

Ethical Issues: Diverse Patient Groups Post-Test

- 1) The principles of bioethics include:
 - I. Autonomy: patients are active in their care (may conflict with cultural tendencies)
 - II. Benevolence: an inclination to perform kind, charitable acts
 - III. Beneficence: care must help the patient
 - IV. Justice: fair distribution of healthcare resources
 - V. Nonmaleficence: do no harm
 - VI. Wellness: the act of practicing healthy habits on a daily basis
 - a) I, II, IV, & VI
 - b) I, III, IV, & V
 - c) I, III, IV, & VI
 - d) II, III, IV, & V

- 2) A result of cultural incompetence is caregiver anxiety, which can cause _____:
 - a) Hyperventilation
 - b) Overuse of anti-anxiety medications
 - c) Avoidance of certain patients, leading to disparate care
 - d) Lowered Medicare reimbursement rates

- 3) Cultural competency is the ability of systems to provide care to patients with diverse values, beliefs, & behaviors, meeting individuals' _____, _____, and _____ needs.
 - a) social, cultural, moral
 - b) social, cultural, linguistic
 - c) cultural, linguistic, agnostic
 - d) cultural, agnostic, linguistic

- 4) Religion may be an integral part of healing and may include sacred objects such as:
 - a) Candles, amulets, images, & medicine bundles
 - b) Candles, rosaries, musical instruments, & medicine bundles
 - c) Candles, amulets, images, & flowers
 - d) Candles, pillows, images, & medicine bundles

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- 5) Body language concerns include:
- a) Eye contact with an authority figure may have a sexual connotation, nodding may be offensive, and pointing may mean "yes"
 - b) Eye contact with an authority figure may be considered disrespectful, a thumbs up may be offensive, and nodding may mean "no"
 - c) Eye contact with an authority figure may be considered respectful, pointing may be offensive, and nodding may mean "no"
 - d) Eye contact with an authority figure may be considered respectful, a thumbs up may be offensive, and nodding may mean "no"
- 6) Potential cultural blunders include:
- a) Right-handedness, same sex touching, compliments, & gestures
 - b) Left-handedness, same sex touching, compliments, & gestures
 - c) Right-handedness, inter-gender touching, compliments, & gestures
 - d) Left-handedness, inter-gender touching, compliments, & gestures
- 7) Best practices for bedside practitioners include respect for the patient (including their culture), patient-centered care, plus the desire to:
- a) Seek information about issues & alternative viewpoints
 - b) Seek information about issues while avoiding alternative viewpoints
 - c) Make assumptions about individual patient's cultural tendencies
 - d) Make assumptions about issues & alternative viewpoints
- 8) Best practices for bedside practitioners include:
- a) Learning greetings in the patient's language, avoidance of gestures, being cautious with body language, & asking before touching
 - b) Avoidance of gestures, being cautious with body language, & touching without asking
 - c) Learning the patient's language, avoidance of gestures, being free with body language, & asking before leaving the room
 - d) Learning greetings in the patient's language, avoidance of gestures, being cautious with body language, & asking while touching

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- 9) When making accommodations for individual patients, keep in mind
- a) Traditional beliefs & practices should be allowed with no exceptions
 - b) Traditional beliefs & practices should be allowed within reason
 - c) Traditional beliefs & practices should not be allowed with no exceptions
 - d) Traditional beliefs & practices should not be allowed, even if they are within reason
- 10) While in our culture the patient is expected to make decisions about their care, for some cultures the decision-making can be in the hands of:
- a) Family, the closest male relative, or the eldest female
 - b) Family, the dominant male authority, or the eldest family member
 - c) Family, the dominant female authority, or the eldest family member
 - d) Family, the dominant male authority, or the eldest female