

U S M L E <sup>TM</sup>

# KHAN'S CASES

## Medical Ethics 101

The 101 Cases that you **MUST KNOW**  
for USMLE<sup>TM</sup> Step 1 prep!

Real-world scenarios for every  
practicing physician

Featuring the **MOST UP TO DATE** practice  
questions with answers and explanations

By Maryam Arshad, MD & Sajid Khan, MD



# **MEDICAL ETHICS 101**

## **KHAN'S CASES**

Great for USMLE™ prep!

The 101 Cases that you **MUST KNOW**

Featuring the most up to date practice questions with answers and explanations

Expert advice on how to ace ethics cases

Real-world scenarios for every student, resident, and practicing physician

By: Maryam Arshad, MD and Sajid Khan, MD

USMLE is a registered trademark of the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME), neither of which endorses or sponsors this product.

© Copyright 2013, Maryam Arshad

The text of this publication, or any part of it, may not be reproduced without written permission from the author or publisher. All rights reserved. Photocopying or illegal distribution of any of this text is forbidden and violators may be prosecuted. No part of this publication may be stored in a database or retrieval system without permission from the author.

The authors and publishers have provided this text to offer accurate information with regard to the subject matters covered. If legal advice or other expert assistance is required, please consult with an attorney. The authors and publishers hereby waive any and all legal responsibility for any action taken as a result of this text.



*This book is dedicated to our spouses – the loves of our lives and without whom  
none of this would have been possible*



There are a number of legal principles (autonomy, beneficence, substituted judgment, end-of-life issues, abortion, etc) which are necessary to understand in order to succeed. Such principles are important both for medical students and practicing physicians alike. All questions are questions that are very likely to appear on the boards and all questions are scenarios that any physician can encounter in real life.

We sincerely hope you enjoy this book and that it helps bring you some measure of success in the future.

“A man without ethics is a wild beast loosed upon this world”  
- Albert Camus





## Medical Ethics 101

A 40 year old male comes your office because he has been 'feeling bad lately'. He says that for the past three months he has been having trouble sleeping and has not had the desire to go out. He has stopped going to baseball games with friends, which had been something he enjoyed. He is obese and notes that while most of his friends are married and have children, he has difficulty getting a date. He feels worthless and has even missed days at work as he finds it difficult to concentrate. The most important question to ask is:

- A) "Have you had any recent stressors in your life?"
- B) "Do you ever feel like life is not worth living?"
- C) "Do you think that your life would be much better if you were dating?"
- D) "I'm having some friends over to watch the baseball game tonight – would you like to come?"
- E) "Have you tried losing weight? I would be happy to advise you on diet and exercise habits...."

**Answer:**

B) “Do you ever feel like life is not worth living?”

**SIG E CAPS**

Screening for major depression is important. An easy way to remember the diagnostic criteria is SIG E CAPS:

S – sleep disturbances

I – interest decreased in activities

G- guilt or worthlessness

E – energy decreased

C – concentration difficulties

A – appetite disturbances

P – psychomotor retardation/agitation

S – suicidal thoughts

Having a depressed mood and at least four of the above for at least two weeks meets the criteria for major depression.

This patient has symptoms suggestive of major depressive disorder, and it is important to assess whether or not he is suicidal. Identifying the source of his depression is important, and stressors (be they related to work, finances, relationships, etc) are essential to identify in order to treat the underlying cause. Avoid forming relationships with your patient outside of the professional setting as that can lead you to make decisions that might not always be in the best interest of the patient – in other words, your relationship might influence how you treat him. While obesity is associated with many serious medical conditions, his depression may lead him to commit suicide soon, and it is therefore most important to assess his risk of harming himself.

## Medical Ethics 101

A 4 year old girl is brought to the ER after falling off a swing. She appears have a fractured right forearm. Sensation and pulses are intact. She is accompanied by her 18 year old babysitter. Both the babysitter and emergency room staff are unable to contact her parents for consent to treat. What is the most appropriate response?

- A) Continue attempts to contact the parents to obtain consent
- B) Obtain an x-ray and treat the fracture appropriately
- C) Obtain consent from the babysitter as she has assumed responsibility in this case
- D) Using implied consent, reduce the fracture as you continue attempts to contact the parents

**Answer:**

A) Continue attempts to contact the parents to obtain consent

The key here is that nowhere in the question stem is it mentioned that the fracture is life or limb-threatening. In such cases, you need to obtain consent from parents or legal guardians. Babysitters have no more of a legal right to make decisions than do strangers. There is no indication in the question that fracture reduction is necessary – in fact no mention is made of a deformity and the patient is neurovascularly intact so it would be inappropriate to reduce the fracture without 1 – an xray and 2 – consent.

## Medical Ethics 101

You are in clinic seeing a patient for routine followup. The patient has a history of schizophrenia and informs you that he doesn't like his boss. The patient asks if everything he tells you is confidential, which you confirm, and he then says that in fact, "sometimes I think I might kill him if I get the chance." What should you do?

- A) Maintain confidentiality while attempting to discourage the patient from his plan
- B) Inform law enforcement agencies of the threat to the patient's boss
- C) Inform the patient's boss of the threat
- D) Inform both the patient's boss and law enforcement of the threat
- E) Admit the patient for homicidal ideations but maintain confidentiality

**Answer:**

D) Inform both the patient's boss and law enforcement of the threat

The duty to warn requires a clinician who has reasonable grounds to believe that a client may be in imminent danger of harming him or herself or others to warn the possible victims. Duty to warn is one of the few exceptions to a client's right to confidentiality. In cases of suicidality and homicidality, you have a moral and legal obligation to inform the potential victim and the proper authorities. If law enforcement is informed and the potential victim is not informed then you are held liable if there is injury to the victim. It will be necessary to admit the patient for homicidal ideations, so that he can receive proper psychiatric treatment – but the police and the person at risk should still be warned.

**Tarasoff v Regents of the University of California:**

Tatiana Tarasoff was murdered by Prosenjit Poddar, who had received psychological services in the university counseling center. Poddar informed his psychologist that he wanted to kill Tarasoff, and following the session his psychologist informed the campus police. The psychologist also wrote a letter requesting assistance to the chief of campus police. Poddar was briefly detained by police and questioned, then released because his mental state seemed stable. No one ever warned Tatiana Tarasoff and Poddar eventually killed Tarasoff. The case was settled out of court but established the precedence of duty to warn.

**Jablonski by Pahls v United States:**

Extended a clinician's responsibility even further, concluding that duty to warn also entails reviewing previous records, which may contain history of previous violent behavior and therefore be a predictor of future violence. The Court also concluded that duty to protect went beyond warning a potential victim – rather that you have an obligation to involuntarily commit a dangerous individual.

## Medical Ethics 101

A 30 year old pregnant woman presents to your clinic for prenatal care. She has a history of having had syphilis in the past and chlamydia earlier in this pregnancy. She has never had an HIV test done. She is 36 weeks gestation and is offered an HIV test as part of her prenatal care – but declines to have it done. Despite your best attempts at discussing the importance of early detection and the risk to her unborn child, she continues to refuse. What is your response?

- A) Do not perform the test as she has the right to refuse
- B) Perform the test, as it is necessary to protect the health of the baby
- C) Administer empiric antiretroviral therapy to prevent perinatal transmission
- D) Obtain consent from the father of the child
- E) Obtain a court order to test the patient

**Answer:**

A) Do not perform the test as she has the right to refuse

Whether or not you agree on moral grounds, an unborn child does not have the same rights as an individual under the law. Therefore, mandating that she undergo the test for the sake of her unborn child falls flat. There is no one whom she is putting at risk, from a legal standpoint. HIV testing typically requires an additional layer of consent – in this case the patient cannot be tested against her will.

In October 2012, a woman in New York sued her physician for informing her that she was HIV positive – she claims she never consented for the test. Testing patients against their will or without their knowledge is acceptable only in cases where you are trying to prevent harm to another person. Since the law does not recognize the unborn, the mother's health and decisions take priority.



## Medical Ethics 101

A 60 year old male presents to the emergency room with shortness of breath. He has a history of diabetes, HTN, and coronary artery disease. His EKG shows peaked T-waves and labs confirm that he is in acute renal failure with a potassium of 7. While reviewing his chart, you find a DNR/DNI (do not resuscitate/do not intubate) form that he has filled out. He confirms that he still feels the same way and would like both the DNR and DNI forms to be kept on the front of his chart. Which of the following is most appropriate?

- A) Ask the patient if he has an advance directive or living will
- B) Inform the patient that he will likely die without overturning one, if not both, of those forms
- C) Ask the patient if he has a durable power of attorney or surrogate decision maker that he would like you to consult
- D) Dialyze the patient anyway and admit him to the ICU, but do not intubate him if it becomes necessary
- E) Treat the patient with medications only and admit him to a medical floor bed

## Thank You for previewing this eBook

You can read the full version of this eBook in different formats:

- HTML (Free /Available to everyone)
- PDF / TXT (Available to V.I.P. members. Free Standard members can access up to 5 PDF/TXT eBooks per month each month)
- Epub & Mobipocket (Exclusive to V.I.P. members)

To download this full book, simply select the format you desire below

