



**Académie Européenne de Médecine de Réadaptation**  
**European Academy of Rehabilitation Medicine**

**In cooperation with the European Board of Physical and Rehabilitation  
Medicine**

# **DILEMMAS IN PHYSICAL AND REHABILITATION MEDICINE**

## **The dilemma game exercise book**

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## **Introduction.**

Medical, ethical and moral dilemmas are common in all medical fields, including Physical and Rehabilitation Medicine (PRM). However, little attention is paid to these dilemmas in education of residents or in continuous medical education of specialists in PRM.

The European Academy of Rehabilitation Medicine (EARM) considers moral and ethical issues as an important aspect of its role in the international development of PRM.

Therefore, the EARM has taken the initiative to publish an exercise book that covers a range of clinical, ethical and research dilemmas.

We trust that this initiative will contribute to an increased awareness of the dilemma's we face daily in our practice in PRM.

Xanthi Michael

President European Academy of Rehabilitation Medicine.

## **How to use this exercise book.**

The most important rule for playing the dilemma game is that there are no rules. You can use this book any way you want. If you just want to read and reflect on one or two dilemmas before you go to sleep? Fine, no problem!

If you want to use them in a teaching program for students or residents: go ahead.

Probably the most effective way is to discuss one or two dilemmas at the end of another meeting such as a team conference, a journal club or another educational activity. It will just take 10 minutes.

Distribute this book to the participants and invite them to read a certain dilemma. Let them reflect on the “what do you do?” question and the options given.

When they have made up their mind you ask them to choose one of the options (A, B, C, D) and open the book on one of the pages at the end of the book.

Now you have an overview of the opinions of the participants and you select one of them to explain his choice. Then you invite another participant with a different choice to give arguments for “what he/she would do”.

It is important to discuss all choices and to exchange arguments. In some cases the group will reach a consensus on the best solution.

However, often several options remain and participants keep different opinions. That is not a problem. Personal, cultural, religious and political differences build our ethical and moral DNA.

Different opinions make the discussion more interesting and more fruitful.

**In all dilemmas you are a PRM specialist unless otherwise stated.**

This exercise book will also be digitally published on the websites of the European Academy of Rehabilitation Medicine ([www.aerm.eu](http://www.aerm.eu)) and the Physical and Rehabilitation Section and Board of the European Union of Medical Specialists ([www.euro-prm.org](http://www.euro-prm.org)).

Enjoy the PRM Dilemma Game.

Henk J. Stam,

Editor

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## **Parkinson patient in love with a nurse.**

Your patient is a 62 Year old male surgeon suffering from Parkinson's disease who is experiencing a complete perception of well-being following the prescription of dopamine-agonists. He not only is completely independent in ADL and IADL, but has developed a kind of compulsive behaviour towards sex leading him to separate from his 59 year old wife after falling in love with a 29 year nurse. The couple is planning to get married after the man will obtain the divorce.

You know that: the man has a 75% risk of becoming dependent in ADL within 4-5 years, and has also a risk of becoming demented within the same timeframe.

The young nurse asks you for advice concerning her future in case of a marriage with a person suffering from Parkinson's disease. <sup>1</sup>

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<sup>1</sup> Author: Maria Gabrielle Ceravolo

## **WHAT DO YOU DO?**

- A. You refuse to interfere with the private life of your patient and appeal to the professional secrecy
- B. You advise her to split up as soon as possible
- C. You provide her with a general overview of the functional prognosis in people suffering from Parkinson's disease, without any reference to the specific case
- D. You reassure her telling that each case is different from another, that the future is unpredictable and love and commitment to one another is what really counts

## **Stroke patient with malignancy interfering with rehabilitation program**

You have a 53 years old male patient. He lives in a rented flat, has no job, and drinks too much alcohol. He has old parents living far, no other relatives. He underwent an operation 6 weeks ago because of malignant coecum tumour. He had an ischaemic stroke 4 weeks ago. He was admitted to rehabilitation unit because of the post-stroke conditions: left-sided hemiparesis, cannot walk, not able to care for himself. As a result of the rehabilitation process now he can use a wheelchair and walk between rails in the physiotherapy room. Not able to manage himself outside the hospital. The oncologist suggests chemotherapy from the next month, two times per months. The oncologist can admit the patient only for two days for the therapy, but during these days the subject cannot be admitted in another hospital or nursery department, because the National Health Insurance does not cover two services at the same time. (Getting a place for him in a nursery home for a long term stay requires more time, some months.)<sup>2</sup>

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<sup>2</sup> Author: Fabor Fazekas

## WHAT DO YOU DO?

- A. You continue the rehabilitation programme and delay the oncological treatment
- B. You suspend the rehabilitation programme and send the patient to a nursery department
- C. You continue the rehabilitation programme and transfer him every second week for two days to oncology and admit him again. This requires extra administrative efforts and the bed is empty for two days.
- D. You send him home and tell him to arrange home care himself.

## **Patient with TBI refuses driving test**

Your patient is a 35 years old man with Traumatic Brain Injury with good motor recovery but severe attention problems and behaviour changes. He believes that he can drive a car and does not want to go to a clinic for assessing his driving abilities.<sup>3</sup>

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<sup>3</sup> Author: Helena Burger

**WHAT DO YOU DO?**

- A. You discuss it with him and suggest not to drive until the next outpatient visit
- B. You discuss it with him and inform the responsible authorities that he is temporally not able to drive
- C. You discuss it with his relatives and ask them not to allow him to drive
- D. You do nothing, because this is not the responsibility of a specialist in Physical and Rehabilitation Medicine.

## **Unfavourable prognosis for walking in a person with MS**

A patient with Multiple Sclerosis asks you about her functional prognosis.

On the basis of prognostic indicators you know that she has an unfavourable prognosis with regard to her walking ability within 1-2 years. <sup>4</sup>

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<sup>4</sup> Author: Gustaaf Lankhorst



**WHAT DO YOU TELL HER?**

- A. A slightly more favourable prognosis
- B. The prognosis as indicated by the indicators
- C. A slightly more unfavourable prognosis
- D. That you do not know.

## **Admission to inpatient rehab of a patient with minimal consciousness state.**

A 40 years old black male in a minimal responsive state, due to a severe left hemispheric haemorrhagic stroke occurring 1 month ago (associated with brainstem compression) is proposed for admission to your brain injury ward. He is a sub-Saharan migrant but having insurance coverage. His family is overseas. The closest relative is a cousin living 200km away.<sup>5</sup>

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<sup>5</sup> Author: Mauro Zampolini

## WHAT DO YOU DO?

- A. The prognosis is poor, there is no chance of discharging him in a reasonable time, but the insurance coverage will guarantee a good extra income for the department. You admit him to the brain injury department
- B. The prognosis is poor; there is no chance of discharging him in a reasonable time. You refuse admission, with suggestion of admission to a nursery home.
- C. You refuse admission since a foreign patient needs to be transferred back home as soon as possible.
- D. You admit the patient without worrying about administrative and prognostic factors.

## **Smuggling drugs in a walking stick**

A 40 year old male suffered a traumatic brain injury 10 years ago resulting in a left spastic hemiplegia and cognitive disturbances as impulsiveness and mild euphoria. Every 4 months he visits your clinic for botulin toxin treatment of his spastic arm. You're contacted by his friend by email. Your patient is planning a trip to Colombia, smuggling drugs in his walking stick and says his physician (you) gave his consent.<sup>6</sup>

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<sup>6</sup> Author: Carlotte Kiekens

## **WHAT DO YOU DO?**

- A. Nothing, you consider it is not your problem.
- B. You refuse to see the patient ever again and inform the head physician and legal department of your hospital.
- C. You warn the police as you consider he is a danger for himself and society.
- D. You invite the patient in your clinic and you request an explanation. You give him a warning. If he goes through with his plan or if this happens again in the future, you will refuse to see him in your clinic ever again.

## **Electrotherapy has resulted in a burning wound.**

A 65 year-old patient is treated for low back pain with massages, exercise training and electrotherapy. You see the patient because he complains of a burning wound, grade 2 in the region of the lumbar region.<sup>7</sup>

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<sup>7</sup> Author: Guy Vanderstraeten

**WHAT DO YOU DO?**

- A. You tell the patient that this is a complication of the electrotherapy and you refer him to the plastic surgeon.
- B. You tell the patient that this wound is due to the physical therapist who treated him with a too high intensity of current.
- C. You tell the patient not to worry about the wound and you refer him to his insurance company to be reimbursed for this complication.
- D. You ask the patient to come back after two weeks without any low back pain treatment.

## **Aggressive patient requests treatment by a female physical therapist.**

You refer your patient (30 years-old, 1.98m, 120kg) to a physical therapist in your department for a treatment with exercises and massage. You are urgently requested in the treatment room because of serious verbal and physical aggression of this patient against all therapists in the department where other patients are also present. The reason is that the patient wanted to be treated by a female physical therapist instead of a male therapist.<sup>8</sup>

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<sup>8</sup> Author: Guy Vanderstraeten



## WHAT DO YOU DO?

- A. You ask the patient to leave the department at once and to never come back
- B. You call the security office to send two persons to take the patient out of the room and ask for a report of the event
- C. You ask the female physical therapist to replace the male therapist to give the massage in order to bring back the calmness in the department
- D. You ask the patient to come to your office to discuss the event and say that his attitude was not appropriate and that he has to follow the organisation and treatment schedules of the physical therapy department

## **Child with scoliosis receives wrong information and treatment.**

Your patient is a 12 year old girl at the start of puberty, presenting with a 55° degrees thoracic scoliosis and an evident deformity. The parents discovered the problem 5 years ago, when the curve was 25°. They rejected bracing and went to a PRM physician who prescribed:

- Mézières exercises once a week
- Winter and summer two weeks intensive exercise courses
- Tomatis Auditory stimulation to be done by the girl and their parents
- Psychological counselling to the parents.

The parents also tell you that they have been blamed by the colleague since they had couple problems, and ended up with divorcing one year before: they were accused to be the cause of their daughter scoliosis

Repeated radiographs showed progression of the scoliosis, that was explained to the parents as “normal”.

You know that at this point, whatever you do, this girl will have problems because of the spine for the rest of her life.<sup>9</sup>

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<sup>9</sup> Author: Stefano Negrini

## WHAT DO YOU DO?

- A. You blame the colleague in front of the parents and suggest them to see a lawyer and start a procedure because of malpractice.
- B. You blame the colleague in front of the parents, but tell them that they would obtain nothing from going to a lawyer.
- C. You don't comment in any way the previous treatments. At the end of consultation you contact the colleague and tell her, and warn her for the sake of other patients
- D. You don't comment in any way the previous treatments. You don't do anything with your colleague because you think it would be a waste of time and will end in nothing.

## **Do you accept a chronic LBP patient for inpatient rehabilitation?**

You are rehab doctor and have to decide on the admissions in a PRM center. You receive the following request: a 54-years-old man, who was a construction worker but has been out of work for 3 years, presents with low back pain for 10 years.<sup>10</sup>

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<sup>10</sup> Author: Jean Paysant

## WHAT DO YOU DO?

- A. You don't accept him, because he doesn't fit the scientific guidelines
- B. You don't accept him because he has no chance to return to work
- C. You accept him, because a place is available and there is no harm...
- D. You accept him because you can include him in a research project

## **How do you decide on admission of a chronic LBP patient?**

You are rehab doctor and have to decide on the admissions in a PRM center. You receive the following request : a 54-years-old man, who was a construction worker but has been out of work for 3 years, presents with low back pain for 10 years

You decide not to accept the patient <sup>11</sup>

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<sup>11</sup> Author: Jean Paysant

**WHAT IS THE PROCEDURE YOU FOLLOW IN ORDER TO INFORM THE PATIENT ABOUT YOUR DECISION?**

- A. You inform the patient after reading the medical file and admission request
- B. You inform the patient based on the file, functional testing and questionnaires.
- C. You arrange a medical consultation and inform the patient
- D. You inform the patient after step B and C

## **How to inform a patient about decision to not accept him for rehabilitation?**

You are rehab doctor and have to decide on the admissions in a PRM center. You receive the following request : a 54-years-old man, who was a mason but has been out of work for 3 years, presents with low back pain for 10 years

This patient has not been accepted. how do you inform the patient?<sup>12</sup>

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<sup>12</sup> Author: Jean Paysant



## **HOW DO YOU INFORM THE PATIENT?**

- A. You don't inform the patient (he will understand or call again)
- B. You send a standard letter
- C. You send a personalized letter
- D. You send a personalized letter and propose an alternative therapeutic solution.

## **Large unexpected differences between short-term and long-term effects of a RCT.**

You are PhD student and in the third year of your research. The topic of your research is treatment related morbidity after breast cancer treatment and the differences in these early and late morbidity between a sentinel lymph node biopsy group (SLBG) and the axillary lymph node dissection group (ALDG). In the past 2 years you managed to include 210 patients in your research which you assessed before and after the surgery procedure till 2 years after surgery. You are very proud that you published your early results (before and 6 weeks after procedure) in Cancer. There were no significant differences between the groups which was unexpected but you discussed this very well. Now you are busy with the analysis of the 1 year post surgery assessment. During the analysis of the results of the 1 year post-surgery assessments you see highly significant differences between the both groups. This is expected but than you would also expected this in your early assessments.<sup>13</sup>

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<sup>13</sup> Author: Hans Rietman

## WHAT DO YOU DO?

- A. You are sure that you have managed your data very exactly.
- B. You are surprised but think; all at the right time. Now I'm busy with the analysis of the 1 year results so you won't reconsider your earlier results.
- C. You are surprised because you would expect also treatment related morbidity in the early stage after surgery. You reconsider your results of the early assessment but after the first review you don't see mistakes
- D. You are surprised and directly review the results of the previous study very thoroughly.

## **Mistake in statistics found after publication (continuation of previous dilemma)**

The statistician finds a small mistake in the SPSS analysis explaining the (unexpected) non-significant differences in the early phase. The results published in Cancer are therefore incorrect.<sup>14</sup>

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<sup>14</sup>Author: Hans Rietman

## **WHAT ARE YOU GOING TO DO?**

- A. Nothing because the data have already been published. You don't inform your supervisors because they are very proud of the publication in Cancer.
  
- B. Nothing because one of your supervisors has told you so. Otherwise his reputation and integrity will be damaged.
  
- C. You consider withdrawal of the article from Cancer
  
- D. You contact the editorial board of Cancer and explain your mistake with the risk that they will withdraw your published article

## **A patient with cerebral toxoplasmosis.**

A patient from a developing country is admitted to your rehabilitation centre with HIV related cerebral toxoplasmosis, and associated disability. She is not entitled to health or social care and is now unable to work and has been made homeless. The hospital management decides that she should be repatriated to her country of origin and are prepared to pay for the flight and an ambulance to the airport. She has contacted her family to tell them that she is coming home You know that she will not receive treatment for her HIV in her country of origin and will die. <sup>15</sup>

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<sup>15</sup> Author: Diane Playford

## **WHAT DO YOU DO?**

- A. You go ahead with arranging discharge to the airport - she isn't entitled to health or social care in your country
- B. You contact a charity and arrange for her to go home with all the equipment she needs and 3 months medication
- C. You refuse to have anything to do with it and keep her in your rehab centre
- D. You arrange discharge but make sure your protest is logged with hospital management

## **Cannabis use for medical reasons.**

A patient with MS is admitted to your rehabilitation unit and tells you that he regularly uses cannabis to help him sleep. He wants to continue using cannabis while an inpatient. <sup>16</sup>

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<sup>16</sup> Author: Diane Playford



**WHAT DO YOU DO?**

- A. You say no, it is illegal (if it is!) and if you find him using cannabis he will be sent home
- B. You turn a blind eye and let him smoke on the fire escape or in the garden
- C. You do not allow use on hospital ground but allow him to go out each evening, where what he does is his business
- D. You tell the hospital management and let them decide

## **Patient feels discriminated having attention of his doctor only part-time.**

You are head of an inpatient rehab centre and one of your doctors is working 4 hours per day where all doctors work full time. One of the patients complains that he feels discriminated having attention of his doctor only for part time.<sup>17</sup>

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<sup>17</sup> Author: Sasa Moslavac

## WHAT DO YOU DO?

- A. You reassure the patient that all his needs will be met anyway.
- B. You transfer the patient under the supervision of another doctor working full time.
- C. You notify the management of the hospital and national licencing authorities, health authorities and patients organizations of the irregularity of situation, accepting that you may be losing services of part time doctor and put even more strain on the remaining doctors.
- D. Decide to resign from the post of head physician to prevent medicolegal issues against yourself.

## **Patient requests bilateral below knee amputation.**

Your patient is a 32 Year old veteran that suffered from massive blast injury 12 months ago. Both lower limbs were injured. After one year of intensive rehab he uses orthopaedic shoes and he became a community walker. He has regular pain in both feet.

During rehab he played wheelchair basketball and he became very skilled. Now he requests an amputation below both knees in order to be allowed to participate in national competition and Paralympics.<sup>18</sup>

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<sup>18</sup> Author: Henk Stam

**WHAT IS YOUR RESPONSE?**

- A. You refuse to refer to a surgeon.
- B. You refer to a surgeon and let him decide.
- C. You discuss risks of surgery and try to convince him to refrain from amputation.
- D. You refer to surgeon and request amputation

## **Staff member and resident have a love affair.**

You are head of a PRM department.

Upon leaving the department at the end of the day you accidentally see one of your staff members kissing with a resident.<sup>19</sup>

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<sup>19</sup> Author: Henk Stam

## **WHAT DO YOU DO?**

- A. You immediately confront both of them and you request an explanation.
- B. You wait until next morning and invite both persons together and ask for explanation.
- C. You wait until next morning and invite your staff member and you insist him to end the romantic affair.
- D. Next morning you fire both of them

## **White blood cell count indicates serious disease.**

For your PhD project you have taken blood samples from healthy control persons. One of them appears to have an abnormal white blood cell count possibly indicating a serious disease.<sup>20</sup>

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<sup>20</sup> Author: Henk Stam



**WHAT DO YOU DO?**

- A. You do not inform him
- B. You ask your supervisor to inform the control person about the abnormal test result
- C. You inform the control person about the abnormal test result.
- D. You recommend him to consult his GP.

## **Ramadan interferes with rehabilitation program.**

You perform an intake for a 12 week cardiac rehabilitation programme. Your patient informs you that he will not be attending the training sessions in week 4-8 because of Ramadan.<sup>21</sup>

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<sup>21</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You inform the patient that missing four weeks makes the program useless and you refuse him for the program
  
- B. You accept the interruption of the program.
  
- C. You contact the Imam and ask him to convince the patient to continue the program during Ramadan.
  
- D. You invite the patient to return after Ramadan for a second intake.

## **Householdwalker requests expensive prosthetic knee**

Your 54 year old patient with a diabetic Trans Femoral Amputation requests you to prescribe a computerized prosthetic knee of 20.000€. He is a household walker. He uses a wheelchair for longer distances.<sup>22</sup>

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<sup>22</sup> Author: Henk Stam

## WHAT DO YOU DO?

- A. You ask permission from the Health Insurance to prescribe the knee. Most probably they will refuse.
- B. You tell the patient that according to your opinion this knee is not contributing to better prosthetic walking. You reject his request.
- C. You ask the prosthetist to provide the prosthesis with a temporary knee in order to convince the patient that the expensive knee is not a good idea.
- D. You tell the patient that this knee will not improve his walking but that if he insists you will prescribe the knee.

## **Householdwalker requests expensive prosthetic knee (2)**

Your 54 year old patient with a traumatic Trans Femoral Amputation requests a computerized prosthetic knee of 20.000€. He is a household walker. He uses a wheelchair for longer distances. All expenses for his prosthesis are covered by the insurance of the drunken truck driver that caused the traffic accident resulting in the TFA. <sup>23</sup>

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<sup>23</sup> Author: Henk Stam

## WHAT DO YOU DO?

- A. You order the prosthetic knee without further discussion.
- B. You tell the patient that according to your opinion this knee is not contributing to better prosthetic walking. You reject his request.
- C. You ask the prosthetist to provide the prosthesis with a temporary knee in order to convince the patient that the expensive knee is not a good idea.
- D. You tell the patient that this knee will not improve his walking but that if he insists you will prescribe the knee.

## **Flowers offered to speed up admission**

You are working in a hospital and responsible for discharge of stroke patients.

Your patient with an acute stroke will be discharged to inpatient rehabilitation. Her son insists on discharge before the weekend and promises a bouquet of flowers for you and your secretary if the transfer is arranged in time. You explain to her son that you will follow procedures and will deal with this case just as any other case.

Eventually transfer of the patient takes place on Friday.

On Monday you receive two huge bouquets in your office.<sup>24</sup>

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<sup>24</sup> Author: Henk Stam



**WHAT DO YOU DO?**

- A. You accept the present and take the flowers home at the end of the day.
- B. You give the flowers to the secretary to put them on the front desk in the waiting room.
- C. You ask the floristry to take back the flowers.
- D. You call the patient's son and tell him that you handled his mother's discharge according to existing procedures and that the flowers did not influence the speed of discharge. You accept the flowers nevertheless.

## **Botulinum Toxin for Paralympic athlete**

Your patient is a 24 year old woman with hemiplegic CP, GMFCS I. She asks you to perform Botulinum Toxin Type A injections of her leg before she will participate in the Paralympic Games but after the date of classification.<sup>25</sup>

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<sup>25</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You refuse the treatment of her spasticity
- B. You schedule to treat her as requested
- C. You ask permission from the classification officials
- D. You report her to the doping authorities

## **Botulinum toxin for recreational soccer player with CP.**

Your patient with CP, 25 years old, has a spastic hemiparesis. She is ADL independent and classified as GMFCS 1. She plays CP-soccer on a recreational level. She requests Botulinum Toxin Type A injections to reduce adduction of the hip and equinovarus spasticity.<sup>26</sup>

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<sup>26</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You schedule her for treatment with Botulinum Toxin
- B. You request a written consent of the CP-soccer association before you plan the treatment
- C. You refuse to treat her because the aim of the treatment is not “medical”
- D. You refuse to treat her because you consider reduction of spasticity as unfair and comparable with the use of doping

## **Co-authorship of research papers.**

You are a resident in PRM. Another resident in the department makes you a proposal: “If I make you co-author of my upcoming article you will make me co-author of your article”. Both of you are doing research on similar topics.<sup>27</sup>

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<sup>27</sup> Author: Henk Stam

## WHAT DO YOU DO?

- A. You let him be a co-author on your article but you do not want to be co-author of his article.
- B. You accept the offer, on the condition that you both critically read each other's paper
- C. You ask advice from your supervisor, who also is the supervisor of the other resident
- D. You decline the offer and report the unethical behaviour to the head of the department

## **Co-authorship of research papers (2)**

You are the supervisor of two residents that work on the same research topic. One of them has proposed to the other to share co-authorship of each other's publications and the other one reports the situation to you.<sup>28</sup>

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<sup>28</sup> Author: Henk Stam



## **WHAT DO YOU DO?**

- A. You give permission to share authorship under the condition of mutual critical reading of the concept articles.
- B. You report the case to the ethical committee of the University
- C. You tell both residents that you find it a good idea and you agree with mutual authorship
- D. You give the resident that proposed the mutual authorship a formal reprimand and tell both residents that you give no permission.

## **Sharing your research data with senior colleague.**

During your years of residency in PRM you have painstakingly hand-collected a large amount of patient data. Your first paper using these data has just been accepted for publication. A senior colleague in the department contacts you and asks for the data. He is an important person for your further career. <sup>29</sup>

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<sup>29</sup> Author: Henk Stam

## WHAT DO YOU DO?

- A. You give him the data
- B. You tell him that you will give him the data as soon as the final paper you want to write with these data has been published
- C. You tell your senior colleague that you don't want to give him a preferential treatment
- D. You tell him that you are willing to give him the data on the condition that you will be mentioned as co-author in all publications that use the data.

## **Treating knee arthritis with ineffective physical therapy.**

You take over a private outpatient clinic for PRM for predominantly musculoskeletal patients. It appears that your predecessor treated a large group of elderly patients with knee-osteoarthritis with ultra-short wave therapy, which is according to the Cochrane reviews ineffective. The treatment is reimbursed by health-insurance.<sup>30</sup>

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<sup>30</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You continue the USW treatment
- B. You stop the USW treatment
- C. You offer the patients to continue the USW treatment under the condition that they pay for it privately
- D. You contact the health-insurance companies and ask whether or not they allow you to continue the USW treatment

## **Wheelchair dancer without medical diagnosis.**

A 35-year old patient comes to your office. She is a semi-professional wheelchair-dancing instructor. She won several national championships. She needs a written declaration on her disabilities before being admitted to international competition. She has no medical diagnosis, but she claims to have muscle weakness and fatigue.

Physical examination reveals no muscle atrophy, normal strength, normal reflexes, etc.<sup>31</sup>

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<sup>31</sup> Author: Henk Stam

## **WHAT DO YOU DO?**

- A. You give her a disability declaration, considering that she has no real profit of her “minor disability” during wheelchair-dancing.
- B. You explain to her that you cannot give her a disability declaration when you do not find objective signs or symptoms
- C. You advise her to go to another physician that perhaps is willing to write the disability declaration.
- D. You report her to the “national wheelchair-dancing association” in order to take her out of the competition.

## **Who owns activity log data of prosthetic knee?**

Your patient with a traumatic transfemoral amputation will be fitted with a lease prosthesis with the most recent technical features, including a data logger that keeps track of all periods and total time of sitting, standing and walking.

The patient, the prosthetic technician, the distributor of the knee and you do have a dispute about the ownership of the “activity data”.<sup>32</sup>

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<sup>32</sup> Author: Henk Stam



**WHO IN YOUR OPINION IS OWNER OF THE PROSTHETIC  
ACTIVITY DATA?**

- A. The prosthetic technician. He needs the data to schedule maintenance.
- B. The patient. Data on standing and walking is private/privacy information
- C. The distributor (f.i. Otto Bock). They need/use the data to improve technology
- D. The health-insurance company. They have paid for the prosthesis and have the right to check its daily use.

## **Colleague uses cannabis at home.**

You are a psychiatrist and one of your colleagues confidentially informs you that he occasionally is using XTC or cannabis in his leisure time.<sup>33</sup>

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<sup>33</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You strongly recommend him to terminate this habit.
- B. You consider the use of drugs in his private time as his own responsibility
- C. You insist that he stops using drugs, otherwise you will (have to) report this to the head of the department/hospital.
- D. You report the drug (ab)use to the head of the department/hospital.

## **Alcohol addiction and consumption during office hours.**

You are a psychiatrist and one of your colleagues apparently is drinking alcohol during office hours. You confront him and he admits his alcohol addiction.<sup>34</sup>

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<sup>34</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You strongly recommend him to seek professional help.
- B. You offer him to help him in order to quit drinking.
- C. You recommend to seek professional help and tell him that you will report to the head of the department after a period of three months if he does not stop drinking.
- D. You report your colleague's alcohol problem to the head of the department.

## **Head of department finds out staff member uses cocaine.**

You are head of a PRM department and one of your staff members appears to be a cocaine user in his spare time.

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**WHAT DO YOU DO?**

- A. You consider cocaine use to be a private matter. You do nothing
- B. You recommend your staff member to seek professional help.
- C. You suspend your staff member for 3 months and order him to seek professional help.
- D. You fire your staff member immediately.

## **Admission of patient with bad functional prognosis.**

You are a physiatrist and responsible for admissions to an inpatient rehabilitation centre. The acute hospital refers a 60-year old patient with Diabetes Mellitus type II and a recent transfemoral amputation. He is addicted to tobacco and alcohol. You have a waiting list of 8 weeks. <sup>36</sup>

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<sup>36</sup> Author: Henk Stam



**WHAT DO YOU DO?**

- A. You immediately admit this patient.
- B. You put him on the waiting list.
- C. You refuse to admit this patient.
- D. You recommend to transfer the patient to a nursing home.

## **Patient blackmails you to prescribe FES.**

You are a physiatrist and your patient with a mild drop foot (dorsiflexors strength MRC 3) requests prescription of a Functional Electrical Stimulation (FES) Device. According to the Guidelines this device is not indicated. Your patient announces legal action if you refuse the prescription. <sup>37</sup>

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<sup>37</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You refuse to prescribe the device after once again explaining your considerations.
- B. You inform the health insurance company of this patient and let them decide.
- C. You prescribe the FES Device.
- D. You recommend the patient to ask for a second opinion in another clinic.

## **Romance between doctor and patient.**

You are a (single) physiatrist and you have treated a patient with subacute low back pain for about 8 weeks. You both really liked each other but you both agreed that a romantic relationship between doctor and patient is not appropriate. One month after finishing the treatment your patient contacts you and invites you to have diner.<sup>38</sup>

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<sup>38</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You do not accept an invitation of a former patient.
- B. You tell the patient that you want to postpone the date until 6 months after the end of the treatment.
- C. You accept the invitation.

## **Complication of phenol block.**

You have performed a phenol block in the tibial nerve at the dorsal side of the knee in a 60-year old patient with spastic equinovarus deformity after stroke. One week later he calls you and reports severe pain in the lower leg.<sup>39</sup>

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<sup>39</sup> Author: Henk Stam

## **WHAT DO YOU DO?**

- A. You tell him that this is a common consequence of the procedure and recommend to return to your office when the pain is still present after 4 weeks.
- B. You recommend him to consult his GP and to request prescription of pain medication.
- C. You invite him back to your office and you explain that his pain is a common complication.
- D. You prescribe pain medication and recommend to return to your office after 4 weeks.

## **Decision on company providing Botulinum Toxin.**

You are the head of a PRM department and with your staff you are involved in deciding on the company that will provide botulinum toxin in the coming 5 years. A representative of one of the companies contacts you in order to invite you to chair a symposium on spasticity management. You will be reimbursed with a honorarium of € 1.500,- per day.<sup>40</sup>

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<sup>40</sup> Author: Henk Stam



**WHAT DO YOU DO?**

- A. You accept the invitation.
- B. You accept the invitation but you arrange that the honorarium will be transferred to the department.
- C. You accept the invitation but you refuse the honorarium.
- D. You refuse to act as chairperson of the symposium.

## **Son of patient plans terroristic attack.**

You see a 50 year old North-African patient for her annual check of her orthopaedic shoes that you prescribed for her diabetic ulcer risk. She tells you she suspects that her son is making preparations for a terrorist suicide attack.<sup>41</sup>

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<sup>41</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You inform the police authorities.
- B. You inform the police authorities anonymously.
- C. You recommend her to contact the police.
- D. You do nothing.

## **Patient reports sexual abuse by husband.**

You see a 30-year old patient with chronic mechanical low back pain. She asks you to talk to her husband who is sexually abusing her 12-year old daughter for many years.

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## WHAT DO YOU DO?

- A. You invite the husband to your office to hear his story.
- B. You refuse to talk to the husband and tell her that these kind of problems are not within the field of your competence.
- C. You report the case to the authorities that handle child-abuse.
- D. You recommend her to take her daughter to a paediatrician

## **Patient with LBP requests surgery.**

You are the physiatrist of a 40-year old man with chronic low back pain and mild radiographic signs of spondyloarthritis. He insists on referral to a spine surgeon for a spondylodesis. You explain to him that this procedure is not indicated according to the national guidelines for LBP. He keeps insisting on being referred.<sup>43</sup>

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<sup>43</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You refuse to refer him to a spine surgeon.
- B. You refer him to a spine surgeon.
- C. You recommend to request a second opinion from another physiatrist.
- D. You promise to refer to a spine surgeon under the condition that he first follows a multidisciplinary rehabilitation program.

## **Conflicting interest in reviewing a paper.**

You are an expert on the pharmaceutical treatment of a certain disorder. Several pharmaceutical companies have hired you to give lectures during congresses and to promote their product.

An editor of a scientific journal requests a review of a paper that concludes that the medication you have promoted for many years is not effective.<sup>44</sup>

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<sup>44</sup> Author: Henk Stam



## WHAT DO YOU DO?

- A. You reply that you are too busy to review this paper.
- B. You inform the editor that you have a conflict of interest and therefor have to refuse to review this paper
- C. You inform the editor that you have a conflict of interest and you are willing to review the paper. You leave the decision to the editor
- D. You accept the invitation and you review the paper, because you do not have a conflict of interest.

## **Police requests information on criminal patient.**

You are a specialist in PRM and head of an outpatient clinic.

A police officer contacts you regarding one of your patients. He is suspect in a case of a violent robbery with two seriously injured victims. However, he claims that he was in your clinic at the time of the robbery.

The police wants to know whether your patient told the truth or not. According to your administrative information he did not visit your clinic at the time of the robbery.<sup>45</sup>

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<sup>45</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You inform the police that your patient did not have an appointment at the time of the robbery.
- B. You tell the police that you are not allowed to give this kind of information
- C. You contact your patient and tell him that he must change his alibi
- D. You ask your secretary to send a copy of the list with appointments in an anonymous envelop to the police department

## **Disagreement between divorced parents about treatment of their child.**

You are a specialist in paediatric rehabilitation.

Your patient is an eight year old girl with Cerebral Palsy and spastic equinovarus deformity on both sides. Her parents are divorced and both have custody.

You consider that night splints are absolutely necessary to reduce the equinovarus deformity.

The mother agrees, but the father strongly denies your recommendation, even after further explanation from your side.<sup>46</sup>

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<sup>46</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You prescribe the night splints
- B. You decide to give up the plan to prescribe night splints
- C. You recommend the parents to find another physician because they do not follow your instructions
- D. You report the situation tot the child welfare board and request annulment of the fathers custody

## **Patient does not comply to appointments.**

You are a specialist in PRM and your patient (a male of 54 years old with Diabetes Mellitus and ulcers on both feet) has been referred for orthopaedic shoes.

After the first consultation he did not show up for follow up. According to your patient the reason was: “I did not write it in my agenda”, “I wrote the wrong date” and “The taxi did not arrive”.<sup>47</sup>

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<sup>47</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You call him and recommend to find another PRM doctor.
- B. You explain again the importance of treatment of the ulcers and you make a new appointment
- C. You call the physician that referred the patient and tell him that he must first convince the patient of the necessary of orthopaedic shoes and then can refer him again.
- D. You tell the patient that he is welcome for another appointment but only after signing a contract that he will show up

## **SCI patient dies from pulmonary embolus.**

You are a specialist in Spinal Cord Injury Rehabilitation and one of your patients recently died after pulmonary thrombosis.

Her husband requests a copy of the medical files of his wife.<sup>48</sup>

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<sup>48</sup> Author: Henk Stam



**WHAT DO YOU DO?**

- A. You send a copy of your personal medical file
- B. You send a copy of the complete medical file of you and all other involved specialists
- C. You tell the husband that you can only send a copy in case of legal procedure with a written request from an attorney
- D. You refuse to send a copy of the medical files of your late patient

## **Patient refuses resident as his physician.**

You are the head of an outpatient department of a Teaching Hospital. One of the patients refuses to be seen by a resident. The patient insists to be seen by a “real” specialist.<sup>49</sup>

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<sup>49</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You refer the patient to a general hospital
- B. You propose to make a new appointment in 3 week time
- C. You see the patient yourself
- D. You explain that residents are real physicians and Teaching Hospitals employ them as part of their specialist training. If he does not want to see a resident he has no other option than to leave the department

## **Parents seek treatment for incurable cancer in USA.**

You are a specialist in paediatric rehabilitation and one of your patients has a neuroblastoma in the brain. She is 6 years old and all treatments failed. Life expectancy is estimated to be 9-12 months. Her parents consider to go to USA for treatment by dr. B. and they ask your opinion about this plan.

You check dr. B. and you find out that his treatment is not effective, not evidence based, expensive and with considerable risk of complications.<sup>50</sup>

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<sup>50</sup> Author: Henk Stam

## WHAT DO YOU DO?

- A. You tell the parents that you are not an expert on oncology and that you are not able to give them an advice.
- B. You tell them that according to your information dr. B. is a quack and going to the USA is a waste of time and money
- C. You tell them that as long as there is hope for improvement they should take every opportunity to help their child.
- D. You recommend to ask the oncologist and follow his advice.

## **Parents seek treatment for incurable cancer in USA (2).**

The parents of a 6 year old girl with untreatable neuroblastoma are personal friends of you. They have decided to go to dr. B. in Houston, Texas and they have raised € 250.000 with help of family, friends, church, country club and other charity organisations. In order to raise the final € 50.000 they have organised a fundraising dinner and they invite you to participate.<sup>51</sup>

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<sup>51</sup> Author: Henk Stam

## WHAT DO YOU DO?

- A. You order 2 tickets of € 1.000 each for the fundraising dinner.
- B. You tell the parents again that dr. B. is unreliable and his treatment ineffective and that you cannot support their plans.
- C. You order 2 tickets, but you also try to convince the parents to give up their desperate plans and to accept the inevitable
- D. You tell the parents that you are abroad for a medical congress and thus not able to participate.

## **Patient complains about your colleague**

You temporarily replace one of your colleagues in the outpatient consultations. Your patient complains about the communication skills and unkind treatment of your colleague.<sup>52</sup>

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<sup>52</sup> Author: Henk Stam



**WHAT DO YOU DO?**

- A. You consider this information to belong to professional confidentiality. You do nothing.
- B. You tell the patient to inform your colleague about his complaints next time
- C. You inform your head of department
- D. You recommend the patient to file a complaint to the hospital.

## **Flight attendant requests medical support.**

You are passenger on an international flight. The flight attendant requests medical assistance for a passenger.<sup>53</sup>

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<sup>53</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You do nothing because you do not consider yourself capable of handling an acute medical problem
- B. You wait for a second call hoping there is another doctor on board
- C. You make yourself known as a physician
- D. You make yourself known as a specialist in PRM.

## **Writing medical statement for sick leave.**

You are a specialist in PRM. One of your patients is a 45 year old librarian with chronic low back pain, consulting you for the first time.

He request you to give him a written statement that for medical reasons he is not able to do his job for the coming 6 weeks.<sup>54</sup>

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<sup>54</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You write a statement as requested
- B. You write a statement, under the condition that he will follow an intensive multidisciplinary treatment
- C. You order X-ray examination and tell him to come back after one week
- D. You refuse to write a statement on his working capability

## **Admission of patient with short life expectancy.**

You are responsible for admissions to inpatient rehabilitation. You are being requested to admit a 70 year old patient with oncological SCI and a life expectancy of 3-6 months.<sup>55</sup>

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<sup>55</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You refuse to admit the patient
- B. You recommend to transfer the patient to a nursing home
- C. You recommend to send the patient back home
- D. You accept the patient for inpatient rehabilitation

## **Financial director involved in admission.**

You have seen a patient with chronic wide spread pain which is a good candidate for an outpatient multidisciplinary program. However, the financial director insists on an inpatient program because 20% of the beds are currently not occupied.<sup>56</sup>

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<sup>56</sup> Author: Henk Stam



**WHAT DO YOU DO?**

- A. You offer the patient an outpatient pain program
- B. You offer the patient the inpatient program
- C. You offer both options and let the patient decide
- D. You report the behaviour of the financial director to the general director.

## **Admission of your mother in law.**

You are responsible for admissions to inpatient rehabilitation. You receive a request to admit a 60 year old patient with massive stroke. According to national guidelines she is a candidate for a nursing home. The patient is your mother in law and your husband insists on admission in the rehabilitation centre.<sup>57</sup>

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<sup>57</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You refuse admitting the patient.
- B. You accept the patient for a diagnostic period of 3 weeks
- C. You ask a colleague to decide about this case
- D. You accept the patient.

## **Female students request separate facilities for religious reasons.**

In the curriculum of medical students you are teaching anatomy in vivo to 1<sup>st</sup> year students.

Four female students refuse to participate in the workshop, where students practice physical examination in small mixed groups. They insist on a separate room with female students and instructors only, for religious reasons.<sup>58</sup>

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<sup>58</sup> Author: Henk Stam

## **WHAT DO YOU DO?**

- A. You accept their religious arguments and arrange separate rooms and instructors
- B. You refuse and strongly recommend to pursue a non-medical career
- C. You accept but reduce the marks of the anatomy examination with 20%
- D. You decide to teach anatomy in vivo in separate (men, women) groups for all students

## **Colleague prescribes wrong medication.**

You replace a colleague who has sick leave because of the flue. One of his patients with fibromyalgia has been prescribed a high dose of oxycontin for 3 months with minimal effect.<sup>59</sup>

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<sup>59</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You recommend the patient to discuss the medication with your colleague next time
- B. You tell the patient to stop using the medication
- C. You write an email to your colleague and express your concern
- D. You write an email to your colleague and strongly suggests to stop the prescription of oxycontin.

## **Do you offer a job to a political activist?**

You are chairperson of a committee that is responsible for the appointment of a new PRM specialist. The best candidate is of Turkish origin. In your city there is a large Turkish community . Unfortunately your candidate's family has connections to the Gülen movement.<sup>60</sup>

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<sup>60</sup> Author: Henk Stam



**WHAT DO YOU DO?**

- A. You offer the position to the Turkish colleague and let him/her decide to accept the position or not.
- B. You arrange an anonymous vote in the committee.
- C. You inform the candidate that you expect problems with his/her political background and therefore does not want to appoint him/her
- D. You tell him that he was not the best candidate and that someone else will get the job.

## **Illegal smartphone use during examination.**

You are supervising the examination of the European Board in your country.

One of the candidates uses his smartphone during the examination, which is against the examination rules.<sup>61</sup>

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<sup>61</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You tell the candidate to stop using his phone
- B. You ask the candidate why he is using his phone.
- C. You ask the candidate to leave the room and report to the jury
- D. You file a report to the jury.

## **Husband requests female physician for his wife.**

You are a male PRM specialist and you see a patient with fibromyalgia and her husband in the outpatient PRM department. The husband insists on a female physician examining his wife. <sup>62</sup>

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<sup>62</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You tell the patient and her husband that you are not willing to refer to a female colleague.
- B. You tell the husband to leave the room and ask the patients opinion.
- C. You recommend the couple to go to another rehabilitation centre.
- D. You arrange a consultation by one of your female colleagues.

## **Treasurer uses foundations money for personal expenses.**

You are chairperson of the executive board of a charity foundation.

Accidentally you discover that your treasurer has used the foundation's creditcard for personal purchases during many years. However, he points out that he has always paid back the exact amounts at the end of the month. He sees no harm in this behaviour. <sup>63</sup>

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<sup>63</sup> Author: Agaath Sluijter

**WHAT DO YOU DO?**

- A. You report your treasurer to the authorities for his financial fraud
- B. You exonerate him from his office as treasurer
- C. You insist that he will never use foundation's money for personal purposes again
- D. You accept his explanation and allow him to use foundation's money as long as he reimburses the amount every month.

## **Candidates for examination may have had access to the questions.**

You are national manager for the European Board of PRM and responsible for the correct organisation of the European Examination in your country.

Accidentally you have left a printed copy of the 100 questions on your desk in your department for several days. There is a chance that candidates have seen the questions <sup>64</sup>

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<sup>64</sup> Author: Henk Stam



**WHAT DO YOU DO?**

- A. You report the situation to the president of the Board.
- B. You ask the residents/candidates whether or not they have seen the questions
- C. You wait for the results of the examination and report the situation only when the results of your departments candidates are above average
- D. You do nothing.

## **Your colleague and good friend has committed plagiarism.**

You are a senior staff member of a PRM research department. Recently a research paper written by your colleague and you as co-author has been accepted for publication in a prestigious journal. Upon reading the paper you discover that there are several paragraphs that are copied from papers from other groups without citation. Your colleague is one of your personal friends. <sup>65</sup>

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<sup>65</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You do nothing
- B. You inform the chief editor of the journal and request that your name as co-author will be removed
- C. You confront your colleague and leave it to him to inform the journal
- D. You report this plagiarism to the head of the department.

## **Possible fraude during European Examination.**

You are member of the European Board of PRM and as such involved in the organisation of the European Board Examination.

You have observed that in country A the results of the examination are consistently far above the European average.<sup>66</sup>

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<sup>66</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. Nothing. You suppose that candidates in country A are better educated and prepared.
- B. Nothing. You consider fraudulent conduct as impossible to prove
- C. You request the national manager of country A to explain your findings
- D. You inform the president of the European Board and let him decide what to do.

## **Resident calls in sick because of sick child for the first time.**

You are a resident in PRM and a single mother of a 2 year old child. Early in the morning you notice that your child is sick and has a fever. You are scheduled for outpatient consulting hours with 15 patients including 5 new ones. You have no back-up to take care of your child. The nursery does not accept sick children.<sup>67</sup>

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<sup>67</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You inform your supervisor that you will stay at home
- B. You call a professional baby-sitter organisation to send a care taker immediately
- C. You conclude that the combination of motherhood and a residency is impossible and you quit your job
- D. You stay at home and promise your supervisor that this situation will not happen again.

## **Resident calls in sick because of sick child for the 3rd time.**

You are the supervisor of a resident in PRM; she is a single mother of a 2 year old child. Early in the morning she calls you that her child is sick and has a fever. She is scheduled for outpatient consulting hours with 15 patients including 5 new ones. She has no back-up to take care of her child. The nursery does not accept sick children. This is the third time in 2 months that this situation occurs <sup>68</sup>

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<sup>68</sup> Author: Henk Stam



**WHAT DO YOU DO?**

- A. You accept that children can become sick and you cancel the consulting hours.
- B. You tell the resident that you will not accept this anymore and you insist that she finds a solution
- C. You recommend the resident to find another position that allows her to better combine work and private life
- D. You fire her for professional negligence and harming the interests of her patients.

## **Child has been operated against your advice.**

Your patient is a 15 year old girl with a spastic/dyskinetic cerebral palsy GMFCS IV. Her parents are immigrants and have taken her to their home country for surgery, with the purpose of enabling her to walk. You and other colleagues have explained that this surgery will not result in improved mobility/walking.

Upon return the parents request intensive therapy 5 times per week as prescribed by the surgeon. <sup>69</sup>

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<sup>69</sup> Author: Robert Pangalila

**WHAT DO YOU DO?**

- A. You tell them that the surgery was not your idea and you refer back to the surgeon abroad for therapy
- B. You offer them the usual therapy twice a week after again reminding them the surgery was against your advice
- C. You offer them the usual therapy twice a week
- D. You provide intensive therapy according to the prescription of the surgeon.

## **Having previous knowledge of the patient you assess during your final exam.**

At the end of your training as a specialist in PRM you participate in the national examination and you have to assess and examine a patient. After about 15 min. you find out that a few weeks ago you have attended an educational meeting where this patient has been discussed. <sup>70</sup>

**WHAT DO YOU DO?**

- A. You terminate the session immediately and inform the examination committee
- B. You finish your assessment and physical examination and inform the examination committee
- C. You finish your assessment and physical examination and then you decide whether or not your knowledge has had any advantage
- D. You do not inform the examination committee.

## **Job interview while being pregnant.**

You have been invited for an interview by the selection committee for a post as PRM specialist in a rehabilitation centre. You are 12 weeks pregnant. .<sup>71</sup>

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<sup>71</sup> Author: Henk Stam

**WHAT DO YOU DO?**

- A. You inform the selection committee immediately at the start of your interview
- B. You inform the selection committee after the interview
- C. You inform the selection committee only when they offered you the position
- D. You inform the selection committee after signing the contract.

## **End of life issues of SCI patient**

A 24-year-old male patient with a C5 complete spinal cord injury asks you again to help in the ending of his life. He had already requested to end his life shortly after admission to your PRM ward for his first rehabilitation about five months ago. You have had several dialogues with him. At the time, he decided to give the rehabilitation a try. However, due to his ambivalent thoughts about ending his life his functional improvements are less than expected. The psychologist of your ward also spoke with him weekly and the consulting psychiatrist concluded there is no psychiatric condition. He keeps complaining of unbearable pain (all treatment options have been tried) and loss of perspectives and now he is very sure about his wish to end his life. He tells you that if he does not get help, he might seek help elsewhere. Your rehabilitation team has been very involved with him emotionally and the situation has had a strong negative influence on the team dynamics for weeks now.<sup>72</sup>

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<sup>72</sup> Author: Rutger Osterthun



**WHAT DO YOU DO?**

- A. You help him to start a procedure to end his life.
- B. You advise him to go to his GP.
- C. You suggest him to find psychological help elsewhere.
- D. You decide to stop all therapy (except for psychology) and you arrange admission to another inpatient program elsewhere.

## **SCI injured patient plans suicide.**

You are a consultant in PRM. You have a 30 year old lawyer at your SCI rehab ward with a C4 fracture after an accident during parachuting. He has a complete tetraplegia and his wife has announced that she wants a divorce.

The patient tells you that he is planning suicide and that he wants you to help him.<sup>73</sup>

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<sup>73</sup> Author: Kristian Borg

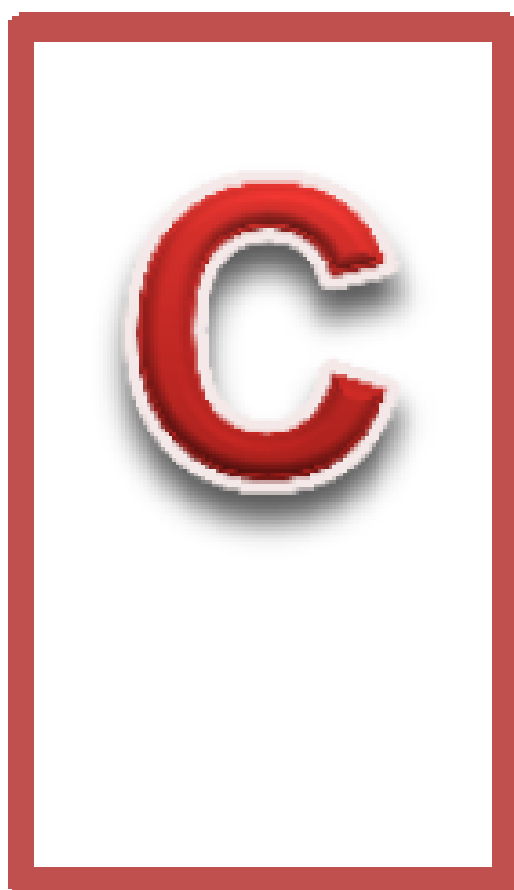
**WHAT DO YOU DO?**

- A. You tell him you will not help him planning suicide.
- B. You have a discussion with the patient and tell him that he will be transferred to a long-term care ward as he does not have any rehabilitation potential.
- C. You have a discussion with the patient and after assessment start antidepressant therapy.
- D. You give him an address to an institute for euthanasia.





**B**





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**Dilemmas in Physical and Rehabilitation Medicine is an exercise book.**

**Physicians, residents and students are challenged to reflect on ethical, medical and scientific dilemmas that are common in daily practice.**

**This educational tool can be used in educational meetings as a way to enhance awareness for dilemmas.**

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