

## Doctor Patient Relations

1. You are a resident at the ER. An irate parent comes to you furious because the social worker has been asking him about striking his child. The child is a 5 yr old who has been in the ER 4 times this year with several episodes of trauma that did not seem related. Today, the child is brought with a complaint of “slipping into a hot bathtub” with a burn wound on his legs. The parent threatens to sue you & says” how dare you think that about me , I love my son !”.

What should you do?

- a. give assurance to the parents & treat the patient’s injury appropriately
- b. ask risk management to evaluate the case
- c. admit the child to remove him from possibly dangerous environment
- d. call the police
- e. ask the father yourself if there has been any abuse
- f. speak to the wife privately about possible episodes of abuse
- g. explain to the parents that next time this happens you will have to call child protective services
- h. report the family to child protective services
- i. give the parents referral to a family therapist they can see with the child the foll week

Answer: H. report the family to child protective services

Reporting of child abuse is mandatory even based on suspicion alone. The physician is legally protected even if it turns out to be no abuse as long as the report was made honestly and without malice. You do not have the authority to remove the child from the parents only the child protective services or the courts can do that.

The police should be called if the assault is happening at the exact moment, but the police are not appropriate to investigate child abuse. When u have suspicion of child abuse, it doesn’t matter what parents have to say. That is why talking directly to the mother or father is incorrect.

Many answered D. call the police thinking that they have to protect the doctor as well as the child. " call the police " refers to the child abuse not "assault of the doctor" . hospital security can take care of the father if he is assaulting the doctor, the child is not in any imminent danger as long as he is in the hospital

2. Your patient has just recently been diagnosed with familial adenomatous polyposis (FAP). The patient has become divorced and refuses to give you consent to inform his ex-wife who now has custody of their children. He threatens to sue u if u reveal elements of his medical care to his ex-wife.

What should u do?

- a.respect the patients right to confidentiality.
- b.transfer the patient's care to another physician
- c.ask the health dept to inform the ex-wife
- d.seek a court order to inform the ex-wife
- e.inform the ex-wife of the risk to the children.
- f.inform the ex-wife;s doctor.

Ans:e.inform the ex-wife of the risk to the children.

The patients right to confidentiality ends when it comes into conflict with the safety of other people. The children have a right to know whether their lives will be cut short by the disease.The most important element is to begin screening at 12 yrs with sigmoidoscopy every year. In addition the mother has a right to know whether her children will be come ill & how to plan that. As a part of divorce ,the stipulation that each parent must inform the other parent of health care issues for the children as they arise is a standard part of the agreement.

The right to one person's privacy is not as important as the right to another person;s safety.this is an established standard & does not require a court order.

You will have more liability from the ex-wife if you DO NOT inform than violating the confidentiality of the patient.The health dept does not do notification of genetic diseases. It notifies partners and the population at risk of transmissible diseases such as TB,HIV,STDs and food and water borne diseases

3. You are seeing a pt who has TB.he is undocumented (illegal ) immigrant .His family will need to be screened for TB with PPD testing. He is frightened of being deported if the dept of health learns of his illegal status.

What should u tell him ?

- a.dont worry the dept of health does not ask or report immigration status

b. only people who are noncompliant with medications are reported to the govt.

c. dont worry I will fully treat u before we deport u.

d. iam sorry but there is nothing I can do about this. There is mandatory reporting to the govt.

Ans:A. dont worry the dept of health does not ask or report immigration status.

The immigration status is not the concern of the physician or the dept of health. There Is not mandatory reporting to the govt either before ,during or after the treatment of TB. Incarceration to take TB medications may occur for a noncompliant patient but they do not specifically face deportation for health reasons. Actually impaired health is one of the grantable reasons for asylum. Mandatory reporting to immigration status would be a direct impairment of physician /pt relationship.

4. A couple comes to see you after having tried INvitro fertilization & artificial insemination. They are very happy because now they have a child. They have a significant amount of left over sperm ,eggs, and some fertilized embryos & are thinking about selling them.

What should u tell them?

a. it is legal to sell only eggs

b. it is legal to sell only sperm

c. it is legal to sell both the sperm and eggs not the embryos

d. it is illegal to sell any of them

e. it is legal to sell all of them

Ans.C, it is legal to sell both the sperm and eggs not the embryos

The pt can sell or donate unfertilized gametes such as sperm & eggs. An embryo can also be donated , however it is currently illegal to sell embryos.

5. You have a pt with severe MS that is advanced & progressive who now develops renal failure secondary to DM, the pt is alert & has erected to put DNR order in place at her own discretion. The pts K levels are now elevated at 8 meq/l.

Which of the following is most appropriate?

- a. dialysis cannot be done because of the DNR order
- b. you can do the dialysis if the DNR is reversed for the procedure
- c. go ahead with the dialysis, ignore the DNR order
- d. Give kayexalate until DNR status is discussed with the family.

Ans: c. go ahead with the dialysis, ignore the DNR order

A DNR order is very specifically defined as refraining from CPR efforts such as chest compressions, anti arrhythmics medications, or electrical cardioversion in the event of cardiac arrest.

A DNR order has nothing to do with any other forms of care. You should pretend the DNR order does not exist while evaluating the use for dialysis.

Hyperkalemia is life threatening. It is illogical to use an inferior therapy such as kayexalate.

The pt's family is not relevant in making the decision if the pt has the capacity to understand his or her own medical problems.

6. A 35 yr old female comes to your office with a large form to be filled certifying that she is in good health. This is part of her pre employment evaluation. The form also asks for the results of the patient's adenomatous polyposis coli gene. This is in order for the company to determine which of its long term employees will need care.

What should be your response?

- a. perform the test
- b. perform the test but do not share the results with the employer.
- c., do not perform the test
- d. ask the pt if she wants the test done and the results reported.
- e. perform the colonoscopy, the employer is entitled to know about current health problems not future ones,
- f. include the test only if pt has family members with the disease.

Ans. d. ask the pt if she wants the test done and the results reported

Employers do not have the right to the confidential health info. you may perform certain tests & report them to the employer with the consent of the pt.

7. You have a pt who is a HIV + physician. He has recently found out his status & you are the only one who know about it. Who are u legally obligated to inform??

a. his insurance company

b. state govt.

c. his patients

d. his patients only if he performs surgery where transmission is possible

e. no one without his written consent

f. his employer

g. the hospital HR dept.

Ans: e. no one without his written consent

patients with HIV have a right to privacy as long as they are not putting others at risk.

you have NO MANDATORY OBLIGATION to inform the state, his insurance or his employer.

You and the patient DO NOT HAVE A MANDATORY OBLIGATION to inform his patients of his HIV status even if he is a surgeon. this is because a HIV + physician poses NO significant risk of transmission to the patient.

Universal precautions are supposed to prevail in order to prevent transmission. Every patient requires management as if he were HIV + in order to interrupt transmission. this is the meaning of "universal" precautions.

8. You are a resident managing a pt with cellulitis . the pt has a history of CCF and a normal EKG. The pt is on digoxin, ACE inhibitor & diuretic but not a beta blocker. You cannot find a CI to the use of a beta blocker in the chart or in discussion with pt. u ask the attending why there is no beta blocker & he looks at u as if u had an anoxic encephalopathy., he says “ I have been in practice for 40 yrs , don’t u think I know what am doing ??????.beta blockers are dangerous in CCF””. The pt looks proudly at the attending & says “ I have the smartest doctor in the world”.

What should u do??

- a. wait for the attending to leave & give pt a prescription for carvedilol
- b. suggest the pt to find another doctor.
- c. report the physician to the state licensing board
- d. do nothing he is the attending on record
- e. bring the disagreement to the chief of staff
- f. help the pt find a good lawyer & volunteer to testify.

Ans. e. bring the disagreement to the chief of staff

Your first duty is to the pt. however you cannot damage the physician /pt relationship between the attending & pt. you cannot change therapy without his knowledge.

9. A 47 yr old man with end stage renal failure has asked you to stop his dialysis. The pt fully understands he will die if dialysis is stopped for more than a few days or weeks. he is not depressed and not encephalopathic

What should you tell him?

- a. I need a court order first
- b. I am sorry, I don't feel comfortable doing that.
- c. I can't do that. Physician assisted suicide is not ethical.
- d. I will stop when you get a kidney transplant
- e. Although I disagree with your decision I will stop dialysis.

Ans : E. Although I disagree with your decision I will stop dialysis

the patient is competent & wishes dialysis to be stopped.

he is not going to die the next moment or the coming hours, so it is not physician assisted suicide, anyway, I think you understand,

going to the courts or ethics board, we should keep as our last option.

if pt in coma, family members have conflict of interest & pt has no written order, then we go to the ethics board, then to court, etc,.....

10. A patient comes to the ER with a gun shot wound in his thigh. He says he was shot accidentally while hunting with his cousin . You treat the wound & give him antibiotics.

What should u do now?

- a.report to the police
- b.do not report to the police
- c.it was accidental ,so It does not warrant to report
- d.encourage the patient to report to the police
- e report only if patient consents to it.

Ans: A report to the police

Reporting of gun shot wounds is mandatory but from a different perspective than other forms of reporting. The mandatory reporting is based on pursuing a criminal investigation of the person doing the shooting. Report even if the victim objects. The societal need for safety supersedes the privacy of the patient in the case of gunshot wounds.

11. You are a 4 yr medical student with a pt who has been in a severe motor vehicle accident. the pt has a subdural hematoma that led to cerebral herniation before it could be drained. over the last few days ,the pt has lost all brain stem reflexes nas is now brain dead. i have the closest relationship with the family than anyone on the team. the ventilator is to be removed soon and organ donation is considered.

who should ask for consent for organ donation???

- a.you, because you haev the best relationship with the family
- b the resident since u are only a student
- c.attending on record
- d.hospital administration
- e.organ donor network.

Ans:e. organ donor network

The rules concerning organ donation are quite specific that the medical team taking care of the pt **MUST NOT** be the ones asking for the donation. This is a conflict of interest. We as physicians must play our role is preserving life.

The organ donor network doing the asking both preserves the ethical integrity of the medical team in the eyes of the family as well as markedly increasing the supply of viable organs available for donation.

12. A man arrives at the ER on a ventilator after an accident. He is brain dead by all criteria. He has an organ donor card in his wallet indicating his desire to donate. The organ donor team contacts the family. The family refuses to sign consent for donation. What should be done??

- a.remove organs anyway
- b.wait for the pts heart to stop to remove organs.
- c.Stop the ventilator & remove organs
- d.Seek a court order to overrule the family
- e.Honor the wishes of the family , no donation

Although an organ donor card indicates pt;s wishes ,it is still unacceptable to harvest organs against the direct wishes of the family. If we were to overrule the family, there would be no point in asking them consent. The organ donor card is an indication of the pt;s wishes but it is not fully binding.

Here the Q arises that if he has a sticker on his license why are we not legally binding to take his organs, we do not know that the sticker was stuck by him, it could have been anyone, or he decided to stick it 5 yrs ago , now he did not wish to donate ... etc.

So always we do not go against the wishes of the family. The family is already suffering a LOSS, we do not want to burden them anymore.

That is why nowadays the new ads are coming it is great that u wish to donate your organs but who have you told about it.

If u have time see a movie starring Jamie lee curtis titled “ the gift”. It is a very touching movie filmed in italy about an American couple & their children.

I sincerely hope everyone would consider organ donation.Thanks.

13. You are the staff physician in a state penitentiary in a state where capital punishment is legal. An execution is in progress & the warden calls u because the technician is unable to start the IV line. The warden wants u to start the line & supervise the pharmacist.

What should u tell him?

A no problem, I will start the line

b.I can start the line but I will no push the medications

c.I am sorry I cannot participate

d.I can take care of all of it.

Ans:C .Iam sorry I cannot participate

The ethical guideline of the AMA express clearly that the physician CANNOT PARTICIPATE in any action which would directly cause the death of the condemned or assist another individual to directly cause the death of the condemned.

This includes starting IV lines, mixing medications, formulating medication, administering , or even giving technical advice.

It is infact even unethical to observe an execution.

However it is ethically permissible to give anxiolytic medications prior to the day of the execution to relieve the suffering of the condemned.

14. You have been invited toe participate in a “medical jeopardy” game sponsored by a pharmaceutical manufacuterer. the winners receive a 100\$ gift certificate to the medical school bookstore. All the participants receive a stethoscope. The audience are participants receive a free meal.

Which of the foll is most appropriate to accept?

A,all the gifts

b.only the meal

c. only the stethoscope

d.the meal ,stethoscope, not the gift certificate

e.none of it

ans: a all the gifts

gifts under 100\$ value are acceptable. At the same time, personal items like scarf, paper weight, etc, if pt gives to physician are also acceptable. gifts from patients; are accepted so as to maintain the doc/pt relationship.

Gifts over 100 \$ are unacceptable & also if they are given in requirement of something in return.

15. A 16 yr old female comes to your clinic .her pregnancy test is +. She wants to start prenatal care with you . she is adamant that you keep the pregnancy confidential from her parents.what should u tell her?

a.i will give u the care & keep the info confidential

b. I will not mention it to your parents unless they ask , I cant lie

c.iam sorry bu t I must tell them

d.i will not tell your parents but I must inform the father of the baby.

Ans: a.i will give u the care & keep the info confidential

Prenatal care is the general exception to the parental notification rule and consent for treatment of minors. You do not have to inform the parents or the father of the baby. This confidentiality also extends to protecting the pt if the parents were to ask.

The question arised when we were discussing this Q as to whether or not this patient is emancipated, The Q stem gives no indication of that.

We do not assume she is emancipated or not. If the USMLE want u to make your decision based on the “emancipated minor”,the Q stem will clearly state that the patient is living on their own, paying bills ,etc.....

Emancipated or not, we are not obligated for parental notification in cases of

- 1.Pregnancy
- 2.Contraception
- 3.Substance abuse
- 4.STDs

In an emergency dealing with minors there is no need for parental consent.

that came up, but this Q is not about consent ,it is about notification, they are 2 seperate entities.

If there is an option of “ encourage discussion with parents” that is the BEST choice.

Although there is no obligation to notify parents, the USMLE wants to “encourage the pt to discuss with the parents”

The Q of notification of abortion or rather consent of parent to abortion came up .

To make the abortion issue clear:

The rules on parental consent in cases of abortion vary from state to state. Since the USMLE is a national exam, there cannot be a single answer that either says “no parental consent” or “yes parental consent”. Therefore the answer will be to “encourage the patient to discuss the issue with parents”.

16. A 37 yr old man comes to your office for his regular visit. He has seemed severely depressed for some time but refuses to discuss either his feelings or treatment options. He does not want antidepressants .

his only medication is Vitamins, your relationship with him is excellent but he just won't confide his feelings although he firmly denies suicidal ideation.

You prescribe a SSRI for him & tell him that it is a vitamin. Over a period of several months, his mood markedly improves & he feels much better

Which of the following most appropriately characterizes your action????

- a. Is appropriate because it benefited the patient.
- b. Is appropriate because there were no side effects
- c. Is not appropriate because you are not a psychiatrist
- d. Is not appropriate because you treated the pt without his consent
- e. Is acceptable as long as you inform the pt now that he is feeling better.

Ans: D Is not appropriate because you treated the pt without his consent

A pt must give consent to any test or treatment performed upon him as long as the patient has the capacity to decide. Physicians are not acting ethically when they treat a pt without his consent even if it benefits the pt.

Another way of saying this is “ I have a right to be sick & miserable if I want.”( the patient's view ).

17. A 52 yr old man with cerebral palsy is being evaluated for screening colonoscopy. He has a mental age of an 8 yr old & a second grade reading level in terms of comprehension.

He lives alone & survives on combination of Public assistance & part time jobs sweeping floors. U have thoroughly explained the procedure to him in terms of risks & benefits. He repeatedly refuses the procedure entirely on the basis of “ I just don’t want it “

What should u do?

- a. perform the procedure
- b. seek consent from the family
- c. honor his decision & do not perform the colonoscopy
- d. seek a court order mandating the procedure

Ans: C honor his decision & do not perform the colonoscopy.

Just because the patient may be incompetent in certain areas of his life does not mean he is not able to consent for medical procedures. The pt described has a severe & permanent cognitive impairment; however he is still able to refuse the procedure. A pt can be considered incompetent for financial issues but still has the ability to make medical decisions.

It is easier to be declared incompetent for financial decisions than for medical decisions. The court recognizes a much lower standard of cognitive ability to reliably consent or refuse procedures compared with financial decisions

18. A 45yrs old Mr. Smith consents to a procedure on his left ear. After the pt is anaesthetized Dr. Wright discovers that the right ear is in greater need for surgery. What should the surgeon do?

- a. perform the procedure on the right ear as it is more necessary
- b. wake up the pt & seek consent for the procedure on the right ear
- c. seek a second opinion from another surgeon & proceed with the more necessary procedure
- d. seek consent from family.
- e. perform the procedure on both ears

Ans: b wake up the pt & seek consent for the procedure

You must obtain informed consent for the specific procedure. Consent for another procedure or clear medical necessity cannot infer consent for another procedure.

Neither the medical necessity, the seriousness of the condition nor the assumption that any reasonable person would consent is sufficient to assume that consent is given.

You cannot have informed consent without the patient waking up. Each procedure must undergo an individual consent process.

19. An unconscious man is brought to the ER from a car crash. He is hemorrhaging profusely, hypotensive & stuporous.

You have never met the patient before & the hospital has no records of him. He is wearing a T-shirt "kiss me I am a Jehovah witness (the people who refuse blood & blood products)".

What should you do?

- a. give the blood
- b. wait for him to awaken to sign the consent
- c. wait for family
- d. seek a court order
- e. only use IV fluids.

Ans: A give the blood.

Consent is implied in Emergencies. The patient is not conscious to make a decision. He cannot be fully informed to make a choice. There is no family available, no advance directive, proxy or living will etc, to be a substitute for his judgement.

We must make a decision on the best interests of the patient. A sign is not sufficient advance directive. You cannot say "well every Jehovah's witness refuses blood, so would he". The refusal must be individual.

think of this..... he could have even borrowed the T shirt & you are withholding life saving procedures based on a sign on a T shirt.....

20. A 45 yr old man attempted suicide by driving his car into a pole with an intentional purpose of ending his life. He was found severely hemorrhaging & in the ER he refuses to give consent for surgery to stop the bleeding. He states to end his life. He was recently diagnosed with cancer & he refused surgery to remove it. He states that his life is complete & he wishes to end it.

What should u do about the surgery to stop the bleeding???

- a. follow his stated wish & withhold surgery
- b perform the surgery
- c obtain a court order
- d. ask family members for consent.

Ans: B perform the surgery.

The pt's injury is ,in a sense the same as purposeful drug overdose , jumping off a bridge or shooting himself. In this case, he used a car. Although an adult pt with the capacity to understand his medical care can refuse treatment ,this is not the same as allowing pts to kill themselves. People actively trying to kill themselves are by definition " NOT CONSIDERED COMPETENT".

The right to autonomy ends just short of condoning active suicide. At assumption is made that when acute life stressors lead a pt to attempt suicide that they are temporarily incompetent & psychotherapy or pshychopharmacology may help him .If u review the case,u will see that the case never stated that the cancer was incurable or progressive or even fatal.

21. A 60 yr old male physician who is an internist has a female patient for the past 20 yrs. Both of them lost their spouses several years ago . they start spending time together outside the office. The female pt wants to begin a romantic relationship with the physician.

What should he tell her?

- a. I can never do that with you ever.
- b. We can be social but not sexual
- c. We need the ethics board;s approval first
- d. I cannot date u & be your doctor. May be in the future we can date, after u get another doctor.
- e. Because this is your initiative ,we can begin dating.

Ans: D I cannot date u & be your doctor. May be in the future we can date, after u get another doctor.

Sexual relations between a doctor & a CURRENT pt are never ethically acceptable. At the very least the pt/physician relationship must stop,

For those of u wanting to choose C, There is no ethics board in place to act as a dating service for physicians.

22. A 38 yr old bus driver is seen in the clinic for fever , cough, with an apical infiltrate & sputum that is positive for acid fast bacilli. The pt is unwilling to take Anti TB medications & consistently the sputum is testing +. Directly observed therapy at home has failed. You continue to cajole , discuss, encourage, threaten, educate, advise him to take the medications, but he refuses,

What should you do?

a. nothing ,as he has a right to autonomy

b. arrest the patient & put him in prison

c. remove the pt from his job as bus driver & incarcerate him in the hospital to take medications.

d. Get a court order.

Ans: C remove the pt from his job as bus driver & incarcerate him in the hospital to take medications.

The pt right to privacy & autonomy ends when the public's right to safety begins. The pt does not have the right to be at large with a persistently + sputum. U have the right to remove him from the job & put him in a hospital where he cannot infect others until he is sputum -.

This is not just because of his job as a bus driver, TB incarceration is not the same as being arrested. It is part of the Department of health, not the criminal justice system., u go to the hospital & take medications until u have a clean sputum.

23. You have a HIV+ pt in the office, you asked her that if she has informed her partner of her + status. She has repeatedly resisted your attempts to have her inform her partner. She is pregnant with his child. The partner is in the waiting room ,you have met him several times.

What should u do?

A inform the partner now

B respect her confidentiality

C refer the pt to another physician who is comfortable with her wishes

D tell the partner to practice safe sex from now on but don't tell him of the HIV status.

Ans" A inform the partner now

U have full legal protection if u inform the partner. The safety of an innocent person is more important than privacy. You are not legally mandated to inform the partner directly but u are protected if u do so.

U are definitely liable if the partner seroconverts & U did not tell him that he is at risk even though u knew.

24. A 34 yr old man is brought to the ER with fever, headache & a change in mental status leading to significant disorientation. His head CT is normal but he is in need for an urgent LP & IV antibiotics.

He is agitated & is waving at anyone who tries to get near him . Co-workers accompany him . the resident informs u that the pt is pushing away the LP needle.

What should u do ?

A sedate the pt with lorazepam & perform LP

B wait for family to obtain consent

C use blood cultures as an alternative

D MRI of brain

E ask co-workers to sign consent.

Ans: A sedate the pt with lorazepam & perform LP

The pt described is unable to give either an informed consent or informed refusal to the procedure. He does not have the capacity to understand his medical condition & the consequences of deferring the LP or antibiotics . there is no proxy or family member to give consent. U cannot wait for family to decide in a case like this.

A blood culture or an MRI won't suffice to make diagnosis.

If the pt has an urgent life threatening ,dangerous, or even severly painful medical condition & the pt is not competent or has no proxy or family available then the medical staff can do what they feel is necessary to protect the pt without a specific signed consent.

25. A 70 yr old man is admitted to the hospital with endocarditis. At 7 days of therapy the antibiotic order expires & u forgot to re order the medications for 2 days in the middle of the 4 week therapy. There is no clinical deterioration ans the antibiotics are restarted.

What should u do/

- A.tell the pt it was a clerical error
- B.because ti was nto clinicall ysignificant u do not have to say anything
- C.Apologize & tell the pt that u forgot to reorder & that he will be alright
- D.Inform the chief resident but not the pt
- E.Ask the nurse to tell the pt about the error.

Ans: Apologize & tell the pt that u forgot to reorder & that he will be alright

Medical errors are on the the most difficult issues in the ethical management of the pts.

There are few absolute rules is terms of disclosure & it is one of the most embarrassing issues to deal with. There is very little acceptance of even an honest error on the part of the pt , the physician or our physician peers. The pt has a right to be fully informed of his care;.

26. A physician in a busy inner city environment has developed his practice over the years to the point that he no longer needs to solicit new pts. He does not want to expand his hours of work, so he decides to limit his practice. He instructs his office staff to begin refusing to accept new pts.

Which of the foll most appropriately describes the action?

- a.it is both legal & ethical
- b.it is ethically acceptable but not illegal
- c.he is within his legal rights to refuse pts but is ethically unacceptable

d.it is both illegal & unethical

e.it is ethical as long as he arranges transfer of care to another physician

Ans: it is both legal & ethical

There is no legal or ethical mandate to care for any pt who comes to see u . the doc/pt relationship must be entered voluntarily by both parties. It would be unethical to accept some pts & not others, for eg, based on race, but it is not illegal.Once having accepted responsibility for a pt there is far less freedom on the part of physician to break that relationship ( just like marriage ,eh!!!!!!!!!!!!!!).

27. You see a 14 yr old boy for an inguinal hernia. The pt requires elective surgery. You ask the parents for consent. The Father consents but the mother refuses .What should u do?

a.Do the surgery ,one parental consent is enough

b.Do not do the surgery since both parents need to sign consent

c.Get a court order

d.Do not perform surgery until the strangulation of bowel occurs.

Ans: Do the surgery ,one parental consent is enough

28. An elderly pt with progressive Parkinson disease comes to see u because of fever, cough ,shortness of breath, sputum production with pneumonia. The pt's Parkinson disease has been worsening & he has become quite depressed. He has insomnia ,early morning waking, & wt loss as well as anhedonia. He is refusing antibiotics & is asking for palliative care only to help him die.

What should u do?

a.psychiatric evaluation

b sedate the pt

c.comply with pt's wishes

d seek opinion of family

e.ethics committee referral.

Ans:A psychiatric evaluation

The pt is severely depressed with vegetative signs of depression such as wt change, sleep disturbance. It is important to evaluate & treat the depression which may be a temporary condition prior to withholding therapy without which the pt will likely die.

In addition the shortness of breath may indicate hypoxia which may be interfering with the pt's ability to understand his medical condition.

U do not want to sedate him since he needs to speak with a psychiatrist.

29. An 84 yr old woman with sever Alzheimer's disease is admittied , she has lost the ability to communicate , is bed bound & is unable to eat. She did not appoint a proxy & there is no written will or clear verbal advance directive. Multiple family members routinely visit her & u are unable to achieve as clear consensus amongst family members of what the pt 's wishes were.  
What should u do in terms of her care?

- a.follow the wishes of the eldest child
- b.follow what u think is best
- c.ask another attending of his opinion
- d.ask the hospital administrator for consent
- e.pursue an ethics committee evaluation.

AnsE pursue an ethics committee evaluation

When a reachable consensus is not possible then the ethics committee evaluation is pursued. This is the weakest form of decision making because it carries the least precision. If a clear agreement still is unreachable then referral to the courts may be necessary to achieve clarity .

30. A 70 yr old man has been brought to a chronic care facility for long term ventilator management., the pt has advanced COPD and is unable to be weaned from the ventilator. A tracheostomy has been placed.

A nasogastric tube is in place to deliver tube feeding. The pt is fully alert & understands the situation. He is asking to have the nasogastric tube removed because of discomfort.

What should u tellhim?

a.i will get that tube out right away Sir.

B lets see how much u are able to eat first

c. I will pull it out if u allow me to insert a gastric tube

d. let me talk to your family.

e.i cant let my pt starve to death.

Ans: .i will get that tube out right away Sir

An adult pt with the capacity to understand his medical problems has the right to stop any form of therapy ( even nutrition) he wants to .

There is no evidence of psychosis or depression to alter his decision making capacity.You DO NOT HAVE TO AGREE with a competent pt's wishes but u DO HAVE TO COMPLY with it.

31. A pt comes to your office with a + pregnancy test , she is 8 weeks pregnant & requests a referral for an abortion. U are an extremely religious person & opposed to abortion.

What should u do?

a.inform the pt that u are morally opposed to abortion & cannot provide the referral

b.discuss other options with pt

c.terminate the doc/pt relationship.

d.Tell her u will make the referral after a 30 day consideration , time can change her mind

e.Refer the pt for an abortion.

Pts have a legal right to safe & effective abortions.( u are only referring not performing the abortion- that does not go against your beliefs). This right is universal within the 1 trimester..

If the Q line make a statement that you were the " OBGYN" then u do not have to do the abortion ,but u do not leave the pt, u refer the pt to another doctor who is more comfortable with the pts wishes.

This applies for " say a pt refuses blood transfusion & u are not comfortable with that, u can transfer the pt care to another physician.

Nothing says that a physician cant have beliefs or if they have they should go against it cause the pt comes first.

Just like u cant force the pt to take medication,no one can force u to treat.....

32. A man comes to the ER after a stab wound. Your notes document a 500 ml loss of blood. Later that night the pt develops asystole & dies. You find that the loss of blood was originally really 3000ml,which was not recorded by you.

What should u do to correct the documentation?

A use correction fluid to eliminate the original note

B erase the original note

C remove the original note from the chart

D write a new note timing & dating it at the same time as the original note

E write a new note with the current date & time.

Ans: E write a new note with the current date & time.

The two methods of correcting errors in documentation are to place a single line through the original error, write in the new information & add your initials ,or to place an entirely new note wiht the current date & time..use the first method if u find the error immediately & the timing is the same.

The reason not to erase or use correction fluid if to maintain credibility. You must NEVER BACKDATE OR POSTDATE A NOTE.Always use the current date & time for what u write in the chart.

33. An 84 yr old woman is admitted with abdominal pain , on the 2 day she becomes febrile ,hypotensive & tachycardic from an intestinal perforation. The pt is disoriented with no capacity to understand her medical problems., there is no response to AB, fluids, dopamine for the next 48 hours, & there are signs of significant anoxic encephalopathy. Although there is no health care proxy the family is in uniform agreement on what the pt would have wanted for herself, had she been able to speak.

Which of the following can not be stopped at the direction of the family?

- a. Ventilator
- b blood tests
- c dopamine
- d fluids & nutrition
- e there are no limits.

Ans: e There are no limits.

There is no limitation on what family can withdraw that is united in agreeing on the wishes of the pt. the difficulties arise when family splits in their opinion to what the pt wanted. In this case, the family acts as a substitute for judgement of the pt .because they are in agreement there is no problem.

Many were puzzled by the answer .

Read the Q carefully it asks which cannot be done, everything can be done by the family. similarly in the exam , Q will ask which is , which is not, least likely etc..... u have time to read the Q once throughly , so read it ..... do not scan the imporant points only , u may miss vital info, so read the Q throughly.

34. A 42 yr old man comes to see u for routine management when u inquire about multiple scratches & contusions as well as a black eye. He says his wife routinely abuses him & “is beating me up pretty regularly”.he denies hitting his wife. You see him a few weeks later & he has a new version of the same injuries. You are very concerned. He clealy states that he does not want the abuse reported.

What do you tell him ?

- a.u have no choice but to report
- b.u will report the injury only with his consent
- c.u will honor his wish but must report if there is another episode
- d.there is no spousal abuse reporting
- e.u will report if u find the wife is the attacker

Ans:b u will report the injury only with his consent

The rules on the reporting of domestic violence are much less strict than those on reporting of child abuse & elder abuse.

This is because a competent adult has the voluntary choice of reporting the injury themselves in a vast majority of cases. In addition u cannot violate the pt's right to autonomy by specifically doing something that has expressively been refused.

Yes there is " no mandatory spousal reporting " but that is not the answer to this question. u can report only with consent.

35. A 92 yr old man with Alzheimer;s disease has been admitted to the hospital with aspiration pneumonia , he is on a ventilator & has a naso gastric tube in place but does not have the medical capacity to understand his medical condition.

You find a living will that is in an old chart (dated 2 yrs ago) that says “ no heroic measures, I want to be DNR,& I wish to be kept comfortable”. There is no proxy & no family available with him to discuss the matter. He has no private physician with whom u can discuss.

What should u do regarding the ventilator & naso gastric tube.??

a.continue both for now

b remove the ventilator & tube feeding

c remove the naso gastric tube but continue the ventilator

d.seek a court appointed guardian

e.decide what u think is best for pt.

Ans: a.continue both for now

The major difficulty with the living will is that it is not often clear & specific. The phrase “ no heroic measures” is not sufficiently clear as an advance directive to stop the ventilator that the person's life is dependent on .

U also d onot know if pt;s wishes changed in the past 2 yrs. As fas as u know , the family can appear any time & tell u what the pts wishes were. A DNR order DOES NOT MEAN REMOVE VENTILATOR. DNR means NO CPR efforts in the event of pts; death.

36. You are in the process of finalizing the results of your research for publication. I are the principla investigator of a clinical trial studying the effects of HMG-Co A reductase inhibitors on cardiac mortality. A prominent manufacturer of one of these medications provided the major funding for the study.

Which of the following is the most accurate in an ethical preparation for authorship of the publication?

- a. Accepting money from a company prohibits you from being listed as an Author
- b. Funding source has no impact on publication requirements
- c. You can be listed as the author after the institutional review board checks the paper for evidence of bias
- d. There are no restrictions on your authorship as long as you disclose the financial affiliation
- e. There are no requirements as long as the data is accurate
- f. You do not have to do anything as long as the checks were written to the institution & not to you

Ans: d. There are no restrictions on your authorship as long as you disclose the financial affiliation

There is no automatic ethical difficulty with industry sponsorship of clinical trials & experimentation. Financial support from the company does not eliminate you as the author as long as you disclose all of your financial affiliations with the company. The absolute requirement to reveal all financial or business affiliations at the time of publication is necessary for all authors.

You must reveal grant support for your trial even if the payments are made to a third party such as the hospital or the medical school.

37. You are an attending physician at the University hospital (hurray!!!!!!!!!!!!!!). One of the attendings from another division seems to be having memory difficulty. You found him twice in the hallway having forgotten where he was going.

The residents tell you on the side that they don't rely on him at all because "he forgets everything we say anyway". The chief of service knows but doesn't have enough attendings to fill a yearly schedule so he remains in place supervising both the resident performance as well as patient care.

What should you do?

- a. Nothing, the chief of service already knows
- b. Talk to him directly
- c. Tell your division head

d.report him to the state licensing board.

Ans : d.report him to the state licensing board.

Reports of physician impairment should go first to the local supervisory personnel. If this is either unsuccessful or not applicable then report it to a higher level such as a state licensing board. Telling your own division head is inappropriate because that person supervises u & not potentially the impaired physician.

38. A medical resident admits a pt overnight with uncontrolled BP. He means to write an order for AG receptor bloacker Diovan at 10 mg once a day. Because of his sloppy handwrtiting the nurses & pharmacy administer Digoxin at 10 mg a day. This is a drug that is rarely used at ther dose above 0.5 mg a day. 3 days later , the pt develops a hemodynamically unstable rhythm disorder that the resident very sincerely tries to decipher but he is unable until the pt is transferred to the ICU. At this point they discover the overdose of digoxin. The pt and the family never discover the overdose.

Which of the foll most acurately describes this situation??

- a.there is no liability for the resident because the overdose was unintentional
- b.there is no liability for the resident because the pharmacy should have detected the error
- c.No liability exists because the error was unknown to the pt
- d.No liability exists because it was an accident
- e.The resident and the hospital are both liable for harm to the pt

Ans: The resident and the hospital are both liable for harm to the pt

Harm exists even if it is unknown to the pt . The intention of the person making the error does not actually matter in terms of assessing both malpractice as well as harm to the pt. IN this case, both the resident & the hospital are guilty .

In addition the nurses & the pharmacy can also be held liable. You cannot say “ I am absolved of liability for the harm just because I did not intend harm & am in “goodwill “ toward u “.

39. A 27 yr old man is seen by you after the diagnosis of syphilis. As you are administering his treatment U find that he is quite promiscuous ( Don't ask me how!!!!!!). U inform him that u must notify the Dept of health & that his sexual contacts need to be treated. He is extremely embarrassed(little late for that I think) & asks how will they find out.

- a.u will notify them yourself but u will not give his name
- b.U will notify them & must let them know he was the contact
- c.U will tell the Dept of health but he himself must tell the others
- d.The dept of health will call or send letters to the contacts regarding a serious health issue.They will test & treat but without revealing his name.
- e.He doesn't have a choice ,he has to give the names
- f.Their individual doctors will inform the contacts

Ans: The dept of health will call or send letters to the contacts regarding a serious health issue.They will test & treat but without revealing his name.

The need to keep the population(300 million as of today & counting) free from disease limits the pt 's rights to privacy. U have a duty to the other contacts he may have infected. However, in order to respect the pt's privacy, the dept of health will never reveal the name of the pt no matter how much pursued.

They make the original notification by phone or mail but only reveal the specific disease in person. At no point will the DHS reveal their source. U as a doctor at no point will tell if any of the contacts call u that " BOB gave u the disease.

If the pt wont reveal the names of his contacts ,u have no means to force him to do so. U cannot incarcerate or arrest a pt because he will not reveal the names of his contacts(I wish to do otherwise) .

One point i wish to add, most of the questions in the discussion were why not choice A. again the Q stem asks " how will the contacts know" so he wants to know without him telling the contacts or without the doctor telling them , how will they know..... Thro DHS ( dept of health services)

40. An elderly pt with multiple medical problems has been admitted to your care in the ICU. The pt is in a persistent vegetative state secondary to anoxic encephalopathy & has now developed sepsis, hypotension, GI bleeding & respiratory failure, requiring intubation. There is no improvement expected in the underlying severe brain damage renal failure develops to the point of needing dialysis but u feel the dialysis would be completely futile.

Which of the foll is the most appropriate step in management ?

- a.hemodialysis

- b.Peritoneal dialysis
- c.Renal transplantation
- d.Give albumin
- e.Recommend that dialysis not be performed.

Ans: E Recommend that dialysis not be performed.

You are not required to administer any form of therapy that u feel would be futile. U do not have to perform dialysis if it will not lead to any significant benefit for the pt. This is true even if family is requesting that u perform dialysis.

Although in practice, it is extremely difficult not to honor the family;s wishes to perform any therapy ,there is no legal or ethical requirement to do so. In this case, besides the persistent vegetative state , there is multi organ failure associated with essentially no chance of survival. Hence dialysis would not be prolonging this pt;s life ;it would only be prolonging the dying process.

41. You have a 65 yr old Mr.Johnson with progressive glaucoma in your office. His vision is severly impaired & getting worse . u strongly doubt that he can read traffic signs on the highway. U have repeatedly encouraged him to curtail his driving but he has not.

What is your responsibility towards this pt.?

- a.keep the information confidential
- b.Seek the pts family & inform them
- c.Inform the pt of your duty to report to the DMV
- d.Take away his driver;s license
- e.Suspend his DL

Ans: C.Inform the pt of your duty to report to the DMV( dept of motor vehicles)

In cases where pts visual acuity is so severely impaired that I suspect he is a danger to himself & others, u must encourage the pt to find alternative transportation. U can intervene directly in states that require intact vision for re-certification of DL by refusing to provide Re-certification.

IN those case where this is not possible , u must inform the pt that it is your duty to notify the DMV of his impairment. You do not have the right to remove or suspend his driving

privileges. You do however have a duty to report a visually impaired driver to the DMV so that the DMV can make its own determination of whether the patient's DL should be removed or limited.

42. A 7-year-old girl is brought to the emergency department by her mother because of "fever and a rash." When asked to give a more detailed history, the mother has difficulty providing any additional information. The mother appears tearful and the child cannot take her eyes off the floor. You are unable to engage the child in any conversation. Her temperature is 36.7 C (98.0 F). Physical examination is unremarkable.

The most appropriate next step is to

- A. admit the child to the hospital for evaluation and protection
- B. ask if there is anyone else in the house that is sick
- C. ask the mother and child separately what is concerning them
- D. obtain a psychiatry consult immediately
- E. send the child home and arrange for a family assessment on a home visit

Explanation:  
C ask the mother and child separately what is concerning them.

Because the mother brought her child to the emergency department because of a nonexistent fever and rash, it seems like there is something else that is going on. You also need to be able to interpret a patient's posture and facial expression.

"The mother is tearful and the child is looking at the ground" this makes it seem like there are other issues that need to be explored. There could be many things going on, but child abuse and domestic violence should be high on your differential. Abuse and violence often present in vague and indirect ways with complaints of abdominal pain, headaches, and other symptoms. After talking to both together, you need to interview each individually because this may allow you to obtain more information.

Direct and nonjudgmental questions are often helpful in eliciting information. At this time, you first need to try to obtain more information by talking to each individually before you assume that this is a case of child abuse or domestic violence and considering admitting the child to the hospital for evaluation and protection .

Since this patient's physical examination is completely normal, it seems more appropriate at this time to ask the mother and child separately what is concerning them, as opposed to asking if there is anyone else in the house that is sick

As a physician U should be able to try to elicit what is concerning these individuals and while a psychiatry consult may be necessary in the future, it is not immediately necessary.

At this time U should try to determine what is concerning these individuals before you jump to any conclusions about abuse or anything else. Also, if your suspicions of abuse are high, U should not send the child home with the parents under any circumstances.

Sending the child home and arranging for a family assessment on a home visit leaves the child open for continued abuse.

The physician should take steps to both protect the child and investigate further. If you do not believe that there are any signs of abuse or any other causes for concern, then a family assessment on a home visit is not necessary. Either way, this is an incorrect answer (choice E) at this time.

during the discussion th Q was " why not choice A, it is appropriate" no it is not at this point. we do not see **VISIBLE SIGNS OF TRAUMA**". the physical exam was unremarkable..... hence at this time, the right choice is to talk with both of them seperately.

43. A 30-year-old woman comes to your office "for a prescription of propranolol for stage fright." She tells U that she is a professional singer and lately she has been experiencing "butterflies" and palpitations before performances. She has been so worried about having one of these symptoms that she is having trouble sleeping at night.

She tells U that a friend of hers has a similar problem and propranolol has "cured her." She has been a patient of yours for the past 10 years and you remember that she has severe asthma, requiring many hospitalizations, the most recent being 2 weeks ago. Her asthma attacks have been increasingly more severe and have been occurring at an increased frequency. She tells U that she is in a rush and all she needs is the prescription.

The most appropriate next step is to

- A. administer a pulmonary function test
- B. explain that propranolol is not a good drug for her
- C. give her a referral to a psychiatrist
- D. order a chest x-ray
- F. prescribe propranolol for her to take before her performances

Ans: B explain that propranolol is not a good drug for her

.This patient most likely has performance anxiety, which is a form of social phobia. The treatment usually involves beta-blockers before a performance to decrease the symptoms.

However, a patient with severe asthma should avoid beta-blockers because they can cause bronchoconstriction and precipitate into an asthmatic attack.

A pulmonary function test and a chest x-ray are not indicated at this time. U already know that she has asthma that has required hospitalizations and the results of these tests are unlikely to change your management.

A referral to a psychiatrist may be helpful in treating her performance anxiety, but she is in your office for propranolol, so it is your responsibility to first try to explain to her that her asthma makes her a bad candidate for this treatment.

U should not prescribe propranolol for her to take before her performances because she has severe asthma, which makes beta-blockers a dangerous medication for her. Beta-blockers can cause airway obstruction, which may lead to worsening asthma.

44. A 23-year-old woman is admitted to the hospital for altered mental status. On evaluation in the emergency department, the patient was found to have severe hypernatremia, a serum sodium of 161 mEq/L. There is no other past medical history or allergy history available.

The patient appeared pale and profoundly dehydrated. She had evidence of prior scars, possibly surgical, on her abdomen, chest, and arms. The patient was admitted and over the next few days the patient's hypernatremia was corrected and her metabolic parameters normalized. She was able to give a more detailed history about her social situation.

She describes feeling very depressed lately and having had an argument with her new boyfriend several days prior to her admission. U suspect that she may be a victim of domestic abuse.

The most appropriate initial step in addressing your concern is to

- A. ask her for the number of her boyfriend to address your concerns with him directly
- B. ask her to offer more details about the nature of her relationship with her new boyfriend
- C. explain to her that her relationship is obviously not having a positive impact on her life
- D. refer her case to the department of social services in obligation of your reporting duty as a physician
- E. refer her to a psychiatrist who specializes in domestic abuse

Ans B ask her to offer more details about the nature of her relationship with her new boyfriend.

The concern for potential abuse must be addressed as any other new piece of clinical suspicion.

The best initial step is to try to gather more information in a non-threatening way that is comfortable for the patient. While the physician will ultimately want to ask her directly if she is being abused, it is often better to let the disclosure “fall out” in discussion about the particulars of the relationship

While the physicians often feel the desire to “take things into their own hands”, to address alleged abusers directly, can be extremely dangerous for the abused party. Abusers obviously dread be discovered, and are likely to act with retribution against the abused party if they are confronted by a doctor.

Explaining that her relationship is not having a positive impact on her life is presumptuous without first exploring all of the particulars of the relationship. Physicians in most states are obligated to report potential abuse only in the case of children under 18 and adults older than 65.

There is no obligatory reporting for domestic abuse not falling within these parameters.

While the patient may respond very well to treatment from a psychiatrist who specializes in domestic abuse, this referral, like any other, should be made after an earnest attempt to gather the clinical and social details from the patient by the referring physician.

45. A 58-year-old man comes to the office 7 weeks after his wife died from complications during breast cancer surgery. He says that he "misses her like crazy" and it is so hard for him because he did not expect to "ever lose her." He often finds himself crying in the bathroom at work.

However, it is the weekends that are especially difficult. He goes out for dinner and to the movies with their 2 children and his friends, but he typically feels a little detached. It is "really hard to handle" seeing other men with their wives. He is very "sad" and wants to know if he is going to be "okay".

The most appropriate response to this patient is

A. "It seems like you are experiencing a major depressive episode that we can treat with fluoxetine"

B. "Let's see how you feel in a few weeks and we will discuss the most appropriate treatment then"

C. "You are experiencing grief, which is a completely normal and expected reaction to the loss of your wife"

D. "You have an adjustment disorder that should be treated with psychotherapy"

E. "You should have your friends set you up with a widowed woman who will understand you"

Ans:C "You are experiencing grief, which is a completely normal and expected reaction to the loss of your wife"

This patient is most likely experiencing a normal and expected grief reaction to the loss of his wife. It is normal to have intense feelings of loss, a decreased enjoyment of activities, frequent crying spells, and a "sad", depressed mood. Minor dysfunction may occur, but it is not pronounced or persistent.

It often diminishes with time and is not associated with suicidal ideation or psychotic symptoms.

It is inappropriate to say, "It seems like you are experiencing a major depressive episode that we can treat with fluoxetine" because he is experiencing normal grief. A major depressive episode would be the diagnosis if he had marked functional impairment, psychomotor retardation, a preoccupation with worthlessness, suicidal ideation, or psychotic symptoms.

It is inappropriate to say, "Let's see how you feel in a few weeks and we will discuss the most appropriate treatment then" because he needs reassurance right now, not in few weeks.

"You have an adjustment disorder that should be treated with psychotherapy" is wrong because he is most likely having a normal grief reaction, not an adjustment disorder. An adjustment disorder is an abnormal, maladaptive response to a stressor that leads to significant functional impairment and extreme sadness and stress.

It is similar to depression, but it does not meet the criteria for a major depressive episode. The patient in this case is "sad" and has normal feelings of loss. He is able to go to work and go out with friends and family and therefore, does not have an adjustment disorder.

U should not say to him, "You should have your friends set you up with a widowed woman who will understand you".

It is not the physician's place to give advice as to when he should start dating again. That should happen when he is ready. Support groups, family, and friends may be helpful during these difficult times.

46. A 16-year-old girl comes to the office after her boyfriend of 2 years abruptly ended their relationship. She has been a patient of yours for the past 7 years and seems to feel very comfortable talking about relationships and sexual issues with you.

She says that she just decided to have sexual intercourse with him a month ago and that this was a "huge deal" because it was her first "abandoned" her. She suddenly becomes silent and begins to cry. She takes a tissue out her pocketbook and remains silent.

At this point you should

- A. advise her to "pull herself together"
- B. maintain eye contact, and after a few minutes say, "I understand that this is hard for you"
- C. remain silent for however long she needs to compose herself
- D. tell her not to cry and say, "he is not worth getting so upset over"
- E. use this time to review the notes in her chart
- G. recommend that she go talk to a psychiatrist

Ans B maintain eye contact, and after a few minutes say, "I understand that this is hard for you".

Silence during a patient interview can be uncomfortable for both the patient and the physician. It is important to use this time to show that you are supportive and attentive. You can hand her a box of tissues if she does not have any and maintain eye contact to show that you are "still with her" (not dozing off thinking about other things). After a little while (a couple of minutes) you should say something to show your support and understanding and to try to facilitate the conversation. "I understand that this is hard for you" is perfect for this time.

Advising her to "pull herself together" and telling her not to cry, and that "he is not worth getting so upset over" is incorrect because this only implies that it is not "okay" to show emotions and that she is being immature or foolish.

While it is important to remain silent for a few minutes to allow her to release tension by crying, it is not realistic to remain silent for however long she needs to compose herself .

U probably have other patients waiting to be seen, so U need to give her some time, but not however long she needs. Leaning forward, maintaining eye contact, and after a few minutes making a supportive comment is the most appropriate way to manage this situation.

Using this time to review the notes in her chart might seem like a good idea, but it just makes it seem like you are not "there for her" emotionally and that she is wasting time that can be better spent "reviewing notes." You need to seem supportive (eye contact) and make her feel comfortable. Reviewing notes at this time will only make you seem aloof.

Recommending that she go talk to a psychiatrist is unnecessary at this time. She is willing to discuss these issues with you and so you should be helpful and supportive. A psychiatrist may be appropriate in the future if she has any thoughts of suicide or wants to discuss these issues at great lengths.

47. A 70-year-old man is admitted to the hospital for weight loss, anemia, and worsening of his stomach pain that he thinks is due to an ulcer. However, the results of tests that are performed confirm the diagnosis of an inoperable cancer. U are told that when one of your residents tried to break the news to him, he became mad, frustrated, and began to yell. He accused him of being ignorant and threatened to sue him.

U go to see the patient and he says, "U think I am crazy and don't see what you are doing? They called you so that I don't sue your young doctor for not knowing what he is doing. U just want to help your buddies here, but you really can't help me".

The most appropriate management is to

- A. clarify that the other physician is not a "buddy" and offer to help him explore his decision about a lawsuit
- B. empathize with his feelings of anger, grief, and fear indicating that anger is a defense against intolerable emotions
- C. explain that suing physicians is not always successful, and instead suggest that the patient should take care of his affairs given his prognosis
- D. offer to refer the patient to another team and physician in order to help him find someone he can trust
- E. sympathize with how badly he is treated and support the lawsuit

Ans: B. empathize with his feelings of anger, grief, and fear indicating that anger is a defense against intolerable emotions

. The appropriate intervention is to validate the patient's feelings of anger and fear in order to help him deal with his powerlessness in this situation. One must remain neutral, and yet recognizes the difficulty of the patient's position.

Clarifying that physicians are not buddies shows anger and frustration towards the other physician. It is confrontational, and even though exploring a lawsuit decision offers some comfort, this intervention with a frustrated patient would only increase his anger.

Explaining that a lawsuit won't succeed and making sure that the patient understands the fatality of his diagnosis indicates the doctor's frustration and the need to punish the "nasty patient". This intervention is inappropriate and would likely increase the patient's frustration even more.

Offering to refer the patient to another team is sending a message of avoidance and confirming wrongdoing. It is not an intervention that helps the patient deal with his feelings, but rather confirms his suspicion.

Sympathizing with the patient, means recognizing the patient's feelings as justified and taking his side. It is not helping, but rather contributing to the patient's anger.

48. You are notified that one of your patients, a 30-year-old woman, delivered a healthy baby girl 6 hours earlier. U happen to be in the hospital discharging another patient, so U go to the labor and delivery floor to see her. She has had depressive disorder over the years. She developed postpartum "blues" after her last child was born that resolved spontaneously after 5 days.

U hear a woman screaming as U get off the elevator and head towards her room. As U get closer, U recognize the voice and realize that it is your patient. She is running around her room, tearing off the hospital gown, and yelling that, "they are coming to get her." When she sees that U are standing in the room, she begins to throw flower vases, the telephone, and the bedding at U.

The nurses appear and tell you that she has been very disorganized and has had bizarre, grandiose delusions. She then goes back to the nurse's station. U notice the newborn in the corner of the room.

The most appropriate next step is to

- A. ask the nurse to get haloperidol from the medication closet
- B. call for an immediate psychiatry consultation
- C. encourage her to breastfeed and bond with her newborn
- D. remove the newborn from the room
- E. try to talk to her and calm her down

Ans:

This woman is experiencing postpartum psychosis and may harm herself and/or her newborn. U must immediately remove the newborn from the room before the mother has a chance to harm her. Postpartum psychosis is a relatively uncommon disorder that may affect women with bipolar disorder, depression, and schizophrenia. It may also occur in women with no previous psychiatric history.

The treatment includes the protection of the newborn, the administration of an antipsychotic medication, and observation. Both suicide and infanticide may occur with postpartum psychosis.

Haloperidol is part of the acute treatment of postpartum psychosis. However the action that is most likely to have the most immediate effect is to remove the newborn from the room as fast as possible and then to administer medication to the mother.

The antipsychotic agent will not have an immediate effect so it is first mandatory to protect the baby from the mother's rage.

An immediate psychiatry consultation may be necessary, but it is important to first protect the newborn by removing her from the mother's room.

At this time it is completely inappropriate to encourage her to breastfeed and bond with her newborn .

This woman most likely has postpartum psychosis and is out of control.

U must remove the newborn from the room and then administer antipsychotic agents. She then needs close observation. Encouraging bonding at this time may only worsen her condition and endanger the life of the baby. After U remove the baby from the room and administer an antipsychotic agent, U can try to talk to her and calm her down .

It will most likely be useless to do this before the medication, and U first need to remove the infant from this violent situation.

49. A 35-year-old obese man comes your office because he has been "feeling really bad lately." He says that for the past three months he has been having trouble sleeping and has not been "in the mood" to go out.

He has even stopped going to basketball games with friends, which was his favorite hobby. He has missed many days of work and finds it very difficult to concentrate. He states that he feels "pretty helpless." All of his friends from college are married with kids, and he says that he "can't even get a date," so he basically gave up on having a family. He just feels "worthless".

The most vital question to ask at this time is

A. "Are you currently, questioning your sexual orientation?"

B. "Do you ever feel like 'life really is not worth it and that you should end it all'?"

C. "Do you think that your life would be much better if you were dating?"

D. "Have any of your friends ever tried to set you up on a blind date?"

E. "Why haven't you tried to lose weight?"

Ans: B. "Do you ever feel like 'life really is not worth it and that you should end it all'?"

This patient has symptoms suggestive of major depressive disorder, and assessment of suicide risk is paramount in interviewing him. Depressed patients have a significantly higher risk of attempting suicide compared with the general population. Therefore, determining whether a depressed patient is at high risk is essential early in their management.

"Are you currently questioning your sexual orientation?" is incorrect because it is most important to ask about suicidal ideation at this time, and it does not seem like this question applies to this case. It is important for physicians to remain open about issues concerning sexuality, and when one questions a patient about sexual orientation, it is appropriate to remain nonjudgmental and ask,

"Are you sexually active with women, men, or both?" This, however, is not the most vital question in this case.

"Do you think that your life would be much better if you were dating?" and "Have any of your friends ever tried to set you up on a blind date?" are not vital questions at this time and will not immediately affect your management.

This patient has symptoms suggestive of major depressive disorder and therefore must be asked about suicidal ideation.

"Why haven't you tried to lose weight?" is an inappropriate question because it sounds like U are accusing him of not trying to lose weight. Also, his weight is not the most important issue at this time. While obesity is associated with many serious medical conditions, his depression may lead him to commit suicide soon, and it is therefore vital to assess his risk.

50. A 35-year-old woman comes to the office asking you to drug test her 12-year-old son. She states that her son is normally a very kind and interactive child, however, for the last 3 months, he has become increasingly withdrawn. He is in his room most of the time except for when he is at school.

His grades have dropped from an A- average to C- this past semester. He refuses to see any of his friends and does not even eat much during dinner anymore. She has confronted

her son multiple times about his situation, but he continually denies everything, including drug or alcohol use.

The mother is visibly upset at this situation and is tearful about it. She tells you that you are her son's "only help." The most appropriate response to the mother's request is:

- A. "Just bring your son in and we can then get a urine test for alcohol and substance use."
- B. "I am sorry but I can't legally test your son for any drugs without him consenting to it first."
- C. "It is possible that your son may be suffering from depression and I think that you should bring him in for me to talk to him."
- D. "These are classic symptoms for schizophrenia. The best thing to do would be to start him on some anti-psychotic medications."
- E. "Your son is most probably abusing drugs and alcohol, so you should send him to a rehabilitation facility immediately."

Ans: C. "It is possible that your son may be suffering from depression and I think that you should bring him in for me to talk to him"

The mother is right to be concerned over her son's change in behavior. Certainly drugs and alcohol abuse can cause such dramatic behavioral changes. However, more likely would be a mental illness such as depression. This is either (1) depressed mood or (2) loss of interest in pleasure. The patient would also need to have 5 (or more) of the symptoms such as depressed mood, weight loss, insomnia, fatigue, suicidal tendencies, etc. Additionally, the symptoms should cause clinically significant distress or social impairment. It would also be important to screen the son for suicidality when the mother brings him in.

"Just bring your son in and we can then get a urine test for alcohol and substance use." would be appropriate if the son consented to the drug test. However, covert use of the son's urine would only cause him to distrust not only his mother but also the physician, making any future interventions more difficult.

"I'm sorry but I can't legally test your son for any drugs without him consenting to it first." is not true because the child is a minor and the parent is consenting to a drug test. However, it wouldn't be going to the root of this child's problem since he most likely suffers from a depressive disorder.

"These are classic symptoms for schizophrenia. The best thing to do would be to start him on some anti-psychotic medications." would be a premature statement since the

diagnosis of schizophrenia requires both positive and negative symptoms occurring for 6 months.

However, further questioning of the child may reveal that he is having a beginning prodrome for schizophrenia and starting him on anti-psychotics may be appropriate in the future.

"Your son is most probably abusing drugs and alcohol, so you should send him to a rehabilitation facility immediately." is inappropriate given the high likelihood that the son is suffering from depression. It is important to make sure that his depression is not due to the direct effects of a substance (e.g., a drug of abuse, a medication).

However, evidence of substance abuse should first be obtained through discussion with the son or consented toxicology screens.

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