

Unit IIA Quiz

Unit IIA: Ethical & legal norms (confidentiality; privacy)

1. *Morality* can be thought of as a community's set of rules for proper conduct. *Ethics* is the study or analysis of those rules, including
 - a. reasons for following the rules
 - b. the interrelationship of the rules
 - c. what to do if the rules are in conflict or when different communities (or cultures) have different rules
 - d. all of the above

2. People who are *professionals*, and who are expected to abide by rules and standards that are additional to those of non-professionals, adopt such additional obligations and obligations in the healthcare profession for which of the following reasons:
 - a. they possess special training or knowledge
 - b. they are placed in situations where the patients seeking their services are vulnerable and at a disadvantage (in knowledge and bargaining power)
 - c. they are placed in situations where the patients engaging their services expect a fiduciary relationship in which the services provider operates under the principles of trust, accountability and transparency in respect to the patient
 - d. all of the above

3. An organization's *code of ethics* is distinguished from a society's laws by all of the following except:
 - a. a code of ethics does not directly enjoy the law enforcement powers of society (fines, imprisonment) for its enforcement
 - b. a code of ethics reflects the standards of a particular subgroup of society, applicable only to those who voluntarily belong to that subgroup
 - c. a code of ethics always reflects standards of conduct that are less demanding than those reflected in the society's laws
 - d. none of the above (all of the above are true of a code of ethics)

4. Which of the following is true with respect to the creation of an organization's *code of ethics*:
 - a. a code of ethics expresses the collective standards of a self-selected group of individuals and its creation is necessarily the result of a consultative exercise involving the group's members
 - b. the creation of a code of ethics depends on the processes chosen by the subgroup, which may or may not operate according to democratic participatory principles

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- c. the creation of a code of ethics is independent and separate from the creation of codes by other subgroups or the enactment by society of legislation
- d. all of the above

**Dana C. McWay, *Legal and Ethical Aspects of Health Information Management* (3d ed., 2010)
Chapter 6: Ethical Decisions and Challenges, pp. 106-128**

5. In the opinion of McWay (2010), a *code of ethics* of a professional association includes an implied, if not express, promise regarding which of the following:

- a. the practitioner will not pursue his or her interests at the expense of a client or patient
- b. the practitioner will not disparage professional colleagues
- c. the practitioner will report professional misconduct of professional colleagues
- d. all of the above

6. The interpretation and practical application within an organization of its *code of ethics* is generally a responsibility of which of the following:

- a. the organization's Chief Medical Officer
- b. the organization's internal Ethics Committee
- c. the governmental licensing authority for that provider organization
- d. the HHS Office of Civil Rights

7. In an ethical decision-making process involving an examination of the options available to the decision maker, which of the following ethical theories should in all cases guide the decision making:

- a. which option presents the greatest good for the greatest number (utilitarianism)
- b. which option supports doing one's duty (deontology)
- c. which option promotes the rights and dignity of all persons (social equality and justice)
- d. none of the above

8. Physicians who engage in joint-venturing or self-referral, where the physician refers a patient for services to another provider (or facility) with whom the physician has a relationship which confers direct or indirect financial benefits to her, is which of the following:

- a. always a violation of the ethical prohibition against a conflict of interest
- b. potentially a violation of the ethical prohibition against a conflict of interest if effected without full disclosure to the patient
- c. inevitable in the highly fragmented U.S. healthcare delivery system
- d. none of the above

James Sabin and David Cochran, “Confronting Trade-Offs in Health Care: Harvard Pilgrim Health Care’s Organizational Ethics Program”, *Health Affairs*, vol. 16:4, July/Aug. 2007, pp. 1129 – 1134

9. The applicability to modern medical practice of the standards of medical practitioner conduct of ancient Greece, as reflected in the Hippocratic Oath (a “dyadic doctor-patient model”), is complicated by which of the following:

- a. an individual patient’s care is now generally provided by a team of healthcare professionals
- b. an individual patient’s care now generally includes services provided by facilities and institutions which are separate from the services of the patient’s primary care provider
- c. the payment for an individual patient’s care now generally involves a third party payer with interests in obtaining data regarding the patient’s care
- d. all of the above

10. Sabin (2007) advises that the creation within a healthcare provider entity of an organizational ethics program can advance the organization’s practical decision-making for which of the following reasons:

- a. an ethics program can provide needed guidance to interpret and supplement existing ethical codes of professionals, which express concepts but are too abstract to provide guidance at the front lines
- b. if structured to embrace stakeholder participation, an ethics program can tease out value dimensions of tough allocation decisions and advance the entity leadership’s appreciation of the implementation challenges to be addressed
- c. if structured to embrace transparency, an ethics program can contribute to stakeholder education and advance the formation of stakeholder consensus in support of difficult decisions
- d. all of the above