiatric capacity assessment before proceeding
- C. Accept the daughter’s refusal as substitute consent
- D. Speak with the patient privately and reassess her current voluntary choice

Q 67

A patient receiving isotretinoin misses required pregnancy monitoring but reports reliable abstinence and asks for one additional prescription while travelling. Pregnancy is biologically possible, treatment interruption may worsen scarring, and testing can be completed within several days.

What is the best response?

- A. Pause prescribing briefly and arrange prompt required testing
- B. Provide a limited supply after documenting informed acceptance of risk
- C. Discontinue isotretinoin permanently due to missed monitoring
- D. Prescribe after confirming abstinence with the patient's partner

Q 68

An undocumented migrant with acute appendicitis agrees to surgery but asks whether the hospital will report his immigration status. Registration staff request passport information for billing. He says he will leave if the information is shared with immigration authorities.

What is the best response by the treating physician?

- A. Promise that no hospital employee will ever disclose any information
- B. Delay treatment until his identity and coverage are fully verified
- C. Recommend that he provide false identifying information
- D. Explain confidentiality limits and facilitate urgent care with minimal necessary data

Q 69

A 16-year-old with anorexia nervosa has bradycardia, orthostatic hypotension and severe electrolyte abnormalities. She understands that admission is recommended but minimizes the possibility of death and insists that weight restoration would be worse. Her parents consent to admission.

What is the best next step?

- A. Follow parental consent without involving her further
- B. Assess decision-specific capacity urgently and arrange protective treatment if lacking
- C. Accept her refusal after confirming that she can repeat the risks
- D. Offer daily outpatient monitoring as a less restrictive alternative

Q 70

Deaf parents decline cochlear implantation for their congenitally Deaf four-year-old, preferring sign-language education and Deaf-community involvement. Specialists believe implantation may improve spoken-language acquisition, but the child is thriving and no emergency exists.

What is the best response by the family physician?

- A. Explore goals, present balanced options and support informed parental choice
- B. Recommend implantation as the only option serving the child's interests
- C. Request child-protection intervention to authorize implantation
- D. End discussion to avoid imposing hearing-culture values

Q 71

While travelling in a remote area, a physician's close friend develops cellulitis. No other clinician is available for two days. The friend asks for antibiotics and ongoing follow-up after returning home.

What is the most appropriate approach?

- A. Assume full ongoing care until the infection completely resolves
- B. Provide necessary short-term care and arrange independent follow-up
- C. Refuse all assessment due to the personal relationship
- D. Prescribe remotely without creating a medical record

Q 72

A capable 84-year-old man privately reports that his son pressures him for money and sometimes withholds groceries. He refuses police or social-service involvement, fearing permanent estrangement. He has food available today and no immediate physical danger.

What is the best initial response?

- A. Take no further action after documenting his refusal
- B. Assess safety and coercion, offer resources and respect his informed choice
- C. Contact other relatives to supervise the son's behaviour
- D. Report the son immediately to police despite the patient's refusal

Q 73

A patient with decompensated cirrhosis develops septic shock and multiorgan failure. The ICU team considers CPR physiologically incapable of achieving sustained recovery. His family insists that everything be done, citing his previous statement that he was a fighter.

What is the best approach?

- A. Explain the clinical judgment, clarify goals and establish a proportionate plan
- B. Provide CPR if the family accepts the likelihood of failure
- C. Enter a no-CPR order without further family communication
- D. Ask the family to sign a form assuming responsibility for CPR

Q 74

Genetic testing identifies a variant of uncertain significance associated with hereditary thrombophilia. The patient has never had thrombosis but requests lifelong anticoagulation and asks that her children be tested.

What is the best response?

- A. Begin anticoagulation after discussing bleeding risk
- B. Explain the uncertainty and arrange genetics-informed follow-up
- C. Test the children before the variant is reclassified
- D. Remove the result from the record until its significance is known

Q 75

A healthcare worker requests a medical exemption from an employer's influenza-vaccination policy. She has no contraindication but has a sincere religious objection. The exemption form asks the family physician to certify a medical reason.

What should the physician do?

- A. Refuse to discuss any accommodation pathway
- B. Decline medical certification and direct her to the nonmedical process
- C. Certify anxiety about vaccination as the medical condition
- D. Certify the exemption while identifying it as belief-based

Q 76

Adialysis patient is being considered for reduced access to a preferred treatment schedule after repeated missed sessions. Review shows that most absences occurred when publicly funded transportation failed. Staff argue that reliability must remain the same criterion for everyone.

What is the best response?

- A. Reserve the preferred schedule permanently despite future attendance
- B. Transfer the patient to another dialysis program
- C. Address the transportation barrier before imposing an access penalty
- D. Apply the attendance rule consistently without considering cause

Q 77

During diagnostic genome sequencing for a progressive neuropathy, the laboratory identifies evidence that the patient's presumed father is not biologically related. This finding is irrelevant to diagnosis. The consent form discussed medically actionable incidental findings but not misattributed parentage.

What is the best approach?

- A. Repeat testing solely to establish biological parentage
- B. Withhold the finding and disclose clinically relevant results
- C. Tell the presumed father privately before speaking with the patient
- D. Disclose the finding as part of complete transparency

Q 78

During active labour before an unplanned Caesarean delivery, a capable patient requests permanent tubal sterilization. She understands that it is intended to be irreversible but is exhausted, receiving opioid analgesia and had never previously discussed sterilization. The Caesarean is urgent but not immediately life-saving.

What is the best approach?

- A. Perform sterilization if the obstetrician believes future pregnancy is risky
- B. Ask her partner to confirm that the request is consistent with her wishes
- C. Proceed with the Caesarean and revisit sterilization after recovery
- D. Perform sterilization after obtaining brief written consent

Q 79

A patient who uses a guide dog arrives at a clinic where a staff member has a severe dog allergy. The clinic manager proposes excluding the dog and requiring the patient's relative to guide her.

What is the best approach?

- A. Develop an individualized arrangement accommodating both needs
- B. Refer the patient permanently to another clinic
- C. Require the relative's assistance for every future appointment
- D. Allow unrestricted access without considering the staff allergy

Q 80

A worker with a knee injury asks the family physician to record that symptoms began at work two weeks earlier rather than at home the previous evening. He explains that workplace coverage is his only way to afford physiotherapy.

What is the best response?

- A. Use the workplace date if the injury pattern is compatible
- B. End care after the patient requests inaccurate documentation
- C. Leave the injury date blank on all documents
- D. Document the history accurately and explore legitimate access options

Q 81

A 16-year-old with relapsed leukemia refuses another course of chemotherapy. She has extensive treatment experience, explains that the chance of remission is limited and consistently prioritizes comfort and time at home. Her parents demand treatment.

What is the best next step?

- A. Declare incapacity due to the emotional burden of relapse
- B. Follow parental consent due to the patient's age
- C. Accept the refusal immediately without involving her parents further
- D. Assess capacity carefully and seek ethics and legal support for the conflict

Q 82

A patient requests access to psychotherapy notes. The notes contain the patient's clinical information and detailed allegations made by the patient about an identifiable sibling who also receives care at the clinic.

What is the best response?

- A. Ask the sibling to authorize release of the full notes
- B. Release the complete notes without modification
- C. Review the record and provide access with justified limited redactions
- D. Refuse access to the entire psychotherapy record

Q 83

A patient with COPD has a no-CPR order but develops a reversible exacerbation. He is alert and requests noninvasive ventilation while stating that he still does not want chest compressions or intubation. A nurse interprets the no-CPR order as comfort care only.

What is the best response?

- A. Provide noninvasive ventilation and document the treatment boundaries
- B. Start ventilation and allow intubation if it fails
- C. Provide comfort medication without ventilatory support
- D. Cancel the no-CPR order before starting noninvasive ventilation

Q 84

A capable patient taking methotrexate plans pregnancy and declines contraception. She understands fetal risk but says conception would be welcome. Her arthritis is currently stable, and safer alternatives can be considered.

What is the best response?

- A. Stop methotrexate safely and develop a preconception treatment plan
- B. Require contraception before providing further arthritis treatment
- C. Discharge her from rheumatologic care due to nonadherence
- D. Continue methotrexate after documenting informed acceptance

Q 85

Public-health investigators plan a cluster-randomized trial in which entire schools receive different hand-hygiene programs. Outcomes will come from routinely collected absenteeism records, and individual risk is minimal. Obtaining written consent from every student may make the study impossible.

What is the best ethical approach?

- A. Require full written consent regardless of feasibility or risk
- B. Proceed without review because the intervention occurs at school level
- C. Seek ethics review for a justified consent modification and opt-out process
- D. Obtain consent only from school principals as representatives

Q 86

On the morning of elective hernia repair, the surgeon notices that the required preoperative medical assessment was never completed. The patient is already fasting and has travelled a long distance. The surgeon asks the family physician to backdate a brief note stating that the patient was medically cleared the previous week. Available records suggest low operative risk, but the physician did not assess the patient then.

What is the best response?

- A. Backdate the note after reviewing the existing medical record
- B. Refuse all involvement and leave cancellation to the surgeon
- C. Sign the earlier date but note that the assessment was retrospective
- D. Decline backdating and offer a properly dated current assessment

Q 87

The daughter of an 82-year-old man requests PSA testing without telling him, stating that he becomes anxious when cancer is discussed. He has mild frailty, no urinary symptoms and retains decision-making capacity. She asks the physician to include PSA with routine bloodwork and disclose the result only to her.

What is the best response?

- A. Order PSA and disclose only an abnormal result to the patient
- B. Discuss screening benefits and harms directly with the patient
- C. Order PSA and provide every result only to the daughter
- D. Decline PSA permanently due to his age and frailty

Q 88

A patient with metastatic cancer and an implantable cardioverter-defibrillator is now incapable and expected to die within days. His prior directive requests comfort-focused care but does not mention the ICD. His substitute decision-maker asks that shocks be deactivated; another relative calls this assisted death.

What is the best response?

- A. Confirm substituted consent and arrange deactivation of shock therapy
- B. Continue the ICD until cardiac arrest occurs naturally
- C. Seek a court order before altering any device function
- D. Deactivate all cardiac functions without further clarification

Q 89

A personal-support worker in a long-term-care facility is diagnosed with extensive scabies. She refuses to notify her employer because she fears losing shifts but intends to return to work tomorrow. Treatment begins today, and residents she assists are medically vulnerable.

What is the best initial action?

- A. Give the employer the worker's complete clinical record
- B. Counsel work exclusion and follow applicable infection-control reporting pathways
- C. Respect confidentiality and provide treatment without discussing work
- D. Notify every resident and family of the worker's diagnosis

Q 90

A patient with splenic rupture initially refuses surgery while her partner repeatedly answers for her and threatens to leave if she accepts blood products. When the partner steps out, she quietly says she wants surgery but fears what will happen at home. She remains capable and hemodynamically stable enough for a brief discussion.

What is the best next step?

- A. Ask the partner to confirm permission for surgery
- B. Protect privacy, confirm voluntary consent and proceed with safety planning
- C. Delay surgery until hospital security investigates the relationship
- D. Accept the original refusal as the first documented decision

Q 91

An unidentified patient presents with severe diabetic ketoacidosis, shock and marked confusion. Immediate fluids, insulin and electrolyte management are required. No substitute decision-maker can be located, and the patient cannot understand the proposed treatment.

What is the most appropriate course?

- A. Provide fluids only until formal consent becomes available
- B. Begin necessary emergency treatment while continuing identification efforts
- C. Seek judicial authorization before initiating insulin
- D. Ask two physicians to act as permanent substitute decision-makers

Q 92

A professional singer has a vocal-cord lesion requiring biopsy. She agrees that cancer must be excluded but says even a small risk of permanent voice change could end her career. The surgeon recommends biopsy and appears impatient with her repeated questions.

What is the family physician's best role?

- A. Recommend refusal until a risk-free diagnostic option becomes available
- B. Ask her agent to participate in determining acceptable risk
- C. Recommend biopsy as the medically superior choice
- D. Clarify risks and alternatives and facilitate further specialist discussion

Q 93

A patient requests a copy of her complete chart. The physician worries that reading blunt descriptions of suspected somatic symptom disorder may damage the relationship. The chart also contains a consultant's confidential information about another family member.

What is the best response?

- A. Release only laboratory and imaging results
- B. Rewrite the diagnostic impressions before releasing the chart
- C. Refuse access to preserve the therapeutic relationship
- D. Review the chart, protect restricted third-party material and provide access

Q 94

A resident with advanced dementia persistently refuses essential medication but lacks capacity regarding its purpose. Her substitute decision-maker asks staff to crush it into food without telling her. The medication prevents recurrent painful episodes but is not immediately life-saving.

What is the best approach?

- A. Use covert administration whenever the substitute provides consent
- B. Stop the medication permanently in response to her resistance
- C. Review causes and alternatives, then use a documented least-restrictive plan
- D. Administer it openly with physical assistance from staff

Q 95

A patient with familial adenomatous polyposis refuses to tell his adult children about their possible inherited risk. He understands that surveillance could prevent cancer but fears family conflict. The children are not patients of the physician, and there is no immediate emergency.

What is the best initial response?

- A. Report the patient to public health for contact notification
- B. Counsel strongly, offer genetics support and seek voluntary family disclosure
- C. Contact the children immediately with the complete diagnosis
- D. Take no further action after documenting the refusal

Q 96

Two patients need the last immediately available unit of a rare blood product. One has a slightly greater likelihood of short-term benefit; the other arrived first and will also benefit substantially. No established tie-breaking policy addresses this difference.

What is the best approach?

- A. Give it to the patient who arrived first
- B. Give it to the patient with any higher probability of benefit
- C. Apply clinical criteria through the institution's urgent allocation process
- D. Divide the product between the patients

Q 97

A surgeon living with a blood-borne infection has an undetectable viral load and follows specialist advice. His family physician learns that he performs exposure-prone procedures. There is no evidence of unsafe practice, but it is unclear whether occupational-health monitoring is in place.

What is the best initial action?

- A. Notify all recent surgical patients of the diagnosis
- B. Maintain complete silence due to physician–patient confidentiality
- C. Counsel the surgeon to engage the designated expert occupational process
- D. Report the diagnosis directly to the surgeon's department chair

Q 98

A patient offers a financially struggling acquaintance substantial payment to donate a kidney. Both adults understand the surgical risks and insist that the arrangement is voluntary. The recipient asks the family physician to facilitate their evaluation.

What is the best response?

Recommend reducing the payment to reimbursement of lost wages

Proceed after obtaining independent legal contracts for both parties

Decline to facilitate payment and refer through the regulated transplant pathway

Facilitate evaluation if the payment is disclosed to the transplant team

Q 99

A patient with early dementia continues driving after two minor collisions. He understands the physician's concerns but underestimates his deficits and refuses an on-road assessment. His daughter asks the physician to confiscate his keys.

What is the best response?

- A. Wait for a serious collision before breaching confidentiality
- B. Advise driving cessation and follow applicable licensing-reporting requirements
- C. Ask the daughter to disable the vehicle without telling him
- D. Confiscate the keys and retain them in the clinic

Q 100

A young woman brought by relatives requests a certificate stating that examination confirms she has never had sexual intercourse. She appears distressed and says her engagement may end without it.

What is the best response?

- A. Decline virginity testing and assess privately for coercion and safety
- B. Refer to gynecology so the examination is more authoritative
- C. Provide a certificate based on the patient's reported history
- D. Perform an examination and describe only objective findings

Q 101

Aclinic proposes using an AI system to prioritize diabetic-retinopathy referrals. Validation data contain few patients with darker retinal pigmentation, and early testing shows more false-negative results in this group. Delaying implementation may prolong current wait times.

What is the best approach?

- A. Implement the system and disclose the limitation in clinic brochures
- B. Apply the system only to patients from the well-represented group
- C. Abandon all future use of AI-based triage
- D. Validate and mitigate subgroup performance before unsupervised use

Q 102

A patient receiving long-term opioids has an unexpected urine result and obtains an early prescription from an emergency department. The family physician is concerned about diversion. The patient denies misuse and has severe chronic pain.

What is the best next step?

- A. Continue the current regimen until diversion is definitively proven
- B. Transfer all pain care to the emergency department
- C. Stop opioids immediately and permanently without further assessment
- D. Discuss the findings, reassess risk and create a safer coordinated plan

Q 103

Parents ask that their healthy nine-year-old undergo bone-marrow donation for a sibling with leukemia. The child is frightened and repeatedly says no. The transplant team expects a substantial chance of benefit to the sibling, and no adult matched donor exists.

What is the best next step?

- A. Proceed after parental permission is documented
- B. Reject donation permanently due to the child's initial refusal
- C. Ask the ill sibling to explain the importance of donation
- D. Arrange independent donor advocacy and assess assent, burden and alternatives

Q 104

A capable 15-year-old receiving confidential care for cannabis use reports occasionally riding with an older friend who drives after using cannabis. She denies driving herself and refuses parental disclosure. There is no planned trip or immediate identifiable threat.

What is the best response?

- A. Maintain confidentiality while providing safety counselling and follow-up
- B. Report the older friend to police using the patient's information
- C. Inform her parents immediately about the cannabis use
- D. End confidential care unless she agrees to involve her parents

Q 105

A patient with lung cancer authorizes the physician to send an insurer information needed for a medication claim. The insurer requests the complete chart, including decades-old smoking history and unrelated mental-health notes.

What should the physician do?

- A. Ask the insurer to obtain the information from the oncologist
- B. Clarify the request and disclose only relevant authorized information
- C. Send the complete chart as requested by the insurer
- D. Refuse all communication with the insurer

Q 106

A physician sells nutritional supplements from the clinic and recommends one to a patient with fibromyalgia. Evidence of benefit is poor, the supplement is unlikely to cause major harm, and the physician earns a substantial profit.

What is the best approach?

- A. Provide a free trial before asking the patient to purchase
- B. it
- C. Sell it only after standard therapies have been attempted
- D. Avoid the conflicted sale and provide evidence-based counselling
- E. Sell the supplement after disclosing the profit margin

Q 107

A hospital algorithm predicts missed appointments and automatically assigns patients to restricted booking. Postal code and prior missed visits cause many low-income patients to be classified as high risk. The system improves clinic efficiency but worsens access for the affected group.

What is the best response?

- A. Pause punitive use and audit outcomes, variables and alternatives
- B. Remove postal code while leaving every other feature unchanged
- C. Continue use while informing patients that an algorithm made the decision
- D. Apply the restrictions equally to every patient

Q 108

A capable patient scheduled for curative cancer surgery repeatedly agrees during private discussions. On the day of surgery, his family tells him that refusing would disgrace them. He becomes tearful and says, “I will sign whatever they want,” but avoids answering whether he personally wants the operation. Surgery can safely be delayed for several days.

What is the best next step?

- A. Ask the family to sign as witnesses to his consent
- B. Proceed based on his repeated earlier agreements
- C. Delay briefly and reassess his voluntary choice privately
- D. Cancel surgery permanently due to family coercion

Q 109

A patient considering radical prostatectomy asks the family physician not to mention possible erectile dysfunction because his spouse attends every appointment and he feels embarrassed. He still wants surgery and says the surgeon may discuss urinary incontinence but not sexual effects.

What is the best response?

- A. Postpone surgery until he agrees to full spousal disclosure
- B. Respect the request and omit sexual adverse effects entirely
- C. Arrange a private discussion of sexual risks before consent
- D. Discuss erectile dysfunction openly during the joint appointment

Q 110

A 76-year-old man with hypertension, diabetes and persistent atrial fibrillation has had a recent TIA. After discussing stroke and bleeding risks, he accurately explains the purpose of anticoagulation but refuses it, stating that avoiding bleeding is more important to him. His daughter privately asks you to prescribe apixaban and tell him it is a blood-pressure medication.

What is the best next step?

- A. Confirm informed refusal, offer alternatives and document the discussion
- B. Terminate the therapeutic relationship after providing written notice
- C. Ask his daughter to administer apixaban without disclosing its indication
- D. Request a capacity assessment solely due to his refusal of anticoagulation

Q 111

A 42-year-old woman's biopsy confirms genital melanoma. She understands the diagnosis and agrees to urgent referral but asks you not to tell her spouse, who routinely attends appointments and calls the clinic for updates. She has not authorized disclosure.

What should you do?

- A. Maintain confidentiality while encouraging her to involve her spouse
- B. Ask the dermatologist to decide whether disclosure is permitted
- C. Inform her spouse due to the seriousness of the diagnosis
- D. Give her spouse limited information about the planned referral

Q 112

An unconscious 58-year-old patient arrives with massive gastrointestinal bleeding. A signed, applicable advance directive in his wallet clearly refuses transfusion of blood products on religious grounds. His adult son demands transfusion and argues that his father would have changed his mind. No evidence supports a later change in wishes.

What is the best management?

- A. Respect the directive and provide acceptable blood-conservation treatment
- B. Follow the son's request as the available substitute decision-maker
- C. Transfuse immediately under the emergency-treatment exception
- D. Delay all treatment until a court determines the directive's validity

Q 113

A 15-year-old with type 1 diabetes requests that glucose readings and contraceptive use not be disclosed to her parents. She accurately explains the risks of hypoglycemia, demonstrates a safe insulin plan and denies coercion or abuse. Her mother demands access to the entire record.

What is the best next step?

- A. Assess decision-specific capacity and preserve confidentiality if capable
- B. Release the complete record to her mother as legal guardian
- C. Discuss contraception with her mother but protect the glucose records
- D. Stop diabetes follow-up until she permits parental involvement

Q 114

A 67-year-old newcomer with progressive unilateral hearing loss speaks limited English. His adult nephew interprets and repeatedly answers before the patient can respond. MRI may reveal a vestibular schwannoma, and the patient appears uncertain about the investigation.

What is the most appropriate next step?

- A. Accept the nephew's consent after he summarizes the proposed investigation
- B. Defer investigation until the patient becomes fluent in English
- C. Arrange a qualified interpreter and discuss the MRI directly with the patient
- D. Order the MRI before discussing its implications with the patient

Q 115

A pharmaceutical representative offers to pay for a family physician's airfare and luxury accommodation at a resort meeting.

The educational session lasts two hours, while the remainder is recreational. The representative states that no prescribing commitment is expected.

What is the most appropriate response?

- A. Accept and disclose the sponsorship to patients receiving the medication
- B. Accept after obtaining approval from the clinic's office manager
- C. Accept after promising not to prescribe the company's medication
- D. Decline the travel and use an independent educational activity

The End