

# Queensland Health Law Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**This is a sample study guide. To access the full version with hundreds of questions,**

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# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>6</b>
<b>Answers</b> .....	<b>9</b>
<b>Explanations</b> .....	<b>11</b>
<b>Next Steps</b> .....	<b>17</b>

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## 1. Start with a Diagnostic Review

**Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.**

## 2. Study in Short, Focused Sessions

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.**

## 3. Learn from the Explanations

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## 4. Track Your Progress

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## 5. Simulate the Real Exam

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## 6. Repeat and Review

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.**

## 7. Use Other Tools

**Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!**

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## **Questions**

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- 1. In the Queensland court hierarchy, what comes immediately below the Supreme Court of Appeal?**
  - A. District Court**
  - B. Magistrate Court**
  - C. Supreme Court Trial Division**
  - D. Family Court**
- 2. What does 'non-maleficence' mean in the context of healthcare ethics?**
  - A. The goal to provide maximum benefits to patients**
  - B. The principle of "do no harm" when providing healthcare services**
  - C. The obligation to disclose all treatment risks**
  - D. The requirement to prioritize patient autonomy**
- 3. Who is obligated to report notifiable conduct under AHPRA?**
  - A. Only registered health practitioners**
  - B. Only health service managers**
  - C. Registered practitioners, employers, and education providers**
  - D. Any individual with knowledge of the situation**
- 4. What does the Transplantation and Anatomy Act 1972 Qld suggest regarding blood transfusions for children?**
  - A. Parental consent is always required**
  - B. Parental consent is not required in emergencies when assessed by 2 medical practitioners**
  - C. Only one medical practitioner's assessment is needed**
  - D. Blood transfusion cannot be administered to children**
- 5. What does Gillick competence relate to?**
  - A. A child's understanding of financial matters**
  - B. A child's ability to consent to medical treatment**
  - C. A child's capacity to refuse education**
  - D. A child's maturity in legal contracts**

**6. Which factor is not typically considered when examining therapeutic relationships in health law?**

- A. Trust**
- B. Respect**
- C. Financial gain**
- D. Safety in delivering care**

**7. How do 'advance directives' influence patient care in Queensland?**

- A. They allow patients to demand any treatment they desire**
- B. They guide health practitioners in respecting a patient's wishes for treatment in future scenarios**
- C. They permit health practitioners to override patient wishes**
- D. They have no legal significance in patient care**

**8. What principle must be met regarding a patient's decision to refuse healthcare?**

- A. The decision must be legally binding**
- B. The decision must be made voluntarily**
- C. The decision must be reversible**
- D. The decision must be medically recommended**

**9. In which circumstance is confidentiality typically NOT maintained?**

- A. Client requests release of info**
- B. For routine medical consultations**
- C. Client is in a dangerous situation**
- D. Insurance company requests diagnosis**

**10. What must health care providers in Queensland do regarding patient records?**

- A. Maintain them without patient access**
- B. Keep them confidential and secure while ensuring patient access**
- C. Only store them for seven years**
- D. Share them freely with third parties**

## **Answers**

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

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## **Explanations**

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**1. In the Queensland court hierarchy, what comes immediately below the Supreme Court of Appeal?**

- A. District Court**
- B. Magistrate Court**
- C. Supreme Court Trial Division**
- D. Family Court**

The Supreme Court of Appeal in Queensland is the highest court that handles appeals from lower courts. Immediately below this court is the Supreme Court Trial Division. This division deals with serious civil and criminal matters that are beyond the jurisdiction of the lower courts, and it also hears appeals from the District Courts. Understanding the structure of the court hierarchy is essential, as it establishes the avenues for legal recourse and the flow of cases through the system. The Supreme Court Trial Division plays a critical role, as it not only conducts trials for serious cases but also serves as an essential link in the appeal process to the Supreme Court of Appeal, enabling a systematic approach to justice. The other options, such as the District Court, Magistrates Court, and Family Court, while important parts of the Queensland legal system, function at different levels within the hierarchy. The District Court deals with less serious offences and civil matters, the Magistrates Court addresses minor criminal offences and minor civil disputes, and the Family Court specializes in family law issues. None of these courts occupies the same level as the Supreme Court Trial Division when considering the hierarchy relative to the Supreme Court of Appeal.

**2. What does 'non-maleficence' mean in the context of healthcare ethics?**

- A. The goal to provide maximum benefits to patients**
- B. The principle of "do no harm" when providing healthcare services**
- C. The obligation to disclose all treatment risks**
- D. The requirement to prioritize patient autonomy**

In the context of healthcare ethics, 'non-maleficence' refers to the principle of "do no harm" when providing healthcare services. This ethical obligation emphasizes that healthcare professionals must not cause harm to patients, whether through acts of commission or omission. It serves as a foundational element of medical practice, guiding healthcare providers to consider the potential negative consequences of their interventions and to prioritize patient safety in all decision-making. In practice, this principle requires that healthcare practitioners carefully weigh the risks and benefits of any treatment or intervention to ensure that they are not inadvertently causing harm, whether physically, emotionally, or psychologically. By adhering to non-maleficence, healthcare providers commit to delivering care that is beneficial while minimizing any potential damage to their patients. This principle is essential for establishing trust in the healthcare provider-patient relationship and is pivotal in fostering a compassionate and ethical practice environment.

### 3. Who is obligated to report notifiable conduct under AHPRA?

- A. Only registered health practitioners**
- B. Only health service managers**
- C. Registered practitioners, employers, and education providers**
- D. Any individual with knowledge of the situation**

The correct answer centers around the responsibilities established under the Australian Health Practitioner Regulation Agency (AHPRA) guidelines. Registered practitioners, employers, and education providers have specific obligations when it comes to reporting notifiable conduct. Registered health practitioners must report any conduct that poses a risk to public safety, includes significant breaches of professional standards, or demonstrates a practitioner's impairment that affects their ability to practice safely. Employers also share this responsibility since they are in a position to identify issues regarding the conduct of their employees. Education providers have an obligation to report concerning behaviors or incidents involving students in health programs, especially those that indicate a lack of competence or character concerns. This collective responsibility is essential in ensuring that the health system maintains its integrity and protects the public from harm. It emphasizes the collaborative effort among various stakeholders in the healthcare system to identify and act upon situations that could endanger patient safety, thereby fostering a culture of accountability in the health profession.

### 4. What does the Transplantation and Anatomy Act 1972 Qld suggest regarding blood transfusions for children?

- A. Parental consent is always required**
- B. Parental consent is not required in emergencies when assessed by 2 medical practitioners**
- C. Only one medical practitioner's assessment is needed**
- D. Blood transfusion cannot be administered to children**

The Transplantation and Anatomy Act 1972 in Queensland provides specific guidelines for medical consent, particularly regarding blood transfusions for children. When it comes to emergencies, the law recognizes that obtaining parental consent can delay necessary medical intervention. Therefore, in situations assessed by two medical practitioners, the law allows for blood transfusions to proceed without the need for parental consent. This provision is important to safeguard the health and wellbeing of the child, ensuring that timely medical treatment can be delivered in critical situations. The provision acts as a safeguard to ensure that medical professionals can act in the best interest of the child, especially when a delay in treatment could result in serious harm or death. In emergency circumstances, where immediate decisions are vital, the requirement for the assessment of two medical practitioners further ensures that the decision to proceed with a blood transfusion is carefully considered and justified. This reflects a balance between legal requirements and the practical needs of providing urgent medical care. The other options do not accurately capture the legal framework set by the Act regarding emergency situations. For instance, insisting that parental consent is always required overlooks the nuances that the Act provides for emergencies, which can lead to adverse outcomes for the child if not addressed promptly. Similarly, stating that only one medical practitioner's assessment

## 5. What does Gillick competence relate to?

- A. A child's understanding of financial matters
- B. A child's ability to consent to medical treatment**
- C. A child's capacity to refuse education
- D. A child's maturity in legal contracts

Gillick competence refers specifically to a child's ability to consent to their own medical treatment when they are deemed sufficiently mature and capable of understanding the nature, purpose, and potential consequences of the treatment. This legal principle emerged from the UK case *Gillick v West Norfolk and Wisbech Area Health Authority*, which established that adolescents, under certain circumstances, can make their own decisions about medical care without the need for parental consent. This concept emphasizes the importance of assessing the individual child's understanding and maturity rather than relying solely on their age. Therefore, it highlights a child's rights in healthcare contexts, allowing them to have an active role in decisions affecting their health. The other options, while related to aspects of a child's autonomy and rights, do not pertain to the healthcare context and the legal framework governing medical consent specifically like Gillick competence does.

## 6. Which factor is not typically considered when examining therapeutic relationships in health law?

- A. Trust
- B. Respect
- C. Financial gain**
- D. Safety in delivering care

When examining therapeutic relationships in health law, the primary focus is on the essential elements that contribute to the effectiveness and ethical foundations of these relationships. Trust, respect, and safety in delivering care are fundamental elements because they establish the foundation for patient-provider interactions and are crucial for fostering a supportive environment in which patients feel secure in sharing their concerns and seeking help. Trust is vital, as it encourages open communication and allows the patient to feel confident that the provider has their best interests at heart. Respect fosters a positive dynamic where the rights and values of the patient are acknowledged, further enhancing the therapeutic relationship. Safety in delivering care is paramount, as it ensures that patients receive appropriate care without unnecessary risk or harm, which is a core principle of health law. On the other hand, financial gain does not belong as a consideration in therapeutic relationships in health law. While financial considerations can impact the delivery of healthcare services, they do not align with the ethical standards that underpin a therapeutic relationship. Such a focus on financial gain could compromise the integrity of the relationship and may lead to conflicts of interest, jeopardizing patient care and trust, which are central to effective healthcare practices. Therefore, while financial aspects may be relevant in broader healthcare considerations, they do not constitute a factor that is

## 7. How do 'advance directives' influence patient care in Queensland?

- A. They allow patients to demand any treatment they desire
- B. They guide health practitioners in respecting a patient's wishes for treatment in future scenarios**
- C. They permit health practitioners to override patient wishes
- D. They have no legal significance in patient care

In Queensland, advance directives play a crucial role in guiding health practitioners regarding a patient's preferences for treatment in specific future scenarios where they may be unable to communicate their wishes due to medical reasons. These documents express the individual's values and wishes concerning their healthcare, enabling healthcare providers to make informed decisions that align with the patient's preferences. By having an advance directive in place, it ensures that a patient's autonomy is respected and that their treatment aligns with their pre-expressed wishes, even if they are incapacitated. This legal framework supports patient-centered care by prioritizing the desires of patients over the discretion of healthcare professionals, thus fostering a more ethical and respectful approach to medical decision-making. Other options do not accurately reflect the purpose or legal status of advance directives. They do not provide unrestricted demands for treatment, as they must adhere to legal and ethical standards. Furthermore, health practitioners cannot override a patient's wishes provided in an advance directive, as these documents hold significant legal weight in guiding treatment protocols.

## 8. What principle must be met regarding a patient's decision to refuse healthcare?

- A. The decision must be legally binding
- B. The decision must be made voluntarily**
- C. The decision must be reversible
- D. The decision must be medically recommended

A patient's decision to refuse healthcare must be made voluntarily, meaning that the patient should make the decision without coercion, undue pressure, or manipulation from healthcare providers, family, or other influences. This principle is grounded in the ethical and legal emphasis on respect for patient autonomy, which is a cornerstone of health law. In order for a refusal of treatment to be valid, the patient must fully understand the implications of their decision and be free to make that choice based on their own values and preferences. This spontaneity is essential to ensure that the patient's rights are upheld, and it allows for any necessary informed consent processes to occur without intimidation or fear. The other options do not accurately reflect the standards necessary for a valid refusal of healthcare. For example, while a decision may have legal implications, it is not required to be legally binding in every context, and there is no strict requirement for a refusal to be reversible. Additionally, while medical recommendations may inform a patient's decision, they do not have to align precisely with the patient's choices to validate that refusal of care.

## 9. In which circumstance is confidentiality typically NOT maintained?

- A. Client requests release of info**
- B. For routine medical consultations**
- C. Client is in a dangerous situation**
- D. Insurance company requests diagnosis**

Confidentiality is a fundamental principle in healthcare and legal practice, aimed at protecting patient privacy. In the context of routine medical consultations, the expectation is that information shared between a patient and a healthcare provider is kept confidential. However, there are circumstances where confidentiality may not be strictly upheld, such as when there is a legal or ethical obligation to disclose information. In routine medical consultations, healthcare providers generally continue to respect the confidentiality of their patients. Thus, this scenario does not align with situations where confidentiality would typically be breached. Other options indicate situations where confidentiality is typically not maintained due to pressing concerns or legal obligations. For example, if a client requests the release of information, this indicates a clear and voluntary decision by the client to share their information, which maintains the spirit of confidentiality while allowing for necessary disclosures. Similarly, if a client is in a dangerous situation, healthcare providers are often mandated to report this for the safety of the individual or others, overriding confidentiality to prevent harm. When an insurance company requests a diagnosis, confidentiality might need to be breached to fulfill the contractual obligations related to insurance claims. Therefore, while routine consultations do not typically breach confidentiality, other scenarios demand disclosure for various reasons, which underscores the correct choice's accuracy.

## 10. What must health care providers in Queensland do regarding patient records?

- A. Maintain them without patient access**
- B. Keep them confidential and secure while ensuring patient access**
- C. Only store them for seven years**
- D. Share them freely with third parties**

Health care providers in Queensland are required to keep patient records confidential and secure while also ensuring that patients have access to their own records. This principle is rooted in both ethical considerations and legal obligations under legislation such as the Health Records Act and the Privacy Act. Protecting the confidentiality of patient information is essential to maintaining trust in the healthcare system, and patients have the right to access their health information to promote transparency and informed decision-making about their care. Maintaining confidentiality means implementing appropriate security measures to safeguard sensitive information, while ensuring that patients can review their own records fosters a collaborative approach to healthcare. This access can enhance patient engagement, enable better understanding of health conditions, and facilitate more informed consent processes. In contrast, the other options present practices that would violate either patient privacy or regulatory requirements. Keeping records without patient access undermines patients' rights and the ethical duty of transparency in health care. Storing records for only seven years does not align with legal requirements that mandate longer retention periods depending on specific contexts. Sharing records freely with third parties disregards the need for strict patient consent and confidentiality protections, potentially compromising patient privacy and trust.

# Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://queenslandhealthlaw.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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