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Medical Ethics MCQs

60 scenario-based UK medical ethics questions

Questions + detailed answers + exam traps + OSCE transfer

STUDENT EDITION | 2026

Designed for revision in medical ethics, professionalism, law, patient safety and communication.

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How to use this resource

- 1. Attempt the questions without looking at Part II.** Choose the single best answer for the exact question being asked: first step, next step, or overall best action.
- 2. Record your answers on the answer grid.** Do not change an answer simply because another option also sounds reasonable; ask which option is best at that specific moment.
- 3. Review the reasoning, not just the letter.** For each question, Part II explains why the best answer wins over the most tempting distractor.
- 4. Study the decision boundary.** The “What fact would change the answer?” prompt helps you understand when the same principle would lead to a different action.
- 5. Convert knowledge into OSCE performance.** Use the “OSCE transfer” prompt to practise what you would actually say or do with the patient, relative, or colleague.

Important: This is an educational revision resource, not legal advice. UK medical law can vary by jurisdiction. Where a question is jurisdiction-specific, this is stated explicitly. In clinical practice, use current national guidance, local policy and senior or medico-legal advice when needed.

What these questions test

The bank focuses on applied clinical judgement rather than philosophy trivia. Most questions ask what a medical student or junior doctor should do in a realistic situation involving ethical, legal, professional or communication duties.

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PART I

QUESTIONS ONLY

Choose the single best answer (A-E). Answers begin after the answer grid.

Consent, Capacity & Treatment Refusal

Q1. Refusing admission

A 68-year-old man with pneumonia is advised to remain in hospital for intravenous treatment. He wants to go home. He accurately explains his diagnosis, the proposed treatment, the alternatives, and that his condition could deteriorate and potentially become life-threatening. There is no evidence of delirium, intoxication or coercion.

What is the most appropriate next step?

- A. Ask his daughter to consent to admission on his behalf
- B. Detain him because refusing admission is unsafe
- C. Respect his decision, document the discussion and provide appropriate safety-netting
- D. Request a psychiatric assessment before allowing him to leave
- E. Ask two doctors to certify that his refusal is reasonable

Q2. Fluctuating capacity

An 82-year-old woman with a urinary infection develops delirium. She requires a non-urgent investigation that can safely be postponed for 48 hours. She is currently unable to understand why the investigation is recommended, but the team expects her delirium to improve.

What is the best approach?

- A. Ask her son to make the decision immediately
- B. Treat reversible causes, support her decision-making and reassess when her capacity is likely to improve
- C. Proceed because doctors can consent for elderly patients
- D. Cancel the investigation permanently
- E. Obtain written consent while she is temporarily confused

Q3. 'Doctor, you decide'

A competent 55-year-old woman is considering elective surgery. She says: 'I don't want to know anything about it. You're the doctor - you decide for me.'

What is the most appropriate response?

- A. Ask her husband to make the decision
- B. Schedule the operation because she has delegated consent
- C. Cancel the surgery permanently
- D. Explore why she feels this way and explain that she still needs enough basic information to give valid consent
- E. Ask her to sign a blank consent form

Q4. Pressure from a relative

A 29-year-old woman is considering termination of pregnancy. Her partner repeatedly answers questions for her and says, 'You know what you have to do.' She quietly agrees with him but appears frightened.

What should the doctor do first?

- A. Arrange an opportunity to speak with the patient alone and explore whether her decision is voluntary
- B. Accept her verbal agreement
- C. Ask the partner to sign the consent form
- D. Refuse all further care
- E. Contact the police immediately

Q5. A risk that matters specifically to the patient

A professional violinist is considering an operation. One uncommon complication could cause permanent fine-motor impairment of the hand. The surgeon regards the numerical risk as small.

What is the most appropriate approach?

- A. Do not mention it because it is uncommon
- B. Mention only complications occurring in more than 1% of patients
- C. Ask the patient to search for complications online
- D. Mention it only if the patient specifically asks
- E. Discuss the risk because its consequences are particularly important to this patient

Q6. Emergency treatment

An unconscious man arrives after a major road traffic collision with life-threatening internal bleeding. His wishes are unknown, no relative or legal proxy can be contacted, and emergency surgery is immediately necessary.

What is the most appropriate action?

- A. Wait until a relative can be found
- B. Provide immediately necessary treatment to save life or prevent serious deterioration
- C. Ask the police to consent
- D. Obtain a court order before surgery
- E. Provide analgesia only

Q7. 'I'm next of kin'

An unconscious patient lacks capacity after a stroke. His sister says: 'I'm his next of kin, so I make all his medical decisions.' There is no advance refusal and no evidence that she holds legal authority to make healthcare decisions.

What is the most appropriate approach?

- A. Follow every decision the sister makes
- B. Exclude her from discussions
- C. Ask the hospital manager to decide
- D. Consult her about the patient's wishes and values, but do not assume she has legal decision-making authority
- E. Automatically provide every available treatment

Q8. Mental illness and capacity

A 36-year-old patient with schizophrenia requires treatment for cellulitis. His psychiatric condition is stable. He clearly understands the proposed antibiotic, its purpose, risks and alternatives.

What should the doctor do regarding capacity?

- A. Assume he lacks capacity because schizophrenia is present
- B. Ask his psychiatrist to consent
- C. Assess capacity for this particular decision and, if present, treat him as the decision-maker
- D. Ask his family to decide
- E. Obtain a court order

Confidentiality & Information Sharing

Q9. Family asking for information

A competent patient has specifically asked the team not to discuss her diagnosis with her daughter. The daughter approaches you and asks: 'Please just tell me whether Mum has cancer.'

What is the best response?

- A. Tell her because she is immediate family
- B. Do not disclose the diagnosis without the patient's permission
- C. Give her access to the medical record
- D. Confirm the diagnosis but give no details
- E. Ask another doctor to tell her

Q10. Sharing within the care team

A physiotherapist involved directly in a patient's rehabilitation needs relevant information about the patient's recent surgery. The patient has not objected to information sharing for their care.

What is the most appropriate action?

- A. Refuse because confidentiality prohibits team sharing
- B. Obtain written consent for every individual disclosure
- C. Send the patient's complete lifelong record
- D. Share the relevant information necessary for direct care
- E. Ask the patient's family for permission

Q11. Police request

Police investigating a minor theft telephone a GP and request the suspect's complete medication history. The patient has not consented, there is no court order, and there is no identified risk of death or serious harm.

What should the GP do?

- A. Do not disclose the information unless an appropriate legal or ethical basis for disclosure is established
- B. Send the complete medical record
- C. Tell the police verbally but not in writing
- D. Ask the receptionist to decide
- E. Disclose because all police requests override confidentiality

Q12. Court order

A judge orders a doctor to provide specified clinical records relevant to court proceedings.

What is the most appropriate response?

- A. Refuse because confidentiality is absolute
- B. Send the patient's entire record automatically
- C. Provide the information required by the order, limiting disclosure to what the court requires
- D. Destroy irrelevant information first
- E. Obtain family consent instead

Q13. Unsafe driving

A patient has a condition that makes driving unsafe. You have explained this repeatedly and advised him to stop driving and inform the DVLA. He refuses and tells you he drove to today's appointment.

What is the best action?

- A. Maintain confidentiality regardless of risk
- B. Call his employer
- C. Tell his neighbours
- D. Confiscate his car keys permanently
- E. If you judge that continued driving exposes others to risk of death or serious harm, disclose relevant information to the DVLA after trying to inform him

Q14. Serious communicable disease

A patient with a serious sexually transmissible infection continues unprotected sexual contact with a known partner. Despite repeated counselling, the patient refuses to inform the partner. After specialist advice, you conclude the partner faces a substantial risk of serious harm and that no less intrusive option will adequately protect them.

What is the best approach?

- A. Never disclose because sexual health information is absolutely confidential
- B. Disclosure of the minimum relevant information may be justified to protect the person at serious risk
- C. Post a public warning
- D. Inform the patient's employer
- E. Give the patient's complete medical record to the partner

Q15. Adult experiencing domestic abuse

A competent adult tells her GP that her partner has assaulted her. She declines police or social-service involvement. There are no children or other identifiable people at risk, and she understands the potential consequences of refusing disclosure.

What is the best approach?

- A. Automatically inform the police
- B. Tell her employer
- C. Contact her partner
- D. Respect her refusal while offering information, support and opportunities to reconsider
- E. Discharge her from the practice

Q16. Teaching case

A doctor wants to use a patient's case during a teaching session. The educational purpose can be achieved using fully anonymised information.

What should the doctor do?

- A. Use anonymised information
- B. Use the patient's name because the audience are doctors
- C. Display the entire medical record
- D. Upload identifiable images to social media
- E. Ask a family member instead of the patient

Children, Young People & Safeguarding

Q17. Confidential contraception

A mature 15-year-old asks her GP for contraception and does not want her parents informed. She understands the advice and implications, is likely to continue sexual activity with or without contraception, there are no indicators of exploitation or abuse, and the doctor cannot persuade her to involve a parent.

What is the best action?

- A. Refuse treatment until a parent attends
- B. Inform her parents immediately
- C. Provide appropriate confidential contraceptive care if the relevant criteria are satisfied
- D. Contact the police
- E. Tell her school

Q18. Sexual activity under 13

A 12-year-old tells a doctor that she is sexually active and asks the doctor not to tell anyone.

What is the most appropriate approach?

- A. Promise absolute secrecy
- B. Tell her classmates
- C. Wait until she turns 13
- D. Only inform her parents and nobody else
- E. Assess immediate safety and share relevant information through appropriate safeguarding channels

Q19. Emergency treatment of a child

A 7-year-old develops a rapidly deteriorating condition requiring immediate life-saving treatment. The parents refuse on religious grounds, and delay would place the child's life in serious danger.

What is the most appropriate action?

- A. Wait for the parents to change their minds
- B. Provide immediately necessary emergency treatment
- C. Discharge the child
- D. Ask the child to sign consent
- E. Withhold treatment because parental authority is absolute

Q20. Suspected child abuse

An 8-year-old has bruises in different stages of healing. The explanation given does not fit the injuries. The child's parent insists that you tell nobody. You are concerned about possible physical abuse, although you cannot prove it.

What should you do?

- A. Take no action until abuse is proven
- B. Promise confidentiality to the parent
- C. Send the child home and review in six months
- D. Share relevant concerns promptly through appropriate safeguarding channels
- E. Post photographs in a professional group for advice

Q21. A competent 16-year-old

A 16-year-old with capacity agrees to a routine blood test. His father objects and says: 'He's under 18, so only I can consent.'

What is the best action?

- A. Accept the young person's valid consent and proceed
- B. Cancel the test
- C. Obtain a court order
- D. Ask the father to sign instead
- E. Wait until the patient is 18

Q22. Parents disagree

A young child lacks capacity to consent to a significant but non-emergency procedure. One parent agrees; the other strongly objects. Attempts to resolve the disagreement have failed.

What is the best next step?

- A. Ignore both parents
- B. Ask the child to decide
- C. Seek appropriate legal advice about resolving the dispute, including whether court involvement is necessary
- D. Proceed secretly
- E. Cancel all future treatment

End-of-Life Decisions**Q23. Patient requests CPR**

A patient with advanced illness asks for CPR if his heart stops. After careful clinical assessment, the senior doctor concludes that CPR would not be clinically appropriate.

What is the best approach?

- A. Promise CPR because the patient requested it
- B. Avoid discussing it
- C. Ask the family to overrule the patient
- D. Explore the patient's expectations, explain the clinical assessment sensitively and discuss alternatives, including a second opinion
- E. Tell the patient that the decision is none of his concern

Q24. What does DNACPR mean?

A patient's notes include a valid DNACPR decision. A junior doctor suggests stopping antibiotics, oxygen and analgesia because 'the patient is DNACPR.'

What is the correct response?

- A. Stop all treatment
- B. DNACPR relates to CPR only; other clinically appropriate treatment and care should continue
- C. Stop analgesia only
- D. Stop food and fluids automatically
- E. Discharge the patient

Q25. Family wants to decide

An unconscious patient lacks capacity. His family has no legal decision-making authority but tells the consultant exactly which treatment must be given.

What is the appropriate role of the family?

- A. They have no role at all
- B. They automatically become legal proxies
- C. They can demand any treatment
- D. They decide by majority vote
- E. They should help the team understand the patient's wishes, values and preferences while the authorised decision-maker assesses overall benefit

Q26. Advance refusal - England and Wales

An adult in England made a legally valid and applicable advance decision refusing a specified life-prolonging treatment. She now lacks capacity and the circumstances described in the decision have arisen.

What should the clinical team do?

- A. Respect the valid and applicable advance refusal
- B. Ignore it because she is unconscious
- C. Ask relatives to cancel it
- D. Provide treatment until a court says otherwise in every case
- E. Treat it merely as a suggestion

Q27. Family requests burdensome treatment

A dying patient lacks capacity. The family requests an invasive treatment. The senior clinical team concludes that it is very unlikely to provide benefit and would impose substantial burden.

What is the best approach?

- A. Provide it because relatives requested it
- B. Ask the family to sign a waiver
- C. Explain the assessment, explore the family's concerns and do not provide treatment that is not judged to offer overall benefit; discuss review or second-opinion options
- D. Avoid further communication
- E. Transfer all decision-making to the most senior relative

Q28. Clinically assisted nutrition

A patient lacks capacity and cannot safely eat. The family says inserting a feeding tube is 'basic care' and must automatically be provided.

What is the best response?

- A. Feeding tubes must always be inserted
- B. Feeding tubes must never be used near the end of life
- C. The family alone decides
- D. Clinically assisted nutrition is a medical treatment whose benefits, burdens and overall benefit must be assessed for the individual patient
- E. The patient's previous wishes are irrelevant

Errors, Candour & Patient Safety

Q29. Medication error

You discover that a patient has accidentally received twice the prescribed dose of a medication. The patient currently appears well.

What should you do first?

- A. Complete an incident form
- B. Assess the patient promptly and take any necessary steps to minimise harm
- C. Delete the prescription
- D. Wait for symptoms
- E. Call the patient's family before seeing the patient

Q30. Waiting for the investigation

A procedural error has caused a patient harm. A colleague says: 'Don't tell them yet. Wait until the full investigation is completed.'

What is the best response?

- A. Agree
- B. Tell only the family
- C. Wait until discharge
- D. Say nothing unless the patient asks
- E. Speak to the patient as soon as reasonably possible, explain what is known and uncertain, apologise and outline the next steps

Q31. Near miss

A prescribing error is identified before the medication reaches the patient. No harm occurs.

What is the most appropriate action?

- A. Follow the appropriate local process for reporting the near miss so that the system can learn from it
- B. Hide it because nobody was harmed
- C. Alter the record to remove evidence
- D. Blame the pharmacist
- E. Report the patient to the GMC

Q32. Altering records

A colleague makes a clinical error and later changes the original notes to make it appear that the error never occurred.

What should you do?

- A. Ignore it to protect the colleague
- B. Delete your own notes
- C. Maintain an accurate factual record and raise the concern through an appropriate route
- D. Alter the record again
- E. Discuss it publicly on social media

Q33. Unsafe staffing

Repeated understaffing is causing serious delays in patient assessment. You have raised the issue locally but the problem persists and patient safety remains at risk.

What is the best approach?

- A. Stop raising the issue
- B. Complain anonymously on social media
- C. Resign immediately without handover
- D. Escalate the patient-safety concern through appropriate organisational or professional channels
- E. Alter waiting-time records

Q34. Incorrect prescription

You notice that a senior doctor has prescribed a potentially dangerous dose that has not yet been administered.

What should you do first?

- A. Administer it because the prescriber is senior
- B. Prevent administration and promptly clarify or challenge the prescription
- C. Wait until the next ward round
- D. Ask the patient to decide the dose
- E. Photograph it for social media

Professional Boundaries & Conflicts of Interest

Q35. Romantic message from a patient

A current patient sends her doctor a message saying she would like to start a romantic relationship.

What is the most appropriate response?

- A. Accept if both adults consent
- B. End her care immediately and begin dating
- C. Ask a colleague whether she is attractive
- D. Meet outside work first
- E. Maintain and, where necessary, re-establish the professional boundary

Q36. Vulnerable former patient

A psychiatrist stopped treating a patient two weeks ago after several years of treatment for severe trauma. The former patient now asks the psychiatrist for a date.

What is the best response?

- A. Do not pursue the relationship given the recent, prolonged therapeutic relationship and continuing vulnerability
- B. Accept because the clinical relationship technically ended
- C. Wait one additional week
- D. Ask the patient's family
- E. Ask the patient to sign a disclaimer

Q37. Pharmaceutical incentive

A pharmaceutical company offers a doctor an expensive overseas holiday if the practice increases prescriptions of its product.

What is the most appropriate action?

- A. Accept if the medication works
- B. Accept but do not tell patients
- C. Decline the incentive because it could affect, or appear to affect, professional judgement
- D. Accept if the holiday occurs outside work time
- E. Divide the gift among colleagues

Q38. Referral and financial interest

A GP's spouse owns a private physiotherapy clinic. The GP is considering referring a patient there.

What is the most appropriate approach?

- A. Always refer there
- B. Never mention the relationship
- C. Tell the patient it is objectively the best clinic without checking
- D. Declare the relevant interest and ensure the referral is based on the patient's needs rather than the doctor's personal interest
- E. Charge the spouse a referral fee

Q39. 'Anonymous' social-media case

A doctor wants to post about an unusual patient on social media. The patient's name is omitted, but the combination of age, occupation, rare diagnosis, hospital and date makes the patient readily identifiable.

What should the doctor do?

- A. Post because the patient's name is absent
- B. Do not disclose identifiable information without appropriate explicit consent; either properly anonymise the case or do not post it
- C. Replace the patient's initials only
- D. Ask followers not to identify the patient
- E. Post in a private group because confidentiality no longer applies there

Q40. Patient friend request

A patient sends their doctor a friend request on the doctor's personal social-media account.

What is generally the most appropriate response?

- A. Do not connect socially and maintain communication through appropriate professional channels
- B. Accept every patient request
- C. Accept but discuss their medical care publicly
- D. Ask for a positive review in return
- E. Give the patient access to family photographs first

Colleagues, Delegation & Raising Concerns

Q41. Possibly intoxicated registrar

An FY1 notices that a registrar smells strongly of alcohol, is unsteady and is about to perform an invasive procedure.

What should the FY1 do first?

- A. Wait until after the procedure
- B. Post about it anonymously
- C. Act immediately to protect the patient and escalate the concern appropriately
- D. Ignore it because the registrar is senior
- E. Ask the patient to confront the registrar

Q42. Working beyond competence

An FY1 is asked to perform an invasive procedure alone. They have watched it once but have never performed it and do not feel competent.

What is the best response?

- A. Do it to avoid appearing weak
- B. Ask the patient to guide them
- C. Watch an online video and proceed
- D. Refuse ever to learn the procedure
- E. Explain their level of competence and obtain appropriate supervision or assistance

Q43. Medical student asked to perform a task

A medical student is asked to remove a device from a patient without supervision. The student has never performed the procedure.

What should the student do?

- A. Perform it because a doctor requested it
- B. Explain that they have not been trained to perform it independently and request appropriate supervision
- C. Ask another student
- D. Pretend to have done it
- E. Refuse all future procedural teaching

Q44. Nurse challenges your prescription

A nurse tells an FY1: 'I think this dose is wrong and could harm the patient.'

What is the best response?

- A. Tell the nurse not to question doctors
- B. Administer it immediately
- C. Report the nurse for insubordination
- D. Take the concern seriously, review the prescription and seek advice if necessary
- E. Ignore the concern unless the consultant agrees

Q45. Bullying colleague

A senior clinician repeatedly humiliates junior staff. There is no immediate emergency, but staff are becoming afraid to speak up about mistakes.

What is the most appropriate response?

- A. Raise the behaviour through appropriate workplace channels and support those affected
- B. Ignore it because no patient has yet been harmed
- C. Bully the clinician back
- D. Publicly identify them online
- E. Advise juniors never to report concerns

Communication & Shared Decision-Making

Q46. Angry patient

A patient who has waited three hours says: 'Nobody here cares whether I live or die.'

What is the best initial response?

- A. Explain that other patients are sicker
- B. Tell him to calm down
- C. Acknowledge his frustration and explore what is worrying him before trying to solve the problem
- D. Call security immediately
- E. Ignore him

Q47. Patient demands antibiotics

A patient with an uncomplicated viral upper-respiratory illness asks for antibiotics. There are no red flags or clinical indication for antibiotics.

What is the best approach?

- A. Prescribe to maintain satisfaction
- B. Explore the patient's expectations, explain why antibiotics are not clinically indicated and discuss appropriate alternatives and safety-netting
- C. End the consultation
- D. Tell the patient they are wasting resources
- E. Prescribe half a course

Q48. Language barrier

A patient with limited English is considering a significant non-urgent procedure. Her adult daughter offers to translate, but it becomes clear that complex risks and options are not being communicated accurately.

What is the best next step?

- A. Obtain consent using gestures
- B. Ask the daughter to sign
- C. Proceed because delay is inconvenient
- D. Give the patient an English leaflet only
- E. Arrange appropriate language support, such as a suitable interpreter, so the patient can participate meaningfully in the decision

Q49. 'Don't tell me the risks'

A competent patient says: 'I've chosen the operation. I don't want to hear anything about it - just get me to theatre.'

What is the best response?

- A. Provide every conceivable technical detail despite the request
- B. Cancel immediately
- C. Ask the patient's spouse to consent
- D. Explore why the patient does not want information and ensure they receive at least the essential information needed for valid consent
- E. Proceed with no further discussion

Q50. Request for an unnecessary investigation

A patient insists on an MRI for uncomplicated mechanical back pain despite a reassuring clinical assessment and no indication for imaging.

What is the best approach?

- A. Explore the reasons for the request, explain why imaging is not currently clinically indicated and agree appropriate management and safety-netting
- B. Order it because autonomy means patients choose investigations
- C. Tell the patient they have no say in care
- D. Discharge them from the practice
- E. Fabricate a contraindication

Equality, Disability & Personal Beliefs

Q51. 'Self-inflicted'

A doctor delays treatment for a patient with alcohol-related disease, saying: 'He did this to himself.'

What is the correct professional approach?

- A. Delay treatment as punishment
- B. Treat only if the patient promises abstinence
- C. Provide clinically appropriate care without allowing personal judgement about the patient's choices to determine access
- D. Ask another patient whether treatment is deserved
- E. Refuse all follow-up

Q52. Conscientious objection

A doctor has a conscientious objection to a particular lawful medical service.

What is the best general professional approach?

- A. Hide the service from patients
- B. Manage the objection so that it does not create a barrier to the patient's access to appropriate care
- C. Criticise patients who request it
- D. Delay referral deliberately
- E. Impose the doctor's beliefs on the patient

Q53. Communication disability

A deaf patient is making a major treatment decision and says she needs sign-language interpretation to communicate effectively.

What is the most appropriate response?

- A. Ask her to lip-read
- B. Ask another patient to interpret
- C. Proceed without discussion
- D. Make proportionate reasonable adjustments to support effective communication and informed decision-making
- E. Ask her family to make the decision instead

Q54. Discriminatory remark by a colleague

A colleague makes a racist comment about a patient and suggests that the patient's ethnic background makes them less deserving of treatment.

What is the best response?

- A. Laugh to avoid conflict
- B. Ignore it because it was said privately
- C. Tell the patient they should expect such comments
- D. Post the colleague's name online
- E. Challenge or raise the discriminatory behaviour appropriately and ensure the patient's care is not affected

Teaching, Research & Patient Data

Q55. Intimate examination under anaesthesia

A medical student is invited to perform an intimate examination on an anaesthetised patient solely for teaching. Nobody has checked whether the patient consented to the educational examination.

What should the student do?

- A. Do not perform the examination unless appropriate prior consent has been confirmed
- B. Perform it because the patient consented to surgery
- C. Perform it because the patient cannot object while anaesthetised
- D. Ask another student to do it first
- E. Assume the consultant obtained consent

Q56. Identifiable teaching photograph

A lecturer wants to show a patient's identifiable clinical photograph during an educational presentation. There is no need for the patient to be identifiable and no consent has been obtained.

What is the best approach?

- A. Use it because the audience consists of doctors
- B. Upload it to a public website first
- C. Use appropriately anonymised material where practicable; if identifiable material is necessary, obtain appropriate consent
- D. Use the patient's initials
- E. Ask the lecturer to promise not to save the photograph

Q57. Participation in research

A patient considering a research study asks: 'If I say no, will it affect the treatment I receive here?'

What is the most appropriate response?

- A. Tell the patient participation is expected
- B. Make clear that participation is voluntary and refusal should not compromise appropriate clinical care
- C. Tell the patient only researchers can answer
- D. Offer better clinical care in return for participation
- E. Ask the family to enrol the patient

Justice, Resource Allocation & Fairness

Q58. One ICU bed

Two patients are clinically eligible for the last available ICU bed. A senior manager suggests prioritising one because she is a wealthy donor to the hospital.

What should determine priority?

- A. Wealth
- B. Social status
- C. Whether the patient knows hospital staff
- D. Fair clinical criteria such as clinical need and likely effectiveness of treatment
- E. Ability to make a donation

Q59. Bypassing allocation policy

Access to a scarce treatment is governed by an agreed evidence-based local policy. A doctor wants to bypass the criteria solely because one patient's family is particularly persuasive.

What is the best approach?

- A. Give the treatment to whoever complains most
- B. Ignore all resource policies
- C. Allocate treatment randomly
- D. Give preference to friends of staff
- E. Apply fair agreed criteria and use the proper review or exception process if there is a clinically justified reason to depart from them

Q60. Resources are compromising safety

Persistent shortages on a ward mean patients cannot consistently receive safe basic care. You cannot personally resolve the resource problem.

What is the best action?

- A.** Accept the situation because resources are limited
- B.** Conceal incidents to protect the hospital
- C.** Provide the best care possible while raising and escalating the patient-safety concern through appropriate channels
- D.** Tell patients nothing can be done
- E.** Prioritise patients according to social status

Answer Grid

Record your first-choice answer before checking Part II.

Q	Answer	Q	Answer	Q	Answer
1		21		41	
2		22		42	
3		23		43	
4		24		44	
5		25		45	
6		26		46	
7		27		47	
8		28		48	
9		29		49	
10		30		50	
11		31		51	
12		32		52	
13		33		53	
14		34		54	
15		35		55	
16		36		56	
17		37		57	
18		38		58	
19		39		59	
20		40		60	

PART II

ANSWERS & EXPLANATIONS

Focus on why the best answer wins, what the closest distractor gets wrong, and what detail would change the decision.

Consent, Capacity & Treatment Refusal

Primary guidance: GMC, Decision making and consent (current guidance; updated 3 Aug 2026).

Q1. Refusing admission

Best answer: C

Why this is the best answer: Capacity is not determined by whether the clinician agrees with the patient's choice. He demonstrates understanding of the decision and its consequences, so an informed and voluntary refusal should be respected, documented, and safety-netted.

Principle tested: Capacity; autonomy; treatment refusal

Why the tempting distractor is wrong: B - Detain him because the decision is unsafe. A risky or unwise choice does not itself demonstrate incapacity.

What fact would change the answer? If delirium or another impairment prevented him from understanding, retaining, using/weighing, or communicating the decision, capacity would need reassessment.

OSCE transfer: How would you check that he understands the consequences of leaving and safety-net him without sounding coercive?

Q2. Fluctuating capacity

Best answer: B

Why this is the best answer: Capacity is decision- and time-specific, and patients should be supported to maximise their ability to decide. Because the investigation is non-urgent and the impairment is likely reversible, safely delaying to allow reassessment is preferable.

Principle tested: Decision-specific capacity; supported decision-making; timing

Why the tempting distractor is wrong: A - Ask her son to decide. A relative does not automatically become the decision-maker simply because capacity is temporarily impaired.

What fact would change the answer? If treatment became urgent and could not safely wait for recovery of capacity, a decision would need to be made under the applicable framework for a patient lacking capacity.

OSCE transfer: How would you support a confused patient to understand a decision before concluding that she lacks capacity?

Q3. 'Doctor, you decide'

Best answer: D

Why this is the best answer: The clinician can recommend a course of action, but valid consent still comes from the patient. Her preference for limited involvement should be explored while ensuring she receives enough essential information to consent validly.

Principle tested: Informed consent; patient involvement; shared decision-making

Why the tempting distractor is wrong: B - Schedule the operation because she delegated the decision. Recommendation can be delegated; the patient's consent cannot simply be replaced by the doctor's choice.

What fact would change the answer? After receiving essential information, she may legitimately prefer the doctor to recommend which option best fits her goals.

OSCE transfer: How would you explore why she does not want information while avoiding overwhelming her?

Q4. Pressure from a relative

Best answer: A

Why this is the best answer: Valid consent must be voluntary. Signs of coercion or undue pressure require a safe opportunity for the patient to express her own wishes privately; safeguarding action may follow depending on what emerges.

Principle tested: Voluntariness; coercion; safeguarding

Why the tempting distractor is wrong: B - Accept her verbal agreement. Apparent agreement is insufficient when there are signs that the choice may not be voluntary.

What fact would change the answer? If she speaks privately, demonstrates understanding, and confirms freely that the decision is genuinely hers, the consent pathway changes.

OSCE transfer: How would you ask the partner to leave without increasing risk or embarrassing the patient?

Q5. A risk that matters specifically to the patient

Best answer: E

Why this is the best answer: Risk disclosure is not determined by numerical frequency alone. Clinicians should consider what matters to the individual patient; a small risk of fine-motor impairment may be highly material to a professional violinist.

Principle tested: Material risk; patient values; informed consent

Why the tempting distractor is wrong: A - Do not mention it because it is uncommon. Frequency alone does not determine whether a risk is material to an individual.

What fact would change the answer? For another patient whose livelihood and priorities are unaffected by fine-motor function, the same numerical risk may carry different personal significance.

OSCE transfer: What question could you ask to discover which outcomes matter most to the patient before discussing risks?

Q6. Emergency treatment

Best answer: B

Why this is the best answer: When an unconscious patient lacks capacity and wishes cannot be established in time, immediately necessary treatment may be provided to save life or prevent serious deterioration.

Principle tested: Emergency treatment; incapacity; necessity

Why the tempting distractor is wrong: A - Wait until a relative can be found. Life-saving treatment should not be dangerously delayed merely to locate relatives.

What fact would change the answer? Discovery of a valid and applicable advance refusal relating to the proposed treatment could materially alter management.

OSCE transfer: After the emergency, how would you explain to the family why treatment was started without prior consent?

Q7. 'I'm next of kin'

Best answer: D

Why this is the best answer: People close to the patient may provide crucial information about the patient's values, wishes, and preferences, but 'next of kin' does not automatically create legal authority to make healthcare decisions.

Principle tested: Incapacity; proxy authority; patient's wishes

Why the tempting distractor is wrong: A - The sister makes all decisions. 'Next of kin' does not automatically confer legal authority.

What fact would change the answer? If she held valid legal authority applicable to the decision, her formal role could be different.

OSCE transfer: How would you acknowledge the sister's importance while explaining that the team needs her help understanding what the patient himself would have wanted?

Q8. Mental illness and capacity

Best answer: C

Why this is the best answer: A diagnosis of mental illness does not itself establish incapacity. Capacity relates to the particular decision at the particular time and must be assessed rather than inferred from diagnosis.

Principle tested: Presumption of capacity; decision-specific assessment; non-discrimination

Why the tempting distractor is wrong: A - Schizophrenia means incapacity. A diagnosis alone cannot establish lack of capacity.

What fact would change the answer? Acute psychosis that materially prevented the patient from understanding or weighing information about this particular decision could lead to a different assessment.

OSCE transfer: What questions would demonstrate whether the patient understands and can weigh the proposed treatment?

Confidentiality & Information Sharing

Primary guidance: GMC, Confidentiality: good practice in handling patient information.

Q9. Family asking for information

Best answer: B

Why this is the best answer: A competent patient's expressed wishes about disclosure should normally be respected. Being a close relative does not create an automatic entitlement to confidential clinical information.

Principle tested: Confidentiality; patient autonomy; relatives

Why the tempting distractor is wrong: A - Tell the daughter because she is family. Family relationship does not automatically create access to confidential information.

What fact would change the answer? Explicit permission from the patient could allow appropriate disclosure.

OSCE transfer: How would you respond compassionately to the daughter without confirming or denying confidential information?

Q10. Sharing within the care team

Best answer: D

Why this is the best answer: Relevant information should generally be shared with professionals providing direct care unless the patient has objected. The minimum necessary information principle still applies.

Principle tested: Direct care; appropriate information sharing; minimum necessary disclosure

Why the tempting distractor is wrong: B - Obtain written consent for every disclosure. Appropriate direct-care sharing does not ordinarily require separate written consent for every interaction.

What fact would change the answer? A specific patient objection to sharing particular information would require further consideration of whether disclosure remains justified.

OSCE transfer: How would you explain to a patient why relevant information is shared among professionals involved in their care?

Q11. Police request

Best answer: A

Why this is the best answer: A police request does not itself remove the duty of confidentiality. Disclosure without consent requires an appropriate legal requirement or sufficiently strong public-interest justification.

Principle tested: Confidentiality; lawful disclosure; public interest

Why the tempting distractor is wrong: E - Police requests automatically override confidentiality. They do not.

What fact would change the answer? A valid court order, statutory requirement, or sufficiently serious risk of harm could justify or require disclosure.

OSCE transfer: How would you explain professionally to a police officer why you cannot simply release the complete record?

Q12. Court order

Best answer: C

Why this is the best answer: Clinicians must comply with a valid court order but should disclose only what is required. Unnecessary release of unrelated information should be avoided.

Principle tested: Legal obligation; proportional disclosure; confidentiality

Why the tempting distractor is wrong: B - Send the whole record automatically. Compliance does not justify disclosing information beyond what is required.

What fact would change the answer? If the valid order specifically required the complete relevant record, the extent of disclosure could be broader.

OSCE transfer: What should you document when disclosing confidential information because of a legal requirement?

Q13. Unsafe driving

Best answer: E

Why this is the best answer: Clinicians should first try to persuade the patient to stop driving and self-report. If the patient continues and creates a serious risk to others, proportionate disclosure to the licensing authority may be justified.

Principle tested: Confidentiality; protection of others; proportionate disclosure

Why the tempting distractor is wrong: A - Confidentiality can never be breached. Serious and continuing risk to others can justify limited disclosure.

What fact would change the answer? If the patient stopped driving and appropriately informed the licensing authority, disclosure by the doctor might no longer be necessary.

OSCE transfer: How would you tell the patient that you may have to disclose information if they continue to drive?

Q14. Serious communicable disease

Best answer: B

Why this is the best answer: Confidentiality is strong but not absolute. Limited disclosure may be justified to protect an identifiable person from a serious risk when the patient cannot be persuaded to disclose and no less intrusive option is adequate.

Principle tested: Confidentiality; serious harm to others; minimum necessary disclosure

Why the tempting distractor is wrong: A - Sexual-health information can never be disclosed. Confidentiality is strong but not absolute when an identifiable person faces serious preventable harm.

What fact would change the answer? If there were no identifiable person at serious risk, or the patient informed the partner themselves, disclosure by the clinician might no longer be justified.

OSCE transfer: How would you encourage the patient to disclose the risk themselves before considering disclosure without consent?

Q15. Adult experiencing domestic abuse

Best answer: D

Why this is the best answer: Where a capacitous adult is the only person at risk, refusal of disclosure will often be respected. The doctor should still assess immediate safety, offer support, and revisit options without coercion.

Principle tested: Confidentiality; autonomy; safeguarding adults

Why the tempting distractor is wrong: A - Automatically call the police. A capacitous adult's refusal of disclosure will often be respected when no other person is at serious risk and no legal requirement applies.

What fact would change the answer? Children at risk, another identifiable vulnerable person at serious risk, or a relevant legal obligation could alter the disclosure decision.

OSCE transfer: How would you explore immediate safety while preserving the patient's sense of control?

Q16. Teaching case

Best answer: A

Why this is the best answer: Anonymised information should be used for education and training whenever practicable. Identifiable information usually requires an appropriate consent or other lawful basis.

Principle tested: Confidentiality; anonymisation; educational use of information

Why the tempting distractor is wrong: B - Identification is acceptable because the audience are doctors. Professional status of the audience does not remove the patient's confidentiality rights.

What fact would change the answer? If identifiable information were genuinely necessary and the patient gave appropriate explicit consent, its use might be permissible.

OSCE transfer: How would you ask a patient for permission to use identifiable material for teaching without creating pressure?

Children, Young People & Safeguarding

Primary guidance: GMC, 0-18 years: guidance for all doctors; Protecting children and young people.

Q17. Confidential contraception

Best answer: C

Why this is the best answer: A competent young person under 16 may receive confidential contraceptive care when the relevant criteria are met and there are no safeguarding concerns requiring disclosure.

Principle tested: Young-person competence; confidentiality; reproductive care

Why the tempting distractor is wrong: B - Inform the parents immediately. Competent young people can sometimes receive confidential care without parental involvement.

What fact would change the answer? Evidence of exploitation, abuse, coercion, serious safeguarding risk, or inability to understand the decision would alter the approach.

OSCE transfer: How would you encourage parental or trusted-adult involvement without making it a condition of care?

Q18. Sexual activity under 13

Best answer: E

Why this is the best answer: Sexual activity involving a child under 13 raises serious safeguarding concerns. The doctor should assess immediate safety and share relevant information through appropriate safeguarding channels rather than promise secrecy.

Principle tested: Child safeguarding; confidentiality limits; sexual exploitation risk

Why the tempting distractor is wrong: A - Promise absolute secrecy. A doctor should never promise secrecy where safeguarding duties may require information sharing.

What fact would change the answer? An older competent adolescent with no evidence of coercion, exploitation or safeguarding concern may be treated differently.

OSCE transfer: How would you explain to the child, in age-appropriate language, why you cannot keep everything entirely secret?

Q19. Emergency treatment of a child

Best answer: B

Why this is the best answer: Where delay would place a child at serious risk, immediately necessary treatment can be provided despite parental refusal. In non-emergency disputes, legal advice and potentially court involvement may be required.

Principle tested: Child welfare; emergency treatment; parental refusal

Why the tempting distractor is wrong: A - Wait for parents to agree. Delay cannot be allowed to expose the child to serious preventable harm in an emergency.

What fact would change the answer? If treatment were important but non-urgent, there would usually be time for senior review, legal advice and potentially court involvement.

OSCE transfer: How would you communicate respectfully with distressed parents while explaining why emergency treatment must proceed?

Q20. Suspected child abuse

Best answer: D

Why this is the best answer: Safeguarding action does not require certainty. Reasonable concern that a child may be at risk is enough to justify prompt sharing of relevant information with appropriate safeguarding professionals.

Principle tested: Safeguarding; reasonable concern; information sharing

Why the tempting distractor is wrong: A - Wait until abuse is proven. Safeguarding action is based on reasonable concern; certainty is not required.

What fact would change the answer? A credible explanation fully consistent with the injuries and absence of other safeguarding concerns might reduce the level of concern.

OSCE transfer: How would you ask about unexplained injuries without being accusatory?

Q21. A competent 16-year-old

Best answer: A

Why this is the best answer: A 16-year-old who has capacity can generally consent to treatment. Parental disagreement does not automatically invalidate the young person's valid consent.

Principle tested: Young-person consent; capacity; parental responsibility

Why the tempting distractor is wrong: B - Cancel because the parent objects. A capacitous 16-year-old can generally consent to their own treatment.

What fact would change the answer? If the young person lacked capacity for the particular decision, the decision-making framework would change.

OSCE transfer: How would you explain the young person's role in decision-making to an upset parent?

Q22. Parents disagree

Best answer: C

Why this is the best answer: A significant unresolved parental disagreement about a child's non-emergency treatment should be escalated appropriately rather than ignored or handled covertly. Legal advice may be needed.

Principle tested: Parental responsibility; child's welfare; unresolved treatment disputes

Why the tempting distractor is wrong: The trap is assuming that one parent's consent automatically resolves every substantial disagreement. Significant unresolved disputes may require senior and legal consideration.

What fact would change the answer? In an immediate life-threatening emergency, necessary treatment may need to proceed rather than waiting for legal resolution.

OSCE transfer: How would you keep the discussion focused on the child's welfare rather than the parents' conflict?

End-of-Life Decisions

Primary guidance: GMC, Treatment and care towards the end of life: good practice in decision making.

Q23. Patient requests CPR

Best answer: D

Why this is the best answer: Patients should be involved and their wishes explored, but clinicians are not obliged to provide treatment they judge clinically inappropriate. The reasoning should be explained sensitively and options for review discussed.

Principle tested: Clinical appropriateness; patient involvement; CPR decisions

Why the tempting distractor is wrong: A - Patients can demand CPR. Patients may express preferences but cannot require clinicians to provide treatment judged clinically inappropriate.

What fact would change the answer? If CPR were clinically appropriate and potentially beneficial, the patient's wishes would become central to planning.

OSCE transfer: How would you explain that CPR would not be clinically appropriate without making the patient feel abandoned?

Q24. What does DNACPR mean?

Best answer: B

Why this is the best answer: A DNACPR decision concerns whether CPR should be attempted after cardiorespiratory arrest. It does not automatically limit other clinically appropriate treatment or supportive care.

Principle tested: Scope of DNACPR; treatment limitation; ongoing care

Why the tempting distractor is wrong: A - Stop all treatment. DNACPR applies specifically to cardiopulmonary resuscitation, not automatically to other care.

What fact would change the answer? Another treatment might separately be inappropriate based on its own benefits and burdens, but that requires an independent decision.

OSCE transfer: How would you explain DNACPR to a family member who thinks it means 'the doctors are giving up'?

Q25. Family wants to decide

Best answer: E

Why this is the best answer: Family members can provide important evidence about what mattered to the patient. Unless legally authorised, however, they do not automatically become substitute decision-makers.

Principle tested: Incapacity; family consultation; overall benefit

Why the tempting distractor is wrong: B - The family automatically becomes the proxy. Relatives can provide invaluable information without necessarily having legal decision-making authority.

What fact would change the answer? A legally authorised health-and-welfare proxy applicable to the decision could have formal decision-making powers.

OSCE transfer: What would you ask relatives to learn about the patient's values rather than simply asking, 'What treatment do you want?'

Q26. Advance refusal - England and Wales

Best answer: A

Why this is the best answer: In England and Wales, a valid and applicable advance refusal is binding when the legal requirements are met, including additional requirements for refusal of life-sustaining treatment.

Principle tested: Advance decisions; autonomy after loss of capacity; medical law

Why the tempting distractor is wrong: C - Family members can cancel it. A valid and applicable advance refusal is not overridden simply because relatives disagree.

What fact would change the answer? Evidence that the advance decision is invalid, does not apply to the current circumstances, or has been withdrawn could alter management.

OSCE transfer: How would you explain to relatives why a previous autonomous decision continues to matter now?

Q27. Family requests burdensome treatment

Best answer: C

Why this is the best answer: Treatment decisions for a patient lacking capacity should consider likely benefit, burden, risk, and the patient's values. Relatives should be consulted, but their request does not create an obligation to provide clinically inappropriate treatment.

Principle tested: Overall benefit; proportionality; family disagreement

Why the tempting distractor is wrong: A - Provide treatment because the relatives insist. Family preference alone does not make a clinically inappropriate treatment appropriate.

What fact would change the answer? New evidence showing a meaningful prospect of benefit with acceptable burden could change the clinical assessment.

OSCE transfer: How would you disagree with a family compassionately while maintaining trust?

Q28. Clinically assisted nutrition

Best answer: D

Why this is the best answer: Clinically assisted nutrition and hydration are medical treatments. Decisions should be individualised, considering benefits, burdens, risks, and the patient's wishes and values rather than following an automatic rule.

Principle tested: Medical treatment; benefit versus burden; individualised decisions

Why the tempting distractor is wrong: A - Feeding tubes are automatically required because nutrition is basic care. Clinically assisted nutrition is a medical treatment requiring individual assessment.

What fact would change the answer? If clinically assisted nutrition offered substantial benefit with acceptable burden, it might appropriately be offered.

OSCE transfer: How would you distinguish comfort care from clinically assisted nutrition when speaking with relatives?

Errors, Candour & Patient Safety

Primary guidance: GMC, Candour - openness and honesty when things go wrong; Raising and acting on concerns.

Q29. Medication error

Best answer: B

Why this is the best answer: The immediate priority is patient safety: assess for harm and manage any clinical consequences. Reporting, escalation, disclosure, and investigation should follow without delaying necessary care.

Principle tested: Immediate patient safety; medication error; prioritisation

Why the tempting distractor is wrong: A - Complete the incident report first. Reporting matters, but it must not delay assessment and treatment of possible harm.

What fact would change the answer? Once the patient has been assessed and any immediate danger addressed, escalation, candour and incident reporting become priorities.

OSCE transfer: What would you say to the patient after assessing them and confirming that a medication error occurred?

Q30. Waiting for the investigation

Best answer: E

Why this is the best answer: Duty of candour requires timely openness. The patient should be told what is known, what remains uncertain, what is being done next, and receive an appropriate apology rather than waiting for every detail to be finalised.

Principle tested: Duty of candour; openness; uncertainty

Why the tempting distractor is wrong: A - Wait until every detail is known. Candour does not require waiting for the complete investigation before speaking to the patient.

What fact would change the answer? Uncertainty changes what you can say confidently, not whether you should communicate at all.

OSCE transfer: Practise explaining what is known, what remains uncertain, what is being done next, and an appropriate apology.

Q31. Near miss

Best answer: A

Why this is the best answer: Near misses can reveal system weaknesses before a patient is harmed. Appropriate reporting supports organisational learning and prevention.

Principle tested: Patient safety; reporting; organisational learning

Why the tempting distractor is wrong: B - Do nothing because nobody was harmed. Near misses can reveal system weaknesses before a patient is injured.

What fact would change the answer? The exact reporting mechanism may depend on local policy, but the underlying learning and safety obligation remains.

OSCE transfer: How would you report a near miss factually without blaming an individual?

Q32. Altering records

Best answer: C

Why this is the best answer: Deliberately misleading records undermine patient safety, investigation, and professional trust. Accurate documentation should be maintained and the concern raised appropriately.

Principle tested: Honesty; record integrity; patient safety

Why the tempting distractor is wrong: A - Protect the colleague. Loyalty to colleagues cannot justify concealing misleading documentation or a safety concern.

What fact would change the answer? A transparent correction clearly dated and preserving the audit trail is very different from secretly rewriting the original record.

OSCE transfer: How would you raise this concern with a senior using objective, non-accusatory language?

Q33. Unsafe staffing

Best answer: D

Why this is the best answer: Doctors should act when system problems seriously compromise patient safety. If local action has not resolved the risk, appropriate escalation is required.

Principle tested: Raising concerns; system safety; escalation

Why the tempting distractor is wrong: A - Stop raising the issue because it was already reported. Persistent unresolved patient-safety risks may require further escalation.

What fact would change the answer? If local intervention successfully removed the safety risk, additional escalation might no longer be necessary.

OSCE transfer: How would you describe a staffing concern using specific evidence of patient impact rather than general complaints?

Q34. Incorrect prescription

Best answer: B

Why this is the best answer: Patient safety takes priority over hierarchy. A credible concern about a potentially dangerous prescription should be acted on immediately and clarified before administration.

Principle tested: Patient safety; challenging senior decisions; prescribing

Why the tempting distractor is wrong: A - Administer it because a senior prescribed it. Professional hierarchy never removes the obligation to act on a credible immediate safety concern.

What fact would change the answer? If review confirms the unusual dose is correct for that patient, administration can proceed appropriately.

OSCE transfer: How would you challenge a senior prescription respectfully but clearly?

Professional Boundaries & Conflicts of Interest

Primary guidance: GMC, Maintaining personal and professional boundaries; Identifying and managing conflicts of interest; Using social media as a medical professional.

Q35. Romantic message from a patient

Best answer: E

Why this is the best answer: A current therapeutic relationship creates professional duties and a power imbalance. The doctor should not pursue a sexual or improper emotional relationship with a current patient and should re-establish appropriate boundaries.

Principle tested: Professional boundaries; power imbalance; trust

Why the tempting distractor is wrong: A - It is acceptable because both are consenting adults. A current therapeutic relationship creates professional obligations beyond ordinary adult consent.

What fact would change the answer? Former-patient relationships require separate consideration of time, vulnerability, dependency, and the nature of the previous relationship; ending care merely to start a relationship is not a workaround.

OSCE transfer: How would you decline the patient's advance without humiliating them or damaging ongoing care?

Q36. Vulnerable former patient

Best answer: A

Why this is the best answer: There is no fixed waiting period after which a relationship with a former patient automatically becomes acceptable. Recency, duration, vulnerability, dependency, and potential abuse of professional power all matter.

Principle tested: Former-patient boundaries; vulnerability; exploitation

Why the tempting distractor is wrong: B - The relationship ended, so dating is automatically acceptable. There is no simple clock that removes the previous therapeutic power imbalance.

What fact would change the answer? A remote, brief, non-vulnerable former therapeutic relationship may require a different individual assessment.

OSCE transfer: How would you respond if a former patient asks whether 'enough time has passed'?

Q37. Pharmaceutical incentive

Best answer: C

Why this is the best answer: Prescribing decisions must be based on patient need and clinical evidence, not personal financial reward. Incentives that may affect or appear to affect professional judgement should be declined.

Principle tested: Conflict of interest; prescribing independence; financial gain

Why the tempting distractor is wrong: A - Accept if the medicine is good. Even a clinically useful medicine must be prescribed for patient reasons, not personal reward.

What fact would change the answer? Legitimate, proportionate educational hospitality not linked to prescribing decisions is a different situation and should be assessed under relevant professional policies.

OSCE transfer: How would you explain why seemingly generous industry incentives can undermine patient trust?

Q38. Referral and financial interest

Best answer: D

Why this is the best answer: Potential conflicts should be disclosed and managed so that patient needs, rather than personal interests, drive referral decisions.

Principle tested: Conflict of interest; transparency; patient-centred referral

Why the tempting distractor is wrong: B - Keep the relationship secret. Undisclosed interests can undermine trust and create real or perceived bias.

What fact would change the answer? If no relevant personal or financial interest existed, the conflict-of-interest issue would disappear, although clinical appropriateness would still govern referral.

OSCE transfer: How would you disclose the relationship neutrally while giving the patient genuine alternatives?

Q39. 'Anonymous' social-media case

Best answer: B

Why this is the best answer: Removing a name does not necessarily anonymise information. If a combination of details can identify the patient, confidentiality still applies.

Principle tested: Digital confidentiality; identifiability; professionalism

Why the tempting distractor is wrong: A - Removing the name makes it anonymous. A combination of details can still identify a patient.

What fact would change the answer? Genuine anonymisation that makes re-identification no longer reasonably likely would substantially change the confidentiality issue.

OSCE transfer: Before discussing a case educationally, what details would you remove or alter to protect confidentiality?

Q40. Patient friend request

Best answer: A

Why this is the best answer: Personal social-media connections with current patients can blur professional boundaries and expose private information. Communication should remain within appropriate professional channels.

Principle tested: Digital boundaries; dual relationships; professionalism

Why the tempting distractor is wrong: B - Accept because it seems harmless. Personal social connections may blur clinical boundaries and expose private information.

What fact would change the answer? Communication through an approved professional service or account intended for healthcare purposes is different from personal social networking.

OSCE transfer: How would you politely decline the request while keeping the therapeutic relationship comfortable?

Colleagues, Delegation & Raising Concerns

Primary guidance: GMC, Raising and acting on concerns; Delegation and referral; Good medical practice.

Q41. Possibly intoxicated registrar

Best answer: C

Why this is the best answer: Immediate patient safety takes priority over hierarchy. The FY1 should act to prevent unsafe patient care and promptly escalate the concern through an appropriate route.

Principle tested: Immediate patient safety; impaired colleague; escalation

Why the tempting distractor is wrong: A - Wait until the procedure is finished. That exposes the patient to the very harm the doctor has a duty to prevent.

What fact would change the answer? If there were no immediate patient-facing risk, escalation might still be appropriate but would not necessarily require interrupting an imminent procedure.

OSCE transfer: What exactly would you say to stop the procedure without making an unsupported public accusation?

Q42. Working beyond competence

Best answer: E

Why this is the best answer: Clinicians must work within their competence. Appropriate supervision or assistance should be obtained rather than performing an unfamiliar invasive procedure independently.

Principle tested: Scope of competence; supervision; patient safety

Why the tempting distractor is wrong: A - Perform it to demonstrate confidence. Confidence cannot substitute for competence and appropriate supervision.

What fact would change the answer? If the doctor had appropriate training and supervision consistent with their competence, performing the procedure could be appropriate.

OSCE transfer: Practise telling a senior: 'I haven't performed this independently before and would need supervision.'

Q43. Medical student asked to perform a task

Best answer: B

Why this is the best answer: Students should be transparent about the limits of their competence and seek appropriate supervision rather than attempt an unfamiliar procedure unsafely.

Principle tested: Student limitations; honesty; supervision

Why the tempting distractor is wrong: A - A doctor's instruction makes it safe. Students retain responsibility for being honest about their competence.

What fact would change the answer? Appropriate supervision and prior training could make the task a suitable learning opportunity.

OSCE transfer: How would you decline unsafe independent performance while still showing willingness to learn?

Q44. Nurse challenges your prescription

Best answer: D

Why this is the best answer: Safety concerns raised by colleagues should be considered constructively. The prescription should be reviewed and clarified rather than dismissing the concern because of professional hierarchy.

Principle tested: Teamwork; speaking up; prescribing safety

Why the tempting distractor is wrong: A - Nurses should not question doctors. Safe care depends on multidisciplinary colleagues being able to raise legitimate concerns.

What fact would change the answer? If review confirms that the prescription is correct, explain the rationale and proceed rather than dismissing the concern.

OSCE transfer: How would you respond in a way that encourages the nurse to raise future safety concerns?

Q45. Bullying colleague

Best answer: A

Why this is the best answer: A culture that discourages staff from speaking up can undermine patient safety. Persistent bullying should be addressed through appropriate workplace channels and affected colleagues supported.

Principle tested: Workplace culture; bullying; psychological safety

Why the tempting distractor is wrong: B - Ignore it until a patient is actually harmed. A culture that silences staff can itself create foreseeable patient-safety risk.

What fact would change the answer? A single minor misunderstanding might appropriately be addressed informally first; persistent humiliation requires a stronger response.

OSCE transfer: How would you distinguish observable behaviour from personal accusations when reporting bullying?

Communication & Shared Decision-Making

Primary guidance: GMC, Good medical practice - Patients, partnership and communication; Decision making and consent.

Q46. Angry patient

Best answer: C

Why this is the best answer: Patient-centred communication begins by acknowledging emotion and understanding the concern before offering explanations or solutions. This can also uncover a new clinical problem.

Principle tested: Listening; empathy; identifying concerns

Why the tempting distractor is wrong: A - Immediately justify the waiting time. Defending the system before understanding the patient's concern can escalate conflict and may miss a clinical problem.

What fact would change the answer? Immediate threats of serious violence would make safety measures and assistance a higher priority.

OSCE transfer: Give a one-sentence response that acknowledges emotion and opens the conversation.

Q47. Patient demands antibiotics

Best answer: B

Why this is the best answer: Shared decision-making does not require offering clinically inappropriate treatment. The doctor should explore expectations, explain why antibiotics are not indicated, and discuss appropriate alternatives and safety-netting.

Principle tested: Shared decision-making; antimicrobial stewardship; clinically appropriate care

Why the tempting distractor is wrong: A - Prescribe to satisfy the patient. Shared decision-making does not mean supplying clinically inappropriate treatment.

What fact would change the answer? New findings supporting bacterial infection and an indication for antibiotics would change management.

OSCE transfer: How would you discover what the patient actually hopes antibiotics will achieve?

Q48. Language barrier

Best answer: E

Why this is the best answer: A significant treatment decision requires communication robust enough for meaningful understanding. Appropriate language support should be arranged rather than relying on inaccurate ad hoc interpretation.

Principle tested: Informed decision-making; communication support; equality

Why the tempting distractor is wrong: A - Rely on gestures. Significant treatment decisions require communication robust enough for meaningful understanding.

What fact would change the answer? In a true emergency where delaying care for formal interpreting would cause serious harm, clinicians may need to use the best immediately available communication method.

OSCE transfer: How would you explain to the daughter why a professional interpreter is preferable for a complex consent discussion?

Q49. 'Don't tell me the risks'

Best answer: D

Why this is the best answer: Patients may prefer limited detail, but valid consent still requires enough essential information about the nature and material implications of the intervention. The patient's preferences for depth of information should be respected where possible.

Principle tested: Information preferences; valid consent; material risk

Why the tempting distractor is wrong: E - Proceed without any further discussion. A patient may prefer limited detail but still needs enough information for valid consent.

What fact would change the answer? After essential information has been provided, a competent patient can legitimately choose not to receive extensive additional detail.

OSCE transfer: How would you identify the minimum information this particular patient needs without forcing unwanted detail?

Q50. Request for an unnecessary investigation

Best answer: A

Why this is the best answer: Autonomy does not create an entitlement to clinically inappropriate investigation. The doctor should understand the patient's concern, explain the reasoning, and agree an appropriate plan with safety-netting.

Principle tested: Autonomy; appropriate investigation; shared decision-making

Why the tempting distractor is wrong: B - Autonomy means the patient gets the test they request. Autonomy protects informed choice among appropriate options; it does not compel clinicians to provide unjustified interventions.

What fact would change the answer? Development of red flags or another evidence-based indication for imaging would change management.

OSCE transfer: How would you explain why 'not ordering the scan' does not mean dismissing the patient's pain?

Equality, Disability & Personal Beliefs

Primary guidance: GMC, Good medical practice; Personal beliefs and medical practice.

Q51. 'Self-inflicted'

Best answer: C

Why this is the best answer: Clinically appropriate care should not be withheld or delayed as punishment for behaviour believed to have contributed to illness. Relevant clinical eligibility criteria may still apply, but moral blame is not one of them.

Principle tested: Non-discrimination; fair access; personal judgement

Why the tempting distractor is wrong: B - Require abstinence as punishment before treatment. Moral judgement about contributing behaviour should not replace clinically relevant eligibility criteria.

What fact would change the answer? A genuine evidence-based criterion related to treatment safety or effectiveness may appropriately influence eligibility, but not because the patient is considered blameworthy.

OSCE transfer: How would you discuss alcohol-related illness without sounding moralistic?

Q52. Conscientious objection

Best answer: B

Why this is the best answer: Doctors may hold personal beliefs, but they must manage them so that patients are treated fairly and can access appropriate lawful care without obstruction or judgement.

Principle tested: Personal beliefs; patient access; professional responsibility

Why the tempting distractor is wrong: A - Hide the service from patients. Personal beliefs cannot be used to obstruct informed access to lawful appropriate care.

What fact would change the answer? In an urgent situation where delay would cause harm, professional obligations may require more immediate action despite the clinician's personal objection.

OSCE transfer: How would you disclose a conscientious objection without judging the patient or obstructing care?

Q53. Communication disability

Best answer: D

Why this is the best answer: The clinician should make proportionate adjustments that meet the patient's actual communication needs so she can participate meaningfully in decision-making.

Principle tested: Reasonable adjustment; disability; informed consent

Why the tempting distractor is wrong: A - Assume lip-reading is sufficient. The communication method should meet the individual's actual needs, not the clinician's convenience.

What fact would change the answer? If the patient herself prefers lip-reading and demonstrates effective communication, that preference should be considered.

OSCE transfer: Ask the patient directly: 'What is the best way for us to communicate with you?'

Q54. Discriminatory remark by a colleague

Best answer: E

Why this is the best answer: Discriminatory attitudes can affect patient care and undermine a safe professional culture. The behaviour should be challenged or raised appropriately while ensuring the patient receives fair care.

Principle tested: Equality; discrimination; professional culture

Why the tempting distractor is wrong: B - Ignore it because the patient did not hear it. Discriminatory attitudes can affect care and undermine a safe professional culture even when expressed privately.

What fact would change the answer? The appropriate escalation route may vary with severity, recurrence, and immediate effect on patient care.

OSCE transfer: How would you challenge the remark in a calm way that centres the patient's right to fair care?

Teaching, Research & Patient Data

Primary guidance: GMC, Confidentiality guidance for education and training; Intimate examinations and chaperones; Good practice in research.

Q55. Intimate examination under anaesthesia

Best answer: A

Why this is the best answer: Consent to surgery does not automatically cover an additional intimate examination for educational purposes. The student should not perform it unless appropriate prior consent has been confirmed.

Principle tested: Consent for teaching; intimate examinations; patient dignity

Why the tempting distractor is wrong: B - Consent to surgery automatically covers student examination. Consent to clinical treatment is not blanket consent for unrelated educational examinations.

What fact would change the answer? Confirmed appropriate prior consent specifically covering the teaching examination would permit participation within the agreed limits.

OSCE transfer: How would you obtain consent for student involvement before anaesthesia without making the patient feel pressured?

Q56. Identifiable teaching photograph

Best answer: C

Why this is the best answer: Where the educational purpose can be achieved without identification, appropriately anonymised material should be used. Identifiable material generally requires appropriate consent.

Principle tested: Educational confidentiality; images; explicit consent

Why the tempting distractor is wrong: A - It is acceptable because only healthcare professionals will see it. A professional audience does not eliminate confidentiality obligations.

What fact would change the answer? Fully anonymising the image so the educational purpose is preserved without identifiability may remove the need to disclose identifiable information.

OSCE transfer: How would you explain exactly where and how a photograph will be used before seeking consent?

Q57. Participation in research

Best answer: B

Why this is the best answer: Research participation should be voluntary. Patients should not be pressured or led to believe that refusing participation will compromise appropriate clinical care.

Principle tested: Voluntary research consent; therapeutic relationship; coercion

Why the tempting distractor is wrong: A - Participation should be expected. Dependence on clinical care must not be exploited to influence research participation.

What fact would change the answer? Nothing makes genuine research participation compulsory merely because the patient is receiving care; the precise consent pathway may change in specific research involving people lacking capacity.

OSCE transfer: How would you reassure a hesitant patient that saying no will not damage the doctor-patient relationship?

Justice, Resource Allocation & Fairness

Primary guidance: GMC, Good medical practice; Leadership and management - planning, using and managing resources.

Q58. One ICU bed

Best answer: D

Why this is the best answer: Scarce healthcare resources should be allocated using fair, clinically relevant criteria. Wealth, social status, and institutional influence should not determine priority.

Principle tested: Justice; scarce resources; clinically relevant criteria

Why the tempting distractor is wrong: A - Prefer the wealthy donor. Wealth and institutional influence are ethically irrelevant to clinical priority.

What fact would change the answer? Differences in clinical need, prognosis, or likelihood of benefiting from ICU treatment may legitimately affect prioritisation.

OSCE transfer: How would you explain resource prioritisation to a family without implying that one life is inherently more valuable than another?

Q59. Bypassing allocation policy

Best answer: E

Why this is the best answer: Agreed evidence-based allocation criteria promote consistency and fairness. Genuine exceptional clinical circumstances should be considered through a proper transparent review process rather than ad hoc favouritism.

Principle tested: Fairness; consistency; exceptional circumstances

Why the tempting distractor is wrong: A - Give priority to whoever advocates most strongly. This creates inequity unrelated to clinical need.

What fact would change the answer? A genuine exceptional clinical circumstance may justify reconsideration, but through the proper transparent review process.

OSCE transfer: How would you explain to a family that you can request a review without promising access outside the established criteria?

Q60. Resources are compromising safety

Best answer: C

Why this is the best answer: Resource limitations do not remove professional duties to protect patients. Clinicians should provide the best care possible while raising and escalating serious system-related safety concerns appropriately.

Principle tested: Resource stewardship; raising concerns; patient safety

Why the tempting distractor is wrong: A - Accept unsafe care because resources are limited. Resource constraints do not erase professional duties to reduce harm and raise serious safety concerns.

What fact would change the answer? If effective contingency measures resolve the safety risk, further escalation may become unnecessary or take a different form.

OSCE transfer: How would you explain a system-related delay to a patient honestly without blaming individual colleagues?

Rapid Review: 12 Decision Rules

- 1. Capacity:** Do not equate an unwise decision with incapacity. Assess the specific decision at the specific time and support decision-making first.
- 2. Consent:** Valid consent is informed and voluntary. Materiality depends partly on what matters to the individual patient.
- 3. Relatives:** Being “next of kin” does not automatically create legal healthcare decision-making authority.
- 4. Confidentiality:** Protect information, but recognise justified exceptions. When disclosure is justified, use the minimum necessary information.
- 5. Safeguarding:** You do not need proof before raising a reasonable concern that a child or vulnerable person may be at risk.
- 6. Emergencies:** Do not dangerously delay immediately necessary treatment solely because consent cannot be obtained in time.
- 7. DNACPR:** DNACPR means do not attempt CPR. It does not mean do not treat.
- 8. Patient safety:** When immediate harm is possible, protect the patient first; reporting and investigation follow.
- 9. Candour:** Be open when things go wrong. Uncertainty changes what you can say, not whether you should communicate.
- 10. Hierarchy:** Seniority does not override patient safety. Raise and act on credible concerns.
- 11. Professional boundaries:** Current patients are not ordinary social or romantic contacts; professional power and trust matter.
- 12. Resources:** Use fair clinically relevant criteria. Persuasiveness, wealth and social status are not legitimate allocation criteria.

Primary References & Further Reading

Use the most current version of professional guidance when revising or practising. The links below are included for verification and further study.

[GMC - MLA Content Map](#)

[GMC - Good medical practice](#)

[GMC - Decision making and consent](#)

[GMC - Confidentiality](#)

[GMC - 0-18 years: guidance for all doctors](#)

[GMC - Protecting children and young people](#)

[GMC - Treatment and care towards the end of life](#)

[GMC - Candour: openness and honesty when things go wrong](#)

[GMC - Raising and acting on concerns](#)

[GMC - Maintaining personal and professional boundaries](#)

[GMC - Identifying and managing conflicts of interest](#)

[GMC - Using social media as a medical professional](#)

[GMC - Delegation and referral](#)

[GMC - Personal beliefs and medical practice](#)

[GMC - Good practice in research](#)

[Medical Schools Council - Practice exam for the MS AKT](#)

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Practise the decision. Then practise the conversation.