

30/8/22

1001385

प्रश्न पुस्तिका संख्या /
Question Booklet No.

पुस्तिका में पृष्ठों की संख्या-32
No. of Pages in Booklet -32
पुस्तिका में प्रश्नों की संख्या-180
No. of Questions in Booklet -180

BSAP-22

Paper Code : 11

SUBJECT : Palliative Medicine
(Broad Speciality)

समय: 3.00 घण्टे
Time: 3.00 Hours

अधिकतम अंक: 180
Maximum Marks: 180

प्रश्न-पत्र पुस्तिका के पेपर सील/ पॉलिथिन बैग को खोलने पर परीक्षार्थी यह सुनिश्चित कर लें कि प्रश्न पुस्तिका संख्या तथा ओ.एम.आर. उत्तर-पत्रक पर अंकित बारकोड समान हैं। इसमें कोई भिन्नता हो तो परीक्षार्थी वीक्षक से दूसरा प्रश्न-पत्र प्राप्त कर लें। ऐसा सुनिश्चित करने की जिम्मेदारी अभ्यर्थी की होगी।

On opening the paper seal/ polythene bag of the Question Booklet the candidate should ensure that Question Booklet Number and Barcode of OMR Answer Sheet must be same. If there is any difference, candidate must obtain another Question Booklet from Invigilator. Candidate himself shall be responsible for ensuring this.

परीक्षार्थियों के लिए निर्देश

1. सभी प्रश्नों के उत्तर दीजिए।
2. सभी प्रश्नों के अंक समान हैं।
3. प्रत्येक प्रश्न का केवल एक ही उत्तर दीजिए।
4. एक से अधिक उत्तर देने की दशा में प्रश्न के उत्तर को गलत माना जाएगा।
5. प्रत्येक प्रश्न के चार वैकल्पिक उत्तर दिये गये हैं, जिन्हें क्रमशः 1, 2, 3, 4 अंकित किया गया है। अभ्यर्थी को सही उत्तर निर्दिष्ट करते हुए उनमें से केवल एक गोले अथवा बबल को उत्तर-पत्रक पर नीले बॉल प्वाइंट पेन से गहरा करना है।
6. **OMR** उत्तर-पत्रक इस परीक्षा पुस्तिका के अन्दर रखा है। जब आपको परीक्षा पुस्तिका खोलने को कहा जाए, तो उत्तर-पत्रक निकाल कर ध्यान से केवल नीले बॉल प्वाइंट पेन से विवरण भरें।
7. प्रत्येक गलत उत्तर के लिए प्रश्न अंक का 1/3 भाग काटा जायेगा। गलत उत्तर से तात्पर्य अशुद्ध उत्तर अथवा किसी भी प्रश्न के एक से अधिक उत्तर से है। किसी भी प्रश्न से संबंधित गोले या बबल को खाली छोड़ना गलत उत्तर नहीं माना जायेगा।
8. मोबाइल फोन अथवा इलेक्ट्रॉनिक यंत्र का परीक्षा हॉल में प्रयोग पूर्णतया वर्जित है। यदि किसी अभ्यर्थी के पास ऐसी कोई वर्जित सामग्री मिलती है, तो उसके विरुद्ध आयोग द्वारा नियमानुसार कार्यवाही की जायेगी।
9. कृपया अपना रोल नम्बर ओ.एम.आर. पत्रक पर सावधानी पूर्वक सही भरें। गलत अथवा अपूर्ण रोल नम्बर भरने पर 5 अंक कुल प्राप्तांकों में से काटे जा सकते हैं।
10. यदि किसी प्रश्न में किसी प्रकार की कोई मुद्रण या तथ्यात्मक प्रकार की त्रुटि हो, तो प्रश्न के हिन्दी तथा अंग्रेज़ी रूपान्तरों में से अंग्रेज़ी रूपान्तर मान्य होगा।

चेतावनी : अगर कोई अभ्यर्थी नकल करते पकड़ा जाता है या उसके पास से कोई अनधिकृत सामग्री पाई जाती है, तो उस अभ्यर्थी के विरुद्ध पुलिस में प्राथमिकी दर्ज कराते हुए विविध नियमों-प्रावधानों के तहत कार्यवाही की जाएगी। साथ ही विभाग ऐसे अभ्यर्थी को भविष्य में होने वाली विभाग की समस्त परीक्षाओं से विवर्जित कर सकता है।

INSTRUCTIONS FOR CANDIDATES

1. Answer all questions.
2. All questions carry equal marks.
3. Only one answer is to be given for each question.
4. If more than one answers are marked, it would be treated as wrong answer.
5. Each question has four alternative responses marked serially as 1, 2, 3, 4. You have to darken only one circle or bubble indicating the correct answer on the Answer Sheet using **BLUE BALL POINT PEN**.
6. The **OMR** Answer Sheet is inside this Test Booklet. When you are directed to open the Test Booklet, take out the Answer Sheet and fill in the particulars carefully with **blue ball point pen** only.
7. **1/3 part of the mark(s) of each question will be deducted for each wrong answer.** A wrong answer means an incorrect answer or more than one answers for any question. Leaving all the relevant circles or bubbles of any question blank will not be considered as wrong answer.
8. Mobile Phone or any other electronic gadget in the examination hall is strictly prohibited. A candidate found with any of such objectionable material with him/her will be strictly dealt as per rules.
9. Please correctly fill your Roll Number in O.M.R. Sheet. **5 Marks** can be deducted for filling wrong or incomplete Roll Number.
10. If there is any sort of ambiguity/mistake either of printing or factual nature, then out of Hindi and English Version of the question, the English Version will be treated as standard.

Warning : If a candidate is found copying or if any unauthorized material is found in his/her possession, F.I.R. would be lodged against him/her in the Police Station and he/she would liable to be prosecuted. Department may also debar him/her permanently from all future examinations.

इस परीक्षा पुस्तिका को तब तक न खोलें जब तक कहा न जाए।
Do not open this Test Booklet until you are asked to do so.

- 1001382
1. NDPS (Narcotic Drugs and Psychotropic Substance) amendment bill was passed in which year?
 - (1) 2012
 - (2) 2013
 - (3) 2014
 - (4) 2015
 2. Health care workers in Oncology and palliative care settings may be vulnerable to stress and burnout. Maslach captured the burnout syndrome in three dimensions -
 - (1) Emotional exhaustion, depersonalization and sense of personal accomplishment
 - (2) Compassion fatigue, anxiety and depression
 - (3) Emotional exhaustion, anhedonia, moral distress
 - (4) Depersonalization, frequent physical illness, demoralization
 3. In the levels of evidence for therapy, prevention research aetiology and harm research. The Centre for Evidence Based Medicine Research classes which of the following as 2a –
 - (1) Individual Randomised Controlled Trial (RCT)
 - (2) Individual cohort study
 - (3) Systematic review of cohort studies
 - (4) Case series
 4. Most common cause of hyponatremia in oncology patients –
 - (1) Syndrome of inappropriate antidiuresis (SIAD)
 - (2) Secondary adrenal insufficiency
 - (3) Secondary hypothyroidism
 - (4) None of the above
 5. Which among the following is not an input ostomy?
 - (1) Colostomy
 - (2) Gastrostomy
 - (3) Jejunostomy
 - (4) Tracheostomy
 6. According to the ISSCM Consensus Statement 2012, when the fully informed capable patient / family desires to consider the overall treatment goal of “comfort care only”, the physician should clearly communicate the modalities of limiting life – prolonging interventions. If the patient or family do not desire the continuation of life – supporting interventions, the available options for limiting the supports include all the following statements, EXCEPT –
 - (1) Do-Not-Resuscitate status (DNR)
 - (2) Withdrawal of life support
 - (3) Withholding of life support
 - (4) Discontinue morphine

7. Oropharyngeal dysphagia is a common problem in older people. Common conditions leading to this symptom include all the below, EXCEPT -
- (1) Acute unilateral stroke
 - (2) Alzheimer's disease
 - (3) Parkinson's disease
 - (4) Cancer oesophagus
8. A patient of advanced motor neuron disease is referred to palliative care. The family is very worried and fears that palliative care referral means it is all over for the patient. Which principle of palliative care can be best used to allay this fear?
- (1) Palliative care improves survival and facilitates it by providing all active treatment
 - (2) Palliative care strongly believes in continuing all life sustaining treatment until end of life
 - (3) Palliative care affirms life, it believes in neither hastening nor inappropriately prolonging
 - (4) Palliative care promises newer and advanced therapies that may reverse the present condition
9. Which of the following is not a feature of oral candidiasis?
- (1) Intense inflammation
 - (2) Reddish appearance of mucosa
 - (3) White patches in the mucous membrane
 - (4) Leukopalakia
10. Kanhaiya, 71-year-old, gentleman gradually developed weakness in his legs and arms over the past five months. Clinical examination: lower upper motor neuron dysfunction with hyperreflexia, increased tone, atrophy and fasciculation. Electromyography (EMG): fibrillation and positive sharp waves. Which of these complications is kanhaiya most likely to face?
- (1) Respiratory failure
 - (2) Cardiac arrest
 - (3) Sepsis
 - (4) Electrolyte imbalance
11. The Keel Start Back Tool (SBT) is used for -
- (1) Prognostication purpose
 - (2) Assessment of quality of life
 - (3) Assess the proportion of neuropathy pain
 - (4) Assess the role of psychological factors
12. Shankar is 68-yr-old, with end-stage heart failure (alcohol-related cardiomyopathy) He is admitted for end-of-life care. He is very confused and is hallucinating. The confusion and hallucinations are a new problem over the past few days. He is distressed and agitated by the symptoms. What is your plan of action?
- (1) Start oral Haloperidol 10mg
 - (2) He is dying; we should explain to the family that the confusion is frequently seen at this stage and further investigations or management should not be planned
 - (3) Pharmacological management of delirium should be initiated if it is causing distress to the patient or if he is a danger to himself or others
 - (4) A CT head is the first line investigation. This should be followed-up with a lumbar puncture

13. History of use of which drug has been correlated with the occurrence of Parkinson's Disease (PD)?
- (1) Gabapentin
 - (2) Naproxen
 - (3) Amitriptyline
 - (4) Morphine
14. While managing the arm with lymph edema, identify the wrong statement –
- (1) Do not exercise the lymph edema affected arm
 - (2) Do not give injection in the lymph edema affected arm
 - (3) Do not check blood pressure in the lymph edema affected arm
 - (4) Do not wear any metal / glass ornament in the lymph edema affected arm
15. Good "Dying" is influenced by cultural and societal norms. Important components of a "good death" from the patient's perspective are -
- (1) No plan, death at home, resolution of unfinished business
 - (2) Symptom control, hospice admission, resolution of unfinished business
 - (3) Symptom control, patient's preferred place of care, resolution of unfinished business
 - (4) Symptom control, death at home, resolution of existential issues
16. Which of the following drugs are not used for opioid rotation?
- (1) Buprenorphine
 - (2) Tapentadol
 - (3) Methadone
 - (4) Morphine
17. Physiological basis of the counter irritation phenomenon or 'pain inhibits pain' may be explained by –
- (1) Diffuse noxious inhibitory control (DNIC)
 - (2) Gate control theory of pain
 - (3) Neuroplasticity
 - (4) Specificity theory of pain
18. The neurons responsible for the sensation of itching are –
- (1) A fibers
 - (2) B fibers
 - (3) C fibers
 - (4) All of the above
19. A 65-year-old male presents with fatigue and abdominal pain. He was asymptomatic until three months ago, when he started experiencing frequent fatigue. There has been significant weight loss in the last three months, he has severe abdominal pain radiating to the back. This is relieved in foetal position. His CA19-19 is elevated. CT confirms advanced cancer of the pancreas. A nerve block is planned for this patient to relieve his pain. What is a common complication of this nerve block?
- (1) Orthostatic hypotension
 - (2) Hypertension
 - (3) Incontinence
 - (4) Constipation

20. Pharmacological basis of respiratory depression following opioid administration is -
- (1) Inhibition of baroreceptors
 - (2) Inhibition of vagus nerve input
 - (3) Agonism of mu-opioid receptor at the ventral medulla
 - (4) Paralysis of phrenic nerve
21. The SPIKES mnemonic for delivering bad news was described by -
- (1) Robert Buckman
 - (2) Bailes Walter F
 - (3) Anthony Back
 - (4) Randall W Curtis
22. The following statements describe elements in an informed consent form (A, B, C, D, E, F). Two statements are NOT essential elements of informed consent document according to the ICMR guidelines of 2017. Which of the following element are not essential. Choose from options 1, 2, 3, and 4.
- A. Expected duration of the participation and frequency of contact types of data collection
 - B. Benefits to the participant that might reasonably be expected as an outcome of research
 - C. Any foreseeable risks, discomfort or inconvenience to the participant
 - D. Access to the trial drug after completion of the clinical trail
 - E. Identity and contact details of the principal investigator
 - F. Insurance coverage
- (1) D and F
 - (2) E and F
 - (3) A and D
 - (4) D and E
23. What type of intermittent pain is not classified as Breakthrough pain?
- (1) Movement related pain
 - (2) Non volitional incident pain
 - (3) End of does failure
 - (4) Volitional incident pain
24. For a patient on 30 mg sustained release morphine twice daily, the rescue does of immediate release morphine for break through pain is -
- (1) 10 mg
 - (2) 20 mg
 - (3) 30 mg
 - (4) 40 mg

25. Which antiemetic is recommended for uremia – induced nausea in patients with end – stage chronic kidney disease?
- (1) Haloperidol
 - (2) Ondansetron
 - (3) Metoclopramide
 - (4) Hyoscine hydrobromide
26. SOCRATES Acronyms is used for assessment of –
- (1) Pain
 - (2) Dyspnoea
 - (3) Fever
 - (4) Cyanosis
27. High dose fluoxetine and tramadol administered together can give rise to -
- (1) Serotonin syndrome
 - (2) Loss of analgesia
 - (3) Opioid toxicity
 - (4) Liver failure
28. All are endocrine adverse effects of immune checkpoint inhibitors, EXCEPT –
- (1) Pancreatitis
 - (2) Hypophysitis
 - (3) Oophoritis
 - (4) Thyroiditis
29. Routes of administration and absorption will determine if a drug will undergo first pass effect. All these routes of administration avoid “first – pass” hepatic effects, EXCEPT –
- (1) Sublingual administration
 - (2) Proximal rectal absorption
 - (3) Lower rectal suppositories
 - (4) Inhalation
30. Opioid endocrinopathy refers to decrease in the blood level of the following hormones, EXCEPT -
- (1) Thyroid stimulating hormone
 - (2) Testosterone
 - (3) Estrogen
 - (4) Cortisol
31. In nausea and vomiting due to gastric distension associated with bowel obstruction which drug would you prescribe?
- (1) Ranitidine
 - (2) Omeprazole
 - (3) Aluminium hydroxide and magnesium hydroxide
 - (4) Sucralfate

32. The following cancer chemotherapy is associated with peripheral neuropathy -
- (1) Etoposide
 - (2) Thalidomide
 - (3) Cisplatin
 - (4) Bleomycin
33. All are techniques for fertility preservation in women, EXCEPT -
- (1) Oocyte cryopreservation
 - (2) Embryo cryopreservation
 - (3) Ovarian tissue cryopreservation
 - (4) GnRH agonist
34. You are considering intrathecal analgesia in a patient with intractable pain in the setting of metastatic cancer. Which of the following is an absolute contraindication?
- (1) Chemotherapy 3 weeks back
 - (2) Raised intracranial pressure
 - (3) Age of the patient
 - (4) Hypertension
35. SVC obstruction is most commonly associated with -
- (1) Thymoma
 - (2) Esophageal cancer
 - (3) Lung cancer
 - (4) Lymphoma
36. Epidural compression of the spinal cord is a common complication of cancer. Most epidural compression is caused by -
- (1) posterior extension of vertebral body metastasis to the epidural space.
 - (2) tumour extension from the posterior arch of the vertebra
 - (3) infiltration of a paravertebral tumour through the intervertebral foramen
 - (4) leptomeningeal tumor
37. All are associated with progressive multifocal leukoencephalopathy, EXCEPT -
- (1) Bevacizumab
 - (2) Rituximab
 - (3) Alemtuzumab
 - (4) Brentuximab
38. The term 'Palliative care' is attributed to -
- (1) Dr. Balfour Mount
 - (2) Dame Cicely Saunders
 - (3) Dr. Robert Twycross
 - (4) Dr. Vittorio Ventafridda

39. Opioid induced constipation is related to which receptors in the small intestines?
- (1) Opioid μ 1 receptor
 - (2) Opioid μ 2 receptor
 - (3) Opioid μ 3 receptor
 - (4) Opioid delta receptor
40. During a discussion with the patient and his wife, the patient gets emotional, he starts crying. What is the incorrect response?
- (1) Allow him to express his emotion
 - (2) Tell him "Be positive"
 - (3) Remain silent
 - (4) Name the emotion
41. All are true about cerebral edema, EXCEPT –
- (1) Tumour – induced brain oedema is sustained by vasogenic mechanisms.
 - (2) Goals of conservative management of cerebral oedema are maintenance of Cerebral Perfusion Pressure (CPP) and reduction of vasogenic oedema.
 - (3) Intracranial processes can impair cerebral perfusion pressure by increasing ICP.
 - (4) CPP is defined as ICP minus mean arterial pressure.
42. Which of following are NOT TRUE about hypoactive delirium in the palliative care setting?
- (1) Slow responses
 - (2) Reduced mobility
 - (3) Visual hallucinations
 - (4) Social withdrawal
43. Chemical serositis is a common complication of intraperitoneal infusion of all of the following, EXCEPT –
- (1) Mitoxantrone
 - (2) Doxorubicin
 - (3) Cisplatin
 - (4) Taxol
44. To ensure proximity of the Radio Frequency (RF) electrode to the sensory fibers, stimulation is carried out at which frequency?
- (1) 1 Hz
 - (2) 2 Hz
 - (3) 50 Hz
 - (4) 100 Hz

45. There is evidence to support the use of which FDA approved appetite enhancer in patients with HIV and cancer –
- (1) Melatonin
 - (2) Dexamethasone
 - (3) Megestrol acetate
 - (4) Cyproheptadine
46. Which is the most common ECG abnormality produced by amitriptyline toxicity?
- (1) Sinus tachycardia
 - (2) QT prolongation
 - (3) Nonspecific ST segment and T wave changes
 - (4) Torsade de pointes
47. All are used in treatment of hypercalcemia, EXCEPT –
- (1) Bisphosphonate
 - (2) Denosumab
 - (3) Abaloparatide
 - (4) Gallium nitrate
48. In the context of treating pain in children (2-5 year old), which of the following statement is true?
- (1) Children cannot explain their pain reliably
 - (2) Opioids are not safe
 - (3) If the child can be distracted, the child is not in pain
 - (4) Paracetamol and ibuprofen are recommended in mild pain
49. Bone pain is -
- (1) Opioid pseudo resistant
 - (2) Opioid responsive
 - (3) Opioid resistant
 - (4) Opioid semi resistant
50. All of the following are adverse effect of cyclophosphamide, EXCEPT -
- (1) Hemorrhagic cystitis
 - (2) Mucositis
 - (3) Sterility
 - (4) Neurotoxicity
51. A patient of end stage lung cancer is receiving very high dose opioid for pain relief. He complains of constipation. Stool has to be manually disimpacted as multiple daily oral laxatives and enema are not effective. Considering this ongoing constipation, what can be considered as a next step?
- (1) Decrease opioid
 - (2) Injection naloxone
 - (3) Injection methylnaltrexone
 - (4) Octreotide

52. According to the World Health Organization (WHO) ladder –
- (A) Adjuvants are used only in Steps 1 and 2.
 - (B) Medications should be prescribed in a stepwise progression from Step 1 to Step 3.
 - (C) Medications should be prescribed according to the intensity of the pain.
 - (D) Non – steroidal anti – inflammatory drugs are recommended for pain score of 1 – 3 on a 10 point scale.
- (1) (C) and (D)
 - (2) (B) and (D)
 - (3) (D)
 - (4) (C)
53. Tissue repairing activity of platelet rich attributed to (PRP) is mainly -
- (1) Chemokines
 - (2) Growth factors
 - (3) Coagulation factors
 - (4) Complement factors
54. Which of the following is not the term associated with caring for people with advanced illness?
- (1) Hospice care
 - (2) Advanced care
 - (3) Continuing care
 - (4) Supportive care
55. Four elements of pain processing does not include -
- (1) Transduction
 - (2) Transition
 - (3) Modulation
 - (4) Perception
56. Opioid induced hyperalgesia is a condition in which?
- (1) Subjects describe diminished reaction to a drug over time
 - (2) Subject describes a paradoxical response in which the patient experiences worsening pain with increased opioid
 - (3) Subject experiences physical and psychological dependence on opioids
 - (4) Subject experiences severe pain after abrupt drug discontinuation or dose reduction
57. Catastrophic haemorrhages can be a terminal event. The palliative care team needs to be prepared for a Terminal Haemorrhage. Preparedness includes all the options given below, EXCEPT –
- (1) Sedatives, analgesics
 - (2) Large dark towels
 - (3) Central venous access
 - (4) Debrief for traumatized staff

58. Which of the following finding of EMG / NCV is most helpful to differentiate between direct tumor infiltration and radiation fibrosis?
- (1) Segmental nerve conduction slowing
 - (2) Myokymia
 - (3) Fibrillar potential
 - (4) Positive sharp waves
59. All of the following are used in cancer related fatigue, EXCEPT –
- (1) Testosterone
 - (2) Megestrol acetate
 - (3) Methylphenidate
 - (4) Nandrolone
60. Palliative Sedation is the intentional lowering of awareness towards, and including, unconsciousness for patients with severe and refractory symptoms. It is ethically defensible in specific situations. Which of the following statements regarding palliative sedation is incorrect?
- (1) only used after careful interdisciplinary evaluation and treatment of the patient.
 - (2) indicated when palliative treatments that are not intended to affect consciousness have failed or, in the judgment of the clinician, are very likely to fail.
 - (3) is the same as active shortening of life process.
 - (4) used only for the actual or expected duration of symptoms.
61. Commonest cause of diarrhea in palliative care setting –
- (1) Malabsorption
 - (2) Bowel fistula
 - (3) Defective dietary habit
 - (4) Imbalance of laxative therapy
62. Drug of choice in panic with hyperventilation is –
- (1) Theophylline
 - (2) Frusemide
 - (3) Benzodiazepine
 - (4) Steroids
63. In a terminally ill patient which of the following is an example of the principle of non – maleficence?
- (1) Discussing patient details with your neighbour
 - (2) Administering heavy sedation at the request of the patients husband
 - (3) Avoiding prescription of high doses of opioids
 - (4) Withdrawing artificial nutrition when death rattle develops
64. Burgdorf's syndrome is caused by all, EXCEPT –
- (1) 5 – Fluorouracil
 - (2) Capecitabine
 - (3) Liposomal doxorubicin
 - (4) Liposomal cytarabine

65. A 30-year-old bus driver married and having two young children is diagnosed with locally advanced buccal mucosa cancer. He is experiencing severe pain. The pain is preventing his from sleeping, eating and he has no joy in his life. How would you best describe his pain?
- (1) Nociceptive Pain
 - (2) Neuropathic Pain
 - (3) Mixed Nociceptive and Neuropathic Pain
 - (4) Total Pain
66. Somesh is taking oral instant release morphine 5 mg four hourly, for nociceptive pain in his leg, due to osteosarcoma. The morphine is effective, but the relief is inadequate. Which the single best option from the listed treatments?
- (1) Increase morphine to 7.5 mg four hourly
 - (2) Switch him to regular intramuscular injection Fortwin as the morphine is not adequate
 - (3) Add amitriptyline 10 mg at night
 - (4) The correct rescue dose is 2.5 mg morphine (1/2 of the four hourly dose)
67. Stephen has reported to the emergency room with moderate to severe pain. His records reveal renal impairment. Which of the following analgesics is the safest to use?
- (1) Fentanyl
 - (2) Morphine
 - (3) Diclofenac
 - (4) Codeine
68. Generalist spiritual care competencies includes all, Except –
- (1) Recognize spirituality as an integral component of the human experience of illness, healing and health
 - (2) Practice compassionate presence and active listening as part of clinical caregiving
 - (3) Perform spiritual histories in a patient – centred, confidential and respectful manner
 - (4) None of the above
69. To achieve sympathetic denervation of the head and neck, the best site of blocking in the -
- (1) Middle cervical ganglion
 - (2) Cervico-thoracic ganglion
 - (3) Superior cervical ganglion
 - (4) Sphenopalatine ganglion
70. History of use of which drug has been correlated with the occurrence of Parkinson's disease (PD)?
- (1) Gabapentin
 - (2) Naproxen
 - (3) Amitriptyline
 - (4) Morphine

71. A 75-year-old woman is a known case of chronic heart failure. She presents to the emergency department with severe breathlessness and acute decompensation. The cardiologist has recommended home / hospice based palliative care. What is the best pharmacological treatment option to relieve her acute breathlessness?
- (1) Frusemide and low dose Morphine
 - (2) Hydrochlorothiazide and low dose Morphine
 - (3) Spironolactone and low dose Morphine
 - (4) Metolazone and low dose Morphine
72. Which of the following statements is TRUE regarding prognostication?
- (1) Accurate prognostication is easier in Dementia
 - (2) Doctor's predictions for prognoses are usually optimistic
 - (3) There are no guidelines to help determine prognoses
 - (4) Cardiologists can determine the prognosis for heart disease confidently
73. A patient present with a huge ulcerating malignant wound on the left side of the cheek and reports malodour and inability to eat food. What of the following is the best pharmacological treatment to reduce malodour?
- (1) Topical Povidone Iodine
 - (2) Topical Hydrogen Peroxide
 - (3) Topical Metronidazole
 - (4) Topical Soframycin
74. Ketamine is used in the management of -
- (1) Visceral pain
 - (2) Pain due to raised intracranial pressure
 - (3) Neuropathic pain
 - (4) All of the above
75. An 83-year-old type 2 insulin dependent diabetic patient with metastatic non-small cell lung cancer is nearing end stage of life. What is the best approach to manage blood sugar levels during the last days of life?
- (1) Convert SC Insulin to oral hypoglycaemic agents
 - (2) Convert to sliding scale insulin
 - (3) Convert insulin to long acting dose, reduce slightly to minimise hypoglycaemia
 - (4) Stop all insulin
76. Severe hypercalcaemia is defined as a serum calcium concentration of greater than -
- (1) 2.0 m mol/L
 - (2) 2.5 m mol/L
 - (3) 3.0 m mol/L
 - (4) 3.5 m mol/L

77. Indications for Palliative Care in COPD are all, EXCEPT –
- (1) Able to attend pulmonary rehabilitation
 - (2) Complex troublesome symptoms
 - (3) Hospitalization or transition in place of residence
 - (4) Referral for transplantation
78. A 75-year-old gentleman with a history of hypertension, type 2 diabetes mellitus, coronary artery disease, diabetic nephropathy and osteoarthritis presents to your clinic with complaints of bilateral knee pain which is severe in intensity and impacting his activities of daily living. Acetaminophen 650 mg four hourly for pain has not provided any relief. The best approach for managing this patient's pain is -
- (1) Add NSAIDs
 - (2) Start with high dose opioids
 - (3) Start with low dose opioids
 - (4) Physiotherapy
79. The doctrine of double effect distinguishes the effects that are intended, from those that are foreseeable though unintended. In the context of control of pain at the end of life, which statement is incorrect?
- (1) The doctor's duty to relieve pain takes precedence over preserving life.
 - (2) The intention is to relieve severe pain and not to shorten life.
 - (3) The relief of severe pain is achieved through causing the patient's death.
 - (4) Proportionally, the need to relieve severe pain is such that it warrants accepting a remote possibility of hastening death.
80. A patient presents with a permanent colostomy performed one year ago and reports a need for emptying the colostomy bag frequently such that he finds it difficult to go for his work. He is advised colostomy irrigation. What type of colostomy is an indication for irrigation?
- (1) Transverse colostomy
 - (2) Loop colostomy
 - (3) Sigmoid colostomy
 - (4) All of the above
81. The life span of platelets –
- (1) 5 days
 - (2) 10 days
 - (3) 15 days
 - (4) 20 days

82. Validity of clinical studies is described as internal validity and external validity. Which of the following questions are crucial to determine the external validity of a study?
- (A) Can the results be combined with other studies?
 - (B) What are the study settings?
 - (C) What is the study population?
 - (D) Which instruments were used?
- (1) (D) and (B)
(2) (D) and (C)
(3) (A) and (C)
(4) (A), (B), (C) and (D)
83. Which has proved to be best approach for the assessment of physical symptoms?
- (1) Asking open – ended questions
 - (2) Asking which symptom is least troublesome
 - (3) Traditional systems approach
 - (4) Systematic assessment of symptoms and open – ended questions
84. Which statement is true?
- (1) Artificial nutrition and hydration do not delay death from terminal cancer
 - (2) Loss of appetite and progressive weakness are uncommon towards the end of life
 - (3) Intravenous fluids relieve dry mouth
 - (4) Patients with malignant bowel obstruction must receive Total Parenteral Nutrition
85. Which of these is a multi – dimensional pain assessment tool?
- (1) Visual analogue scale
 - (2) Wong Baker scales
 - (3) Brief pain inventory
 - (4) Numerical rating scales
86. When initiating a new medication in a patient taking antiretroviral therapy, it is always best to check for the presence of interactions. The use of many medications is associated with potential Cytochrome 450 related drug interactions with anti – retroviral drugs. The following drugs, used in palliative care are all cytochrome P450 inhibitors, EXCEPT -
- (1) Haloperidol
 - (2) Fluconazole
 - (3) Metronidazole
 - (4) Rifampin
87. The top four leading causes of death, according to the WHO Global health estimates data, 2016 -
- (1) Cancer, Stroke, IHD, Road accidents
 - (2) IHD, Stroke, COPD, Lower respiratory tract infections
 - (3) IHD, Stroke, Cancer, Diarrhoea
 - (4) Stroke, IHD, COPD, Tuberculosis

88. Mr. Ghanshyam has just been told he has an advanced stage of a serious illness. Which of the following statements reflects "good" communication?
- (1) Our multidisciplinary team will decide which treatment options are best for you considering your comorbidities and age.
 - (2) What is your understanding of your disease and what are your hopes for your treatment?
 - (3) The course of this treatment is difficult; you must be strong and get through it.
 - (4) This disease is advanced and there is no further treatment that we can offer you.
89. Patient on Epidural morphine and bupivacaine develops an intense itch. What is the drug you will choose?
- (1) Chlorpheniramine
 - (2) Duloxetine
 - (3) Ondansetron
 - (4) Cetirizine
90. A 33-year-old female with metastatic melanoma presents with anhedonia, low mood and decreased appetite. She is prescribed duloxetine for her deemed depression. What best describes the mechanism of action of duloxetine?
- (1) Serotonin re-uptake inhibitor
 - (2) Serotonin and noradrenaline re-uptake inhibitor
 - (3) GABA agonist
 - (4) Selective noradrenaline re-uptake inhibitor
91. Which of the following drugs is not recommended for treatment of pain diabetic polyneuropathy?
- (1) Pregabalin
 - (2) Oxcarbazepine
 - (3) Gabapentin
 - (4) Duloxetine
92. Which of the following opioids is very easily dialyzed?
- (1) Hydromorphone
 - (2) Codeine
 - (3) Methadone
 - (4) Fentanyl
93. Dr. L is your 34-year-old colleague in the department of palliative care. You notice that over the last 2 weeks she has become detached and disengaged when talking with patients and their families. She feels tired and drained most of the time, has difficulty falling asleep. She also confides in you a personal sense of failure and self-doubt.
- The most appropriate intervention at this time is –
- (1) Recommend she see her psychiatrist to start SSRI
 - (2) Recommend she leaves Palliative care for a non-clinical branch
 - (3) Ask her to take a vacation
 - (4) Refer her to a psychologist

94. At all points along the disease trajectory, the members of the multi-disciplinary palliative care team identify goals of care. Setting of the goals of care is an essential part of decision-making and helps to deliver individualized care. The team implements the treatment approach that is appropriate for the patient (depending on the patient's wishes, disease and where the patient is on the course of his illness). The care plan is determined by the relative priority of the goals. The three potential goals of medical care for patients being seen by the palliative care team are -
- (1) Prolong survival, optimize function and improve comfort
 - (2) Care of the patient, care of the family, care of the community
 - (3) Pain management, free treatment, good death
 - (4) Control of pain, nausea and vomiting, breathlessness
95. Saleema lost her husband of 36-years after a protracted battle with cancer. She has participated in the customary 3 day, 40 day rituals typical to her socio religious milieu. Seven months after his death she is unable to get over her loss. Her preoccupation with him has cost her job. She avoids family functions and weddings. She has recently been diagnosed with hypertension. She now needs two antihypertensives medications. Saleema is suffering from -
- (1) anticipatory grief
 - (2) inhibited grief
 - (3) complicated grief
 - (4) traumatic grief
96. A 75-year-old patient Babu has advanced metastatic squamous cell carcinoma of the lung. He is quiet, withdrawn and eating poorly for a few days. Clinically, he has poor eye contact and is withdrawn and dehydrated. He is mumbling unintelligibly, occasionally waving his arms in the air. Temperature, pulse, respiration, blood pressure and saturation are normal. Which of the following statement is NOT correct?
- (1) He is actively dying and no intervention is necessary unless he is agitated.
 - (2) Physical examination should seek to exclude bladder distension.
 - (3) Test for hypercalcemia, if reversing the cause of delirium is consistent with his care goals.
 - (4) He may benefit from artificial hydration
97. Conflict resolution in palliative care teams, the following is true –
- (A) Conflict is a sign of poor teamwork.
 - (B) Ability to resolve conflict is an important feature of successful teams.
 - (C) When conflict is personalized it can be destructive.
 - (D) Conflicts are a part of working in a stressful environment and gradually resolve with time.
 - (E) Avoiding conflict will ensure that the team performs better.
- (1) (A) and (E)
 - (2) (B) and (C)
 - (3) (D) and (E)
 - (4) (A) and (C)

98. Which of the following statements is FALSE regarding spirituality at the end of life?
- (1) Spiritual assessment is an essential component of evaluation.
 - (2) Spirituality is synonymous with religious faith.
 - (3) Spirituality has a strong protective effect against end – of – life distress.
 - (4) Spirituality is a protective factor against end – of – life distress.
99. A 68-year-old female reports to your clinic with significant chemotherapy induced peripheral neuropathy. The pain severely limits her functioning. She also has renal impairment and narrow angle glaucoma. Which analgesis would you prescribe for her neuropathic pain?
- (1) duloxetine
 - (2) amitriptyline
 - (3) gabapentin
 - (4) pregabalin
100. Which of the following opioid overdose can cause seizure?
- (1) Codeine
 - (2) Buprenorphine
 - (3) Fentanyl
 - (4) Tramadol
101. Pulmonary rehabilitation program includes all, EXCEPT –
- (1) Exercise training
 - (2) Physiotherapy
 - (3) Oxygen therapy
 - (4) Patient education
102. Palliative care is best delivered through a team. Theory describing the phases of team development has been based on years of research related to group processes: forming, storming, norming and performing, adjourning. These stages of group development were described by –
- (1) James Kouzes and Barry Posner
 - (2) Ken Blanchard
 - (3) Stephen Covey
 - (4) Bruce Tuckman and Mary Ann Jensen
103. A 40-year-old mechanic complains of back pain for the last 5 years. The pain is worse on getting up from bed in the morning but in an hour or two, it gets better. Pain sometimes spread to the buttocks. He always uses ibuprofen every now and then, and continues his work. What type of pain pattern is this?
- (1) Chronic inflammatory back pain
 - (2) Discogenic pain
 - (3) Facet joint arthropathy
 - (4) Muscle spasm of back
104. Which of the following component is not a part of SF-36 (short form 36) questionnaire?
- (1) Vitality
 - (2) Physical functioning
 - (3) Medical co-morbidity
 - (4) Bodily pain

105. Acute meningitis syndrome is caused by intrathecal administration of –
- (1) Methotrexate
 - (2) Tetanus immunoglobulin
 - (3) Liposomal cytarabine
 - (4) Thiotepea
106. Midazolam is indicated in all of the following, EXCEPT –
- (1) Hiccup
 - (2) Myoclonus
 - (3) Breathlessness
 - (4) Pruritis
107. All are mixed opioid agonist – antagonist, EXCEPT –
- (1) Buprenorphine
 - (2) Butorphanol
 - (3) Nalbuphine
 - (4) Pentazocine
108. All of the following statements are TRUE about cardiac effects of Methadone, EXCEPT –
- (1) Concurrent administration of drugs causing QT interval prolongation could lead to cardiac adverse effects
 - (2) QTc > 400 ms is contraindication for using Methadone
 - (3) Methadone should be used with extreme caution in patients with cardiac conduction abnormalities
 - (4) Monitor electrolytes regularly to avoid cardiac adverse effects of Methadone
109. Opioid headache is caused by release of –
- (1) Histamine
 - (2) Serotonin
 - (3) Substance P
 - (4) NMDA
110. Advance care planning towards the end – of – life will result in all the following, EXCEPT –
- (1) Strengthened patient autonomy
 - (2) Decreased hope
 - (3) Decreased net costs of care
 - (4) Decreased bereavement related stress depression in family members
111. A patient with poorly controlled hypertension, diabetes and end stage renal disease is referred to you. After discussing his physical and psychological issues. He starts crying..... “Why did God do this to me? What is the appropriate response from your team?”
- (1) “This is because of the longstanding hypertension and diabetes that has damaged your kidneys”
 - (2) “We cannot go against our “Karma” ”
 - (3) Remain silent, listen
 - (4) “Do not cry, you must be brave, only then will you be able to cope with treatment”

112. Barriers to cancer pain management are all, EXCEPT -
- (1) Inadequate pain assessment
 - (2) Patient reporting of pain
 - (3) Excessive state regulations
 - (4) Patient reluctance to use opioids
113. All are assessment tools for spirituality in palliative care, EXCEPT -
- (1) FICA
 - (2) SPIRIT
 - (3) GAD - 7
 - (4) HOPE
114. In India, the following practices are illegal at the end of life, EXCEPT -
- (1) Euthanasia
 - (2) Medical assistance in dying
 - (3) Physician assisted suicide
 - (4) Withholding futile treatment
115. All are endoscopic techniques utilized for upper GI bleeding, EXCEPT -
- (1) Injection of sclerosing agents
 - (2) Radiofrequency ablation
 - (3) Endoscopic clips
 - (4) Band ligation
116. A 72-year-old male presents to the emergency department with significant dyspnoea at rest. He has idiopathic pulmonary fibrosis and concomitant chronic obstructive pulmonary disease. He is on maximal inhaled bronchodilator therapy and oral corticosteroids. A chest X-ray confirms a small left sided pleural effusion. He has a mild anaemia (102 g/dL). What is the best management of his breathlessness in this scenario?
- (1) Aspiration of effusion
 - (2) Furosemide
 - (3) Adding theophylline
 - (4) Opioids
117. Doctors practicing in India are hampered by the misperceptions of legal liability linked to treatment limitation. The landmark judgement by the Supreme court that allowed the right to die when faced with intolerable suffering was -
- (1) The case of P Rathinam
 - (2) Gian Kaur judgement
 - (3) The Aruna Shanbaug judgement
 - (4) The Terri Schiavo case
118. Which of the following is drug of choice for intractable hiccup?
- (1) Metoclopramide
 - (2) Baclofen
 - (3) Chlorpromazine
 - (4) Gabapentin

119. Mechanism of action of SCS (Spinal Cord Stimulation) includes all, except -
- (1) Inhibition of action of Wide Dynamic Range (WDR) neurones
 - (2) Activation of GABAergic inhibitory interneurons in the dorsal horn
 - (3) Activation of supraspinal mechanism: Descending serotonergic neurones and locus coeruleus neurones
 - (4) Activation of efferent sympathetic fibres
120. Indication of erythropoietin – stimulating agents (ESAs) in patients undergoing myelosuppressive chemotherapy who have a haemoglobin level less than -
- (1) 7 g /dL
 - (2) 8 g /dL
 - (3) 9 g /dL
 - (4) 10 g /dL
121. Pain management in children with palliative care needs is different because of all the reasons listed below, EXCEPT –
- (1) Understanding and interpreting of pain in non – verbal children needs a different approach
 - (2) Medication is frequently prescribed outside the terms of product license in children
 - (3) Children cannot “assent”
 - (4) Many drugs have not been studied for longer term dosing in children
122. Which of the following disease is least likely to be associated with chronic neuropathic pain in patient's?
- (1) Alzheimer's disease
 - (2) Multiple sclerosis
 - (3) Parkinson's disease
 - (4) Diabetes
123. Unmyelinated peptidergic CGRP – expressing neurons are found in –
- (1) Parathyroid
 - (2) Kidney
 - (3) Bone
 - (4) Brain
124. Sunitha, a 22-year-old woman with metastatic osteosarcoma (and lung metastases) complains of breathlessness at rest. Choose the single best answer -
- (1) She has lung metastases, therefore, breathlessness is expected.
 - (2) She should be discharged for a peaceful death at home.
 - (3) Morphine does not have a role in management as she does not have pain.
 - (4) She may be frightened, this should be explored and addressed.
125. In detrusor weakness or bladder outlet obstruction Postvoidal Residual (PVR) urine is –
- (1) > 50 ml
 - (2) > 100 ml
 - (3) > 150 ml
 - (4) > 200 ml

126. The lignocaine 5% patch is used in the treatment of neuropathic pain. Precautions are all the following, Except -
- (1) Use for only 16 hours a day
 - (2) Avoid in patients on a class I antiarrhythmic drug
 - (3) Apply on intact skin
 - (4) Use only for peripheral neuropathic pain
127. The following are all stimulant laxatives, EXCEPT -
- (1) Sodium picosulphate
 - (2) Bisacodyl
 - (3) Senna
 - (4) Docusate
128. Which of the following statement about Superior Vena Cava Syndrome (SVCS) is not true?
- (1) The most common malignant cause of SVCS is Non – Small Cell Lung Cancer (NSCLC)
 - (2) Lymphoma is the most common cause in patients less than 50 years
 - (3) More florid and severe symptoms and signs develop if obstruction is above the entry of the azygos vein
 - (4) The severity of the syndrome depends on the rapidity of onset, the relevance of the obstruction, and its location
129. It will not be helpful for the health care practitioner to give false hope to patients even though family members might persuade him / her to give it. All the following are true, EXCEPT –
- (1) The trust between the patient and the physician will be broken.
 - (2) The trust between the patient and the family will be broken.
 - (3) The trust between the family members and the physician will be broken.
 - (4) False reassurance can lead to more anxiety.
130. All are true about opioid receptors, EXCEPT –
- (1) Mu-opioid receptor (MOR) family is responsible for inhibition of nociceptive pathways
 - (2) Morphine have the greatest affinity for the MOR
 - (3) Dynorphin is endogenous ligand for MOR
 - (4) Morphine can bind to a lesser degree to the other opioid receptors
131. Bio chemical mediator for vomiting includes the following, EXCEPT -
- (1) Histamine
 - (2) Hydroxytryptamine
 - (3) Dopamine
 - (4) Serotonin

132. All of the following conditions lead to constipation except two –
- A. Dehydration
 - B. Diabetes Mellitus
 - C. Uraemia
 - D. Hyperthyroidism
 - E. Carcinoid
- (1) D and E
(2) C and D
(3) B and E
(4) C and E
133. Oral Morphine to Methadone conversion ratio for a patient who is currently on 40 mg Morphine every 4 hourly is -
- (1) 2 : 1
 - (2) 4 : 1
 - (3) 8 : 1
 - (4) 12 : 1
134. What is stemmer's sign?
- (1) Pitting edema
 - (2) Dry thick skin
 - (3) Lymphorrhoea
 - (4) Inability to pinch the fold of skin at the base of 2nd toe
135. Which one of the following preparation has highest average intra-articular duration of action?
- (1) Methylprednisalone acetate
 - (2) Triamcinolone acetoneide
 - (3) Dexamethasone sodium phosphate
 - (4) Betamethasone acetate
136. Anandamide is an -
- (1) Opioid
 - (2) Endocannabinoid
 - (3) Exocannabinoid (synthetic cannabinoid)
 - (4) NSAID
137. WHO Grade 2 of oral mucositis refers to -
- (1) Oral soreness, erythema
 - (2) Mucositis to extent that alimentation is not possible
 - (3) Erythema, ulcers, patient can swallow solid food
 - (4) Ulcers with extensive erythema, patient cannot swallow food
138. When a health care practitioner delivers bad news by the SPIKES protocol – these are the six components?
- (1) Setting, Perception, Invitation, Knowledge, Empathy, Strategy
 - (2) Setting, Permission, Investigation, Knowledge, Empathy, Summary
 - (3) Safety, Privacy, Invitation, Knowledge, Empathy, Strategy
 - (4) Situation, Patience, Invitation, Knowledge, Emotion, Spiritual Support

139. What is "Scrambler therapy"?
- (1) It is a type of cognitive behavior therapy
 - (2) It is an innovative neuromodulation approach
 - (3) It is a pharmacotherapy by a combination of multiple drugs
 - (4) It is alternative treatment for pain
140. Outcome of good communication includes all, EXCEPT –
- (1) Good communication is associated with significantly decreased anxiety in patients with cancer.
 - (2) Honest disclosure, along with the inclusion of sensitive yet pessimistic statements, is also associated with improved prognostic concordance between physicians and their patients.
 - (3) Outside the setting of serious illness, patient perceptions of physician empathy are not correlated with improved patient satisfaction.
 - (4) Good communication leads to a better matching of treatments with patients' preferences and goals.
141. The Palliative Prognostic (PaP) Score includes all, EXCEPT –
- (1) Karnofsky Performance Status
 - (2) Dyspnoea
 - (3) Lymphocyte percentage
 - (4) Neutrophil percentage
142. On the basis of the current level of evidence the stepwise pharmacological approach for the symptomatic treatment of cough in advanced lung cancer is -
- (1) Step 1 Cough demulcent, Step 2 Morphine, Step 3 Levodropropizine
 - (2) Step 1 Levodropropizine, Step 2 Gabapentin, Step 3 Codeine
 - (3) Step 1 Cough demulcent, Step 2 Ambroxol, Step 3 Azithromycin
 - (4) Step 1 Cough demulcent, Step 2 Local anaesthetics, Step 3 Thalidomide
143. Sabiha is being treated for major depression after the diagnosis of osteosarcoma. She has been on Amitriptyline for depression for some month. After the amputation surgery, she is prescribed Tramadol, Ondansetron and Linezolid. Sabiha develops a high – grade fever and is shifted to the intensive care unit. She is diagnosed with a life – threatening condition. Hunter criteria are used as a diagnostic aid by clinicians to clinch the diagnosis. All the symptoms given below are seen in this condition, EXCEPT -
- (1) Spontaneous clonus
 - (2) Agitation
 - (3) Diaphoresis
 - (4) Miosis
144. Which of the following is an example of nociceptive pain?
- (1) Chronic post mastectomy pain
 - (2) Phantom limb pain
 - (3) Herpes related neuralgia
 - (4) Colic from subacute intestinal obstruction

145. Imran's clinical picture and imaging are suggestive of lung carcinoma. Bronchoscopic biopsy confirms squamous cell lung cancer. He is found to have stage 4 (advance, metastatic) disease -
- (1) He should not be given any indication that the diagnosis may be cancer until the biopsy results are back.
 - (2) Information should be shared with full detail to all patients even if the patient does not want to know.
 - (3) It is helpful to check Imran's current understanding before explaining further information according to his pace and wishes.
 - (4) We should not share the information with Imran as it is not culturally appropriate to discuss death and dying.
146. Approach to celiac plexus neurolysis are all, EXCEPT -
- (1) Intercrural
 - (2) Transcrural
 - (3) Lateral
 - (4) Retrocrural
147. All these drugs are used for the treatment of pruritus in palliative care, EXCEPT -
- | | |
|------------------|----------------|
| (1) Paroxetine | (2) Fluoxetine |
| (3) Promethazine | (4) Rifampicin |
148. Which of the following is TRUE regarding anxiety at the end of life?
- (A) Anxiety can be a side effect of albuterol, metoclopramide.
 - (B) Pharmacologic approaches are essential for managing anxiety.
 - (C) Anxiety can also develop on withdrawal of some drugs.
 - (D) Anxiety manifests itself through only physical and cognitive signs and symptoms.
- (1) (A) and (C)
 - (2) (A), (B), (C)
 - (3) (B)
 - (4) (D)
149. Active listening involves -
- (1) Validating patient's feeling
 - (2) Watching patient's body language
 - (3) Asking patients to prioritize their problems
 - (4) All of the above
150. The four principles of ethics that govern and guide patient care in palliative care are all, EXCEPT -
- (1) Serve the patients well being
 - (2) Avoid harm
 - (3) Fairness and justice
 - (4) Sound financial choices

151. Tranexamic acid is used to treat haemorrhage from several cancer sites. In palliative care, Administration of Tranexamic acid is recommended by all the following routes, EXCEPT –
- (1) Intravenous
 - (2) Oral
 - (3) Topical
 - (4) Transdermal
152. Measures to prevent bleeding from fungating wounds include the following, EXCEPT -
- (1) Topical adrenaline
 - (2) Ice pack
 - (3) Topical sucralfate
 - (4) Charcoal dressing
153. Which of the following is an USFDA approved indication for 8% capsaicin patch use?
- (1) Post herpetic neuralgia
 - (2) Diabetic polyneuropathy
 - (3) HIV related neuropathy
 - (4) Post surgical neuropathy
154. Documentation of the informed consent is clearly described by the ICMR guidelines. If a participant is illiterate, a witness is essential. The witness should be a literate person who can read the participant information sheet and consent form and understand the language of the participant. This witness could be any of the below options, EXCEPT –
- (1) Another patient in the ward who is not part of the study
 - (2) Staff from the social service department
 - (3) Patient's literate family member
 - (4) Hospital counsellor
155. Opioid-induced bladder dysfunction (i.e. difficulty voiding or frank urinary retention) is a significant especially in postoperative patients after epidural opioid administration. All the following effects are expected, EXCEPT -
- (1) Decrease detrusor tone
 - (2) Increase detrusor force of contraction
 - (3) Decrease the sensation of fullness and urge to void
 - (4) Opioid-induced bladder dysfunction is naloxone reversible

156. Most common cause of pain among patients with active cancer is –
- (1) Neuropathic pain
 - (2) Bone pain
 - (3) Visceral pain
 - (4) All of the above
157. In dealing with difficult questions and reactions of patients, choose the wrong step -
- (1) Acknowledge the reaction
 - (2) Explore the concerns
 - (3) Remain silent if you don't have an answer
 - (4) Find solutions for the patient
158. The ICMR published the Consensus Guidelines for Do Not Attempt Resuscitation (DNAR) guidelines (IJMR, 2020 on). These guidelines clarify the procedure for –
- (A) Cardiopulmonary resuscitation
 - (B) Withdrawal of support
 - (C) Artificial nutrition and hydration
 - (D) Withholding of support
- (1) (A), (B), (C), (D)
 - (2) (A)
 - (3) (A), (B), (D)
 - (4) (B) and (D)
159. 68-year-old Sumeeta has advanced cancer of the right breast. She has pain that involves the right elbow, medial forearm and fourth and fifth fingers. You are treating her for the moderate aching and lancinating dysaesthesias along the ulnar aspect of the forearm on follow up Sumeeta, the pain has worsened. She also is, now complaining of pain in the lateral aspect of the right arm. When you examine her, you notice partial ptosis of the right eye and mioiosis. What is the appropriate next step?
- (1) MRI of the cervico-dorsal spine
 - (2) Hospitalise her for parenteral analgesics
 - (3) CT scan of the thorax
 - (4) Tarsorrhaphy of the right eye, artificial tears and antibiotic eye drops
160. When teaching communication skills through role play. After each role play – you ask the participant first to reflect on what went well. Then the remaining students add comments. You then invite the participant to reflect on what went less well / or what they would do differently next time. This is followed by similar reflections from the remaining students. What does this framework for giving feedback follow?
- (1) Pendleton's rules
 - (2) Performer – reflection
 - (3) Peer – mentorship
 - (4) Shaw's framework

161. In March, 2018 this landmark decision was taken by the Indian legal system on this topic -
- (1) Amendment of Narcotics Drugs and Psychotropic Substances Act (NDPS)
 - (2) Passive Euthanasia law
 - (3) Living will
 - (4) Universal access to palliative care
162. Glucocorticoids have proven clinical benefit in the treatment of hypercalcemia in all the following conditions, EXCEPT -
- (1) Myeloma
 - (2) Leukaemia
 - (3) Lymphoma
 - (4) Renal cancer
163. In clinical trials for a drug in palliative care settings, Two of the following statements (A, B, C, D) are TRUE. Select the answer (from 1, 2, 3, 4) with the two correct options -
- A. Placebo group is not ethical
 - B. Active control is one that has shown effectiveness for that condition
 - C. Historical controls are not acceptable
 - D. The placebo pill can provide relief
- (1) A and C
 - (2) B and C
 - (3) D and A
 - (4) B and D
164. Metastatic spinal cord compression occurs most frequently in -
- (1) the cervical spine
 - (2) the thoracic spine
 - (3) the lumbar spine
 - (4) the cauda equina
165. A 45-year-old man with HIV - AIDS comes to your clinic for follow - up for HIV - related neuropathy pain. He has long declined any antiretroviral therapy and has consistently stated he wants supportive - only care focused on maintaining his quality of life. He has a CD4 count of 90 cells/mm³. 1 year ago it was 100. He reports worsening pain control which he relates to inability to swallow his morphine Sustained Release tabs (60 mg tid) much of the time. He reports mid - throat pain and frequently chokes on the pills, 'gags' them back up. Examination reveals a thin man. Scattered white plaques on the palate which reveal a red base next when scraped away. Best next step is to -
- (1) Prescribe Nystatin 'Swish & Swallow'; change morphine to 30 mg solution q4h
 - (2) Prescribe fluconazole, change Morphine sustained release pills to 30 mg morphine solution q4h.
 - (3) Prescribe fluconazole change his morphine to methadone syrup.
 - (4) Prescribe Nystatin 'Swish & Swallow, change his morphine SR to a fentanyl patch.

166. Clinical trials can have a crossover design. This design has inherent advantages and disadvantages in a Palliative care population, with respect to cross over clinical trials two of the following statements are true. (A, B, C, D). Select the option (1, 2, 3, 4) with two correct statements –
- Each patient receives both interventions, so acts as his own control, less inter individual variability
 - Disease status is relatively stable over time and patient can participate in two phases
 - Blinding is not possible
 - Smaller sample sizes are acceptable
- A and D
 - A and C
 - B and C
 - None of the above
167. Assertion (A) – Morphine – induced analgesia may be limited by competition at the receptor level if buprenorphine is added.
- Reason (R) – Buprenorphine is a partial agonist and morphine is a full agonist.
- Both (A) and (R) are individually true and (R) is the correct explanation of A
 - Both (A) and (R) are individually true and (R) is not the correct explanation of A
 - (A) is true but (R) is false
 - (A) is false but (R) is true
168. Formula to calculate total parental dose of iron in anaemia –
- Dose of iron (mg) = whole – blood haemoglobin deficit (g / dL) × body weight (lb)
 - Dose of iron (mg) = whole – blood haemoglobin deficit (g / dL) × body weight (kg)
 - Dose of iron (mg) = whole – blood haemoglobin deficit (g / dL) × body weight (lb) × 0.4
 - Dose of iron (mg) = whole – blood haemoglobin deficit (g / dL) × body weight (kg) × 0.4
169. All are anticancer drugs associated with severe hypospermatogenesis, EXCEPT –
- Vincristine
 - Cyclophosphamide
 - Chlorambucil
 - Busulfan
170. All are true about Transcutaneous electrical nerve stimulation (TENS), EXCEPT –
- TENS is non – invasive peripheral neurostimulation delivered via two electrodes placed on the skin.
 - The analgesic mechanisms implicates spinal and suprapinal pathways.
 - High – frequency TENS affects GABA in the dorsal horn.
 - Low frequency TENS activates delta opioid receptors.

171. Pneumonitis can be caused by all, EXCEPT -
- (1) Everolimus
 - (2) Temsirolimus
 - (3) Trastuzumab
 - (4) Rituximab
172. Which of the following is TRUE regarding opioid analgesics in the context of palliative care?
- (1) Opioids have a ceiling effect
 - (2) Pethidine is recommended as a Step 3 WHO step ladder analgesic
 - (3) Methadone is an option for first – line treatment of severe pain
 - (4) Intravenous administration of opioids is preferred over oral delivery
173. Collusion between the family and doctors in terminal illness like Cancer is common i.e. the patient is not aware of the disease status and / or prognosis. All the following statements are true regarding this form of collusion, EXCEPT -
- (1) patients are likely to receive futile intensive care
 - (2) patients are likely to undergo chemotherapy in the last weeks of life
 - (3) more patients receive “goal concordant care”
 - (4) the utilisation of emergency services and readmissions is higher in these patients
174. Which is not a cause of Post Mastectomy Pain Syndrome (PMPS)?
- (1) Intercostobrachial neuralgia
 - (2) Neuroma pain
 - (3) Phantom pain
 - (4) Radiation plexopathy
175. The doctrine of “double effect” addresses the situation when treatment may have the unintended side effect of shortening the dying process. In the context of end – of – life care, which of the following statements is incorrect?
- (1) The obligation to provide freedom from pain and distress is above the principle to do no harm provided the harm is unintended.
 - (2) All medications should be carefully titrated according to protocols to achieve relief.
 - (3) Meticulous documentation should be in place.
 - (4) Avoid morphine and benzodiazepines in a patient with respiratory distress at the end of life.
176. Which of the following sentences is TRUE regarding the management of fatigue in palliative care?
- (A) Aerobic exercise has been shown to relieve fatigue
 - (B) Additional rest / sleep is an effective strategy for alleviating fatigue
 - (C) Fatigue may provide a protective effect in the last hours or days
 - (D) Causal treatment should be provided rather than symptomatic treatment
- (1) (A) and (D)
 - (2) (B) and (C)
 - (3) (A) and (C)
 - (4) (B)

177. Which is wrong as regards advanced directive?
- (1) Also called death will
 - (2) States your wishes about health care you want or don't want
 - (3) You can appoint a person to take decision on your behalf
 - (4) Useful in preventing futile treatment
178. In the context of haemoptysis palliative care - a functional definition of "massive" haemoptysis can be defined as - Choose the best option.
- (1) 800-1000ml blood coughed out in 24 hours
 - (2) 400ml volume coughed out in one single bout
 - (3) 200ml blood coughed out in the sputum if the patients haemoglobin is 8
 - (4) An amount that is enough to cause a life – threatening condition
179. Ramesh, 68-year-old with stage IV prostate cancer is a registered patient at your clinic. He has a history of one major depressive episode during his college years. He was on an antidepressant at the time but cannot recall its name. He screens positive with a Patient Health Questionnaire (PHQ)-9. He does not have a history of suicide attempt and denies suicidal ideation at present, plan or intent. He takes morphine for neuropathic pain due to his prostate cancer with minimal benefit. What is the most appropriate antidepressant drug for Ramesh?
- (1) Sertraline
 - (2) Amitriptyline
 - (3) Bupropion
 - (4) Venlafaxine
180. Which of the following is not a criteria for good clinical communication?
- (1) Eliciting and understanding the patient's perspective
 - (2) Understanding the patient's psychosocial context
 - (3) Achieving a shared understanding of the problem and its appropriate treatment in the context of the patient's preferences and values
 - (4) Empowerment, by involving patient's relative in decision-making

Space for Rough Work

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