

# Continuing medical education

The editorial board of the *BUMC Proceedings* conducted a needs assessment survey and reviewed *Proceedings'* readership survey results and reader comments. Based on this information, the board developed a flexible curriculum for continuing medical education to cover a range of topics appropriate for our general medical readership. One of the needs identified was ethics education, which is provided in this issue. The method of physician participation for this educational activity involves reading the articles, considering the reflection questions, and completing the quiz and evaluation forms. Written materials are the only instructional medium used. Supplemental materials for participants are provided in the references.

The CME offerings are provided through the A. Webb Roberts Center for Continuing Education of Baylor Health Care System, Dallas. The A. Webb Roberts Center for Continuing Education of Baylor Health Care System, Dallas, is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. All CME activities are planned and produced in accordance with the ACCME Essentials and Standards.

This first ethics CME program is designated for beginners, intending to share basic information. Ethics programs are planned for 2001 and 2002 at the intermediate and advanced levels.

## CME credit

The estimated study time for this continuing education activity is 2 hours. This continuing education activity has been designated for a maximum of 2 hours of category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he or she actually spent. Credit will not be awarded if less than 60 minutes is spent completing this entire activity. For the April 2000 issue, the credit will be designated as ethics credit.

## Release date and expiration

Release date: April 15, 2000

Expiration: April 15, 2001

First review date: March 1, 2001

## INSTRUCTIONS

1. Carefully read all 3 articles selected for CME credit.
2. Reflect on the discussion questions.
3. Answer the quiz questions for all articles.
4. Complete the CME evaluation form.
5. Mail all 3 pages of this section with your check for \$15 to  
**A. Webb Roberts Center for Continuing Education**  
**Baylor Health Care System**  
**3500 Gaston Avenue**  
**Dallas, Texas 75246**

## QUIZ

### Part 1. Dr. Fine's article, page 144

*Reflection question:* Reflect on cases you have encountered in which either you or the patient's family considered continuing treatment futile. How did you handle the situation? Would you do anything differently now?

1. All but one of the following were among the 3 goals of medicine originally suggested by the Hippocratic physicians. Which was not?  
 a. Relief of suffering  
 b. Cure  
 c. Do no harm  
 d. Refusal to treat those overmastered by illness
2. The first successful reports of closed-chest cardiopulmonary resuscitation came out of Johns Hopkins University in what year?  
 a. 1949     b. 1960     c. 1954     d. 1939
3. The Quinlan case is often referred to as the first significant "right-to-die" case in modern medicine.  
 True     False
4. In the USA, patients have the legal right to refuse life-sustaining treatments.  
 True     False

5. Legal cases such as *Wanglie*, *Baby K*, and *Gilgunn* have yielded conflicting opinions as to whether physicians must provide medical treatment that they consider to be medically futile.  
 True     False
6. The medical literature has suggested a variety of definitions for medical futility, while others have suggested that the term should not be used at all. The AMA Council on Ethical and Judicial Affairs has suggested that the best way to deal with futility is to  
 a. Go to court in each case  
 b. Avoid the term entirely  
 c. Develop a process-based approach
7. The Texas Advance Directives Act of 1999 provides for an "extrajudicial" mechanism to resolve futility disputes. In addition, it provides for  
 a. A new living will  
 b. New definitions of terminal and irreversible illness  
 c. New witnessing requirements  
 d. All of the above
8. If a physician and medical institution wish to take advantage of the legal safe harbor provided under the new law's futility process, they must provide a process for ethics committee or other similar medical committee review of the case in addition to other requirements.  
 True     False
9. The review process for resolving futility disagreements includes the following:  
 a. Invite family participation and give 48 hours' notice  
 b. Provide a written report of the findings and conclusion of the review process  
 c. Assist the family in seeking transfer to a willing provider if the ethics review process concurs with the treating physicians that ongoing medical treatment other than comfort care is futile  
 d. All of the above

10. If the ethics review process concurs with the attending physician that treatment is futile, such treatment may be stopped in 72 hours.  
 True       False
11. A family may appeal the determination of futility to a local court of law.  
 True       False
12. Following the process for resolving futility disputes can create a  
 a. Legal safe harbor       b. Moral safe harbor  
 c. Both

### Part 2. Dr. Ramsay's article, page 148

*Reflection question:* When in your career have you experienced fatigue? How have you handled it? Did you recognize at the time how it affected your performance? How have you dealt with situations in which you encountered other physicians who may have been too fatigued to perform adequately? What will you do differently now?

- Fatigue, sleep deprivation, and stress lead first to errors of omission and then to errors of commission.  
 True       False
- Circadian rhythm disruptions are more responsible for performance changes than is fatigue.  
 True       False
- With fatigue, physical performance deteriorates more than cognitive function.  
 True       False
- Mental performance is lowest between  
 a. Midnight and 2 AM       b. 2 AM and 5 AM  
 c. 1 AM and 6 AM
- A study has shown that brief naps are better than no sleep at all.  
 True       False
- Vigorous exercise has no effect on cognitive function.  
 True       False
- Decision making can be affected by sleep deprivation.  
 True       False
- The ideal temperature for performance is 75°F.  
 True       False
- Performance after 24 hours of sustained wakefulness is equivalent to a blood alcohol level of  
 a. 0.05       b. 0.08       c. 0.10       d. 0.18
- The article concluded that after 24 hours of continuous work, physicians should rest at least  
 a. 1 hour       b. 5 hours       c. 8 hours       d. 12 hours
- If you recognize that your performance is being adversely affected by fatigue and that patient care is being jeopardized, you should  
 a. Vigorously exercise       b. Drink caffeine  
 c. Drink alcohol       d. Call for relief and rest up

### Part 3. Mr. Thornton's article, page 187

*Reflection question:* What procedures or situations in your practice require informed consent? How can you improve your discussions with patients for informed consent? How can you improve your forms and documentation?

- The duty to obtain a patient's consent rests on  
 a. The hospital       b. The treating physician  
 c. The nurse       d. All of the above
- The Texas Medical Disclosure Panel is responsible for  
 a. Determining whether disclosure is required for specific treatments and procedures  
 b. Determining whether expert witnesses are required  
 c. Settling malpractice claims  
 d. All of the above
- "List B" procedures  
 a. Require disclosure  
 b. Do not require disclosure  
 c. Are the alternative procedures physicians should discuss with their patients as part of informed consent
- Physicians must inform patients only of the risks inherent in a procedure. Corrective or remedial measures subsequently performed to treat a risk or hazard of treatment that occurs are not "inherent" risks and need not be disclosed.  
 True       False
- Getting the patient's signature on a form is about getting "informed" consent, not just permission for a procedure.  
 True       False
- Legally, a physician must advise a patient if he or she is more likely to suffer a certain risk or complication because of an underlying condition.  
 True       False
- Physicians should also discuss alternative procedures with their patients and should document such conversations in the patient's chart.  
 True       False
- Physicians can rely on product manufacturers to take responsibility for a product's problems.  
 True       False
- It is never necessary to get informed consent for medications.  
 True       False
- Physicians should discuss risks and complications and should receive patient's informed consent for the following:  
 a. Surgical procedures       b. Physical therapy  
 c. Laser treatment       d. Radiation therapy  
 e. All of the above
- A physician should discuss with a patient what is involved if a procedure is delayed. This information should also be documented in the chart.  
 True       False

**EVALUATION**

Please rate the following statements on a scale of 1 to 5, with 1 being "strongly agree" and 5 being "strongly disagree." There is space for comments at the end, and we ask specifically that participants comment if they felt that learning objectives were

not met or if they felt that the information presented had some promotional or commercial bias.

*Note: completion of the evaluation form is required in order for you to receive credit.*

Statement	Article:	Fine	Ramsay	Thornton
1. The learning objectives were met.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2. The author manifested knowledge of the subject.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3. The written format was adequate to convey the information.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4. I learned something new or I verified some information.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
5. The article was well written and well presented.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
6. The information presented was without promotional or commercial bias.	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

**Comments on the above questions (please add additional sheets if necessary):**

Article: \_\_\_\_\_ Comment: \_\_\_\_\_

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**How could this CME activity be improved?**

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**What are your professional continuing education wants and needs? What is your preferred learning style/method (e.g., live conferences, journal, Internet, etc.)?**

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**What do you suggest for future journal CME-certified activities?**

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**Please explain how you think the information you have learned from this CME activity will change the way you think about this subject or how it may change the way you practice.**

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**CERTIFICATION**

Name, Degree: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security No. (required): \_\_\_\_\_ Affiliated with Baylor University Medical Center? Y N

**Statement of completion.** I attest to having completed the CME activity. The time I spent was \_\_\_\_\_ hour(s), \_\_\_\_\_ minutes.\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Minimum time spent required to receive credit is 1 hour. Maximum credit offered is 2 hours.