

Ethics and medical ethics

Ethics

Ethics is an understanding of the nature of conflicts arising from moral imperatives and how we may deal with them the best way. Ethics does NOT decide what is morally right or wrong; rather it considers how we should act best in the light of our duties and obligations as moral agents.



What is an ethical issue?

- When you have to judge what is right or wrong;
 - Choosing between options;
- Deciding whether to do something or do nothing;
 - Should I or shouldn't I?;
- A dilemma – making a difficult choice.

Ethical issues in health care

We usually think of the 'big' issues
e.g. definition of life, what is a person, quality of life, prolonging life, ending life, human rights.

- But day to day ethical issues can involve:
 - Respecting people;
 - Treating people with dignity;
 - Treating people fairly;
 - Supporting patient's choices.



Medical Ethics

- Clinicians have specific duties of care to their patients and to society. It is generally held that clinicians should always act in the best interest of their patients; but sometimes there is a conflict between obligations to a patient and those perceived to be owed to the community or to other patients.
- Central to modern medical ethics is a respect for patient autonomy and the fundamental principle of informed consent.
- **Medical Ethics** is a practical subject as well as a branch of moral philosophy. Ethics is an integral part of good medical practice. Ethics deals with the choices we make and our actions in relation to those choices. It deals with choices made by both clinicians and patients and the duties and obligations of clinicians to their patients.
- Medical ethics also deals with the choices made by society, the distribution of resources and access to health care and the dilemmas arising from them.
- Ethics deal with choices. Where there are no choices there is no need for ethics. How we live involves choices affecting ourselves and others with both



the potential for benefit and for harm (consequences). How we feed ourselves, clothe ourselves, keep ourselves warm, travel to work etc- all these choices have consequences for others.

Ethical principles:

When ethical dilemmas arise the best approach is to think through these ethical principles logically and methodically:

- Beneficence and Non-maleficence
- Autonomy and Consent
- Truth-telling
- Confidentiality
- Preservation of life
- Justice



Ethical principles – Beneficence and non-maleficence:



- is the act of "doing good" while is the act of "not doing bad". In practical terms, medical practitioners have an ethical responsibility to strive to do what is in the best interests of their patients. However, it is important to remember that some medical interventions may seem beneficial but may also carry with them the possibility of causing harm.

Clinical Example:

- A doctor has diagnosed an elderly lady with [rheumatoid arthritis](#) and wants to prescribe an [NSAID](#) (non-steroidal antiinflammatory drugs) to relieve the pain and reduce the inflammation. - **Beneficence**
- However, the doctor does not want the patient to develop gastrointestinal bleeding, a common side-effect of [NSAIDs](#) (non-steroidal antiinflammatory drugs), especially in the elderly - **Non-maleficence**

Beneficence(to do good):

- Our actions must aim to ‘benefit’ people – health, welfare, comfort, well-being, improve a person’s potential, improve quality of life;
- Act on behalf of ‘vulnerable’ people to protect their rights;
- Prevent harm ;
- Create a safe and supportive environment;
- Help people in crises.



Non-maleficence(to do no harm)



- do not inflict harm on people;
- do not cause pain or suffering;
- do not incapacitate;
- do not cause offence;
- do not deprive people ;
- do not kill.

Ethical Principles – autonomy and consent:

[Autonomy](#) is the right of a patient to make an informed, uncoerced decision about their own health management. If this principle is disregarded by a medical professional because he/she believes another decision would be better for the patient, then it is termed [paternalism](#).

An autonomous decision should **never** be overruled by a medical professional, but not all decisions are autonomous. For patients to have autonomy, they must have the **capacity** to receive, retain and repeat the information that is given to them, provided the information is complete and given to them in a manner that they can understand.



Clinical example:



*A patient with breast cancer is told by her oncologist that there are two treatment options, a total mastectomy or a partial mastectomy with radiotherapy. The patient decides to have a total mastectomy – **Autonomy***

*An oncologist decides that a patient with breast cancer should receive a total mastectomy - **Paternalism***

Consent is an extension of autonomy and is of many types. **Implied consent** is when a doctor assumes that certain actions or body language from a patient imply that the patient has consented to the planned action of the doctor. **Expressed oral consent** is when a patient has verbally given the doctor permission to proceed with the intended action. **Expressed written consent** is documented evidence that the patient has, usually with a signature, given consent to a procedure. Written consent should only be obtained after oral consent. **Fully informed consent** is consent given after all the information about the procedure has been given. When possible, fully informed consent, both written and oral, should be obtained before any procedure, examination or treatment.

Clinical example:

*A patient with tonsillitis is in the ENT (ear, nose and throat) ward and a doctor approaches with a syringe. The patient stretches out their left arm in the direction of the doctor. The doctor takes a sample of their blood. - **Implied Consent***

*The doctor then asks if she/ he can take the patient's blood pressure. The patient says yes. - **Expressed oral consent***

*Then the doctor asks the patient to consent for surgery by reading and signing a form consenting to a tonsillectomy after explaining to the patient the risks and benefits of the procedure. The patient reads and signs the document and expresses their wish to have the procedure. - **Fully informed written and oral consent***

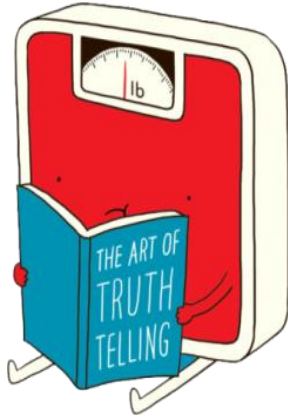


Autonomy and consent:

- Respect a person's right to make their own decisions;
- Teach people to be able to make their own choices;
- Support people in their individual choices;
- Do not force or coerce people to do things;
- 'Informed Consent' is an important outcome of this principle.



Ethical principles (truth- telling):



- The ethical principle of **Truth-telling** is the process in which a doctor gives the patient all the information about their health. It allows the patient to be fully-informed and, therefore, allows for the ethical principles of autonomy and consent. A point that always needs to be considered is the fact that some patients do not want the information. Therefore it is important to ask the patient if they want to know or not. The only other (extremely rare) occasion when it is acceptable not to tell the patient the truth is when the patient may come to harm when being told, e.g. "If you tell me I have cancer I will kill myself!".

Ethical principles – confidentiality:

The ethical principle of **confidentiality** ensures that the medical information held about a patient is accessible only to those to whom the patient has given access via autonomous and full-informed consent. In order to achieve trust between medical professionals and their patients, confidentiality must be maintained. Confidentiality may be broken if information shared by the patient refers to a potential danger to public safety or if it is ordered by a court.

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

Clinical example:



*A doctor informs a patient that he/ she cannot drive because of their recent diagnosis of epilepsy. The patient agrees but, when driving to work one morning, the doctor sees the person driving. The doctor **must** inform the local driving authority due to concerns regarding public safety.*

Ethical principles - preservation of life:

The ethical principle of **preservation of life** is a will to treat a patient's illness with the aim of prolonging life. After all, most patients want to live longer; most doctors may have joined the profession to save lives. This principle may be overruled if the patient has made a living will stating their desire not to be resuscitated.



Ethical principles – Justice:



- Justice refers to the distribution of things and positions of people within society. In a medical setting, justice involves the allocation of health-care resources in a fair way. This may be an equal distribution ([egalitarianism](#)) or a maximization of the total or average welfare across the whole society ([utilitarianism](#)).

Justice:

- Treating people fairly;
- Not favouring some individuals/groups over others;
- Acting in a non-discriminatory / non-prejudicial way;
- Respect for people's rights;
- Respect for the law.



Ethical principles:

However, applying any of these principles may sometimes conflict with one or more of the others.

PRINCIPLES OF ETHICS



AUTONOMY

Acknowledge people's right to make choices for themselves based on their own values and beliefs



BENEFICENCE

One ought to prevent and remove evil or harm; One ought to do and promote good (Beauchamp & Childress, 2009, p. 151).



NONMALEFICENCE

"One ought not to inflict evil or harm," where harm is understood as "thwarting, defeating, or setting back some party's interests"



JUSTICE

Treat others equally and fairly.

The Four Topic Method:

The Four Topic Method is a way to provide a framework in which the clinician faced with an ethical issue analyzes the case in an objective form. The Four Topic Method developed by Jonsen, Siegler and Winslade in 1982 includes the following and is aligned with the ethical principles of Autonomy, Beneficence, Non-maleficence, Justice:

- Medical Indications (Beneficence and Non-Maleficence);
- Patient Preferences (Autonomy);
- Quality of Life (Beneficence, Non-Maleficence and Autonomy);
- Contextual Features (Justice : Loyalty and Fairness).

4 ethical rules:

- **Veracity** – truth telling, informed consent, respect for autonomy;
- **Privacy** – a person’s right to remain private, not to disclose information;
- **Confidentiality** – only sharing private information on a ‘need to know basis’;
- **Fidelity** – loyalty, maintaining the duty to care for all no matter who they are or what they may have done.

Ethical Theories

There are two main ethical theories that apply to medical practice:

- Consequentialism refers to those moral theories which hold that the consequences of a particular action form the basis for any valid moral judgment about that action (taking the consequences of our actions into consideration).
- Deontology is an approach to ethics that focuses on the rightness or wrongness of actions themselves, as opposed to the rightness or wrongness of the consequences of those actions (basing our actions on a set of principles or duties).

Consequentialism

- Actions are right or wrong according to the balance of their good and bad consequences;
- The right act is the one that produces the best overall result;
- Utilitarianism (what action has the greatest utility - use/benefit/positive outcome) is a type of consequentialism.

Utilitarianism:

- most prominent consequence-based theory;
- based on the principle of utility;
- actions ought to produce the maximal balance of positive value (e.g. happiness) over disvalue (e.g. harm).

Medical deontology:

Medical Deontology refers to professional ethics of medical workers and principles of behaviour of medical personnel, directed towards maximum benefit of treatment.

Medical deontology includes problems of observing medical confidentiality, the problem of the extent of the medical worker's responsibility for the life and health of the patient, and problems of relationships of medical workers with each other. In accordance with medical deontology, in relation to the patient, the medical worker must pay maximum attention and apply all their knowledge in order to restore the patient to health or bring relief to him/ her in their sufferings; he/ she must convey to the patient only information about their health that will be beneficial to him/ her and establish contact between the patient and the physician.



A doctor must avoid conversations and discussions with colleagues, personnel in the presence of the patient, and with the patient himself/ herself concerning their illness which sometimes produce the development of iatrogenic diseases. An international code of medical ethics was ratified (1949) by the World Medical Association in Geneva.

Clinical example:

A doctor comes out of a room after witnessing a patient suffer a distressing death. The family approach the doctor and ask if he/ she suffered. The doctor lies and says "He went peacefully".

- **Consequentialist view** - this eases the burden of the family at a distressing time.
- **Deontologist view** - lying is fundamentally wrong and the family are entitled to know the truth.



- **The duties of a doctor registered with the General Medical Council**

Patients must be able to trust doctors with their lives and well-being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life.

In particular as a doctor you must:

- make the care of your patient your first concern;
- treat every patient politely and considerately;
- respect patients' dignity and privacy;
- listen to patients and respect their views;
- give patients information in a way they can understand;
- respect the rights of patients to be fully involved in decisions about their care;
- keep your professional knowledge and skills up to date;
- admit the limits of your professional competence;
- be honest and trustworthy;
- respect and protect confidential information;
- make sure that your personal beliefs do not prejudice your patients' care;
- act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practice;
- avoid abusing your position as a doctor;
- work with colleagues in the ways that best serve patients' interests.

In all these matters you must never discriminate unfairly against your patients or colleagues. And you must always be prepared to justify your actions to them.

Questions to control your knowledge

1. Give the definition of ethics.

Ethics is the understanding of the nature of conflicts arising from moral imperatives and how we can best resolve them.

2. From a moral point of view, what decides ethics?

Ethics does NOT decide what is right or wrong from a moral point of view; rather, consider how we should best act in the light of our duties and obligations as moral agents.

3. When an "ethics issue" arises:

- When you have to judge what is good or bad;
- Choosing between options;
- The decision to do something or to do nothing;
- Should or shouldn't they?
- Dilemma - making a difficult choice.

4. Ethical issues in healthcare

- We usually think of "big" problems, ex. defining life, what a person is, quality of life, prolonging life, ending life, human rights.
- But everyday ethical issues can involve:
- Respecting people;
- Treating people with dignity;
- Correct treatment of people;
- Supporting the patient's choices.

5. Medical ethics can be described as:

Doctors must always act in the interest of their patients; but sometimes there is a conflict between the obligations to a patient and those perceived to be due to the community or other patients.

6. The central principle of modern medical ethics is:

Respect for patient autonomy and the fundamental principle of informed consent.

7. Medical ethics implies:

- Medical ethics is a practical discipline as well as a branch of moral philosophy.

- Ethics is an integral part of good medical practice.
- Ethics refers to the choices we make and our actions in relation to these choices.
- It deals with the choices made by clinicians and patients and the duties and obligations of physicians towards their patients.
- Medical ethics also deals with the choices made by society, the distribution of resources and access to healthcare and the dilemmas that arise from it.
- Ethics deals with choices.

8. Ethical principles are:

- Good and bad;
- Autonomy and consent;
- Telling the truth;
- Confidentiality;
- Preservation of life;
- Justice.

9. Ethical principles - good and bad do:

Charity is the act of "doing good," while doing evil is the act of "not doing harm." In practical terms, healthcare workers have an ethical responsibility to strive to do what is in the best interests of their patients. However, it is important to note that some medical interventions can look like beneficial, but they can also present the possibility of harming them.

10. The blessing (to do good), implies:

- Our actions must provide "doing good" to people - health, well-being, comfort, well-being, improving a person's potential, improving the quality of life.
- Act on behalf of "vulnerable people" to protect their rights;
- Prevent evil.
- Create a safe and supportive environment.
- Help people in crisis situations.

11. Non-harm, it involves:

- does not harm people.
- does not cause pain or suffering.

- does not cause disability.
- does not cause offense.
- do not deprive people.
- does not kill.

12. Ethical principles - autonomy and consent can be described as:

- Autonomy is a patient's right to make an informed and unforced decision about his or her own health management.
- Consent is the extension of autonomy and is of several types., Implicitly, expressed orally, expressed in writing, fully informed.

13. If the principle of autonomy is ignored by a specialist because he believes that another decision would be better for the patient, this approach is called:

- Paternalism

14. For patients to have autonomy, they must have:

- the ability to receive, store and repeat the information provided to them,
- provided that the information is complete and transmitted in a way that they can understand.

15. The oncologist tells a breast cancer patient that there are two treatment options, a total mastectomy or a partial mastectomy with radiotherapy. The patient decides to have a total mastectomy. What ethical principle is demonstrated in this example?

Autonomy.

16. An oncologist decides that a breast cancer patient should be treated with a total mastectomy. What ethical principle is demonstrated in this example?

Paternalism.

17. What is implied consent:

Implied consent is when a doctor assumes that certain actions or body language from a patient imply that the patient has consented to the planned action of the doctor.

18. What is expressed oral consent:

Expressed oral consent is when a patient verbally gave the doctor permission to continue with the desired action.

19. What is the written consent:

The written consent is a documented proof that the patient, usually with a signature, has given consent for a procedure. Written consent must be obtained only after oral consent.

20. What constitutes fully informed consent:

Full informed consent is the consent given after all information about the procedure has been provided. Where possible, fully informed, written and oral consent should be obtained before any procedure, examination or treatment.

21. A patient with tonsillitis is in the ENT (ear, nose and throat) and a doctor approaches with a syringe. The patient extends his left arm in the direction of the doctor. The doctor takes a sample of his blood. What ethical principle is demonstrated in this example?

Implied consent

22. The doctor then asks if he can measure the patient's blood pressure. The patient says yes. What ethical principle is demonstrated in this example?

Oral consent.

23. The physician asks the patient to consent to the operation by reading and signing a form in which the patient gives consent for a tonsillectomy, after explaining to the patient the risks and benefits of the procedure. The patient reads and signs the document and expresses his desire to have the procedure. What ethical principle is demonstrated in this example?

Fully informed written and oral consent.

24. Autonomy and consent, these include:

- Respect a person's right to make their own decisions;
- Teach people to make their own choices;
- Support people in their individual choices;
- Do not force someone to do something;
- "Informed consent" is an important result of this principle.

25. The ethical principle - telling the truth, is:

The principle is the process by which a doctor provides the patient with all the information about his health. This principle allows the patient to be fully informed and therefore takes into account the ethical principles of autonomy and consent.

26. One aspect that must always be taken into account is that some patients do not want the information. Therefore, it is important to:

Ask the patient if he or she wants to know about his or her health.

27. The only (extremely rare) occasion when it is acceptable not to tell the patient the truth is when the patient can:

- get hurt when told, e.g. "If you tell me I have cancer, I will kill myself."

28. The ethical principle - confidentiality, represents:

The ethical principle of confidentiality ensures that medical information held about a patient is accessible only to those to whom the patient has given access through autonomous and fully informed consent.

29. Why should confidentiality be maintained?

In order to gain trust between medical professionals and their patients.

30. When can confidentiality be violated?

Confidentiality may be violated if the information shared by the patient relates to a potential danger to public safety or if this is ordered by a court.

31. A doctor informs a patient that he cannot drive because of the recent diagnosis of epilepsy. The patient agrees but, driving to work one morning, the doctor sees the person driving. What should the doctor do in this case?

The doctor must inform the local authority about public safety concerns.

32. The ethical principle - the preservation of life, implies:

The ethical principle of preserving life is the will to treat a patient's illness in order to prolong his life. Finally, most patients want to live longer; most doctors may join the profession to save lives.

33. Ethical principle - preservation of life, may be violated in which case:

If the patient made a will while alive, declaring the desire not to be resurrected.

34. The ethical principle - Justice, presupposes:

Justice refers to the distribution of things and positions of people in society. In a medical context, justice involves the allocation of medical resources in a fair way.

35. Types of justice can be:

This can be an equal distribution (egalitarianism) or a maximization of total or average well-being throughout society (utilitarianism).

36. Justice supposes:

- Treating people fairly;
- Not favoring some individuals / groups to the detriment of others;

- Acting in a non-discriminatory / non-harmful manner;
- Respecting human rights;
- Compliance with the law.

37. The method of the four topics corresponds to the ethical principles of Autonomy, Doing Good, Evil and Justice and includes the following:

- Medical indications (Doing good, Doing no harm);
- Patient preferences (autonomy);
- Quality of life (Doing good, Not doing bad and Self-employed);
- Contextual characteristics (Justice: loyalty and fairness).

38. Truthfulness in the methods of the four subjects implies:
telling the truth, informed consent, respect for autonomy;

39. Confidentiality in the methods of the four subjects implies:
the right of a person to remain private, not to disclose information;

40. Confidentiality in the methods of the four topics implies:
only the sharing of private information on the "need for knowledge";

41. Fidelity in the methods of the four subjects supposes:
loyalty, maintaining the duty to take care of everyone, no matter who they are or what they have done.

42. There are two main ethical theories that apply in medical practice:

- Consequentialism
- Ethics

43. The consequentialism of the main ethical theories that is applied in medical practice refers to:
to those moral theories which hold that the consequences of a particular action form the basis of any valid moral judgment on that action (acceptance of the consequences of our actions).

44. The ethics of the main ethical theories that are applied in medical practice are:
an approach to ethics that focuses on the correctness or incorrectness of the actions themselves, as opposed to the correctness or incorrectness of the consequences of these actions (basing our actions on a set of principles or duties).

45. Consequentialism implies:

- Actions are right or wrong depending on the balance between their good and bad consequences;
- The right act is the one that produces the best result overall;
- Utilitarianism (which action has the greatest utility - use / benefit / positive result) is a type of consequentialism.

46. Utilitarianism supposes:

- the most prominent theory based on consequences;
- based on the principle of utility;
- actions should produce the maximum balance of positive value (for example, happiness) in favor of depreciation (ex. damage).

47. Medical ethics refers to:

The professional ethics of medical workers and the principles of behavior of medical staff, oriented towards the maximum benefit of treatment.

48. What does medical ethics include?

Medical ethics includes issues of respect for medical confidentiality, the issue of the degree of responsibility of the medical worker for the life and health of the patient and issues related to the relations of medical workers between them.

49. What should the medical worker do in relation to the patient regarding the aspects of medical deontology?

- According to the medical deontology, in relation to the patient, the medical worker must pay maximum attention and apply all his knowledge to restore the patient's health or to help him in his sufferings; the doctor should only pass on to the patient information about their health that will be beneficial to and establish contact between the patient and the doctor.
- A physician should avoid conversations and discussions with colleagues, staff in the presence of the patient and with the patient himself about their disease, which sometimes causes iatrogenic disease to develop. An international code of medical ethics was ratified (1949) by the World Medical Association in Geneva.

50. A doctor leaves a room and witnesses a patient suffering a painful death.

The family approaches the doctor and asks him if the patient has suffered.

The doctor does not tell the truth: "He left in peace." Describe the conceptualist and deontological conceptions in relation to this clinical example.

Conceptualist conception - this eases the burden of the family in a time of suffering.

Deontological conception - lying is fundamentally wrong, and the family has the right to know the truth.

51. Duties of a doctor registered with the General Medical Council:

- take care of the patient, your first concern;
- treat each patient politely and carefully;
- respect the dignity and privacy of patients;
- listen to patients and respect their opinions;
- provide patients with information in a way that they can understand;
- respect patients' rights to be fully involved in decisions about their care;
- keep your professional knowledge and skills up to date;
- recognize the limits of your professional competence;
- Be honest and trustworthy;
- Respect and protect confidential information;
- make sure that your personal beliefs do not harm the care of your patients;
- act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be prepared;
- avoid abusing your position as a doctor;
- Collaborate with colleagues in ways that best serve patients' interests.

52. A physician registered with the General Medical Council should never:

You must never discriminate unfairly against your patients or colleagues.

53. A doctor registered with the General Medical Council must not always:

Always be prepared to justify their actions.

Test

1. Give the definition of ethics.

a. * Ethics is the understanding of the nature of conflicts arising from moral imperatives and how we can best resolve them.

- b. Ethics is the science of conflicts arising from moral imperatives and how we can generate them.
- c. Ethics is the art of being polite.
- d. Ethics is a branch of practical medicine.
- e. Ethics decides what is right or wrong from a moral point of view.

2. From a moral point of view, what decides ethics?

- a. * Ethics does NOT decide what is right or wrong from a moral point of view.
- b. Ethics decides what is right or wrong from a moral point of view.
- c. * Ethics considers how we should best act in the light of our duties and obligations as moral agents.
- d. Doctors must always act in their best interest.
- e. Ethics decides to solve "big" problems.

3. When an "ethics issue" arises:

- a. * When you have to judge what is good or bad;
- b. * Choice between options;
- c. * The decision to do something or to do nothing;
- d. * Should or shouldn't you?
- e. Dilemma - making a choice for the patient.

4. Ethical issues in the field of healthcare

- a. * Respecting people.
- b. * Treating people with dignity.
- c. * The correct treatment of people.
- d. * Supporting patient choices.
- e. Supporting colleagues.

5. Medical Ethics can be described as:

- a. * Physicians must always act in the best interests of their patients.
- b. * Sometimes there is a conflict between the obligations towards a patient and those perceived to be due to the community or other patients.
- c. Doctors must always act in their best interests.
- d. Ethics decides to solve "big" problems.

e. Dilemma - making a choice for the patient.

6. The central principle of modern medical ethics is:

a. * Respect for patient autonomy and the fundamental principle of informed consent.

b. Physicians must always act in their best interests.

c. Ethics decides to solve "big" problems.

d. Dilemma - making a choice for the patient.

e. Supporting colleagues in any situation.

7. Medical ethics implies:

a. * Medical ethics is a practical discipline, as well as a branch of moral philosophy.

b. * Ethics is an integral part of good medical practice.

c. * Ethics refers to the choices we make and our actions in relation to these choices.

d. Ethics deals with conflicts.

e. Medical ethics is a theoretical discipline, as well as a branch of evidence-based medicine.

8. Medical ethics implies:

a. * It deals with the choices made by clinicians and patients and the duties and obligations of physicians to their patients.

b. * The medical ethics also deals with the choices made by the society, the distribution of resources and the access to medical care and the dilemmas arising from them.

c. * Ethics deals with choices.

d. Ethics is the art of conflict.

e. Ethics decides to solve "big" problems.

9. Ethical principles are:

a. * Benefit and harm done.

b. * Autonomy and consent.

c. * Telling the truth.

d. Hiding the truth.

e. Harmful can be argued.

10. Ethical principles are:

- a. * Confidentiality.
- b. * Preservation of life.
- c. * Justice.
- d. diplomatic channels.
- e. Ethics decides to solve "big" problems.

11. Ethical principles - doing good and doing evil do mean:

- a. * Benefit is the act of "doing good", while not doing evil is the act of "not doing evil".
- b. * In practical terms, health care workers have an ethical responsibility to strive to do what is in the best interests of their patients.
- c. * However, it is important to note that some medical interventions may seem beneficial, but they may also present the possibility of harming them.
- d. Blessing is the act of "not doing harm".
- e. The wrongdoing is the act of "doing good."

12. The blessing (to do good), implies:

- a. * Our actions must provide "doing good" to people - health, well-being, comfort, well-being, improving a person's potential, improving the quality of life.
- b. * Act on behalf of "vulnerable people" to protect their rights.
- c. Prevent all possible situations.
- d. * Create a safe and supportive environment.
- e. * Help people in crisis situations.

13. Not doing harm involves:

- a. do not watch.
- b. * does not cause pain or suffering.
- c. * does not determine the incapacity.
- d. * does not cause offense
- e. * does not kill.

14. Ethical principles - autonomy and consent can be described as:

- a. * Autonomy is a patient's right to make an informed and unforced decision about his or her own health management.
- b. * Consent is the extension of autonomy and is of several types: implicit, expressed orally, expressed in writing, fully informed.
- c. Autonomy is the right of a patient to make a decision without consulting the doctor.
- d. Consent is the extension of autonomy and is of a single type, fully informed.
- e. Autonomy is the right of a doctor to make a decision without talking to the patient.

15.If the principle of autonomy is ignored by a specialist doctor because he thinks that another decision would be better for the patient, this approach is called:

- a. * Paternalism.
- b. authority.
- c. Doing harm.
- d. ignored.
- e. Keeping.

16.In order for patients to have autonomy, they must have:

- a. * the ability to receive, store and repeat the information provided to them.
- b. * a condition is that the information be complete and transmitted in a way that patients can understand.
- c. the ability to repeat the information provided to them.
- d. a condition is that the information be complete and in written form.
- e. a condition is that the information gives autonomy to the doctor.

17.The oncologist tells a breast cancer patient that there are two treatment options, a total mastectomy or a partial mastectomy with radiation therapy. The patient decides to have a total mastectomy. What ethical principle is demonstrated in this example?

- a. * Autonomy.
- b. Authority.
- c. Delegate.
- d. Justice.

e. Charity.

18. An oncologist decides that a breast cancer patient should be treated by a total mastectomy. What ethical principle is demonstrated in this example?

a. * Paternalism.

b. autonomy.

c. Authority.

d. delegation.

e. Justice.

19. What is implied consent:

a. * Implied consent is when a physician assumes that certain actions or body language of the patient implies that the patient has consented to the physician's planned action.

b. The implied consent is when a doctor presupposes certain actions by the patient.

c. Implied consent is when a doctor cannot assume certain actions on the part of the patient.

d. The implied consent is legally unargued.

e. No answer is correct.

20. What constitutes oral expressed consent:

a. * Oral expressed consent is when a patient has verbally given the doctor permission to continue with the desired action.

b. Oral expressed consent is when a doctor presupposes certain actions by the patient.

c. Oral expressed consent is when a patient has given the doctor in writing permission to continue with the desired action.

d. The consent expressed orally is legally non-documented.

e. No answer is correct.

21. What is the written consent:

a. * Written consent is documented evidence that the patient, usually with a signature, has given consent for a procedure.

b. Written consent should only be obtained after oral consent.

c. Oral consent should be obtained only after written consent.

d. Written consent must

22. What is fully informed consent:

- a. * Fully informed consent is the consent given after all information about the procedure has been provided.
- b. * When possible, full informed, written and oral consent should be obtained prior to any procedure, examination or treatment.
- c. Fully informed consent is when a physician involves certain actions on the part of the patient.
- d. The fully informed consent is a documented proof that the patient, usually with a signature, has given consent for a procedure.
- e. The fully informed consent is when a doctor receives in oral form certain actions from the patient.

23. A patient with tonsillitis is in the ENT section (ear, nose and throat) and a doctor approaches with a syringe. The patient extends his left arm in the direction of the doctor. The doctor takes a sample of his blood. What ethical principle is demonstrated in this example?

- a. * Implied consent.
- b. Oral consent.
- c. Fully informed oral consent.
- d. Written and oral consent.
- e. No answer is correct.

24. The doctor then asks if he can measure the patient's blood pressure. The patient says yes. What ethical principle is demonstrated in this example?

- a. * The consent expressed orally.
- b. The implied consent.
- c. Complete informed oral consent.
- d. Written and oral consent.
- e. No answer is correct.

25. The doctor asks the patient to consent to the operation by reading and signing a form whereby the patient gives consent for a tonsillectomy, after explaining the risks and benefits of the procedure to the patient. The patient reads and signs the document and expresses his desire to have the procedure. What ethical principle is demonstrated in this example?

- a. * Fully informed written and oral consent.
- b. Oral consent.
- c. Implied consent.
- d. Written consent.
- e. No answer is correct.

26. Autonomy and consent, they imply:

- a. * Respect a person's right to make their own decisions.
- b. * Teach people to make their own choices.
- c. * Support people in their individual choices.
- d. Force someone to do something.
- e. * "Informed consent" is an important result of this principle.

27. The ethical principle - telling the truth, is:

- a. * The principle is the process by which a physician provides the patient with all information regarding his or her health.
- b. * This principle allows the patient to be fully informed and therefore takes into account the ethical principles of autonomy and consent.
- c. The principle is the process by which a physician provides the patient with the selected information regarding his or her health.
- d. This principle allows the patient to be fully informed, taking into account the ethical principles of autonomy.
- e. This principle allows the patient to be fully informed, taking into account the ethical principles of consent.

28. One aspect that should always be considered is that some patients do not want the information. Therefore, it is important to:

- a. * Ask the patient if he or she wants to know or not about his or her health.
- b. Ask the patient why he is not interested in information about his health.
- c. Ask the patient who can listen to the information instead.
- d. Ask the patient if he or she wants to know about his or her health.
- e. Ask the patient if the information received can be discussed with relatives.

29. The only (extremely rare) occasion when it is acceptable not to tell the patient the truth is when the patient can:

- a. * to injure himself when told, e.g. "If you tell me I have cancer, I will kill myself."
- b. to leave the hospital.
- c. communicate information with other patients.
- d. there are no such situations in medical practice.
- e. at the doctor's decision the information can be selected and disseminated.

30. The ethical principle - confidentiality, represents:

- a. * The ethical principle of confidentiality ensures that the medical information held about a patient is accessible only to those to whom the patient has given access through the autonomous and fully informed agreement.
- b. The ethical principle of confidentiality ensures that the medical information held about a patient is fully accessible.
- c. The ethical principle of confidentiality ensures that medical information is fully secreted for all, including the patient.
- d. The ethical principle of confidentiality ensures that medical information is freely accessible by any medical worker, the principle ensures medical cooperation.
- e. Confidentiality cannot be violated in any case.

31. Why should confidentiality be maintained?

- a. * To gain trust between medical professionals and their patients.
- b. To keep the medical secret.
- c. Confidentiality is the obligation of patients.
- d. Confidentiality must not be maintained, the patient must be aware of medical data.
- e. Confidentiality if kept may misinform the physician.

32. When can confidentiality be violated?

- a. * Confidentiality may be violated if the information shared by the patient relates to a potential danger to public safety or if this fact is disposed of by a court.
- b. Confidentiality may be violated if the information shared by the patient refers to the examinations of another medical specialist.
- c. Confidentiality may be violated if the information shared by the patient is incorrect.
- d. Confidentiality cannot in any case be violated.

e. Confidentiality may be violated if the doctor considers that he must disclose the information.

33. A doctor informs a patient that he cannot drive due to a recent diagnosis of epilepsy. The patient agrees but, driving to work one morning, the doctor sees the person driving. What should the doctor do in this case?

- a. * The physician must inform the local authority of public safety concerns.
- b. The doctor does not have the legal right to disclose any information about the patient's health.
- c. The physician must inform the patient repeatedly about the pathology they are suffering from.
- d. The physician must inform the patient's family that they can take the necessary measures.
- e. The doctor must stop the patient and take him home or to the hospital.

34. The ethical principle - preservation of life, involves:

- a. * The ethical principle of life preservation is the will to treat a patient's illness in order to extend his life.
- b. * Most patients want to live longer; most doctors may join the profession to save lives.
- c. Most patients want to live long; for which reason he frequently requests medical help, in order to have a long and disease-free life;
- d. Most patients visit hospitals without motivation, thus creating obstacles for those who really need medical care.
- e. Preservation of life is the principle of disease eradication.

35. The ethical principle - the preservation of life, can be violated in which case:

- a. The ethical principle of preserving life cannot be violated.
- b. * If the patient made a will while alive, declaring the wish not to be resurrected.
- c. If the patient asks the doctors to interrupt his life.
- d. If the doctor decides that the resuscitation attempt has no chance.
- e. No answer is correct.

36. The ethical principle - Justice, involves:

- a. * Justice refers to the distribution of things and people's positions in society.

b. * In a medical context, justice involves the equitable allocation of medical resources.

c. Justice ensures the compensation of the patient's damages.

d. Justice refers to medical legislation.

e. Justice refers to the legal doctor-patient relationship.

37.Types of justice can be:

a. Principlism.

b. centralized type.

c. * Egalitarianism.

d. * Utilitarianism.

e. Decentralism.

38.Justice supposes:

a. * Treat people fairly.

b. * Failure of some individuals / groups to the detriment of others.

c. * Acting in a non-discriminatory / non-harmful manner.

d. * Respect for human rights.

e. Respect for collegiality.

39.The method of the four topics corresponds to the ethical principles of Autonomy, Doing Good, Doing No Evil and Justice and includes the following:

a. * Medical indications (Do good, Do no harm).

b. Quality of medical services (Justice and Autonomy).

c. * Patient preferences (Autonomy).

d. * Quality of life (Doing good, Not doing bad and Self-employed).

e. * Contextual characteristics (Justice: loyalty and fairness).

40.Truthfulness from the methods of the four subjects supposes:

a. Respect for the truth.

b. * Telling the truth.

c. * Informed consent.

d. * Respect for autonomy.

e. Loyalty and fairness.

41. Confidentiality in the methods of the four subjects implies:

- a. The right of a person not to remain private.
- b. Disclosure of information.
- c. * The right of a person to remain private.
- d. * Failure to disclose information.
- e. Respect for the truth.

42. Confidentiality in the methods of the four topics implies:

- a. * Only sharing private information on the "need for knowledge".
- b. A person's right not to remain private.
- c. Respect for the truth.
- d. Distribution of people's things and positions in society.
- e. Loyalty and respect.

43. Fidelity in the methods of the four subjects supposes:

- a. * Loyalty.
- b. * Maintaining the duty to take care of everyone.
- c. * No matter who they are or what they did.
- d. Respect for the truth.
- e. Maintaining the duty to information.

44. There are two main ethical theories that apply to medical practice:

- a. * Consequentialism.
- b. * Deontology.
- c. Principlism.
- d. centralized type.
- e. Decentralism.

45. The consequentialism in the main ethical theories applied in medical practice refers to:

- a. * accepting the consequences of our actions.
- b. accepting the consequences of the patient's actions.

- c. we accept the consequences of our actions.
- d. our acceptance of the consequences of the patient's actions.
- e. Acceptance of actions.

46. The ethics of the main ethical theories that are applied in medical practice are:

- a. * basing our actions on a set of principles or duties.
- b. basing our actions on experience.
- c. basing our actions on council decisions.
- d. basing our actions on principls.
- e. basing our actions on centralism.

47. Consequentialism supposes:

- a. * Actions are right or wrong depending on the balance between their good and bad consequences.
- b. * The right act is the one that produces the best result overall.
- c. * Utilitarianism (which action has the greatest utility - use / benefit / positive result) is a type of consequentialism.
- d. The wrong act is the one that sometimes produces a good result in total.
- e. Concentralism (which action has the greatest utility - use / benefit / positive result) is a type of consequentialism.

48. Utilitarianism involves:

- a. * the most prominent consequence-based theory.
- b. * based on the principle of utility.
- c. * shares should produce the maximum positive value balance (ex. happiness) in favor of impairment (ex. damage).
- d. based on the principle of centralism.
- e. the most prominent theory based on cooperation.

49. Medical ethics refers to:

- a. * The professional ethics of the medical workers and the behavioral principles of the medical personnel, oriented towards the maximum benefit of the treatment.
- b. The professional ethics of medical workers and the principles of behavior of medical staff, oriented towards the maximum benefit of the doctor.

- c. The professional ethics of the medical workers and the principles of behavior of the medical staff, oriented towards the maximum benefit of the hospital.
- d. Patient behavior in a medical institution.
- e. The appropriate medical document after the medical decision.

50. What does medical ethics include?

- a. * Medical ethics include issues of respect for medical confidentiality.
- b. * The problem of the degree of responsibility of the medical worker for the life and health of the patient.
- c. * Problems related to the relations of medical workers with each other.
- d. Medical ethics includes compliance with the oath.
- e. Problems related to the relations of the admitted patients.

51. A doctor leaves a room and witnesses a patient suffering a painful death. The family approaches the doctor and asks him if the patient has suffered. The doctor does not tell the truth: "He left in peace." Describe the conceptualist and deontological conceptions in relation to this clinical example.

- a. * Conceptual conception - this eases the burden of the family in a time of suffering.
- b. * Deontological conception - the lie is fundamentally wrong, and the family has the right to know the truth.
- c. The conceptual conception - the lie is fundamentally wrong, and the family has the right to know the truth.
- d. Deontological conception - this eases the burden of the family in a time of suffering.
- e. Deontological conception - this eases the medical burden.

52. Duties of a doctor registered with the General Medical Council:

- a. * do patient care, your first concern;
- b. * treat each patient politely and with care;
- c. * respect the dignity and intimacy of the patients;
- d. * listen to patients and respect their opinions;
- e. provide patients with the information that you think is important;

53. A doctor according to the General Medical Council must never:

- a. * Unjustly discriminate against patients or colleagues.
- b. Collaborate with the police.
- c. Be friends with patients.
- d. Communicate outside the service with patients.
- e. No answer is correct.