

Medical Council of Canada MCCQE Questions: An Incredible Exam Preparation Way [2026]



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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q217-Q222):

NEW QUESTION # 217

A 33-year-old man with severe bacterial meningitis is intubated and unresponsive in the Intensive Care Unit.

If he receives immediate treatment, his prognosis is excellent. If he does not, he will likely die. Three years ago, the patient had Huntington disease diagnosed, but he has been asymptomatic since then. His advance directive, which was made before this hospitalization, states that he should be allowed to die if he contracts a life-threatening illness. His parents demand that he be treated for the meningitis. Which one of the following is the best next step?

- A. Consult a second physician for an opinion on emergent treatment
- B. Do not provide any treatment other than comfort measures
- C. Ask for a current mental capacity assessment

- D. Initiate treatment, using the parents as substitute decision-makers
- E. Order an electroencephalography

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

An advance directive is a legally binding document that outlines a competent person's preferences regarding future medical care. If the patient clearly stated a refusal of treatment in the event of a life-threatening condition, this directive must be followed, even if the patient is currently incapacitated and family disagrees.

Toronto Notes 2023 - Ethics and Law:

"Advance directives must be respected when valid, clear, and applicable. Substitute decision-makers cannot override them."

MCCQE1 Objectives (ELOM > 90-4: Informed Consent and Advance Directives):

"Candidates must apply valid advance directives to guide care for incapacitated patients." B (parents as SDMs) is incorrect if an advance directive exists. A and D are irrelevant-capacity has already been documented. C is unnecessary when an advance directive is clear.

NEW QUESTION # 218

A 17-year-old boy presents to your clinic with a 6-month history of recurrent headaches. The headaches are excruciating, and he describes them as a stabbing pain, usually around his right eye. They occur several times daily for 2 to 3 weeks and recur every few months. The headaches are associated with tearing from his right eye and tend to get worse when he is overtired. Which one of the following is the most likely diagnosis?

- A. Post-concussive headache
- B. Sinusitis
- C. Cluster headache
- D. Brain tumour
- E. Migraine

Answer: C

Explanation:

The classic description of brief, severe unilateral periorbital pain with autonomic symptoms (tearing), occurring in clusters (same time daily for weeks), is diagnostic of cluster headache.

Toronto Notes 2023 - Neurology, "Headaches":

"Cluster headaches: severe unilateral periorbital pain, often with lacrimation, nasal congestion, occurring in clusters over weeks.

More common in young males." MCCQE1 Objectives (Internal Medicine > 35-2: Headache Disorders):

"Candidates must distinguish among headache types based on duration, pattern, and associated symptoms." Migraine tends to last hours and has nausea or photophobia. Sinusitis causes dull, pressure-like pain. Tumour- related headache is progressive and worse with Valsalva. Post-concussive headache would have trauma history.

NEW QUESTION # 219

You are called to attend an 18-year-old woman, gravida 2, para 1, aborta 0, who is in precipitous labour. She did not realize she was pregnant and has not had any prenatal care. After the delivery, you examine the newborn boy; he is vigorous, and it appears that he was born at full term. Physical examination findings of the newborn are normal. Review of the prenatal record from the mother's last pregnancy shows the following:

- * HIV: Negative
- * Hepatitis B surface antibody: Positive
- * Hepatitis C: Negative
- * Syphilis serology: Negative

The mother's previous child was placed in foster care. The mother is withdrawn and uncommunicative after delivery. Which one of the following is the best next step?

- A. Administer hepatitis B vaccine to the newborn
- B. Collect urine from the newborn for a drug screen
- C. Initiate feeding with donor breast milk
- D. Recommend immediate skin-to-skin care

Answer: B

Explanation:

Given the lack of prenatal care, the mother's withdrawal, and prior involvement of child protection services, a newborn drug screen is warranted to assess for possible in utero exposure. This is part of the safety assessment.

Toronto Notes 2023 - Pediatrics, Newborn Assessment:

"Infants born to mothers with no prenatal care or prior social concerns should undergo a full newborn screening, including toxicology if indicated." MCCQE1 Objectives - Pediatrics > Newborn Care and Social Issues:

"Candidates must identify social risk factors and initiate appropriate newborn evaluations, including toxicology screens when substance use is suspected." The mother was previously immune to hepatitis B, so (A) is not immediately required. Skin-to-skin care (D) is beneficial but secondary to screening in this context. Donor milk (B) is not indicated unless breastfeeding is contraindicated.

NEW QUESTION # 220

An otherwise well 18-month-old girl is brought to your family practice office for routine immunization. Her mouth is as shown in the attached image. She has no symptoms. Which one of the following is the most likely cause of this presentation?

Image description: Severe black and brown decay of multiple upper front teeth, with relatively spared lower teeth.

- A. Use of oral iron supplements.
- B. Putting the child to bed with a bottle.
- C. Repeated courses of antibiotics.
- D. Vitamin D deficiency.
- E. Lack of fluoride in drinking water.

Answer: B

Explanation:

The image shows classic features of "early childhood caries" (ECC), often called "baby bottle tooth decay." This typically affects upper incisors first due to prolonged exposure to milk/formula or sugary drinks during sleep.

Toronto Notes 2023 - Pediatrics, "Dental Health" Section:

"ECC is most commonly caused by prolonged nighttime bottle feeding with milk or juice. It affects upper anterior teeth due to pooling and lack of protective salivary flow." MCCQE1 Objectives (Pediatrics > 78-2: Preventive Care):

"Candidates must recognize risk factors for dental caries in young children, including nighttime bottle use and sugary liquid exposure." Antibiotics (C) or iron (D) can stain but do not cause this pattern of decay. Vitamin D (A) causes enamel hypoplasia or delayed eruption. Fluoride deficiency (B) causes diffuse decay, not selective anterior tooth loss.

NEW QUESTION # 221

You are counselling a couple that is concerned about the risk that their second child could be affected by the same X-linked recessive disorder (hemophilia A) as their last child, a boy. Neither parent has this disorder.

What is the probability that their second child will be affected?

- A. 50% if the child is a boy
- B. 25% if the child is a boy
- C. 100% whether the child is a boy or a girl
- D. 25% if the child is a girl
- E. 50% if the child is a girl

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

In X-linked recessive disorders such as hemophilia A, carrier mothers (usually asymptomatic) have a 50% chance of passing the affected X chromosome to each son, who would then express the disease. Each daughter has a 50% chance of being a carrier but is generally not affected.

Toronto Notes 2023 - Genetics:

"X-linked recessive inheritance: Carrier mother has a 50% chance of having an affected son and a 50% chance of having a carrier daughter." MCCQE1 Objectives (Genetics > 61-1: Inheritance Patterns):

"Candidates must apply principles of X-linked inheritance to assess risk in offspring." If the mother is a known carrier (as inferred from having an affected son), the chance of a second affected boy is 50%.

NEW QUESTION # 222

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