

- Autonomy or self-determination
- Beneficence
- Nonmaleficence
- Justice
- Confidentiality
- Role fidelity
- Veracity

## Chapter 2 Review

### Applying Knowledge

#### LO 2.1

1. What is another term for your personal concept of right and wrong?
  - a. Utilitarianism
  - b. Beneficence
  - c. Moral values
  - d. Role fidelity
2. Why did Tom and Bill, in this chapter's opening scenario, come to different decisions?
  - a. Because of their age differences
  - b. Because of differences in their societal, cultural, and family influences
  - c. Because of their different relationships with their supervisor
  - d. None of these
3. How is Abraham Maslow's theory of needs-based motivation best defined?
  - a. It is a five-step progression that sees pleasure as the primary motivation for all human behavior.
  - b. It is a progression called beneficence.
  - c. It is a theory that says human behavior is based on specific human needs that must often be met in a specific order.
  - d. It is a system of moral values.
4. Which of the following is *not* true of Jean Piaget's theory of value development?
  - a. Children in the sensorimotor stage of development see things as right or wrong.
  - b. During the sensorimotor stage of development, children explore the world with their five senses.
  - c. Children in the concrete operational stage of development see things as right or wrong.
  - d. Children begin to see different degrees of wrongdoing during the formal operational stage.
5. How does Lawrence Kohlberg's theory of moral reasoning differ from Piaget's theory?
  - a. Kohlberg theorized that moral development occurs more gradually and takes longer than Piaget proposed.
  - b. Kohlberg studied adults instead of children.
  - c. Kohlberg studied both boys and girls, whereas Piaget did not.
  - d. Kohlberg does not break down moral development into stages, whereas Piaget did.

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6. Which of the following is *not* true of Piaget's stages of value development?
- During the sensorimotor stage of development, children use their five senses to explore the world.
  - The preoperational stage of development is characterized by abstract reasoning.
  - During the concrete operational stage of development, children see certain behaviors as right or wrong.
  - All of these are true statements concerning Piaget's stages of value development.
7. Which of the following is true of Lawrence Kohlberg's theory of the development of moral reasoning?
- During the pre-conventional morality stage, children reject the authority of others.
  - A social contract is formed during the post-conventional morality stage.
  - Children become rebellious during the conventional morality stage.
  - None of these are true statements concerning Lawrence Kohlberg's theory.

LO 2.2

8. Teleological or consequence-oriented theories judge the rightness of a decision based on
- The feelings of the person making the decision
  - The opinions of others who see the results of the decision
  - How many people agree that the decision is right
  - The outcome or predicted outcome of the decision
9. Which of the following best defines utilitarianism?
- It is the same as pre-conventional morality.
  - It is a consequence-oriented theory that states that decisions should be made by determining what results will produce the best outcome for the most people.
  - It is a duty-oriented theory that says everyone has a duty to behave correctly.
  - It is a consequence-oriented theory that states that each individual should make decisions based on which outcome is best for him or her.
10. Which of the following best defines duty-oriented moral reasoning?
- Each individual's duty is to himself or herself first.
  - Everyone should reject the authority of others and rely solely on self.
  - It is a decision-making theory that states that the rightness or wrongness of the act depends on its intrinsic nature and not the outcome of the act.
  - It is a form of post-conventional morality.
11. Immanuel Kant's categorical imperative states that
- Every rule has exceptions.
  - Only the outcome is important in decision making.
  - Feelings are not important in decision making.
  - The right action is one based on a determined principle, regardless of outcome.
12. Virtue ethics focuses on
- The traits, characteristics, and virtues that a moral person should have
  - The method one uses to make a moral decision
  - Only the outcome of one's decisions
  - The rule one uses in making a moral decision

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LO 2.3

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13. Alasdair MacIntyre argues that
- a. All health care practitioners practice duty-oriented ethics reasoning.
  - b. Virtue ethics is the only theory that makes sense.
  - c. Individuals who have certain desirable qualities will make the right decisions.
  - d. None of these are correct.

LO 2.3

14. List and define the seven basic principles of health care ethics. *Autonomy or self destruction, beneficence, nonmaleficence, justice, confidentiality, role fidelity, and veracity.*

## Ethics Issues Making Ethical Decisions

Use your critical thinking skills to answer the questions that follow each ethics issue.

### Ethics ISSUE 1:

Joyce Weathers is a 62-year-old patient with emphysema. Mrs. Weathers is a grandmother who has smoked a pack of cigarettes a day for more than 40 years. She enjoys smoking and does not want to quit. Her physician has become insistent that Mrs. Weathers quit. She tries, but each time she becomes nasty and irritable around her family. She lives with her daughter and two young grandchildren. The family members want her to quit, but it becomes very unpleasant at home when Mrs. Weathers tries to quit.

#### Discussion Questions

15. Using act-utilitarianism as a model, create a pain-avoided, pleasure-gained list to determine if Mrs. Weathers should continue smoking.
16. If your decision is that she should quit smoking, how can Mrs. Weathers's family help her?

### Ethics ISSUE 2:

An eight-year-old girl is suffering from a rare form of cancer and is in need of a bone marrow transplant. Despite searches for the past year, no donor match has been located. The parents decide to have another child, hoping that the younger child will be a blood marrow match for their eight-year-old. The baby will be born in the next three months.

#### Discussion Question

17. Compare consequence-oriented decision making and duty-oriented decision making in this case. In your opinion, which method of decision making will lead to the best decision for everyone concerned, or are the methods equal in that both will lead to the optimum decision?

### Ethics ISSUE 3:

Martha is the administrative assistant to Valerie, the practice manager in a five-physician practice. Salaries of staff are confidential. Since payroll is handled by an outside company, only the practice manager has knowledge of who makes what salary. Valerie has gone to lunch and left her door open. Several people have been in and out of Valerie's office dropping off reports or other information. Martha goes in the office to place a report on Valerie's desk and notices that a budget worksheet listing all staff salaries is in clear view. It would be easy to take a quick look, especially since Martha believes she is paid less than other employees with fewer responsibilities. Martha backs out of the office and locks Valerie's door without looking at the sheet. She thinks to herself, *If I should not know what everyone else is being paid, then no one else should either.*

Curtis is one of the employees who had left information on Valerie's desk before Martha closed the door. He also sees the budget sheet but does not stop to look at it. It did not occur to him to look at it, although it would have been great to know that he was being paid more than other employees. He puts his file down on Valerie's

**LO 3.6** Discuss the major federal legislation enacted with the intention of improving the American health care system.

- Accountable care organizations (ACOs) are health care payment and delivery models that can reward doctors and hospitals for controlling costs and improving patient outcomes by allowing them to keep a portion of what they save if standards of quality are met.
  - Patient-centered medical homes (PCMH): A primary care concept that uses physician-led teams to coordinate patient care.
- What major federal legislation has affected health care insurance and payment fraud in the United States?
- Health Care Quality Improvement Act (HCQIA) of 1986: A federal statute passed to improve the quality of medical care nationwide.
  - Health Insurance Portability and Accountability Act (HIPAA) of 1996: A federal statute that helps workers keep continuous health insurance coverage for themselves and their dependents when they change jobs, protects confidential medical information from unauthorized disclosure or use, and helps curb the rising cost of fraud and abuse.
  - Patient Protection and Affordable Care Act (PPACA): A federal law enacted in 2010 to expand health insurance coverage and otherwise regulate the health insurance industry.
  - Health Care Education and Reconciliation Act (HCERA): Also enacted in 2010, a federal law that added to regulations imposed on the insurance industry by PPACA.

## Chapter 3 Review

### Applying Knowledge

LO 3.1

Write "L" for licensure, "C" for certification, and "R" for registration in the space provided to indicate which is applicable in the following descriptions.

- L 1. Involves a mandatory credentialing process established by law, usually at the state level.
  - R 2. Involves simply paying a fee.
  - C 3. Involves a voluntary credentialing process, usually national in scope, most often sponsored by a private-sector group.
  - L 4. Required of all physicians, dentists, and nurses in every state.
  - R 5. Consists simply of an entry in an official record.
  - C 6. To obtain, one must complete a course of study, followed by an occupation-specific examination.
7. Which of the following is mandatory for certain health professionals to practice in their field?
- a. Endorsements
  - b. Reciprocity
  - c. Licensure
  - d. Certification

8. Licensure to practice medicine is done by
- a. Each individual state
  - b. The federal government
  - c. Local and state governments together
  - d. The federal government and the local government
9. In which of the following situations may a physician practice without a license in a specific state?
- a. When responding to an emergency
  - b. When employed by the United States armed forces
  - c. When engaged solely in research and not treating patients
  - d. All of the above
10. Which of the following processes lets a licensed health care practitioner transfer his or her license to a new state after moving without repeating an examination?
- a. Accreditation
  - b. Registration
  - c. Certification
  - d. Reciprocity
11. A licensed advanced registered nurse practitioner might be accused of scope of practice violations if he
- a. Prescribes controlled substances without a supervising physician's knowledge or permission
  - b. Fails to renew his license
  - c. Advertises his services
  - d. Commits a felony

**LO 3.2**

12. Which of the following is *not* true of accrediting agencies?
- a. They survey and evaluate the program or facility applying for accreditation.
  - b. They never charge a fee.
  - c. They exist for a wide range of health care entities.
  - d. They check for continuing adherence to professional standards.
13. Which of the following indicates a health care facility, education program, or managed care organization is credible and maintains high standards?
- a. Licensure
  - b. Registration
  - c. Accreditation
  - d. Certification
14. Which of the following is an advantage that might apply to individuals attending an accredited health care education program?
- a. Transfer of credits more easily accepted if one changes schools
  - b. More likely to obtain a license after graduating
  - c. More likely to be selected for a federal student aid program
  - d. All of the above

15. Which of the following statements is *not* true of accreditation?
- a. It is a voluntary process.
  - b. State law says it must be renewed every year.
  - c. Specific agencies are responsible for accrediting certain health education programs.
  - d. Accreditation reflects quality and is usually voluntary.

**LO 3.3**

16. Which of the following is *not* a purpose of medical practice acts?
- a. To define what is meant by the practice of medicine in each state
  - b. To be sure physicians are adequately compensated for their services
  - c. To explain requirements and methods for licensure
  - d. To establish grounds for suspension or revocation of license
17. Each state's medical practice acts also provide for the establishment of
- a. Health care teams
  - b. Hospital ethics committees
  - c. Medical boards
  - d. HMOs
18. Laws vary from state to state, but unprofessional conduct for medical professionals usually includes
- a. Physical abuse of a patient
  - b. Inadequate record keeping
  - c. Failure to meet continuing education requirements
  - d. All of these are unprofessional conduct
19. Health care practitioners' actions generally classified as fraud include
- a. Falsifying medical diplomas and other credentials
  - b. Falsifying medical reports
  - c. Promising a patient "secret cures" or other special ways to cure an ailment
  - d. All of these
20. The authority that governs the practice of medicine is called
- a. Medical licensing act
  - b. Medical practice act
  - c. Occupational statute
  - d. Endorsement act

**LO 3.4**

21. Which of the following statements concerning health care practice management is *not* true?
- a. The number of sole proprietorships is increasing.
  - b. Health care practices cannot, by law, operate as corporations.
  - c. Health care practices are businesses requiring a wide range of expertise.
  - d. No one can own a health care practice.

22. Which of the following health care practitioners can submit bills for their services on their own?
- Dietitians
  - Advanced registered nurse practitioners
  - Physicians
  - All of the above
23. Which of the following statements is true?
- Insurance companies are forbidden by law to own medical facilities.
  - A group of physicians cannot own a surgical center.
  - majority of health care practitioners now work for corporations.
  - Hospitals must be owned by physicians.

**LO 3.5**

24. Which of the following best defines a managed care health plan?
- Preferred provider organization
  - A corporation that pays for and delivers care to subscribers
  - A sole proprietorship
  - A group practice
25. What is a copayment?
- A percentage of the fee for services provided
  - A set amount that each patient pays for each office visit
  - The portion of the fee the physician must write off
  - The portion of the fee that the insurance company pays
26. Under this type of plan, insured patients must designate a primary care physician (PCP).
- Point-of-service plan
  - Open access plan
  - Independent practice plan
  - Health maintenance plan
27. When physicians, hospitals, and other health care providers contract with one or more HMOs or PPOs with employers to provide care, what is it called?
- A physician-hospital organization
  - A preferred provider plan
  - A health maintenance organization
  - A fee-for-service plan
28. Under this type of plan, a patient may see providers outside the plan, but the patient pays a higher portion of the fees.
- Health maintenance plan
  - Independent practitioner plan
  - Preferred provider plan
  - Primary care plan

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LO 3.6

29. The National Practitioner Data Bank
- a. Is accessible to everyone
  - b. Is accessible to other providers on a routine basis
  - c. Is accessible only to hospitals and health care plans
  - d. Is accessible only to the government agencies monitoring health care
30. Which federal law mandated that insurers carry children of an insured individual through age 26 and prohibited refusing to insure clients with preexisting conditions?
- a. HIPAA
  - b. Health Care Quality Improvement Act
  - c. Patient Protection and Affordable Care Act
  - d. HMO
31. What recent federal law provides for the establishment of state-run insurance exchanges?
- a. Federal False Claims Act
  - b. Health Insurance Portability and Accountability Act
  - c. Patient Protection and Affordable Care Act
  - d. Health Care Quality Improvement Act
32. Which of the following is *not* a stated goal of the Health Insurance Portability and Accountability Act?
- a. Ensure that every person has health insurance
  - b. Improve the efficiency and effectiveness of the health care industry
  - c. Help employees keep health insurance coverage when they transfer to another job
  - d. Protect confidential medical information

## Ethics Issues Working in Health Care

Use your critical thinking skills to answer the questions that follow each ethics issue.

### Ethics ISSUE 1:

A young woman recently certified and employed as a medical assistant was well-groomed and knowledgeable when she appeared for her employment interview. Immediately after the woman began work, she changed her appearance markedly. During her first week on the job, she reported for work with bright blue streaks in her hair, which had been cut from shoulder length to very short. In addition, she now had an eyebrow stud, a nose stud, and a butterfly tattoo on her neck. The supervisor who had interviewed and hired the woman was appalled.

### Discussion Questions

33. In your opinion, what should the supervisor do because she was obviously not pleased with the change in her new hire?
34. Should the medical assistant have changed her appearance in this way?

BEAL TEAM



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CONGRATULATIONS!  
BEAL TEAM  
You are the champion!

 **RETRY**