

13. The Human Genome Project produced ...
- *A. Genetic knowledge
 - B. Genetic pseudo-knowledge
 - C. Genetic determinism
 - D. None of the above
14. Given nondirective genetic counseling, it is morally forbidden for genetic counselors ...
- A. To make attempts at persuading clients at risk of genetic disorders to undergo genetic testing
 - B. To suggest to clients at risk of genetic disorders that they undergoing genetic testing
 - *C. To pressure clients at risk of genetic disorders to undergo genetic testing
 - D. All of the above
15. According to a Kantian argument against the right to genetic ignorance ...
- A. Genetic ignorance can lead to bad consequences for others
 - *B. Genetic ignorance is incompatible with patient autonomy
 - C. Genetic ignorance interferes with population studies
 - D. All of the above

Chapter 5: Consent with Competence and Without

1. One of the requirements of informed consent is ...
- A. Information
 - B. Voluntariness
 - C. The patient's competence
 - *D. All of the above
2. Informed consent's voluntariness requirement is compatible with ...
- A. Coercion, understood as undue influence on the patient
 - B. Under-disclosing information relevant to the patient's decision
 - C. Deceiving or misleading the patient about her medical condition

*D None of the above

3. In *Canterbury v Spence*, the court decided that ...
 - A. Mr. Canterbury gave informed consent to Dr. Spence's intervention
 - B. Dr. Spence pressured Mr. Canterbury to obtain his consent to the intervention
 - *C. Dr. Spence provided Mr. Canterbury with insufficient information about the intervention's risk
 - D. None of the above
4. In *Storar* and *Eichner*, the New Jersey court decided that ...
 - A. Withdrawing life-prolonging treatment was justified in *Storar* but not in *Eichner*
 - *B. Withdrawing life-prolonging treatment was justified in *Eichner* but not in *Storar*
 - C. Withdrawing life-prolonging treatment was justified in both *Storar* and *Eichner*
 - D. None of the above
5. A medical team is presented with a POLST by a previously competent patient refusing a life-prolonging intervention that the team considers medically indicated. What should they do? They should ...
 - A.* Follow the POLST
 - B. Do what the patient's surrogate thinks should be done
 - C. Seek a court order overriding the POLST
 - D. All of the above
6. In the US, the prevailing decisionmaking standard for previously competent patients with no advance directive on file recommends prioritizing ...
 - *A. A surrogate's determination of what the patient would have wanted
 - B. What is medically indicated
 - C. What is in the patient's best interests, as determined in court
 - D. All of the above
7. The expression "therapeutic privilege" refers to ...