

**MULTIPLE CHOICE**

1. Which of the following is considered a life-sustaining treatment?
  - a. Albuterol
  - b. Dialysis
  - c. Pulmonary rehabilitation
  - d. Nocturnal CPAP for obstructive sleep apnea

ANS: B  
Dialysis as a life-sustaining treatment (LST).

DIF: Recall            OBJ: 4

2. Which of the following are considered components of the “goals of care”?
  1. Patient’s medical and rehabilitative prognosis
  2. Patient’s values, beliefs, and preferences
  3. Ethically and legally permissible care options
  4. Funeral arrangement decisions
  - a. 1, 2, 3, and 4
  - b. 2 and 4 only
  - c. 1, 2, and 3 only
  - d. 4 only

ANS: C  
The goals-of-care framework has three components:

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- The patient’s medical and rehabilitative prognosis
- The patient’s values, beliefs, and preferences
- Ethically and legally permissible care options

DIF: Recall            OBJ: 1

3. The prospect of recovery as anticipated from the usual course of disease or the peculiarities of the case is best described by which of the following terms?
  - a. Medical prognosis
  - b. Substituted judgment
  - c. Best interest
  - d. Advanced directive

ANS: A  
The concept of “medical prognosis” in patient care is primary and integral in addressing goals of care for a patient. Medical prognosis is defined by Merriam Webster (<https://www.merriam-webster.com/dictionary/prognosis>) as the “prospect of recovery as anticipated from the usual course of disease or the peculiarities of the case.”

DIF: Recall            OBJ: 2

4. An “ethic of care” approach that can guide ethical decision making includes WITH OF the following concepts?
1. Rights
  2. Virtues
  3. Utilitarianism
  4. Deontology
- a. 1, 2, 3, and 4
  - b. 2 and 4 only
  - c. 1, 2, and 3 only
  - d. 4 only

ANS: A

An “ethic of care” is one approach that can guide ethical decision making; examples include concepts such as deontology, utilitarianism, principles, rights, virtues, and narrative ethics.

DIF: Recall OBJ: 4

5. If you were considering the patient’s overall context as a dimension of an ethic of care which question would you ask?
- a. How is the family responding to all this?
  - b. Will we get sued if the patient dies?
  - c. Does the patient have a durable medical power of attorney?
  - d. Has the patient recovered in the past from a similar medical situation?

ANS: A

Considering the patient’s overall context as a dimension of an ethic of care can yield insight for health professionals at the end of life, and RTs, given their area of concern, must be actively involved. Where does this patient find herself or himself at this time? What is immediately confronting the patient in terms of utmost concern? What led the patient to this disease process, hospitalization, and now end-of-life situation? How is the patient responding to all of it? How is the family responding? What is the patient primarily concerned about at this time, either expressed or unexpressed? How are the patient’s immediate concerns affecting the airway and the experience of respiration?

DIF: Application OBJ: 4

6. Questions seeking responses either directly from the patient or from his or her surrogate decision maker in building the goals-of-care framework would include which of the following?
1. Will we get sued if the patient dies?
  2. What is important to her/him/them?
  3. What would “intolerable days” be like for the patient?
  4. What religious, spiritual, and cultural beliefs influence end-of-life decision making?
- a. 2, 3, and 4 only
  - b. 1, 2, 3, and 4
  - c. 3 and 4 only
  - d. 2 and 3 only

ANS: A

- Who is this person (and family)?
- What is important to her/him/them?

- What would a “good day” look like for the patient and family?
- What would “intolerable days” be like for the patient?
- Quality of life—can it be projected for the patient?
- What religious, spiritual, and cultural beliefs influence end-of-life decision making?

DIF: Recall OBJ: 1

7. The physician writes an order for intubation and mechanical ventilation for a patient you know has a valid DNI order in their chart. What should you do?
- Speak up on the patient’s behalf and talk about the order with the physician
  - Try and get the patient’s family to remove the DNI order
  - Follow the orders as given by the physician
  - Discuss the order with the hospital’s legal council

ANS: A

The RT is ethically and professionally bound to question any orders that are not congruent with acceptable ethical and legal practices as well as hospital policy, which should be in synchrony with sound ethical and legal practices.

DIF: Application OBJ: 7

8. What act requires all health care systems that are receiving federal monies through the Centers for Medicare and Medicaid to ask all patients upon admission if they have an advance directive?
- HIPAA
  - HCA
  - PSDA
  - No such act currently exists

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ANS: C

The PSDA requires health care systems that are receiving federal monies through the Centers for Medicare and Medicaid to ask all patients upon admission if they have an advance directive; if not, they must offer to assist patients with education, counseling, and forms to complete

(<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R75SO-MA.pdf>; 2011). A patient, of course, can refuse to complete an advance directive.

DIF: Application OBJ: 2

9. Which of the following terms refers to the controlled and monitored use of nonopioid medications intended to lower the patient’s level of consciousness to the extent necessary for relief of awareness of refractory and unendurable symptoms?
- Euthanasia
  - Assisted suicide
  - Palliative sedations
  - Withholding life-sustaining treatment

ANS: C

Euthanasia: The act of putting to death someone suffering from a painful or prolonged illness or injury. Someone other than the patient commits the action to end the patient’s life, usually by the injection of medicine.

**Assisted Suicide:** The means to end a patient's life is provided to the patient with knowledge of the patient's intention to use it. Physician-assisted suicide connotes that a physician will provide such means.

**Palliative Sedation:** The controlled and monitored use of nonopioid medications intended to lower the patient's level of consciousness to the extent necessary for relief of awareness of refractory and unendurable symptoms.

*Withholding, Withdrawing, and Refusal of Life-Sustaining Treatment:*

Life-sustaining treatments include but are not limited to mechanical ventilation, cardiopulmonary resuscitation, chemotherapy, dialysis, antibiotics, medically supplied nutrition, and hydration.

**Palliative Care:** An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness through the prevention and relief of suffering by means of the early identification and careful assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.

**Hospice Care:** Care of patients and families at the end of life and during the last few weeks or months of life that builds on the palliative care model to minimize suffering by providing appropriate symptom management and emotional support.

DIF: Application OBJ: 5

10. Which of the following terms refers to the act of putting to death someone suffering from a painful or prolonged illness or injury?
- Euthanasia
  - Assisted suicide
  - Palliative sedations
  - Withholding life-sustaining treatment

ANS: A

**Euthanasia:** The act of putting to death someone suffering from a painful or prolonged illness or injury. Someone other than the patient commits the action to end the patient's life, usually by the injection of medicine.

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DIF: Application OBJ: 5