

## APRIL 2026

MCQs may be of 'single correct answer' or 'multiple correct answer' format. Where the question states that more than one answer is correct, choose more than one of i, ii, iii or iv (anything from two to all answers may be correct), and then select the correct combination from answers a, b, c or d. Where the question states that only one answer is correct, mark the single answer that you think is correct.

**Sexual offences: A focus on victims with intellectual disability, a vulnerable population**

- For victims of sexual assault that have mild intellectual disability/impairment, choose the correct statement:
  - A standardised IQ test is necessary to confirm the level of ID before writing a report for court.
  - Level of ID may be classified on the basis of adaptive functioning; hence no IQ test is necessary.
  - Conceptual, social and practical areas of living are not adequately captured if an IQ test is not done.
  - The victim will not be able to testify in court.
- According to legislation:
  - It is not necessary to report rape of a minor, as the person is too young to give evidence.
  - The obligation to report a sexual offence falls on all medical professionals, and not on a neighbour who witnesses the assault.
  - There is no act in SA that legislates the sexual molestation of an adult with profound ID.
  - It is mandatory to report suspected abuse and suspected sexual offences in all vulnerable groups.

**Risk and liability in collaborative mental healthcare between psychologists, psychiatrists and traditional healers in South Africa**

- What is the main ethical and legal challenge identified in collaborative mental healthcare between biomedical practitioners and traditional healers in South Africa?
  - Lack of patient interest in traditional healing.
  - Absence of harmonised governance frameworks between regulatory bodies.
  - Shortage of traditional healers in rural areas.
  - Overregulation of traditional healing practices.
- Which legislation regulates biomedical practitioners such as psychologists and psychiatrists in South Africa?

- National Health Act 61 of 2003
- Protection of Personal Information Act 4 of 2013
- Health Professions Act 56 of 1974
- Traditional Health Practitioners Act 22 of 2007

- According to the study findings, what is one major concern biomedical practitioners have regarding collaboration with traditional health practitioners?
  - Loss of patient trust.
  - Increased administrative workload.
  - Risk of malpractice liability and professional accountability.
  - Lack of clinical knowledge among traditional healers.

**Filicide in South Africa: The need for legal reform**

- Which of the following best reflects the statutory reporting obligations highlighted in the article as particularly relevant to filicide prevention in South Africa?
  - Only healthcare professionals are legally required to report suspected child abuse or sexual offences against children.
  - Reporting duties arise only once criminal proceedings have commenced.
  - Mandatory reporting applies exclusively to abuse occurring within formal childcare institutions.
  - A range of professionals, and any person aware of sexual offences against children, have a legal duty to report suspicions to designated authorities.
- According to the article, which factor most directly contributes to gendered sentencing outcomes in South African filicide cases?
  - The absence of international child-protection instruments in South African law.
  - Judicial reliance on societal narratives of motherhood when applying sentencing discretion.
  - The automatic application of minimum sentences without deviation.
  - Over-recognition of diminished criminal responsibility in male offenders.

A maximum of 3 CEUs will be awarded per correctly completed test.

**INSTRUCTIONS**

- Read the journal. All the answers will be found there.
  - Go to <https://members.samedical.org/> to answer the questions. Questions may be answered up to 6 months after publication of each issue.
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8. Which of the following is identified in the article as a primary policy justification for adopting national sentencing guidelines in filicide cases?
- A. To promote proportionality and consistency while reducing gender bias in sentencing.
  - B. To replace the minimum-sentencing regime for all murder offences.
  - C. To enable automatic sentence reductions where mental illness is alleged.
  - D. To shift filicide cases entirely out of the criminal justice system.

**Patterns of unprofessional conduct by medical practitioners in South Africa, 2014 - 2023**

9. Which category of professional misconduct was most common among South African medical practitioners between 2014 and 2023?
- A. Negligence regarding patient documents or records.
  - B. Professional registration misconduct.
  - C. Fraudulent conduct.
  - D. Improper professional role conduct.
10. Which sanction was most frequently imposed on guilty practitioners during 2014 - 2023?
- A. Fine ZAR10 000 – 15 000.
  - B. Removal from HPCSA register.
  - C. Attend a medical ethics course.
  - D. Fine ZAR20 000 – 25 000.

**Before the mind is touched: What Chile’s neurorights mean for South Africa’s legal and ethical framework**

11. What is the article’s central argument regarding South Africa’s response to neurorights-type concerns?
- A. South Africa must immediately amend its Constitution to include a freestanding neuroright.
  - B. South Africa’s existing constitutional framework is already normatively capable of addressing many neurorights concerns, but protection often occurs too late.
  - C. South Africa should adopt Chile’s constitutional wording verbatim.
  - D. South Africa’s existing law offers no meaningful protection for mental privacy.
12. According to the article, what is the most important lesson South Africa can learn from Chile’s neurorights model?
- A. Brain data should always be treated as medical data only.
  - B. Constitutional reform is the only effective way to regulate neurotechnology.
  - C. Protection of mental privacy should occur before intrusion, through proactive and ex ante safeguards.

- D. All neurotechnology should be prohibited in criminal investigations.
14. Why does the article criticise reliance on section 35(5) of the South African Constitution as the primary safeguard in neurorights-type cases?
- A. Because section 35(5) applies only in civil litigation.
  - B. Because it allows courts to admit all unlawfully obtained evidence.
  - C. Because it is a post hoc remedial mechanism that usually operates only after mental intrusion has already occurred.
  - D. Because it prevents any constitutional review of investigative techniques.

**Accelerating telehealth in South Africa: Bridging the gap between policy, AI innovation, and patient access**

15. A South African health sciences student reads CIOMS guidelines stating that a dataset has been "anonymised" and concludes it is therefore free from further regulatory obligations. According to the paper’s findings, what is the most accurate characterisation of this conclusion?
- A. Correct, because CIOMS and GDPR use equivalent standards that satisfy POPIA.
  - B. Correct, because anonymised data exit regulatory scope under all applicable instruments.
  - C. Incorrect, because the student has unknowingly applied a probability-based threshold where POPIA requires a capacity-based test.
  - D. Incorrect, because CIOMS guidelines are not recognised by South African research ethics committees.
16. A researcher removes names and identity numbers from a dataset, but retains rare diagnoses, geographic location, and treatment dates. Under which regulatory instrument would this dataset most likely still be considered personal information?
- A. GDPR only, because it applies a stricter probability test.
  - B. Both GDPR and POPIA equally, as both require complete identifier removal.
  - C. Neither, because direct identifiers have been removed.
  - D. POPIA only, because the residual data creates a foreseeable re-identification pathway.
17. Regarding pseudonymisation, which of the following best describes the structural difference between the GDPR and POPIA as identified in the Framework Method analysis?
- A. POPIA treats pseudonymisation as equivalent to de-identification, whereas GDPR distinguishes them.

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- B. Both instruments recognise pseudonymisation as a named intermediate category between full PI and anonymised data.
- C. The GDPR uses pseudonymisation to manage the spectrum between full PI and anonymised PI, whereas POPIA has no statutory equivalent.
- D. POPIA's proposed Code of Conduct for Research introduced pseudonymisation as a binding regulatory category.

**Ethicolegal framework for the regulation of human faecal microbiota transplants in South Africa: Progress, challenges and recommendations**

18. Under the current South African legal framework, how should minimally manipulated stool (e.g., fresh or frozen slurry) used in faecal microbiota transplantation (FMT) be classified?
- A. As human tissue under the National Health Act (NHA).
  - B. As a biological medicine under the Medicines and Related Substances Act (MRSA).
  - C. As human biological material under the NHA.
  - D. As an advanced therapy medicinal product (ATMP).
19. Which of the following products was the first FDA-approved oral capsule therapy for recurrent *Clostridioides difficile* infection in the USA?
- A. Rebyota (Ferring Pharmaceuticals)
  - B. Vowst (Seres Therapeutics)
  - C. OpenBiome capsules
  - D. SoHO microbiota capsules
20. Which of the following is NOT among the article's recommendations for improving South Africa's FMT regulation?
- A. Classifying minimally manipulated stool as human biological material under the NHA.
  - B. Regulating stool banks analogously to blood banks.
  - C. Registering processed FMT products as biological medicines under SAHPRA.
  - D. Allowing remuneration of stool donors beyond reimbursement.

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