

FLORIDA END-OF-LIFE CARE CME REQUIREMENT – COURSE TEST

Please indicate your responses by circling the correct letter(s). A 70% passing grade must be obtained in order to receive credit for this course.

1. Which one of the following statements is **TRUE** concerning the appropriateness of Cardiopulmonary resuscitations (CPR):
 - a) CPR may be withheld, based on the decision of a competent patient, even in situations where it may be effective.
 - b) When CPR is deemed futile, the physician does not have a duty to counsel the patient or their surrogate/proxy on the nature and purpose of his/her decision not to resuscitate the patient.
 - c) A “DNR order” applies not only to withholding CPR, but also to withholding/withdrawing other life-prolonging treatments, including artificial feeding.
 - d) Proxy/surrogate deciders can only consent to DNR orders when the patient is incapacitated and is terminally ill.

2. A 41year old bisexual man with acquired immunodeficiency syndrome is admitted to the hospital for treatment of retinal infection and diarrhea. In , recent months, the patient has lost 20 pounds and has had to quit his job at a print shop due to visual impairment and fatigue. Physical examinations show the patient to be emaciated and afebrile. Visual acuity is markedly diminished. The patient is alert and oriented; mental status is normal. During the early days of hospitalization, you as the primary physician, receive telephone calls from the patient’s mother, a child from an earlier marriage, and a male friend, all inquiring about the patient’s condition and making conflicting demands about the type of care the patient should receive.

To settle this controversy, **the most important thing you can advise the patient to do is :**

- a) Hire an attorney to prepare a last will.
- b) Countersign your chart notes.
- c) Have the hospital’s lawyers serve as mediator.
- d) Encourage the patient to establish an advance directive or a durable power of attorney for health care.
- e) Meet with the family members to clarify their understanding of the patient’s wishes.

3. A 79-year-old man is brought into the ER by his family. He is noted to have kidney failure. A consulting nephrologist recommends initiation of dialysis. After extensive discussion with you and the nephrologist, the patient indicates that the last month, his wife, to whom he was married for fifty-five years, died. He feels that he has led a good life and does not want artificial means to prolong his life. He has no reason or desire to live any longer. The family believes that he is “irrational” and they want him to receive dialysis. The patient refuses. As the patient’s primary care doctor, **you should:**
- a) Appoint a surrogate decision-maker.
 - b) Arrange a judicial competence hearing.
 - c) Recommend electro-shock therapy for his depression.
 - d) Obtain a psychiatric consult to assess the degree to which the patient’s depression is effecting his decision-making capacity.
 - e) Arrange dialysis anyway since the family wants it and you have deemed the patient incompetent.
4. A 45-year-old insurance salesman decides, while in good health, to fill out an advance directive. His mother died, after a series of strokes had rendered her disabled and totally dependent, in a nursing home. She was sustained by nasogastric feedings for 6 months before she died. He clearly wants to avoid such a situation. His living will states that should he develop a terminal illness or irreversible coma he does not want life-prolonging treatments, including artificial nutrition/hydration. On the way back from signing the document in his lawyer’s office, he suffers a heart attack. Although transported quickly to a hospital, it becomes evident that he can very likely be saved, but he has sustained irreversible neocortical damage and will probably remain in a persistent vegetative state. The physicians treating him in the Coronary Care unit are shown his living will and conclude that it is valid. His living will indicates that he does not wish artificial feeding and the physicians want to honor it. His wife refuses to allow them to discontinue treatments because she feels they are morally bound to keep her husband alive at all costs. She insists the patient receive a feeding tube. Under the laws of Florida which one of the following statements is **true?**
- a) A living will is honored only when the patient is deemed terminally ill.
 - b) A living will can be used as clear and convincing evidence of the patient’s preferences regarding artificial feedings.
 - c) A living will should not be honored if the next of kin doesn’t agree with its directives.
 - d) A living will that includes withholding/withdrawing nutritional sustenance will not be honored.

5. Which one of the following statements about a living will is **true**?
- a) It must be a written document to be legally binding.
 - b) The specifications in the document are the same in every state.
 - c) In the absence of family, a person who holds power of attorney for managing the financial affairs of an incompetent patient is legally empowered to make medical decisions for the patient in the absence of a living will.
 - d) The physician is liable to the patient for non-compliance with legally stated wishes in a valid living-will.
6. Mr. G comes to a physician for treatment of a peptic ulcer, He says he is a Jehovah's Witness. He is a consistent and firm believer and knows his disease is one that may eventually require administration of blood. He understands that the consequences of refusing transfusion, even if he is critical, could result in his death. Which one of the following statements is **true** about the physician's care of this patient:
- a) Since the patient's beliefs are not consistent with traditional religions, the physician is not required to accept the patient's refusal of transfusion.
 - b) The patient cannot be considered competent to make choices because his refusal is irrational and not what a reasonable person would do in a similar situation.
 - c) A physician, who can't accept being held to what he/she considers a dangerous standard of care, should not enter into a patient /physician relationship and should transfer care of the patient in the proper manner.
 - d) If the patient becomes mentally incapacitated at the time of an emergency and needs blood transfusion, the patient's previous refusal is voided and the physician can presume consent in a life-threatening situation.

7. Mrs. D., an 82 year-old, is brought to the emergency room by a neighbor with gangrene of the foot. She has lived alone for the last 12 years. She is known by neighbors and by her doctor to be fiercely independent. Her mental abilities are relatively intact, although at times she forgets names. On being told that the best medical option for her problem is amputation, she adamantly refuses, although she is aware of the consequences, including death, and accepts them. She calmly tells her doctor (whose name she forgets) that she has lived long enough, and wants to be buried whole. All of the following statements are true regarding decision-making capacity **except**:
- a) The fact that the patient is forgetful automatically disqualifies her from autonomous decision-making.
 - b) Mrs. D's clear assertions, as well as the broader evidence of her life and values, suggest Mrs. D manifests deliberative reasoning in her refusal and could be considered as evidence that she has adequate mental capacity to make a choice.
 - c) The standard of competence required for decision-making may vary. Even if Mr. D is forgetful, her consent to clearly beneficial treatments with minimum risk can be accepted; her refusal should arouse suspicions of incapacity.
 - d) The central test of capacity is the evidence that she understands the nature of the issue and appreciates the consequences of the choice she is making.
8. A 65 year old Latino man comes to his physician with complaints of abdominal pain that is persistent, but not extreme. Studies show metastatic cancer of the pancreas. The patient has just retired from a very busy career. His wife and daughter state "don't tell him, he doesn't need to know". Should his diagnosis be revealed to him? Which one of the following statements is **true** regarding the ethical duty of "truth telling"?
- a) Recent studies have shown that most patients with a diagnosis of serious illness don't want to know the diagnosis if it's "cancer."
 - b) Physicians' and families feelings that truthful disclosure would be harmful to the patient may arise from their own uneasiness at being the "bearer of bad news" and the need to "protect their loved one" rather than from the patient's inability to accept the information.
 - c) The Law allows physicians wide discretion in applying "therapeutic privilege" to withhold information, since studies show patients are often overwhelmed and unable to deliberate and make reasonable treatment choices.
 - d) Concealment of the truth in this situation is unlikely to undermine the patient-physician relationship.

9. An 85-year-old man is in a nursing home because of severe dementia and kidney failure. He is severely disabled, unable to get out of bed or sit in a chair, and has a feeding tube. He has no advance directive. His only family is a daughter. The physician recommends that if the patient's heart stops, a "Do not resuscitate order" be written. The daughter agrees and notes that the patient's own father died totally dependent, in a nursing home and the patient stated that he never wanted to live that way. The two of them also agree that only comfort care should be provided. All of the statements are true **except?**
- a) Since, the daughter is legal proxy, and the plan is consistent with the patient's best interest, only comfort care should be given.
 - b) Two physicians must determine the patient's condition, while one physician, the attending must determines and document that the patient has no reasonable medical probability of recovering capacity, in order for the proxy to act.
 - c) In the absence of a living will, proxy decisions must be supported by clear and convincing evidence of the patient's wishes.
 - d) A DNR order cannot be written since the patient does not have a terminal illness.
10. A 67-year-old widower, with severe emphysema and untreatable lung cancer, says that he wants to be sure that he "is not kept alive on all your machines." The patient's son is upset with the diagnosis and has been pressuring his father about accepting experimental treatments in a manner that the patient has sometimes found intrusive. The patient feels that his daughter understands his medical condition and values and he wants her to make treatment decisions for him if, in the future, he is no longer able to speak on his own behalf. Which of the following is the **most** appropriate advance directive (**choose only one**):
- a) The patient should prepare a living will.
 - b) The patient should prepare a document appointing his daughter as health care surrogate.
 - c) The daughter and physician should prepare a durable power of attorney for health care that names the daughter as proxy.
 - d) The daughter should be appointed by the court as a legal guardian.

11. A slow code (no DNR order and half-hearted efforts at CPR) is appropriate in the event of a witnessed arrest in a hospital in which one of the following cases?
- a) An 80-year-old terminally ill women with breast cancer, who generally has a good quality of life and enjoys gardening and her grandchildren.
 - b) A 45-year-old man with AIDS and recurrent PCP pneumonia that has declared he wants “everything done” in case of cardiac arrest.
 - c) A 35-year-old chronically institutionalized mentally retarded woman who has acute leukemia, who is failing chemotherapy, and whose legal guardian agrees to DNR order.
 - d) None of the above.

Name (please print)

ACP-ASIM Member Number

Address

City, State, Zip

**To receive your CME certificate fax your completed questionnaire to:
Norris Harris
Mt Sinai Medical Center
305-674-2946**