

# Virtual Mentor

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## Test Questions

### Quality of Life

1. According to commentary on clinical case 1, some ethical concerns that arise when considering prenatal genetic screening for a disease like HD are:
  - A. For a late onset disease like HD, knowing that one carries the gene can turn an otherwise normal early life into one filled with anxiety.
  - B. It is difficult to predict quality-of-life.
  - C. Abortion because of a genetic defect is unethical.
  - D. All of the above.
  - E. A and B.
  
2. A patient with breast cancer has had surgery, chemotherapy, and radiation—all apparently successful. In advising her about optional adjuvant therapy, the physician should:
  - A. Take into account her weariness and frustration with past treatment regimens and her reluctance to continue being a “patient.”
  - B. Insist on the adjuvant therapy despite the patient’s weariness and frustration over past treatment.
  - C. Help the patient work through a risk-benefit analysis of the adjuvant treatment.
  - D. Suggest that the patient join a support group.
  - E. A, C, and D.
  - F. B and D.
  
3. According to Case 3 commentary, the main ethical reason for not placing a PEG in Ms McGoldrick is:
  - A. For a competent patient, autonomy supersedes all other considerations, and Ms MCGoldrick has stated that she does not want a PEG.
  - B. A PEG would achieve neither clinical goals nor Mrs McGoldrick’s goals.
  - C. The patient’s sister and daughter have decided that her quality of life is not significantly impaired by not having a PEG.
  - D. No data has conclusively proven the benefits of PEG for the elderly, thus making it an ineffective use of scarce resources.
  
4. The 5 domains that quality-of-life instruments typically measure are:
  - A. Function, satisfaction, work disability, pain, general health status.

- B. Function, work, disability, sexual function, pain, medical history.
  - C. Life expectancy, function, pain, medical history and activities of daily living (ADL).
  - D. Life expectancy, function, pain, clinical test results, ability to perform ADL.
5. According to Braizer, a possible way to address the current disparities between quality-of-life scores assessed by those in full health and by those in less-healthy states for the purpose of resource allocation is to:
- A. Accept only the general public's quality-of-life ranking when allocating community resources.
  - B. Accept only the ranking of those in a given health state.
  - C. Discontinue use of the quality-of-life scale because there is no way to perfect it.
  - D. Ask patients to better describe their health states, and then ultimately let the general public make the ranking decision.
6. Koch criticizes the quality-of-life research of Menzel and Ubel for:
- A. Assumptions inherent in the researchers' questions and the methodology employed.
  - B. The use of the term "disability" and the researcher's apparent lack of familiarity with the literature written from the perspective of difference.
  - C. Assumptions that any departure from full health produces a correlative decrease in subjective quality-of-life assessments.
  - D. All of the above.
  - E. B and C.
7. According to the appeals court, Elizabeth Bouvia had the right to have her nasogastric tube removed because:
- A. She had a fundamental right to refuse medical treatment.
  - B. Her rights superseded the state's interest.
  - C. Quality of life was a valid and essential consideration.
  - D. Fulfilling the patient's wish was not viewed as equivalent to assisting her in suicide.
  - E. All of the above.
  - F. A, B, and C.
8. What was the overall policy goal of the Oregon Plan?
- A. To exclude treatments for Medicaid recipients that the state deemed to be ineffective.
  - B. To provide Medicaid benefits for more people by restricting non-essential services.
  - C. To reduce taxes while still funding a growing Medicaid demand.
  - D. To encourage people on Medicaid to opt out of the system and use a private

payor instead.

9. What are the major criticisms of QALYs as expressed by Wyatt?
  - A. QALYs are inherently incoherent, misleading, and not nearly as objective as they claim to be.
  - B. Quality-of-life scores are too objective and do not allow for the patient's perceptions.
  - C. Using quality of life measures improperly places the burden of accommodating for physical impairments on political leaders instead of physicians.
  - D. Quality-of-life measures compromise the clinical decision-making role of the physician.
  
10. According to the medicine and society article, the following trends have contributed to consumer demand for enhancement interventions:
  - A. Managed care corporations and an increase in illness among the general population.
  - B. Consumer-capitalist driven American health care system.
  - C. Physician willingness to prescribe anti-depressants for shyness.
  - D. An ill-defined desire for improved quality of life.
  - E. All of the above.
  - F. B and D.

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