

Queensland Health Law Practice Test (Sample)

Study Guide



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SAMPLE

Questions

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- 1. Which of the following is often referred to as life sustaining measures (LSMs)?**
 - A. Treatment that permanently cures illness**
 - B. Assisted ventilation**
 - C. Pain management**
 - D. Routine vaccinations**
- 2. Which of the following is NOT a type of treatment prohibited by the Mental Health Act?**
 - A. Insulin induced coma therapy**
 - B. Deep sleep therapy**
 - C. Psychoanalysis**
 - D. Psychosurgery treatments**
- 3. What is confidentiality in the context of healthcare?**
 - A. Revealing patient information to anyone upon request**
 - B. Non-disclosure of information shared by the patient**
 - C. Publicizing patient records for educational purposes**
 - D. Sharing general patient data with the media**
- 4. What action can be taken by QCAT regarding health practitioners?**
 - A. It can issue medical licenses**
 - B. It can resolve disputes related to health practitioners' registrations and handle complaints**
 - C. It can set fees for medical services**
 - D. It can shut down medical practices indefinitely**
- 5. When does the Enduring Power of Attorney take effect?**
 - A. Immediately after signing**
 - B. When healthcare decisions are needed**
 - C. When the individual is incapacitated**
 - D. When the attorney is available**

- 6. Which of the following is NOT included in the statutory regime for adults who lack decision-making capacity?**
- A. Advance Health Directive**
 - B. Family consent**
 - C. Statutory Health Attorney**
 - D. Guardian appointed by QCAT**
- 7. What is the legal age requirement to request voluntary assisted dying under the Voluntary Assisted Dying Act 2021 (Qld)?**
- A. Under 16 years old**
 - B. 16 years old**
 - C. 18 years old**
 - D. 21 years old**
- 8. What principle was established in Donoghue v Stephenson's case?**
- A. Mixing personal interests with professional roles**
 - B. The neighbour principle in determining duty of care**
 - C. The importance of patient confidentiality**
 - D. Health professionals' liability in malpractice**
- 9. What type of reports can QCAT rely on to make its capacity decisions?**
- A. Financial audits**
 - B. Medical reports and clinical assessments**
 - C. Psychological evaluations**
 - D. Social welfare reports**
- 10. What is the primary legislation governing health laws in Queensland?**
- A. The Health Registrations Act 2009**
 - B. The Hospital and Health Boards Act 2011**
 - C. The Public Health Regulation 2014**
 - D. The Mental Health Act 2016**

Answers

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1. B
2. C
3. B
4. B
5. C
6. B
7. C
8. B
9. B
10. B

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Explanations

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1. Which of the following is often referred to as life sustaining measures (LSMs)?

- A. Treatment that permanently cures illness**
- B. Assisted ventilation**
- C. Pain management**
- D. Routine vaccinations**

Assisted ventilation is often referred to as life sustaining measures (LSMs) because it directly supports the respiratory function of a patient who is unable to breathe adequately on their own. These measures are vital in situations where a patient's life is at risk due to respiratory failure or severe medical conditions affecting the lungs. Life sustaining measures encompass various medical interventions that maintain a patient's life, particularly in critical care settings. Assisted ventilation ensures that oxygen is delivered to the lungs, carbon dioxide is removed, and overall homeostasis is maintained, allowing the patient to survive while potentially undergoing further treatment or recovery. In contrast, the other options involve different aspects of healthcare but do not fit the specific definition of life sustaining measures, which are intended to sustain the life of patients who are critically ill or at immediate risk of death. Treatment that permanently cures illness and routine vaccinations serve different purposes within healthcare, and pain management focuses on comfort rather than directly sustaining life in acute situations.

2. Which of the following is NOT a type of treatment prohibited by the Mental Health Act?

- A. Insulin induced coma therapy**
- B. Deep sleep therapy**
- C. Psychoanalysis**
- D. Psychosurgery treatments**

The chosen answer identifies psychoanalysis as not a type of treatment prohibited by the Mental Health Act. This is accurate because psychoanalysis, a therapeutic method involving the dialogue between a patient and a psychoanalyst, does not typically involve invasive procedures or bodily interventions, which are more likely to be scrutinized under mental health legislation. In contrast, the other treatments listed—such as insulin induced coma therapy, deep sleep therapy, and psychosurgery treatments—are considered more invasive and have been associated with significant ethical concerns and risks to the patient's well-being. These treatments have historical precedents of being misused or causing harm, consequently leading to their prohibition or severe regulation under mental health statutes like the Mental Health Act. Psychoanalysis, by focusing on mental and emotional dynamics without invasive techniques, is generally viewed as a more acceptable form of treatment within the context of mental health care, making it permissible under the Act.

3. What is confidentiality in the context of healthcare?

- A. Revealing patient information to anyone upon request
- B. Non-disclosure of information shared by the patient**
- C. Publicizing patient records for educational purposes
- D. Sharing general patient data with the media

Confidentiality in the context of healthcare refers specifically to the principle of non-disclosure of information shared by the patient. This means that healthcare providers have a legal and ethical obligation to protect patient information from being disclosed to unauthorized individuals. Patients trust healthcare professionals to keep their personal health information secure and private. This trust is essential for effective communication between patients and providers, as it encourages patients to provide complete and accurate information regarding their health, which is necessary for appropriate care and treatment. While the other options involve various forms of sharing or disclosing patient information, they do not align with the core tenet of confidentiality. Revealing patient information to anyone upon request undermines this trust and violates privacy laws. Publicizing patient records or sharing general patient data without consent can also infringe upon privacy rights and is typically subject to strict regulations. In healthcare, maintaining confidentiality is crucial for fostering a safe environment for patients and ensuring adherence to legal standards.

4. What action can be taken by QCAT regarding health practitioners?

- A. It can issue medical licenses
- B. It can resolve disputes related to health practitioners' registrations and handle complaints**
- C. It can set fees for medical services
- D. It can shut down medical practices indefinitely

The QCAT, or Queensland Civil and Administrative Tribunal, has the authority to resolve disputes related to health practitioners' registrations and handle complaints lodged against them. This is particularly important in the context of maintaining professional standards and accountability within the healthcare system. When a complaint is made against a health practitioner, QCAT evaluates the circumstances and makes decisions regarding any disciplinary actions that may be necessary, which can include imposing conditions on practice, suspensions, or other measures to ensure the safety and welfare of the public. This role is crucial for protecting patient safety and integrity within the healthcare profession. The other actions listed, such as issuing medical licenses, setting fees for medical services, or shutting down medical practices indefinitely, fall outside the jurisdiction of QCAT. Licensing is typically managed by specific health regulatory agencies, while fee setting is a separate function that does not involve QCAT. Shutting down medical practices would require a different legal process, often involving more stringent regulatory actions beyond the QCAT's scope. Thus, the function of QCAT in handling disputes and complaints is a significant aspect of its role regarding health practitioners.

5. When does the Enduring Power of Attorney take effect?

- A. Immediately after signing**
- B. When healthcare decisions are needed**
- C. When the individual is incapacitated**
- D. When the attorney is available**

The correct understanding of when an Enduring Power of Attorney takes effect is that it is activated when the individual is incapacitated. This legal document is designed to ensure that a person's wishes regarding financial and health care decisions are respected and implemented at a time when they may no longer be able to make those decisions themselves due to incapacity, which can result from illness, injury, or other circumstances affecting their mental capacity. While some may think an Enduring Power of Attorney could take effect immediately after signing, this is not the case if it is specifically designed to endure through periods of incapacity. In fact, the principal can choose to set the document to take effect immediately or only upon incapacity, but the enduring aspect always refers to its functionality during incapacity. The option suggesting that it takes effect when healthcare decisions are needed does not capture the specific condition of incapacity, as decisions can be needed even when the individual is still capable. Similarly, considering the attorney's availability is irrelevant; the authority granted in the document pertains to the principal's condition rather than the attorney's ability to act at that moment. This highlights the importance of creating an Enduring Power of Attorney that directly addresses the situations where an individual may not be able to advocate for themselves.

6. Which of the following is NOT included in the statutory regime for adults who lack decision-making capacity?

- A. Advance Health Directive**
- B. Family consent**
- C. Statutory Health Attorney**
- D. Guardian appointed by QCAT**

In the context of the statutory regime set forth for adults who lack decision-making capacity, family consent is indeed not typically included as a formal mechanism for making health care decisions. In Queensland, the law prioritizes specific legal frameworks to ensure that individuals who lack capacity are protected, and that decisions are made in their best interests. The Advance Health Directive allows a person to outline their health care preferences in case they become unable to articulate them in the future. This is a key component of the statutory regime, as it ensures respect for the individual's wishes. The Statutory Health Attorney is another critical feature, where the law designates certain individuals (such as close relatives) to make health care decisions on behalf of someone who lacks decision-making capacity. This decision-making authority is granted by law, thereby providing a legally recognized mechanism to handle such situations. Likewise, if there's no Advance Health Directive or Statutory Health Attorney available, a guardian can be appointed by the Queensland Civil and Administrative Tribunal (QCAT) to make these important decisions. This appointment is part of the statutory framework to ensure that a representative is legally responsible for acting in the best interests of the individual who lacks capacity. In summary, while family consent may play an informal role in discussions regarding health

7. What is the legal age requirement to request voluntary assisted dying under the Voluntary Assisted Dying Act 2021 (Qld)?

- A. Under 16 years old**
- B. 16 years old**
- C. 18 years old**
- D. 21 years old**

The Voluntary Assisted Dying Act 2021 (Qld) stipulates that individuals must be at least 18 years old to request voluntary assisted dying. This age requirement is set to ensure that individuals are legally considered adults capable of making informed decisions regarding their health and end-of-life options. The law distinguishes between minors and adults, as minors may not have the same legal capacity to provide consent or fully understand the implications of such significant medical decisions. In contrast, other age options listed are below the stipulated legal age for such requests. The differentiation in age requirements reflects a widespread legal standard designed to protect vulnerable populations while allowing adult individuals the autonomy to make decisions about their own lives and deaths.

8. What principle was established in Donoghue v Stephenson's case?

- A. Mixing personal interests with professional roles**
- B. The neighbour principle in determining duty of care**
- C. The importance of patient confidentiality**
- D. Health professionals' liability in malpractice**

The principle established in the landmark case of Donoghue v Stephenson is the "neighbour principle," which is foundational in the context of establishing a duty of care. This case marked a significant development in tort law, particularly the law of negligence, by articulating the idea that individuals owe a duty of care to those who might be directly affected by their actions or omissions. The "neighbour principle" posits that one must take reasonable care to avoid acts or omissions that could foreseeably injure one's neighbour. In this case, the neighbour was defined not just as a physical person living nearby but as anyone who might be affected by one's conduct. The case involved a woman who became ill after consuming a ginger beer containing a decomposed snail, highlighting the manufacturers' responsibility to ensure their products are safe for consumers. This principle has since been widely applied in determining negligence and the duty of care across various contexts, including health law. In contrast, the other options focus on different aspects of healthcare and responsibility that are not directly tied to the core holding of Donoghue v Stephenson. Mixing personal interests with professional roles, the importance of patient confidentiality, and health professionals' liability in malpractice all represent important legal concepts and responsibilities within healthcare settings, but

9. What type of reports can QCAT rely on to make its capacity decisions?

- A. Financial audits**
- B. Medical reports and clinical assessments**
- C. Psychological evaluations**
- D. Social welfare reports**

QCAT, the Queensland Civil and Administrative Tribunal, utilizes medical reports and clinical assessments to guide its decisions regarding an individual's capacity. This reliance on medical and clinical documentation is crucial because it provides evidence of an individual's mental and physical health status, which is essential for assessing their ability to make informed decisions. Medical professionals offer insights into the cognitive functions and health conditions that may affect decision-making capabilities. In matters of capacity, the tribunal needs to understand the specific medical conditions and how they might impair an individual's ability to understand and manage their personal, financial, or health-related decisions. These reports form a foundation for QCAT's judgments, as they incorporate expert opinions directly related to the assessment of a person's capacity, ensuring decisions are made based on clinical and objective criteria. While financial audits, psychological evaluations, and social welfare reports can provide valuable context, they do not specifically address the medical aspect of capacity that is often at the crux of QCAT's deliberations. For example, financial audits might inform about a person's financial situation but not their mental capacity, which is the primary focus in these decisions. Similarly, psychological evaluations can be important but may not always carry the weight of clinical assessments specific to medical conditions affecting capacity. Social welfare reports are useful in understanding the

10. What is the primary legislation governing health laws in Queensland?

- A. The Health Registrations Act 2009**
- B. The Hospital and Health Boards Act 2011**
- C. The Public Health Regulation 2014**
- D. The Mental Health Act 2016**

The Hospital and Health Boards Act 2011 serves as the primary legislation governing health laws in Queensland. This Act establishes the framework for the operation of public hospitals and health services throughout the state, defining the roles and responsibilities of Hospital and Health Services (HHSs) and providing for the governance and funding of these entities. It aims to improve the efficiency and effectiveness of health service delivery, ensuring that health services meet the needs of the community. While other options relate to specific areas within the health system, they do not serve as the overarching legislation guiding health laws in Queensland. The Health Registrations Act 2009, for instance, focuses on the registration of health practitioners. The Public Health Regulation 2014 deals with public health measures and is more regulatory in nature, lacking the comprehensive governance structure of the Hospital and Health Boards Act. The Mental Health Act 2016 deals specifically with mental health services and the rights of individuals receiving such services, but does not encompass the broader scope of health governance established by the Hospital and Health Boards Act 2011.