



UNIVERSITI KUALA LUMPUR
INSTITUTE OF MEDICAL SCIENCE TECHNOLOGY

FINAL EXAMINATION
OCTOBER 2025 SEMESTER

COURSE CODE : HDB21203
COURSE TITLE : PROFESSIONAL HEALTHCARE ETHICS
PROGRAMME NAME : BACHELOR OF BIOMEDICAL SCIENCE (HONOURS)
DATE : 27 JANUARY 2026
TIME : 9:00AM - 12:00PM
DURATION : 3 HOURS



INSTRUCTIONS TO CANDIDATES

1. Please read the instructions given in the question paper CAREFULLY.
2. This question paper is printed on both sides of the paper.
3. This question paper consist of TWO sections.
4. Answer ALL questions for Section A.
5. Section B consist of four questions. Answer THREE (3) questions only.
6. Please write your answer on the answer booklet provided.
7. Please answer all questions in English only.
8. Please answer MCQ/EMQ questions using OMR sheet. *Tick if applicable*
9. Refer to the attached Formula/ Appendies. *Tick if applicable*

THERE ARE 17 PAGES OF QUESTIONS INCLUDING THIS PAGE

SECTION A (Total: 40 marks)

Answer ALL questions.

Please use the answer booklet provided.

1. What is the required standard for information sharing when discussing risk with patients?
 - A. Information must be provided in a highly technical and precise language.
 - B. Doctors should rely solely on complex written materials to avoid bias.
 - C. Doctors must use clear, simple, and consistent language, checking that the patient understands the terms used.
 - D. Doctors should make assumptions about the patient's existing knowledge and understanding of the proposed research.

2. How does 'plagiarism' differ from 'fabrication' in research misconduct?
 - A. Plagiarism is only considered misconduct if the action directly results in verifiable harm to an enrolled patient.
 - B. Fabrication is only relevant for regulated clinical trials, whereas plagiarism applies to all forms of academic publishing.
 - C. Plagiarism involves using others' work without proper attribution, while fabrication involves inventing or concocting data.
 - D. Plagiarism involves manipulating data, while fabrication involves failing to disclose financial conflicts of interest.

3. Select the description that explains how traditional hierarchies present a challenge in interprofessional healthcare relationships:
 - A. They prevent errors and enhance patient safety
 - B. They facilitate clear role boundaries
 - C. They require flattening to improve team functioning
 - D. They enhance collaboration among specialties

4. Recall the year the Medicines for Human Use (Clinical Trials) Regulations came into force in the UK.
 - A. 2000
 - B. 2001
 - C. 1998
 - D. 2004

5. Convert the idea of 'data privacy' into a practical requirement for biobanks and genetic research.
 - A. Biobanks must destroy all samples within six months of collection.
 - B. Biobanks must share all collected data immediately with international collaborators.
 - C. Biobanks must establish strong policies and oversight mechanisms to protect sensitive personal information.
 - D. Biobanks must use the Human Tissue (Scotland) Act 2006 as their sole governing regulatory framework.

6. A doctor recognizes that their institutional pressure to increase efficiency by shortening appointments conflicts with their personal professional standard of providing quality care. This scenario is an application of an ethical challenge found in _____ relationship model.
 - A. doctor-patient
 - B. doctor-healthcare institution
 - C. interprofessional
 - D. doctor-society

7. Vaccination programs are cited as an example reflecting utilitarian principles primarily because they _____.
- A. prioritize collective benefits (maximizing overall utility) over individual discomfort
 - B. focus on the rights of the vulnerable population
 - C. ensure equitable distribution of healthcare resources
 - D. uphold the absolute duty to truth
8. The central focus of Utilitarianism in medical ethics, according to The BMA's Handbook of Ethics and Law is _____.
- A. maximizing overall happiness or utility for the greatest number of people
 - B. ensuring fair and equal access to care
 - C. cultivating virtuous character traits in the practitioner
 - D. emphasizing duties and rules over consequences
9. The importance of meticulous documentation in a laboratory Quality Assurance (QA) program is to _____.
- A. encourage staff motivation through incentives
 - B. minimize the risk of staff resistance to change
 - C. allow for global collaboration and data exchange
 - D. ensure traceability of data and procedures

10. Which of the following is the professional duty regarding a sick colleague's insight into their need for help?
- A. Junior staff are legally exempt from taking any necessary action regarding the professional conduct of senior colleagues.
 - B. The colleague must absolutely maintain confidentiality, regardless of the imminent risk posed to patient safety.
 - C. The duty is only to intervene officially if the sick colleague is a close personal friend or direct family member.
 - D. If the sick doctor lacks insight, colleagues must take action to prevent risk to patients.
11. The goal of "dismantling the blame culture" in healthcare is to _____.
- A. remove all individual accountability for medical errors
 - B. shift investigations entirely toward focusing on individual errors
 - C. encourage reporting mistakes and near misses without fear
 - D. speed up litigation against the National Health Service (NHS)
12. The fundamental principle for determining the order in which patients should be treated is based on the prioritization that is _____.
- A. based solely on the availability of resources and specific equipment
 - B. based solely on the patient's proximity to the treating hospital
 - C. determined by the length of time the patient has been on the waiting list
 - D. strictly according to their clinical need and urgency
13. Which is the primary focus of virtue ethics in the discussion of medical ethics?
- A. Debating philosophical abstractions amidst day-to-day practice.
 - B. Analyzing the legal repercussions of actions.
 - C. It focuses on the inner moral development of doctors and the values they absorb.
 - D. Predicting the consequences of medical interventions.

14. One patient's right regarding their medical records that empowers them to ensure their records reflect their true medical history is the right to _____.
- A. refuse all treatment
 - B. request corrections
 - C. restrict processing
 - D. transfer data internationally
15. A surgical team plans to use a patient's operation for educational recording that might later be broadcast to a wider, public audience. Which of the following is the necessary step required?
- A. Explicit patient consent must be obtained for this alternative, wider public use.
 - B. No further steps are needed, as public broadcast is covered under general consent for treatment.
 - C. The surgeon's willingness to stop interaction with the audience is sufficient.
 - D. Only anonymization of the footage is required.
16. The primary aim of teaching medical ethics concerning students' intellectual development, beyond providing a body of knowledge is to _____.
- A. develop within students a questioning, enquiring and analytical mind
 - B. prioritize rational skills above compassion
 - C. ensure rote memorization of ethical codes
 - D. promote reliance on senior doctors' advice
17. The possible professional disciplinary action faced by healthcare professionals who violate data protection laws or breach confidentiality is _____.
- A. suspension or removal from the professional register
 - B. suspension or mandatory public apology
 - C. required community service or removal from the professional register
 - D. public apology or financial penalties

18. One of the disciplinary punishments the Council may impose under Section 29 of the Act is _____.
- A. a formal censure or reprimand
 - B. mandatory community service work
 - C. imprisonment in a correctional facility
 - D. a heavy financial penalty (fine)
19. Which element of the Mental Capacity Act's functional test specifically assesses a patient's ability to keep information in their memory?
- A. Retaining the information relevant to the decision.
 - B. Communicating the decision.
 - C. Weighing options.
 - D. Understanding the information relevant to the decision.
20. Relate the MSQH standard of "Risk Management" to a laboratory scenario involving chemical storage. The activity demonstrate compliance with the _____.
- A. Patient Safety standard
 - B. Risk Management standard
 - C. Clinical Quality standard
 - D. Facility and Service Evaluation standard
21. Interpret the standard of care set for specialists in legal negligence cases.
- A. Their diagnostic failure is always judged as acceptable due to the complexity of cases.
 - B. They must only refer patients out if they acknowledge lacking general medical knowledge for the primary treatment.
 - C. Specialists are judged only by the generalized standard expected of a General Practitioner (GP).
 - D. They are held to standards within their specific area of expertise unless in an emergency.

22. A group of clinical staff decides to use aggregate anonymized data from patient case notes to identify patterns of poor care. Implement the primary ethical rationale for preferring this approach.
- A. It allows the clinical staff to deliberately ignore all local standard operating procedures.
 - B. It significantly increases the speed of litigation claims and administrative overheads.
 - C. It gathers valuable data for improvement and minimizes patient confidentiality issues.
 - D. It ensures that only individual errors are reported and formally investigated.
23. Implement the GMC's requirement for a team leader when ensuring team members understand and accept major treatment decisions.
- A. The leader must make sure that all team members have an opportunity to contribute to discussions.
 - B. The leader must document the decision and circulate it via shared platforms.
 - C. The leader must ensure that the decision is based on clinical guidelines only.
 - D. The leader must ensure the team members sign a document accepting shared accountability.
24. Conclude the primary ethical concern when managing conflicts within an MDT.
- A. Ensuring external regulatory bodies are promptly informed of the disagreement.
 - B. Ensuring the conflict results in documented changes to Standard Operating Procedures.
 - C. Managing conflicts constructively and ethically to maintain a positive and productive team environment.
 - D. Prioritizing the opinion of the team leader to achieve a quick and decisive resolution.

25. Apply the Delegation Ethics guidelines when a nurse considers delegating a task to a new Certified Nursing Assistant (CNA).
- A. The nurse must ensure the task requires specialized skills and knowledge.
 - B. The nurse must prioritize avoiding placing any new burdens on the CNA.
 - C. The nurse must assess the CNA's skills and competence and provide appropriate supervision.
 - D. The nurse should only delegate if the CNA is fully qualified in that specific area.
26. Interpret the meaning of "Holistic Care" in the context of Multidisciplinary Teams (MDTs) and patient outcomes.
- A. Care focused exclusively on addressing the patient's primary symptoms.
 - B. Care provided only by professionals with advanced academic degrees.
 - C. Care that avoids referring the patient to external social services.
 - D. Care that considers the whole patient, addressing physical, mental, and social needs.
27. Interpret the potential consequence for a medical student of a significant discrepancy between the high ethical standards taught formally and the observed unethical practice of senior colleagues.
- A. Enhanced and improved professional bonding with senior staff.
 - B. Increased and intensified adherence to formal teachings.
 - C. The growth of cynicism and the erosion of ethical beliefs and conduct.
 - D. Greater and strengthened respect for the chain of command.
28. Name one emerging field that medical education curricula struggle to integrate into traditional training structures, besides personalized medicine.
- A. Histology
 - B. Telehealth
 - C. Forensic Medicine
 - D. Microbiology

29. A doctor receives a request from a deceased patient's family member for information concerning the patient's terminal diagnosis. Choose the action supported by ethical guidance.
- A. The doctor has discretion to disclose necessary and relevant information for appropriate purposes, provided the patient did not wish otherwise.
 - B. Refuse the request completely, as the ethical duty of confidentiality is absolute and only ceases after a period of ten years.
 - C. The family member possesses an automatic legal right to access all of the deceased patient's entire medical file and records.
 - D. The doctor must formally obtain a binding court order or legal subpoena before disclosing any information.
30. Interpret the meaning of the Data Protection Act 1998's requirement that data processing must be 'fair and lawful'.
- A. It strictly means that health data must be aggregated to the point of complete anonymization before any form of processing can occur.
 - B. It requires informing patients of data processing, ensuring compliance with all applicable legal standards, including common law duty.
 - C. It implies that every instance of data processing must first be formally approved by the British Medical Association (BMA) before execution.
 - D. It requires that all data processing must solely meet specific statutory reporting obligations.
31. A General Practitioner (GP) is asked by a commissioning body to provide prescribing data for quality assurance (a secondary use). Choose the preferred method for handling this data to comply with ethical standards.
- A. Send the full, identifiable record with express patient consent.
 - B. Refuse to disclose any information, as this is a secondary use.
 - C. Only disclose the information if the commissioning body applies for a court order.
 - D. Provide the information in an anonymized or coded form if that will serve the purpose.

32. A Medical Physicist is considering a new treatment protocol unsupported by consensus. Demonstrate the application of Code 9: Evidence-Based Practice (EBP).
- A. Adopt the new protocol only if it significantly reduces the overall cost.
 - B. Utilize the latest research and evidence to inform practice and decision-making.
 - C. Ignore the scientific evidence and solely follow patient preference.
 - D. Rely solely on personal clinical experience accumulated from 10 years ago.
33. State the total number of members constituting the Malaysian Allied Health Professions Council (MAHPC).
- A. 23
 - B. 26
 - C. 20
 - D. 30
34. A registered MLT has let their Practising Certificate (PC) lapse for seven continuous years. Apply the regulations to determine the action taken by the Registrar.
- A. The MLT must pay a specific fine and then immediately renew the PC.
 - B. The MLT must undergo an assessment of competency only.
 - C. The MLT must apply for reinstatement as an expert practitioner.
 - D. The MLT's name must be removed from the Register (Deregistration).
35. Determine a requirement for an advance refusal of life-sustaining treatment under the Mental Capacity Act 2005 (MCA):
- A. It must be in writing, signed, witnessed, and explicitly state it applies when life is at risk.
 - B. It must be made orally and recorded only by a registered medical practitioner.
 - C. It only requires a verbal agreement or simple written instruction from the patient's legally appointed attorney.
 - D. It must be formally reviewed every calendar year by the designated Court of Protection authority.

36. State one essential requirement for treatment mentioned in the BMA's Handbook of Ethics and Law.
- A. Legal requirements established through case law.
 - B. Collaborative decision-making between doctors and patients.
 - C. Patient consent required before proceeding with medical interventions.
 - D. Protection of patient autonomy.
37. When discussing justice in medical practice, the challenge associated with achieving 'fairness' is typically related to _____.
- A. unconscious bias
 - B. cultural differences
 - C. paternalistic attitudes
 - D. limited resources
38. The process of using storytelling to approach ethical problems by looking at the patient's situation as a whole rather than a particular facet in isolation is characteristic of _____.
- A. Deontological ethics
 - B. Narrative ethics
 - C. The Four Principles approach
 - D. Virtue ethics
39. The British Medical Association (BMA) Guide emphasizes the importance of reflective practice in medical education. Which of the following best describes the purpose of reflection?
- A. To criticize colleagues' mistakes
 - B. To avoid making any future errors
 - C. To identify areas for personal and professional development
 - D. To memorize facts and procedures

40. Before conducting an examination or treatment, healthcare professionals have to verify that a patient's consent is legitimate by _____.
- A. ignoring the patient's capacity and forcing them to undergo treatment
 - B. applying undue pressure on the patient to consent to treatment
 - C. ensuring that the patient has capacity, is adequately informed, acting voluntarily, and aware that they can refuse
 - D. providing the patient with insufficient information to make an informed decision

SECTION B (Total: 60 marks)

Answer **THREE (3)** questions only.

Please use the answer booklet provided.

Question 1

During a localized outbreak of a rare, highly contagious, and potentially fatal infectious disease, Public Health authorities identify Mr. A as the likely source. Mr. A has full mental capacity but refuses to self-isolate or comply with medical directives, continuing to move freely within the community. The medical team is faced with a decision about whether to breach confidentiality to limit the imminent threat to public safety.

- (a) Analyze the ethical tension between a patient's right to confidentiality and a doctor's duty of beneficence during a public health crisis. Refer to the specific ethical frameworks that support these conflicting duties.
- (4 marks)
- (b) Explain the decision-making process for breaching confidentiality in the public interest and determine the specific criteria that must be fulfilled to justify the disclosure ethically.
- (6 marks)
- (c) Explain how the ethical theory of Utilitarianism is used to justify public health programs like vaccinations for the case above.
- (4 marks)
- (d) A "greater good" approach can sometimes be unfair for the case above. Describe the ethical friction it creates with the principle of Justice.
- (6 marks)

Question 2

The 2006 Phase I clinical trial of the monoclonal antibody TGN1412 involved six healthy male volunteers who, within hours of receiving the drug, developed a severe systemic inflammatory reaction and multi-organ failure. The drug had previously been tested on multiple animal species in higher doses without ill effect.

- (a) Analyze the breakdown in risk assessment during the transition from animal testing to this 'first-in-human' trial, explaining why the adverse reaction was unexpected given the preclinical data.

(6 marks)

- (b) Evaluate the subsequent recommendations made by the expert scientific group regarding Phase 1 trial design, specifically focusing on how these measures address participant safety and the concept of minimizing risks.

(8 marks)

- (c) Justify the ethical importance of international regulatory bodies facilitating global information sharing regarding potential risks associated with new medicines.

(6 marks)

Question 3

Ms. B was a capacitous adult dependent on artificial ventilation who successfully sought a court declaration to discontinue this life-sustaining treatment.

- (a) Analyze the legal and ethical principles underpinning a capacitous patient's right to refuse life-sustaining treatment, specifically explaining how this right aligns with the general principles of consent.

(8 marks)

- (b) Evaluate the core tension faced by healthcare professionals between their ethical obligation to preserve life and the capacitous patient's right to decline beneficial treatment, justifying why legal precedent upholds the patient's choice.

(6 marks)

- (c) Apply the required documentation practices in the aftermath of a competent patient's refusal of major treatment, outlining the key steps the medical team must take.

(6 marks)

Question 4

The *Source Informatics* case involved an American company seeking anonymous data on doctors' prescribing habits to market pharmaceutical products more effectively. Although the identity of the patients was intended to be protected through anonymization, the legal appropriateness of sharing this data without patient consent was questioned.

- (a) Differentiate between anonymized and pseudonymized information, explaining why data intended for research or commercial secondary use must meet the criteria for effective anonymization to be used more freely without consent.

(7 marks)

- (b) Appraise the BMA's ethical rationale concerning the use of anonymized data for purposes *unconnected* with direct patient care (such as financial audits or commercial marketing), and contrast this position with patient expectations regarding control over their health information.

(8 marks)

- (c) Examine the Data Protection Act 1998's requirement that data processing must be 'fair and lawful', and relate this to the necessary prerequisite condition for relying on implied consent for secondary uses of patient data.

(5 marks)

END OF EXAMINATION PAPER

