

# The Ochsner Journal

## Continuing Medical Education

### CME QUESTIONS VOL. 11, NO. 4

This section provides a review. Mark each statement (circle the correct answer) according to the factual material contained in this issue and the opinions of the authors. A score of 70% per article is required to qualify for CME credit.

#### DNR, DNAR, or AND? Is Language Important?

- When a patient is admitted to the hospital, physicians should initiate a discussion about the use of CPR if
  - no ifs—for all patients.
  - in the physician's judgment the harms of CPR might outweigh the benefits.
  - the patient brings it up or has a living will.
  - b and c apply.
- The terms DNR, DNAR, and AND all refer to the same hospital order.  
*True or False*
- In speaking with patients/families toward the end of life about a no-CPR/ACLS order, a common misunderstanding is that CPR/ACLS is likely to succeed. Patients/families may also feel guilty about wanting a no-CPR order because they mistakenly think the CPR vs no-CPR decision is the difference between life and death, but instead it is often simply a difference about the way one dies. If language is important to understanding, which of the following order of shorthand designations for the no-CPR order might best communicate what it really means?
  - AND, DNAR, DNR
  - DNR, DNAR, AND
  - DNAR, DNR, AND

#### The End at the Beginning

- All of the following are true of Baby Doe EXCEPT
  - Baby Doe was born with Down syndrome and esophageal atresia.
  - a recommendation to forgo intervention was made by a board-certified pediatrician selected by the family to care for their child.
  - Baby Doe expired before the case to prevent the baby's death could be presented to Justice John Paul Stevens.
  - the chances of surviving intervention for the confirmed GI abnormality were good according to contemporary management.
  - several families were willing to adopt Baby Doe to support the child's survival.
- The Baby Doe rules require treatment in the following circumstances EXCEPT when
  - the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane.
  - the treatment would result in profound physical and developmental disability.
  - the infant is chronically and irreversibly comatose.
  - the provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant.
  - the treatment would require multiple invasive procedures and extensive rehabilitation with high risk for disability at the conclusion of the intervention provided.
  - a, c, and d apply.
  - all of the above apply.
- The Baby Doe rules were written in response to
  - an article published in *The New York Times* outlining the widespread practice of withholding nutritional support from children born with Down syndrome.
  - a request by the American Academy of Pediatrics to provide guidance for the management of newborn infants with disabilities.
  - a single case of failure to intervene for an infant born with Down syndrome and esophageal atresia brought to the attention of the Surgeon General.
  - disabled Americans petitioning for support of disabled infants.
  - concerns by the bioethics community outlined in the Belmont Report regarding issues of justice in the care of newborn infants.

- There is almost universal support for the Baby Doe rules by
  - the President's Commission for the Study of Ethical Problems in Medicine.
  - parents of infants born with disabilities.
  - pediatricians.
  - all of the above.
  - none of the above.

#### Psychosocial End-of-Life Considerations for Healthcare Providers

- An individual receiving any type of psychiatric care does not have the mental capacity to consent for treatment.  
*True or False*
- A patient who expresses a desire-to-die statement should also certainly be considered suicidal.  
*True or False*
- Healthcare providers should be aware of their own personal biases regarding end-of-life care so they do not negatively impact their therapeutic response to the patient.  
*True or False*
- Data suggest that physician-patient relationships can influence how a patient perceives his or her end-of-life experience.  
*True or False*

#### The Nurse Advocate in End-of-Life Care

- According to Elisabeth Kübler-Ross, during the grieving process, the individual(s) will experience anywhere from 0 to all 5 stages of grief.  
*True or False*
- According to a study conducted in 3 mid-Atlantic regional hospitals, the 3 most frequently identified barriers to nursing advocacy include
  - lack of time, the physician, and lack of administrative support.
  - lack of communication, fear, and lack of time.
  - the physician, the patient's family, and fear.
  - the patient's family, lack of communication, and the physician.
- The key to successful end-of-life advocacy is communication between
  - physician and patient.
  - physician and family.
  - physician and other physicians.
  - physician and nurse.
- According to *American Family Physician*, approximately one-third of the US population is currently composed of ethnic minorities. Therefore, cultural traditions must be taken into account regarding
  - physician-patient communication.
  - medical decisionmaking.
  - advance directives/code status guidelines.
  - all of the above.
  - a and c only.
- According to the conceptual model of advocacy behaviors in end-of-life nursing care, 7 domains of caring are practiced in the nurse's professional career. Moral and ethical decisionmaking is included in all domains EXCEPT
  - the helping role and administering/monitoring therapeutic regimens.
  - the teaching/coaching role and administering/monitoring therapeutic regimens.
  - monitoring/ensuring quality and effective management of rapid changes.
  - diagnostic functions and effective management of rapid changes.
  - both b and d.

(Questions continued on opposite side)

**Cardiac Implantable Electrical Devices: Bioethics and Management Issues Near the End of Life**

- 1. There are three types of commonly used CIEDs: pacemakers (PPM), defibrillators (ICD), and CRT devices.  
*True or False*
- 2. Of the types of CIEDs, only ICDs are meant to prolong life.  
*True or False*
- 3. ICDs improve quality of life.  
*True or False*
- 4. The Heart Rhythm Society recommendations about CIED management near the end of life state that a patient has the legal right to refuse or request the withdrawal of any medical intervention regardless of the status of illness and regardless of whether the treatment is essential to life prolongation.  
*True or False*
- 5. Physicians are generally as comfortable deactivating CIEDs as they are withdrawing mechanical ventilation.  
*True or False*

## The Ochsner Journal CME CREDIT APPLICATION FORM

MD  DO  Other (specify) \_\_\_\_\_

Specialty: \_\_\_\_\_

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The Ochsner Clinic Foundation is required to file information for record keeping regarding awarding of CME credits. Please send your completed CME credit application form, test questionnaire, and evaluation form to Continuing Medical Education, Ochsner Clinic Foundation, 1514 Jefferson Highway, New Orleans, LA 70121.

### VERIFICATION OF ATTENDANCE

The maximum number of credits awarded for this activity is 5 *AMA PRA Category 1*<sup>TM</sup> credits.

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

### EVALUATION

Your response to these questions helps us to enhance our CME offerings. Please take the time to respond and return the evaluation. Thank you.

Please use the following codes to answer items 1-7.

- SA** – Strongly Agree
- A** – Agree
- U** – Undecided
- D** – Disagree
- SD** – Strongly Disagree

- 1. The objectives of the CME activity were clearly stated.  
**SA A U D SD**
- 2. The content of the journal articles was up-to-date.  
**SA A U D SD**
- 3. The journal articles illustrated independence, objectivity, balance, and scientific rigor.  
**SA A U D SD**
- 4. The content was closely related to objectives of my clinical practice and/or teaching.  
**SA A U D SD**

- 5. The journal articles increased my knowledge of the subject.  
**SA A U D SD**
- 6. The content of the journal articles met my personal expectation and needs.  
**SA A U D SD**
- 7. I will apply the information learned from these journal articles in my clinical practice.  
**SA A U D SD**

Do you have any suggestions as to how to improve the content of the journal articles?  
\_\_\_\_\_

What topics would you like to see in future journal articles?  
\_\_\_\_\_

Thank you for completing this evaluation and survey.