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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q12-Q17):

NEW QUESTION # 12

You are caring for a 17-year-old girl who has end-stage renal disease. She is receiving dialysis at the hospital 3 times a week. She requests medical assistance in dying (MAID). Which of the following is the best next step?

- A. Refer the patient to a psychiatrist.
- B. Inform the patient that she will need parental consent to be assessed for MAID.
- C. Suggest a trial of home dialysis.
- D. Explain to the patient that she is not terminally ill.
- E. **Explore the reasons for the patient's request for MAID.**

Answer: E

Explanation:

The first step in any MAID request is to explore the patient's motivations, psychosocial concerns, and mental health status. The request should be taken seriously and approached with compassion. Exploring the reasons is essential to determine eligibility and to distinguish suffering from other potentially treatable issues (e.g., depression, loss of hope).

Toronto Notes 2023 - ELOM, "Medical Assistance in Dying":

"Upon receiving a request for MAID, the physician must first explore the patient's motivations, ensure understanding of their condition, and assess for coercion, depression, or other treatable factors." MCCQE1 Objectives (ELOM > Ethical Dilemmas > End-of-Life Care):

"Candidates must demonstrate understanding of the ethical and legal framework surrounding MAID and respond appropriately to requests by exploring reasons and providing necessary support and referrals." MAID is available to mature minors in some jurisdictions but not uniformly. Assuming the patient is ineligible or redirecting to other treatments without discussion is inappropriate.

NEW QUESTION # 13

A 29-year-old concert pianist with severe chronic kidney disease presents with a 6-month history of loss of appetite and pruritus. Although the issue of initiating dialysis has been discussed with him and his questions answered, he has declined dialysis thus far. You understand his concerns that it will interfere with his concert tour and recording schedule. Which one of the following is the best next step?

- A. Offer to arrange for him to meet patients in the peritoneal dialysis clinic.
- B. Explore employment alternatives that would better accommodate the dialysis schedule.
- C. Warn him of the consequences of refusing dialysis.
- D. Explain to him you will see him again when he decides to start dialysis.
- E. Provide him access to his medical records and full chart.

Answer: A

Explanation:

When a competent patient declines dialysis, the next step is to support shared decision-making and explore options that align with their lifestyle. Peritoneal dialysis may allow more flexibility and autonomy compared to hemodialysis, making it more acceptable to patients with demanding schedules.

Toronto Notes 2023 - Nephrology, Chronic Kidney Disease Section:

"Peritoneal dialysis offers the advantage of home-based treatment and flexible scheduling. Patient education and peer support can improve acceptance and adherence to dialysis initiation." MCCQE1 Objectives - Internal Medicine > Nephrology:

"The candidate should explore treatment alternatives collaboratively, emphasizing patient autonomy, while addressing misconceptions and lifestyle concerns related to dialysis." Simply warning the patient or withdrawing engagement (Options B and C) may undermine rapport. Access to medical records (D) is a right, but does not actively address treatment planning. Exploring new employment (E) is inappropriate at this stage.

NEW QUESTION # 14

A 37-year-old woman diagnosed with schizophrenia comes to her family physician because she has been choking on her food lately. She has a history of mild spastic dysphonia. She was recently started on haloperidol for auditory hallucinations. Which one of the following is the best short-term management?

- A. Arrange for an urgent laryngoscopy
- B. Provide reassurance
- C. Start lorazepam
- D. Begin dantrolene
- E. Change the haloperidol to quetiapine

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

This patient is likely experiencing extrapyramidal symptoms (dysphagia/dystonia) due to haloperidol.

Switching to an atypical antipsychotic (like quetiapine), which has a lower risk of EPS, is appropriate.

Dysphagia in the context of antipsychotic use requires prompt medication review.

Toronto Notes 2023 - Psychiatry, "Antipsychotics and Extrapyramidal Effects":

"Dysphagia can be a sign of extrapyramidal side effects. Consider switching to an atypical antipsychotic with lower EPS risk."

MCCQE1 Objectives (Psychiatry > 71-5: Antipsychotic Adverse Effects):

"Candidates must recognize and manage EPS, including drug-induced dysphagia." Dantrolene (C) is for neuroleptic malignant syndrome, not isolated dysphagia. Laryngoscopy (B) may be useful later but not first-line. Reassurance (D) is unsafe. Lorazepam (E) may help in dystonia but doesn't address the root cause.

NEW QUESTION # 15

A 30-year-old man (assigned female at birth) presents to your clinic for a periodic health examination. He declines a gynecologic examination because such examinations lead to intense emotional distress for him. He also believes that he does not require a Papanicolaou (Pap) test because he is not in a sexual relationship with a man. After acknowledging the patient's distress and providing education regarding the need for Pap screening, which one of the following would be the best next step?

- A. Record his directives in the chart.
- B. Ask permission to learn more about his distress in a subsequent appointment.
- C. Advise him to reconsider his decision and to allow the examination to proceed.

Answer: B

Explanation:

It is essential to balance medical guidelines with trauma-informed, patient-centered care. This includes offering future discussion while respecting boundaries. Acknowledging distress and offering to explore more in the future (B) preserves trust and autonomy.

Toronto Notes 2023 - ELOM and LGBTQ2S+ Health Section:

"For transgender individuals, screening decisions should be personalized. Trauma-informed care includes validating distress and deferring invasive exams when not urgent." MCCQE1 Objectives (ELOM > 99-2: Cultural Safety):

"Candidates must prioritize patient-centered communication and consent, particularly when distress or marginalization may influence healthcare interactions." Option A is coercive. Option C is documentation only and lacks engagement or exploration.

NEW QUESTION # 16

A 55-year-old man presents with vague abdominal pain and general weakness. His mother had colon cancer and died at age 60 years. His physical examination findings and complete blood count results are normal.

Which one of the following tests should be ordered first?

- A. Air-contrast barium enema
- B. Computed tomography colonography
- C. Magnetic resonance imaging of the abdomen
- D. Colonoscopy
- E. Fecal immunochemical test (FIT)

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

Given his age and a first-degree relative with colon cancer diagnosed before age 60, this patient meets criteria for early colon cancer screening. Colonoscopy is the gold standard for both screening and diagnosis in this context.

Toronto Notes 2023 - Gastroenterology, "Colorectal Cancer Screening":

"Patients with a first-degree relative diagnosed with colorectal cancer before age 60 should begin screening at age 40, or 10 years before the relative's diagnosis. Colonoscopy is the preferred method." MCCQE1 Objectives (Population Health > Preventive Screening > 63-1):

"Candidates must apply colorectal cancer screening guidelines and select appropriate tests based on risk level." FIT (A) is for average-risk screening. MRI (B) and CT colonography (E) are secondary. Barium enema (D) is outdated.

NEW QUESTION # 17

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