

## Chapter 3: Ethical and Legal Issues

### Test Bank

#### MULTIPLE CHOICE

1. A male teenage client tells the nurse that his friends like to drink alcohol occasionally to get drunk. The client's friends see nothing wrong with their drinking habits. The client states that he was taught by his parents and agrees that underage drinking is not acceptable. Also, he has never seen his parents drunk; therefore, he refuses to drink with his friends. Which mode of transmission best describes how this client's particular value was formed?
  - a. Moralizing
  - b. Modeling
  - c. Reward-punishment
  - d. Laissez-faire

ANS: B

Modeling best describes how the teenage client developed this value because his parents not only discussed this issue but behaved in a way for the teen to copy. Moralizing sets standards of right and wrong with no choices allowed; the reward-punishment model reward valued behavior and punishes undesired behavior; and the laissez-faire model imposes no restriction or direction on choices.

DIF: Cognitive Level: Application

REF: p. 21

OBJ: 1

TOP: Acquiring Values

KEY: Nursing Process Step: Assessment

MSC: Client Needs: Psychosocial Integrity

2. A female client becomes combative when the nurse attempts to administer routine medications. The nurse would like to ignore the client but chooses to talk with the client to calm her. The nurse is successful in calming the client, and the client takes her medications. What process best describes how the nurse decided on the course of action taken?
  - a. Values clarification
  - b. Nurse's rights
  - c. Beliefs
  - d. Morals

ANS: A

Values clarification consists of the steps of choosing, prizing, and acting. This most accurately describes how the nurse made the proper decision. The nurse chose the best action, reaffirmed the choice, and then enacted the choice. The nurse's rights were not violated, and beliefs and morals do not describe the entire decision-making process that occurred.

DIF: Cognitive Level: Application

REF: p. 21

OBJ: 1

TOP: Values Clarification

KEY: Nursing Process Step: Intervention

MSC: Client Needs: Safe and Effective Care Environment

3. Twenty-three states have enacted mental health parity laws. The most accurate description of these laws is that they require insurance companies to include coverage for:
  - a. Mental illness
  - b. Substance abuse treatment
  - c. Mental illness that is equal to coverage for physical illness

d. Outpatient therapy for individuals with substance abuse

ANS: C

The mental health parity laws require insurance companies to include coverage for mental illness that is equal to coverage for physical illness. Only nine states include treatment for substance abuse in their parity laws.

DIF: Cognitive Level: Knowledge      REF: p. 22      OBJ: 2  
TOP: Client Rights      KEY: Nursing Process Step: Assessment  
MSC: Client Needs: Safe and Effective Care Environment

4. The client is feeling very anxious and has requested that a p.r.n. antianxiety medication be ordered. The nurse informs the client that the medication can be administered only every 4 hours and was given 3 hours ago. The nurse promises to give the client the medication as soon as it is due, but the nurse goes to lunch 1 hour later without giving the client the medication. Which ethical principle did the nurse violate?
- Fidelity
  - Veracity
  - Confidentiality
  - Justice

ANS: A

Fidelity refers to the obligation to keep one's word. The nurse violated this principle in this situation, which leads to mistrust from the client. Veracity is the duty to tell the truth, confidentiality is the duty of keeping the client's information private, and justice indicates that all clients must be treated fairly, equally, and respectfully.

DIF: Cognitive Level: Application      REF: p. 23      OBJ: 3  
TOP: Ethical Principles      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

5. A male client is seeking help in a mental health clinic for anger management problems. He voices that he is fearful that his wife may divorce him because of his anger problem, and he is willing to do "whatever it takes" to control his anger. Later in the week, the client's wife also seeks assistance because she is going to divorce her husband. The nurse who is caring for both of these clients tries to decide the correct action to take. The nurse is experiencing:
- A moral dilemma
  - Value clarification
  - An ethical conflict (or dilemma)
  - A breach of confidentiality

ANS: C

This is an example of an ethical conflict or ethical dilemma. The nurse wants to help both clients but must maintain confidentiality for each. Use of guidelines for ethical decision making can assist the nurse in making an ethical decision. A moral dilemma is simply a dilemma associated with making a decision between right and wrong. Value clarification is a process that helps to identify an individual's values.

DIF: Cognitive Level: Application      REF: p. 23      OBJ: 3  
TOP: Ethical Conflict      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

6. The psychiatrist asks the nurse to perform a procedure that she is not familiar with, and the nurse is unsure whether this is something within the scope of practice. Where can the nurse find the answer to her question?
- National nurse practice act
  - State nurse practice act
  - Regional nurse practice act
  - Community nurse practice act

ANS: B

Each state's board of nursing determines the scope of practice in that state through a series of regulations that are called nurse practice acts. It is the nurse's responsibility to know his or her scope of practice. The other options do not exist.

DIF: Cognitive Level: Comprehension REF: p. 25 OBJ: 4  
TOP: Legal Concepts in Health Care KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

7. An order written by a physician is reviewed by the nursing staff, and no one is familiar with the treatment instructions. A nurse who was recently hired knows that this treatment is covered by the state's nurse practice act. What is the nurse's best course of action?
- Call the physician to ask for clarification.
  - Check the state's nurse practice act again.
  - Contact the nursing supervisor for approval to carry out the treatment.
  - Refer to the facility's policy and procedure to determine the course of action.

ANS: D

Because this treatment is covered under the state nurse practice act, the next step is to refer to the facility's policy and procedure manual to determine whether the ordered treatment is allowed by the facility. Calling the physician is not necessary because there was no question about how the order was written, and the state's nurse practice act has already been checked. Contacting the nursing supervisor would be acceptable only after the facility's policy has been checked.

DIF: Cognitive Level: Application REF: p. 23 OBJ: 4  
TOP: Legal Concepts in Health Care KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

8. Standards of nursing practice for mental health can best be described as helping to ensure:
- That certain clients receive care
  - Quality and effectiveness of care
  - Proper documentation
  - Proper medication administration

ANS: B

Most health care disciplines have standards of practice documented as guidelines with measurable criteria that can be used to evaluate the quality and effectiveness of care provided. All clients have the right to receive care, so standards of nursing practice would not address who receives care. Although proper documentation and proper medication administration might be part of the evaluation process, they do not provide complete evaluation of quality and effectiveness of care.

DIF: Cognitive Level: Comprehension REF: p. 25 OBJ: 4

TOP: Legal Concepts in Health Care      KEY: Nursing Process Step: Evaluation  
MSC: Client Needs: Safe and Effective Care Environment

9. If a client is involuntarily committed to a mental health care facility indefinitely, the law requires that the case must be reviewed every \_\_\_\_\_ months.
- 3
  - 6
  - 12
  - 15

ANS: C

Although the case is being reviewed constantly by the mental health care team, the court must review the indefinite commitment on a yearly basis.

DIF: Cognitive Level: Knowledge      REF: p. 26      OBJ: 5  
TOP: Adult Psychiatric Admissions      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

10. A male client is being argumentative during a group therapy session. The male psychiatric technician warns the client that if he does not cooperate with the nurse, he will physically restrain him and take the client to his room for the remainder of the day. For which action could the technician be held liable?
- Assault
  - Battery
  - Privacy
  - Fraud

ANS: A

The technician is engaging in assault, which is any act that threatens a client. Battery of a client occurs when any physical act of touching occurs without the client's permission. Privacy refers to issues related to the body and confidentiality, and fraud is giving false information.

DIF: Cognitive Level: Application      REF: p. 26      OBJ: 6  
TOP: Areas of Potential Liability      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

11. Which of the following circumstances, when it occurs on an inpatient mental health unit, would be considered false imprisonment?
- An alert and oriented client is confined to his room after being loud and argumentative with another client in the recreation area.
  - Restraints are placed on a client who has been admitted in a lethargic state because of misuse of medications and who has fallen three times since admission.
  - A client is housed in a private room with visual monitors after attempting suicide at home on the previous day.
  - An alert and oriented client who was admitted for a 72-hour involuntary commitment is prevented from leaving the facility 2 days after admission.

ANS: A

The client cannot be confined to his room if he did not pose a threat to himself or others, or if no contract was made with the client regarding consequences for inappropriate behavior. All of the other options are appropriate because they follow guidelines for client safety.

DIF: Cognitive Level: Analysis                      REF: p. 27                      OBJ: 6  
TOP: Areas of Potential Liability                      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

12. The nurse often assists in the process of obtaining informed consent from the client for treatment and/or procedures. Who has the responsibility of providing information to the client so he can give informed consent?
- Social worker
  - Nurse
  - Physician
  - Facility's legal representative

ANS: C

The physician is responsible for providing the client with the information necessary to give informed consent, including expectations and risks involved. The nurse can assist by obtaining the written documentation necessary for informed consent.

DIF: Cognitive Level: Knowledge                      REF: p. 27                      OBJ: 8  
TOP: Care Providers' Responsibilities                      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

13. An important responsibility of the nurse in a mental health facility is to ensure that clients do not \_\_\_\_\_ from the facility without a discharge order, by carefully supervising and accurately documenting client behaviors and therapeutic actions.
- Escape
  - Abandon
  - Flee
  - Elope

ANS: D

The appropriate terminology for when a client runs away from a facility without a discharge order is elopement. In the event of elopement, the caregiver can be held liable if a client becomes injured.

DIF: Cognitive Level: Knowledge                      REF: p. 28                      OBJ: 8  
TOP: Care Providers' Responsibilities                      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

14. If a female client tells the nurse of extensive plans she has to harm the girlfriend of her ex-husband, what is the nurse's best action?
- Try to talk with the client to convince her not to harm the girlfriend.
  - Have the client sign a contract with you stating that she will not harm the girlfriend.
  - Inform the ex-husband of the intentions of the client.
  - Inform the girlfriend of the intentions of the client.

ANS: D

Health care providers have a duty to warn others when serious harm may occur as the result of actions taken by the client. This does not breach confidentiality because providers have an obligation to protect the public as well as the client. In addition to warning the client, the nurse should inform the client's physician and the nursing supervisor and must document the situation and actions taken. The other options are not adequate to meet the duty to warn or to prevent harm to the girlfriend.

DIF: Cognitive Level: Application      REF: p. 28      OBJ: 8  
TOP: Care Providers' Responsibilities      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

15. A female client asks the nurse if the medication risperidone (Risperdal), an antipsychotic medication for schizophrenia, has any side effects. Which response by the nurse would violate the ethical concept of veracity?
- "I am not sure, but I will find out."
  - "Risperdal has no documented side effects."
  - "Risperdal does have some side effects."
  - "Let's talk to your physician about potential side effects."

ANS: B

The ethical concept of veracity refers to the duty of being truthful with the client, within the scope of one's practice. Stating that the drug has no side effects is not a truthful statement because the medication does have side effects.

DIF: Cognitive Level: Application      REF: p. 23      OBJ: 3  
TOP: Ethical Principles      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

16. The charge nurse on a busy inpatient psychiatric unit is concerned because a nurse and a nursing assistant have called out for the shift. Upon calling the nursing office, the charge nurse is informed that there is no one to replace them. In addition, the emergency call button at the nurse's station is malfunctioning. This charge nurse sees this as a violation of:
- Legal rights
  - The patient bill of rights
  - Care provider rights
  - Ethical principles

ANS: C

Care provider rights provide for respect, safety, and competent assistance. Patient's Bill of Rights deals with provision for client rights. Legal rights are not impacted and although ethical principles serve as behavior guidelines, it is not the most appropriate response in this case.

DIF: Cognitive Level: Application      REF: p. 22      OBJ: 1  
TOP: Care Provider Rights      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

17. The nurse encounters a client crying in her room. Upon talking to the client, it is discovered that she is upset because a new nursing assistant made her go out for a walk with the group even though the client informed her that she waits for her daughter to go for her walk. This is a potential violation of which ethical principle?

- a. Beneficence
- b. Autonomy
- c. Confidentiality
- d. Nonmaleficence

ANS: B

Autonomy refers to the right of people to act for themselves and make personal choices. The principle of beneficence refers to actively doing good and maleficence refers to doing no harm. Confidentiality is not violated in this situation

DIF: Cognitive Level: Application      REF: p. 23      OBJ: 1  
TOP: Ethical Principles      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Psychosocial Integrity

18. A client preparing for discharge from an inpatient unit asks a nurse which psychiatrist she would recommend to use for follow-up as an outpatient. The nurse responds, "There are several good physicians on your list. Make sure you do not use Dr. Smith. I have heard some terrible things about his methods of treatment." This is an example of which type of potential liability?
- a. Slander
  - b. Invasion of privacy
  - c. Assault
  - d. Libel

ANS: A

Slander is verbal defamation that is false communication and can result in harm to the psychiatrist's practice. Libel is written defamation and assault is threat of bodily harm. Invasion of privacy pertains to confidential information and is not pertinent in this case.

DIF: Cognitive Level: Application      REF: p. 26      OBJ: 6  
TOP: Areas of Potential Liability      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

19. A client frequently wanders around the unit, and the staff frequently needs to reorient the client to the environment and remind her not to walk into the rooms of other clients on the unit. Due to short staffing, the decision is made to use a restraint device to prevent this from occurring. This action may constitute:
- a. Assault
  - b. Defamation
  - c. False imprisonment
  - d. Negligence

ANS: C

The application of protective devices and restraints may constitute false imprisonment. Restraints must be used only to protect the client, not for staff convenience. All less restrictive measures should first be attempted and documented.

DIF: Cognitive Level: Application      REF: p. 27      OBJ: 6  
TOP: Areas of Potential Liability      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

## MULTIPLE RESPONSE

20. If a person is perceived to be a threat to himself or others, who can implement an involuntary commitment to a mental health facility? (Select all that apply.)
- Family members
  - Police
  - Physicians
  - Social workers
  - Representatives of a county administrator

ANS: B, C, E

Police, physicians, and representatives of a county administrator are the only individuals who can implement an involuntary admission to a mental health facility. An involuntary admission can last from days to years, depending on the need. A court order is necessary for extended involuntary admissions.

DIF: Cognitive Level: Knowledge      REF: p. 26      OBJ: 5  
TOP: Adult Psychiatric Admissions      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

21. For a nurse or health care provider to be found negligent, what requirements must the provider's misconduct meet? (Select all that apply.)
- The provider owed a duty to the client.
  - The provider breached a duty to the client.
  - The provider had intent to harm the client.
  - The provider caused injury to the client by action or inaction.
  - The provider caused loss or damage through his or her actions.

ANS: A, B, D, E

These four criteria must be present for an act of a health care provider to be considered negligent. Intent to harm would be considered a criminal action rather than an action of negligence.

DIF: Cognitive Level: Comprehension      REF: p. 27      OBJ: 7  
TOP: Areas of Potential Liability      KEY: Nursing Process Step: Evaluation  
MSC: Client Needs: Safe and Effective Care Environment

22. The use of protective devices may be considered false imprisonment. In order to assure the rights of the client are not violated, which practices must be implemented when using a device? (Select all that apply.)
- A written medical order must be on the medical record.
  - Client must be confined to bed.
  - Restraints must be removed and limb exercised every 2 hours.
  - Implement use of restraints in the event of short staffing as a preventive measure.
  - Client must be assessed and monitored every 15 minutes.

ANS: A, C, E

Restraints must be used only to protect the client, not for staff convenience. All less restrictive measures should first be attempted and documented. A written medical order for restraints must be on file in the client's chart. Once restraints have been applied, the caregivers have an increased obligation to observe, assess, and monitor the client every 15 minutes. The restraints must be removed, one limb at a time, and the limb exercised every 2 hours. All observations and actions must be documented. Restraints are removed as soon as the client's behavior is under control.

DIF: Cognitive Level: Application      REF: p. 27      OBJ: 7  
TOP: Areas of Potential Liability      KEY: Nursing Process Step: Implementation  
MSC: Client Needs: Safe and Effective Care Environment

## COMPLETION

23. The nurse documents on the medication administration record that a medication has been given as ordered on a daily basis, but the medication actually has been out of stock for a week. This nurse is guilty of \_\_\_\_\_.

ANS:

Fraud

This nurse is committing fraud by giving false information. Not only is this illegal, but it could bring harm to the client in several ways.

DIF: Cognitive Level: Comprehension      REF: p. 26      OBJ: 6  
TOP: Areas of Potential Liability      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

24. \_\_\_\_\_ is either omitting or committing a duty that a reasonable and prudent person would or would not do that brings harm to an individual in a health care environment.

ANS:

Negligence, Malpractice

Malpractice, Negligence

Negligence on the part of a professional is called malpractice.

DIF: Cognitive Level: Knowledge      REF: p. 27      OBJ: 7  
TOP: Areas of Potential Liability      KEY: Nursing Process Step: Intervention  
MSC: Client Needs: Safe and Effective Care Environment

25. \_\_\_\_\_ describes an individual's attitudes, beliefs, and values and helps a person distinguish between what is considered right and wrong behavior.

ANS:

Morals

Morals are developed through learned behavior, teachings of others, and experience.

DIF: Cognitive Level: Knowledge      REF: p. 20      OBJ: 1  
TOP: Values and Morals      KEY: Nursing Process Step: Assessment  
MSC: Client Needs: Safe and Effective Care Environment