Social Sciences: Legal/Ethical Issues & Professionalism/Systems-based Practice & Patient Safety

United States Medical Licensing Examination (USMLE) Step 1

10 to 15% of Step 2 CK · 8 sections · content outline and specifications

Social sciences are 10 to 15% of Step 2 CK, one of the largest areas on the exam. Questions test ethics, US law, professionalism, systems-based practice and patient safety. Most items ask for the most appropriate next step or action. The right answer usually respects the autonomy of a capable patient, protects people who cannot protect themselves, is honest, and fixes systems rather than blames people. Answers follow US federal law, the usual state rules and the AMA Code of Medical Ethics.

You should be able to: After this guide, you should be able to choose the next step in an ethics or law vignette: respect a capable patient, find the right surrogate, follow an advance directive, disclose an error, protect a vulnerable person, follow EMTALA and HIPAA, and pick the strongest system fix for a safety problem.

Every section: the key point and the trap

1 Informed consent and decision-making capacity

Informed consent needs: the diagnosis, the nature of the treatment, its benefits and risks, the other options (including no treatment), and the patient's free choice.

Trap: Do not let a family member decide for a patient who can decide. Do not order a psychiatry consult just because a capable patient disagrees with you.

2 Minors, confidentiality and consent

Parents consent for minors in most care. In an emergency, treat the child if a parent cannot be reached in time.

Trap: A sexual relationship between two adolescents of similar age is not by itself abuse. Report only when state law defines it as abuse.

3 Surrogates, advance directives and end-of-life care

If a patient lacks capacity, follow first the patient's own written wishes (living will) or named agent (health care power of attorney).

Trap: Medical aid in dying is legal only in some states and needs the capable patient's own repeated request. It is not the same as stopping treatment or as palliative sedation.

4 Honesty, errors and professional conduct

Disclose every error that reaches the patient, even without harm: what happened, an apology, what was done and how repeats will be prevented.

Trap: Do not wait for a lawyer or risk manager before telling the patient, and do not tell the family instead of a capable patient.

5 Communication: interpreters, cultural humility and access

Patients with limited English have a right to a qualified medical interpreter at no cost (Civil Rights Act Title VI and the Affordable Care Act Section 1557).

Trap: A bilingual staff member without interpreter training is not a qualified interpreter.

6 Confidentiality, HIPAA and duties to report

HIPAA allows sharing without authorization for treatment, payment and health care operations, and for required public health reports.

Trap: Do not ask the parents for permission to report, and do not wait for a test result that would not change your suspicion.

7 EMTALA and the US health care system

EMTALA: every hospital with an emergency department that takes Medicare must screen and stabilize anyone, whatever their ability to pay.

Trap: Lack of insurance is never a reason to transfer or delay emergency care, and a deposit cannot be asked first.

8 Patient safety and quality improvement

Most errors come from systems, not bad people. A just culture holds people responsible for reckless acts but fixes the system for honest mistakes.

Trap: When asked for the best fix, do not choose discipline, retraining one person or a reminder. Choose the change that makes the error hard to make.

Key terms

Decision-making capacity: The ability to understand, appreciate, reason about and choose a medical option.

Substituted judgment: A surrogate's choice based on what the patient would have wanted.

POLST: A medical order form that states which life-sustaining treatments a seriously ill patient wants.

Double effect: An act with a good intent may be allowed even if it has a foreseen but unintended bad effect.

EMTALA: A US law that requires emergency screening and stabilization for anyone who comes to a hospital emergency department.

HIPAA: A US law that protects the privacy of health information.

Sentinel event: A safety event causing death or serious harm that needs a full review.

Root cause analysis: A structured review that finds the system causes of an error.

Forcing function: A design that makes an error impossible or very hard to make.

Mandated reporter: A professional required by law to report suspected abuse or neglect.

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