
Questions:

1. The authors suggest that shared decision making is imperative and is based on
   a. respecting autonomy
   b. beneficence and non-maleficence
   c. justice and truth telling
   d. A and B
   e. A, B, C and D

2. Shared decision making is a complex intervention in which
   a. clinicians are solely responsible for making decisions
   b. patients/clients are responsible for making their own decisions
   c. clinicians and patients/clients are responsible for making decisions
   d. clinicians, patients/clients and care givers are responsible for making decisions

3. Shared decision making implies a collaborative approach and using the best available evidence
   a. True
   b. False

4. Clinicians present treatment options, benefits, harms and probabilities of the management. the patient/client
   a. is guided by the clinician to make the best choice
   b. must adhere to the directives of the clinician
   c. develops their own preferred treatment
   d. makes a decision in a good manner

5. Good care giving is about
   a. making the right and best choice
   b. taking into account the experiential context
   c. focussing on the relationship between the patient/client and the clinician
   d. logic of care and decision making

6. Good care is about a collaborative undertaking in which professionals and patients/clients co-create and co-direct the course of events that make up the patient's/client's life
   a. True
   b. False

7. Making a medical decision in a good manner according to the authors requires
   a. insight and knowledge of the latest evidence and best practice
   b. insight into the clinical conditions
   c. insight into the treatment
   d. insight into the patient's/client's lived experiences
8. In the logic of choice the patients/clients are considered to be the "customers" who know what they want and govern themselves in their decision making
   a. True
   b. False

9. In the logic of care, the relationship between patient/client and the clinician is seen as
   a. a transaction between separate individuals who form a collective decision
   b. weighing up the relevant facts and arguments regarding management
   c. offering individual autonomy and responsibility
   d. making choices emerging from daily reality and professionals and patients/clients acting jointly to make life more bearable

10. Good care in practice is
    a. an enterprise in which health professionals co-create and co-direct the course of events
    b. an enterprise in which patients/clients co-create and co-direct
    c. is collaborative
    d. A, B and C

11. Shared decision making requires
    a. discussion on the medical facts with patients/clients
    b. helping patients/clients understand the treatment options
    c. discussion on how the different treatment plans affect the well being of patients/clients
    d. discussion values of the treatment plan for the future
    e. C and D

12. By experiencing "patienthood" the professionals felt
    a. empowered and knowledgeable
    b. vulnerable, disempowered and anxious
    c. certain and in control of their illness
    d. reassured and energized

13. Patient autonomy remains challenging because
    a. making sense of treatment options remains challenging, confusing, contradictory and questionable
    b. clinicians are prescriptive and take on the responsibility
    c. insensitive to shared decision making
    d. patients/clients find it easy to take on the responsibility

14. By experiencing "patienthood" doctors reported that it was easy to put their trust in the hands of their colleagues
    a. True
    b. False
15. The relationship between the clinician and patient/client was most productive when the clinician acknowledged
   a. taking their unique hopes, fears and expectations into account
   b. the patient/clients understanding of the condition
   c. the patient/clients experience of the condition
   d. the patient/clients understanding of the outcomes of the illness

16. Research by Fox et. al. (2009) indicates that "patienthood" is about
   a. giving patients/clients the confidence to ask questions
   b. negotiate their own solutions
   c. offering and abundant information
   d. A and B

17. Patients/clients need to put themselves into the hands of the healthcare professional which implies
   a. they want to be "cured"
   b. they need support to maintain a life worth living
   c. they expect information on their condition
   d. they expect skilled clinicians to manage their illness

18. Patient/client-centeredness requires a logic of care to ...........
   a. offer strategies to direct the patient/client into making decisions
   b. supplement the predominant logic of choice
   c. offer treatment that is evidence based and current
   d. offering deliberate choices

19. Shared decision making according to the authors underlines the importance of
   a. the lived experience of persons who have to deal with serious illness
   b. more evidence based practice
   c. clinicians improved education
   d. clinician improved understanding of the continued education

20. Suggestions by the authors for improved training in principle-based and care ethics are
   a. training clinicians to acquire improved skills
   b. improving clinicians intellectual knowledge
   c. by narrative medicine and improving experiential knowledge
   d. by encourage more quantative research