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**JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY**

**UNIVERSITY EXAMINATIONS 2019/2020**

**EXAMINATION FOR THE DEGREE OF BACHELOR OF SCIENCE IN MEDICAL LABORATORY SCIENCES**

**MLS 2410: HEALTHCARE LAW/ETHICS**

**DATE: DECEMBER, 2019 TIME: 2 HOURS**

INSTRUCTION: ANSWER QUESTION ONE (COMPULSORY) AND ANY OTHER TWO QUESTIONS

**SECTION A: ANSWER ALL QUESTIONS**

1. A patient who has coronary artery disease and health failure shows his physician his advance directives which states he wants to receive cardiopulmonary olesusafafion an other forms of life sustaining treatment. He has deeply held the belief that suggest that not frying to live is tantamount to committing suicide. What should the doctor do and say to the patient in response to this?

a. The doctor should educate the patient about the near futility of CPR under this circumstances.

b. The doctor might want to ask the patient to explore this further with the chaplain.

c. The patients expression of a preference should be explored to understand its origin.

d. All the above.

2. An elderly woman presents to the emergency room awake and alert and complaining of shortness of breadth. An evaluation reveals that she has pneumonia. His condition deteriorates in the emergency room and she has impending respiratory failure though she remains awake and alert. A copy of signed and witnessed living will is in his chart stipulates that he wants no “invasive” medical procedures that would “seave only to prolong my death”. No surrogate decision maker is available should mechanical ventilation be instituted.

a. The presence of living will or other advance directives obviates the responsibility to involve a competent patient in medical decision making.

b. If the patient has remained awake and alert his living will is irrelevant to medical decision making.

c. The potential ask and benefits of mechanical ventilation need not be presented to the patient because of the living will presented

d. Even if the patient refuses mechanical ventilation therapy, his wishes need not be honored because he is in the emergency room.

3. A young mother has just been informed that her 2 year old son has leukemia. The mother refuses permission to begin chemotherapy and informs the oncology team that their family physician will follow the child’s illness. What should you do as the team physician?

a. You should wait to hear from the family physician.

b. You should honour the mothers request in this case.

c. You should arrange promptly a care conference with both the mother and the family’s physician to discuss the chemotherapy.

d. If chemotherapy offers a clear and compelling survival benefit as the only hope this child has, and the mother refuses treatment, you are professionally obligated to seek a court order to appoint a guardian for the child.

4. Your 36 year old patient has just tested positive for HIV. He asks that you, should not inform the wife of the results and claims that he is not ready to tell her yet. What would you advise your patient?

a. Encourage the patient to share the information with his wife on his own, giving him a bit more time if necessary.

b. Tell him that his wife is at a risk of being infected and that you have the duty to ensure that she knows of the risks.

c. Tell the patient that Public health law requires reporting both the patient and any known sexual partners to local health officers.

d. All of the above.

5. A 60 year old man has a health attack and is admitted to the medical floor with a very poor prognosis. He asks that you do not share any of his medical information with his wife as he thinks that she will not be able to take it. His wife catches you in the hall and asks you about her husbands prognosis what are you required to do legally?

a. The doctor should inform the wife about her husbands poor prognosis.

b. The doctor should not inform the wife, but he should ask the nurse to let the wife to know about her husband’s condition.

c. The wife is certainly affected by her husband’s health and prognosis and every effort should be made to encourage an open dialogue between them.

d. The doctor should not encourage the patient to talk to his wife about his condition.

5. Wanjohi has injured his leg after a fell. He presents to the emergency room of the reservation hospital. He is complaining of pain. His leg appears to be broken. The man requests that you call a medicine man before doing anything further. What should the doctor do?

a. Call the medicine man before proceeding with treatment of the leg fracture.

b. The emergency room doctor is under no obligation to communicate with a medicine man about the patients leg fracture.

c. Tell the patient that he will not call the medicine man.

d. Since the patient presented himself in the emergency room the doctor is allowed to begin treatment then call the medicine man.

6. Mrs Gavin who is 80 years old has recurrent colon cancer with liver metastases admitted to the hospital for chemotherapy. Because of her poor prognosis you approach her about a DNR order, but she requests to be a “Full Code” can you write a DNR order anyway?

a. No because the patient requested a “Full Code”.

b. Yes because Mrs Gavin is elderly and has a diagnosis of recurrent metastases and cancer chances of a successful DNR is 0%.

c. No since the CPR to Mrs Gavin in her condition cannot be termed as Futile.

d. Yes because hospital policy allows doctors to write a DNR in this situation.

7. A young accident victim has been in a persistent vegetative state for several months and the family members have insisted that “everything possible” be done to keep the patient alive”. Should you honour the family’s request.

a. The request must be honoured because the family members insisted to “everything possible”.

b. The request should be honoured because of absence of a ????? order to withhold treatment.

c. The request should not be honoured because it is unreasonable.

d. The request need not be honoured if the doctor and the members of the healthcare team agree that the interventions in question requested by the family would be futile.

8. An Elderly man who lives in a nursing home is admitted to the medical ward with pneumonia. He is awake but severely demented. He can only mumble but interacts and acknowledges family members. The admitting nurse says that treating of his pneumonia with antibiotics would be “Futile” and suggests approaching the family with this stance. Do you agree?

a. No. I disagree because for this patient, treating pneumonia with antibiotics stands a reasonable chance of a success.

b. Yes, I agree that treatment of pneumonia in this severely demented, patient is futile because antibiotics maybe ineffective, especially if the etiology is non-bacterial.

c. Yes I agree because the patient is severely demented treating his pneumonia with antibiotics would be futile.

d. None of the above.

9. A 22 year old woman is admitted to the hospital with a headache and stiff neck. Laboratory test reveal menigititis and infection commonly associated with HIV. When given the diagnosis, she adamantly refuses to be tested for HIV. How should the medical staff handle this case?

a. Test HIV despite the patient’s refusal

b. just like any other medical procedure, testing should be done only with informed consent, so you should not test for HIV.

c. Test the patient for HIV anonymously without any identifying remarks.

d. Report the patient meningitis to the Public Health Department and ask the department to test the patient for HIV.

9 Zaddock who is 55 years old has a 3 month history of chest pain and fainting spells. You feel his symptoms merit cardiac catheolization. You explain the risks and potential benefits to him and you include your assessment of his likely prognosis without the intervention. He is able to demonstrate that the understands of this but refuses the intervention. Can the refuse the intervention legally?

a. No because the patient does not comprehend the seventy of his cardiovascular condition.

b. No because the patient has a documented life threatening cardiac condition.

c. Yes because he is competent to make his decision and the doctor has a duty to respect his choice.

d. The doctor can perform the cardiac catheorization after obtaining a court order.

10. A 3 month old baby has been admitted to the hospital with a newly diagnosed ventricular septal defect. She is in early congestive heart failure. After discussing the proper dose with the attending physician, you write an order for the drug. 30 minutes later the baby vomits and then has cardiac arrest and dies. You discover that in writing the order you misplaced the decimal point and the child got 10 times more of the presubed drug. What is your duty here?

a. Inform the parents about the mistake and say you are sorry.

b. Do not inform the parents

c. Do not say sorry

d. Let the liability insurance company handle everything because a malpractice law suit may follow.

11. A 32 year old woman was admitted at ICU/ Following a motor vehicle accident. She rapidly developed Respiratory Distress syndrome. Her parents were contacted and remained vigilant at her bedside. They reported that the patient was one month away from her divorce being finalized. The patients husband of five years in marriage has been physically and emotionally abusing her. The parents did not report the hospitalization and they reported that visitation by the husband would be distressing to the patient. The patients soon to be ex-husband is her legal next of kin. Should the husband be responsible for treatment decisions which the patient cannot make?

a. No. because there is an implied consent by law for provision of emergency. Medical treatment in such cases.

b. Yes because there is a divorce proceeding.

c. Yes because the law sets an explicit time limitation on implied consent based on an emergency.

d. Yes because the Father is the surrogate-decision –makers for the patient.

11. Autonomy is

a. The right to be selfish.

b. Self awareness.

c. Self promotion.

d. Self governance.

13. The overaching most important consideration regarding informed consent is:-

a. It should understood by the patient

b. It must be communicated free of emotions

c. It must be technically accurate

d. it should be delivered in writing.

14. The use of fertility drugs:-

a. Decreases a woman’s ovulation

b. Decrease the chances of a woman having miscarriage.

c. Increase the chances of an ovum being fertilized.

15. Never perform a procedure unless you are:-

a. Informed about the procedure.

b. The only person on duty.

c. procedure technician.

d. Qualified to perform the procedure.

16. A set of principles relating to what is right or wrong are known as:-

a. Tort

b. Contracts

c. Ethics

d. Patients rights

17. If a physician fails to use a degree of case skill and learning expected and the person receiving care is injured the physician can be sued for?

a. Negligence

b. Defamation

c. Malpractice

d. Assault

18. Which of the following is not a right?

a. A patient may refuse treatment to the extent permitted by law.

b. A patient is entitled to free care regardless of circumstances.

c. A patient must be informed of any hospital owners regulation

d. A patient is entitled to a reasonable response to request for services.

19. If a healthcare provider sends information to an insurance company without the patients written consent, this can be:-

a. Invasion of privacy

b. Deformation

c. Slander

d. Libel

20. Loyalty and Faithfulness to other’s is known as:-

a. Beneficence

b. Fidelity

c. Honesty

d. Justice

**SECTION B: ANSWER ALL QUESTION (30 MARKS)**

21. Define the term “Futility explaining its relevance to end of life decisions. (6 marks)

22. Explain the factors involved in “Doctrine of double effect and elaborate what it means. (6 marks)

23. Describe the principles related to Euthanasia. (6 marks)

24. Enumerate six major differences between Ethics and Law. (6 marks)

25. Explain the circumstances in which emergency treatment is justified. (6 marks)

**SECTION C: ANSWER ANY ONE QUESTION (20 MARKS)**

26. Discuss the ethical and legal challenges of adoption of reproductive technology in Kenya. (20 marks)

27. Clinique the legal and ethical issues associated with end of life issues. (20 marks)

28. Critically analyze the situations surrounding sterilization and contraception’s. (20 marks)