**OBJECTIVES**

**Medication Refusal: Understanding the Why "They Just Say No"**

After participating in this activity, pharmacists and pharmacy technicians will be able to

1. Recognize and define types and leading causes of treatment/medication refusal
2. Describe the ethical and legal principles associated with medication refusal, covert medication, and surreptitious prescribing
3. Determine treatment alternatives for patients with dietary, religious, or other restrictions
4. Identify and implement key components of a medication refusal protocol
5. **Which of the following is an example of ACTIVE medication refusal?**
	1. A patient ingests her medication when the caregiver administers it, but secretly spits it out half an hour later.
	2. A patient states that she does not wish to take her oral medication, then refuses to open her mouth to ingest the medication.
	3. A patient initially refuses to take her medication, but concedes when the caregiver repeatedly asks her to.
6. **A patient states that he is vegetarian and wishes to avoid animal products. Which of the following excipients is INAPPROPRIATE for this patient?**
	1. Gelatin
	2. Peanut oil
	3. Mannitol
7. **Which of the following best describes motivational interviewing?**
	1. An interviewing style that involves the use of ethics counselors, who help healthcare professionals navigate complicated cases
	2. The process by which patients are educated about a treatment’s risks, benefits, and alternatives
	3. A behavioral technique that motivates patients to change by empowering them and motivating them with their own values
8. **Which of the following statements is FALSE about the practice of covert medication?**
	1. It refers to administering medications without a patient’s knowledge, such as by concealing medications in food or drink.
	2. It is justifiable in mentally competent patients who refuse treatment against medical advice.
	3. It may be better received than more aggressive methods, such as forced injections.
9. **A practicing Sikh patient tells you that her religion prevents her from consuming Medication X, which contains animal by-products. She wants to know what alternatives are available, and what she should avoid. Which of the following best describes her reasons for refusing Medication X?**
	1. Dietary restriction
	2. Medical misconception
	3. Mistrust of the medical team
10. **A practicing Sikh patient tells you that her religion prevents her from consuming Medication X, which contains animal by-products. She wants to know what alternatives are available, and what she should avoid. Which is the best resource to refer her to?**
	1. Pillbox, so she can research medications’ ingredients and avoid those containing animal products
	2. The primary literature and PubMed or GoogleScholar, so she can find the most recent data
	3. The patient should not be referred; Medication X is the most effective option for her illness, and she should take it regardless of her beliefs
11. **Why might an ethics consultation be useful in certain instances of treatment refusal?**
	1. Ethics counselors are authorized to make healthcare decisions on behalf of incompetent patients.
	2. Ethics counselors are compensated based on patient outcomes, so they persuade patients to choose the most medically effective option.
	3. Ethics counselors are trained in core ethics and healthcare competencies and can help navigate difficult situations.
12. **Patient BT is newly diagnosed with a disease. His doctor recommends Treatment X and describes the treatment’s risks and benefits. BT refuses his doctor’s suggestion. Instead, he decides to try natural OTC products. This is an example of:**
	1. Beneficence
	2. Primum non nocere
	3. Autonomy
13. **Patient BT is newly diagnosed with a disease. His doctor recommends Treatment X and describes the treatment’s risks and benefits. BT refuses his doctor’s suggestion. Instead, he decides to try natural OTC products. Which of the following is the LEAST appropriate response to BT?**
	1. Inform BT of the risks and benefits of OTC products, and show him how to interpret the Drug Facts labels.
	2. Identify BT’s reason for refusal—ask about his beliefs, perceptions, and concerns. Counsel him accordingly.
	3. Inform BT that you will request an ethics consultation to advise in this situation, which in your opinion is untenable.
14. **Patient WG is prescribed a new medication and told to take one capsule twice a day. WG misunderstands—he takes two capsules once a day, instead. Which of the following best describes WG’s behavior?**
	1. Intentional non-adherence
	2. Unintentional non-adherence
	3. Passive refusal
15. **Patient AU tells you, “Dr. S prescribed five different pills for me, but I’m not taking any of them. I’m a regular churchgoer and I know I should love and respect all people, but I don’t have a good feeling about Dr. S. I think she has it out for me. I’m going to get the meds from Dr. G instead.” Based on this statement, AU’s primary reason for refusal is:**
	1. Religious refusal
	2. Lack of belief in the medications’ effect
	3. Mistrust of the medical provider
16. **Patient LG is a 5-year-old female who requires a life-saving blood transfusion. Her caretaker refuses to consent to the procedure since it goes against her religious beliefs. Which of the following statements is TRUE of this situation?**
	1. The attending physician must request an ethics consultation, since this is legally required for all cases involving a minor.
	2. LG’s caretaker has the ultimate say in her medical decisions but LG’s doctors are ethically obligated do what is beneficial for the patient.
	3. Since LG does not suffer from any brain disorders, she can make her own medical decisions. The medical team only needs LG’s consent, not the caretaker’s.