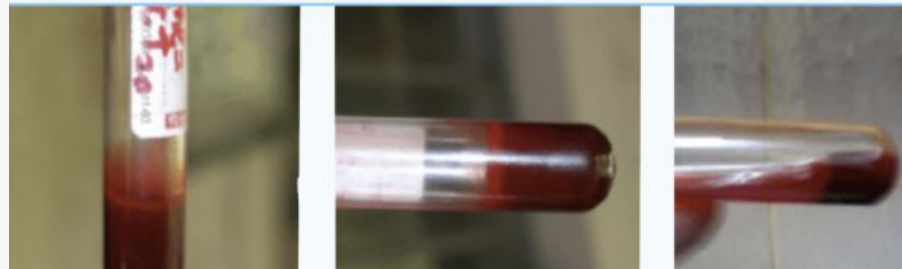




DERMA & FORENSIC MEDICINE



Q1. A 30 year old alcoholic consumed alcohol from a local shop. After one hour he became delirious and developed snow field vision followed by blindness. Work up shows high anion gap metabolic acidosis. Which of the following will be used in management of this poisoning?

- a. Thiamine + Dextrose
- b. Pyridoxine
- c. Cyanacobalamin
- d. Folic acid

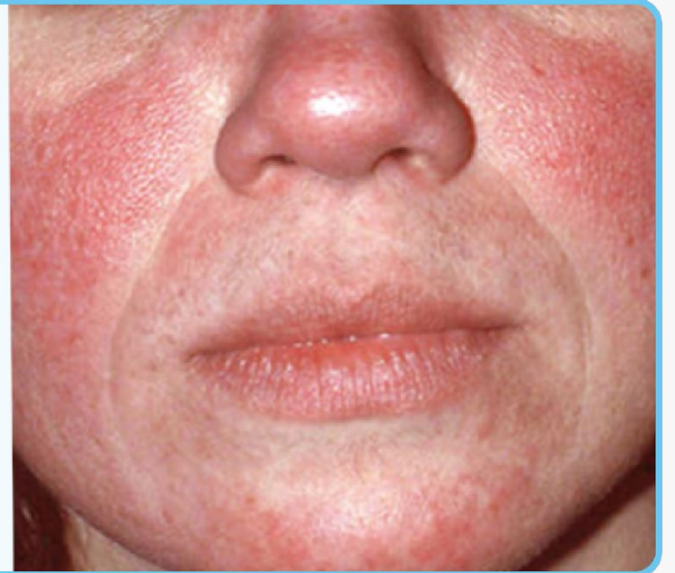
Q2. A 30-year-old lady comes in with erythema involving the face. She says the lesions are precipitated by hot sun, emotion and hot drinks. Which of the following is the most appropriate next step in management?

- a. Autoimmune panel and topical glucocorticoids
- b. Topical Metronidazole
- c. Topical Retinoids
- d. Oral isotretinoin



Acne Vulgaris vs. Acne Rosacea

	Acne Vulgaris	Acne Rosacea
Chronic Inflammatory Disease	✓	✓
Comedones	✓	No
Papules and Pustules	✓	✓
Areas Affected	Widespread	Central Face (flush areas)
Occurrence	Chronic	Episodically
Triggers	Varied	Sun, heat, alcohol, strong emotions, caffeine, spicy foods



Q3. Comment on the diagnosis of this case?

- a. Seborrheic dermatitis
- b. Psoriasis
- c. Lichen planus
- d. Pityriasis capitis



Q4. A 30-year-old woman with hypertension presents with the pruritic lesions as shown below. He says that lesion started as a small patch on the trunk and increased in Christmas tree pattern. Which of the following is correct about diagnosis?

- a. Pityriasis Rosea
- b. Tinea corporis
- c. Pityriasis Versicolor
- d. Pityriasis alba



Pityriasis Rosea	Starts with herald patch and evolves into multiple oval lesions in Christmas-tree pattern on trunk, self-limiting	Viral (HHV 6/7), young adults, pruritic, resolves in 6-8 weeks
Tinea Corporis	Annular, erythematous plaques with central clearing & active scaly border ('ringworm')	Fungal (dermatophyte), itchy, KOH mount typhase
Pityriasis Versicolor	Hypo/hyper-pigmented macules with fine scaling, more on trunk/shoulder, coalesce into patches	Malassezia yeast, accentuated on sweating, "spaghetti & meatballs" on KOH mount
Pityriasis Alba	Hypopigmented, ill-defined patches with fine scales, mainly on face of children	Post-inflammatory, atopic kids, improves spontaneously, emollients help

Pityriasis Rosea (scales that are pink colored)

- HHV 7 > HHV 6
- ACEI , imatinib, interferon, ergotamine
- Starts as herald patch and then causes collarette scales
- Christmas tree pattern
- Does not involve palm and soles (why ? : lesions resemble secondary syphilis)
- Self limiting



Q5. Pautrier microabscess formation is seen in which of the following?

- a. Psoriasis
- b. Cutaneous T cell lymphoma
- c. Dermatitis herpetiformis
- d. Lichen planus

Microabscess formation in Dermatology

Munro's	Psoriasis, neutrophils in stratum corneum
Kogoj's spongiform pustule	Psoriasis, neutrophils in stratum spinosum
Pautrier's	Mycosis fungoides, atypical lymphocytes in epidermis
Passini's	Lupus erythematosus, neutrophils in epidermis
Papillary tip neutrophilic abscess	Dermatitis herpetiformis
Max Joseph space	LP (though more of cleft than abscess)

Q6. The following presentation is seen in which of the following?



- a. Atopic dermatitis
- b. Contact dermatitis
- c. Asteatotic eczema
- d. Dermatomyositis

Q7. Which is not correct about psoriasis?

- a. Parakeratosis
- b. Seen on extensor aspects like elbows, knees, scalp
- c. Candle stain sign
- d. Associated with HLA DR2 with positive family history

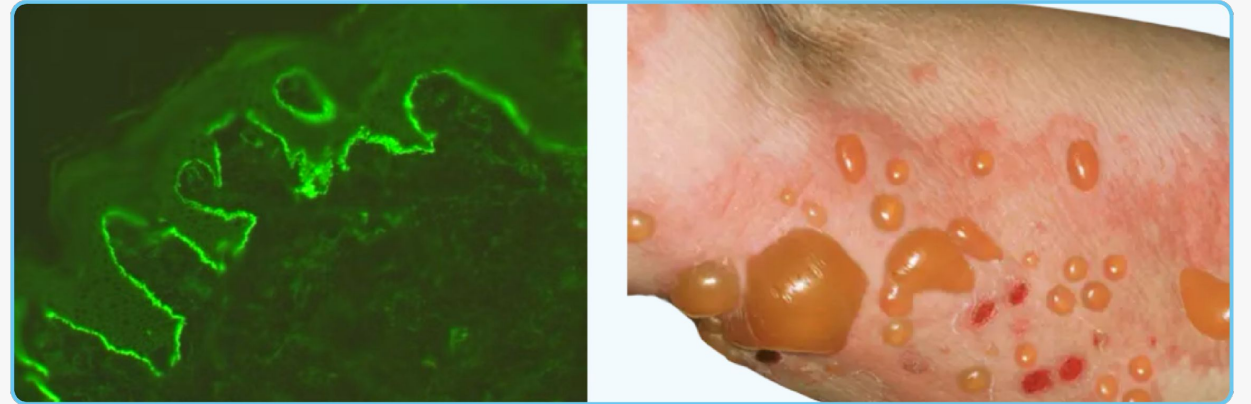
- Associated with HLA CW6
- Th1 and Th 17 function increased and Th2 cells activity is reduced
- Skin proliferation reduced from 28 days to 4 days
- PSO RAM

- **Parakeratosis** (Stratum corneum contains nuclei)
- **Squirting papillae** contain neutrophils
- **Spongiform pustules of Kojoi**
- **Rete edges prominent** (Camel foot)
- **Acanthosis** (Thickness of Spinosum is increased)
- **Absent granular layer**
- **Munro microabscess**

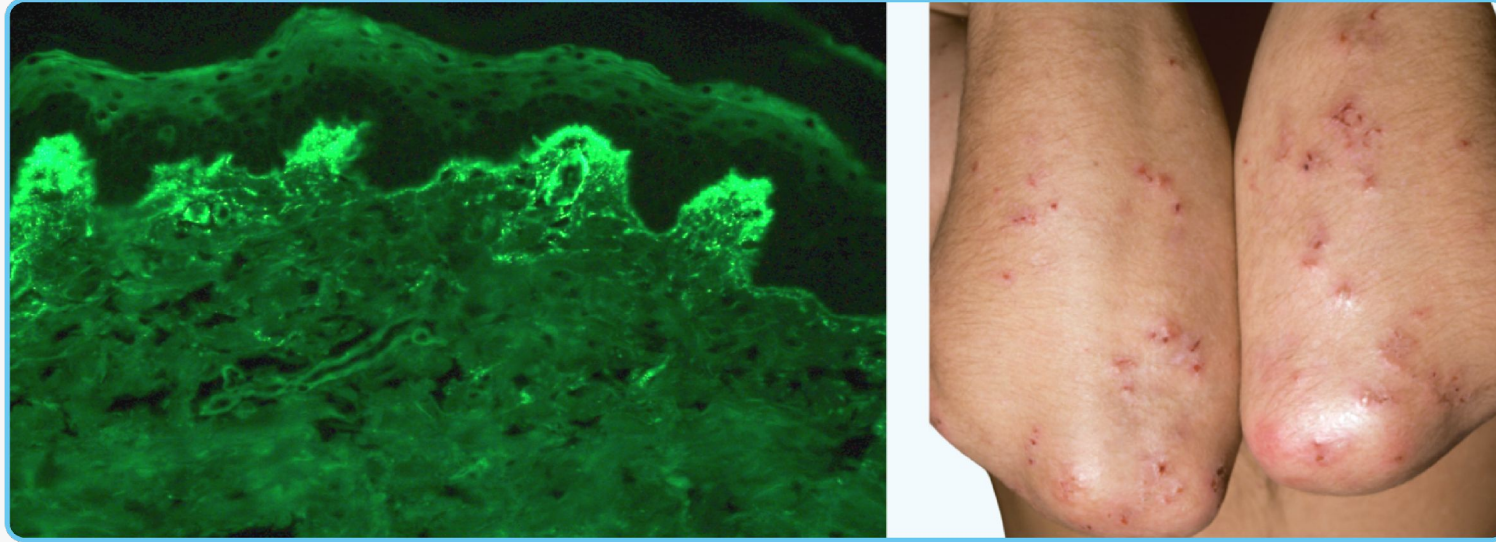


Q8. DIF study of skin biopsy taken from the lesions is shown below. The diagnosis is?

- a. Dermatitis herpetiformis
- b. Lichen planus
- c. Bullous pemphigoid
- d. Pemphigus Vulgaris



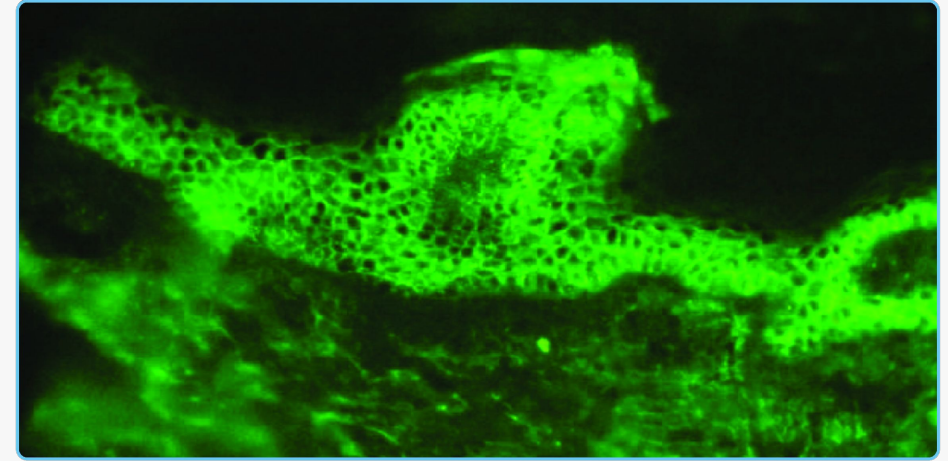
Q9. Correct about the disease shown in this 15-year-old boy is?



- a. Focal granular IgA deposits at dermo-epidermal junction
- b. Lesion flare up with withdrawal of gluten
- c. Start patient on Didanosine
- d. Antibody responsible for cutaneous lesion is Anti TTG antibody

Q10. Correct about the cause of this IF appearance is?

- a. Antibodies against desmosomes
- b. Antibodies against melanosomes
- c. Antibodies against hemidesmosome
- d. Antibodies against melanin



Q11. Which of the following is your spot diagnosis?

- a. Becker nevus
- b. Nevus of Ito
- c. Nevus of Ota
- d. Spitz nevus

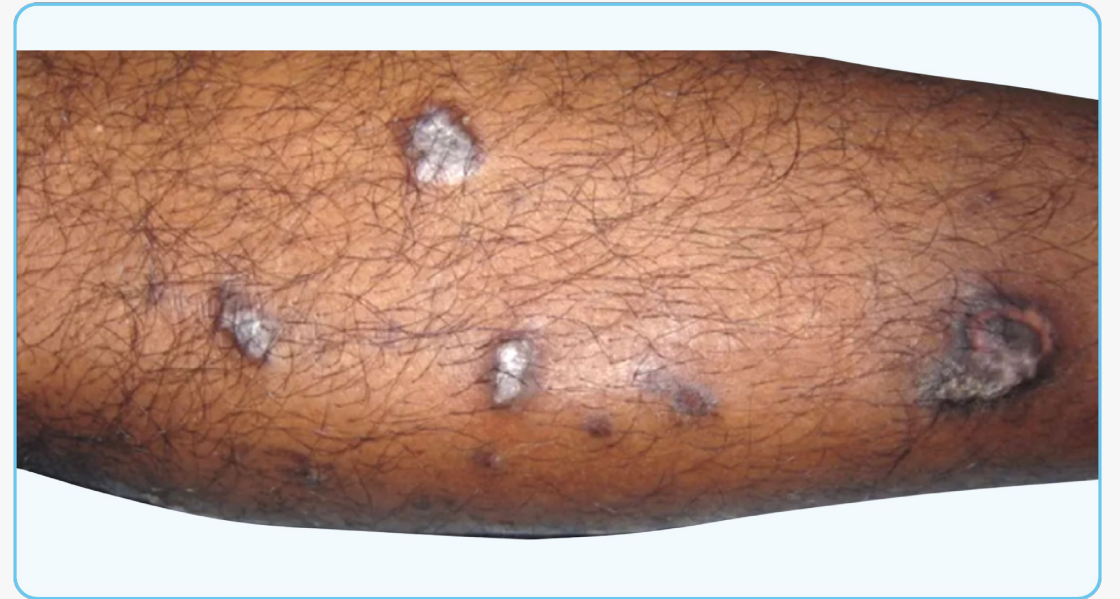


Congenital melanocytic nevus



Q12. The following skin lesion is associated with?

- a. Hepatitis B
- b. Hepatitis C
- c. EBV
- d. HPV 6,11



Q13. The following lesions are caused by which of the following?

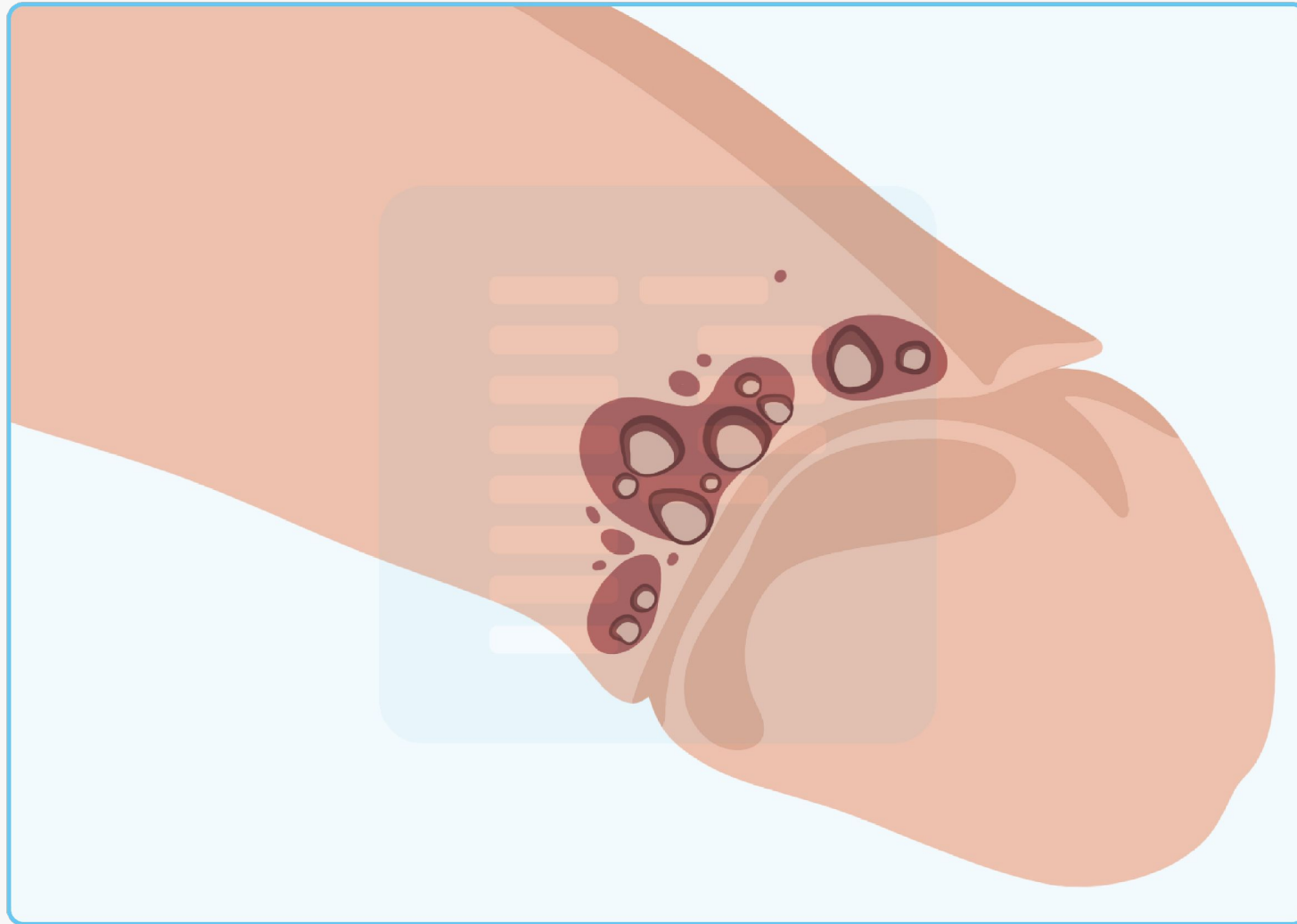
- a. HPV
- b. HSV 1
- c. Varicella zoster
- d. Herpes zoster



Q14. The following lesions occur due to?

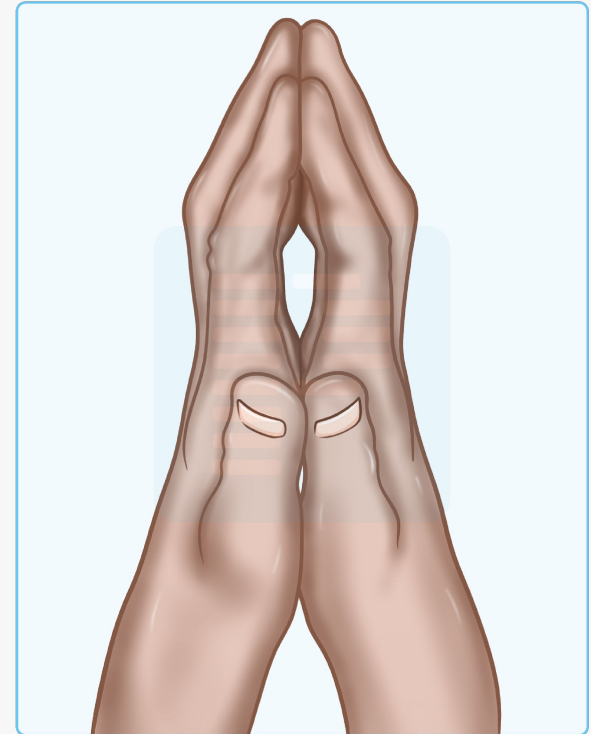
- a. Herpes zoster
- b. Herpes simplex
- c. HSV 1
- d. HSV 2



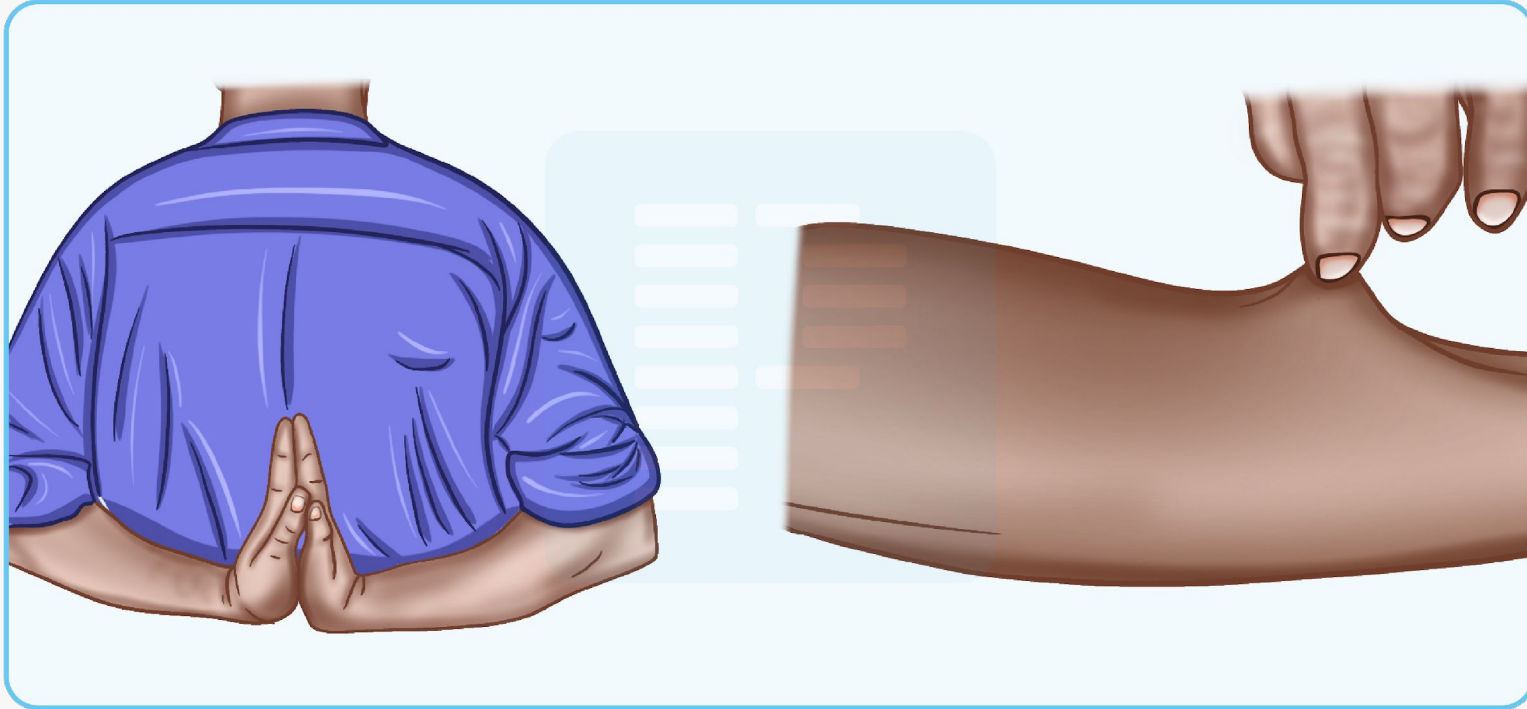


Q15. The following clinical sign is seen in which of the following?

- a. Cheiroarthropathy of diabetes
- b. Ehler danlos
- c. Marfan syndrome
- d. Swan neck deformity

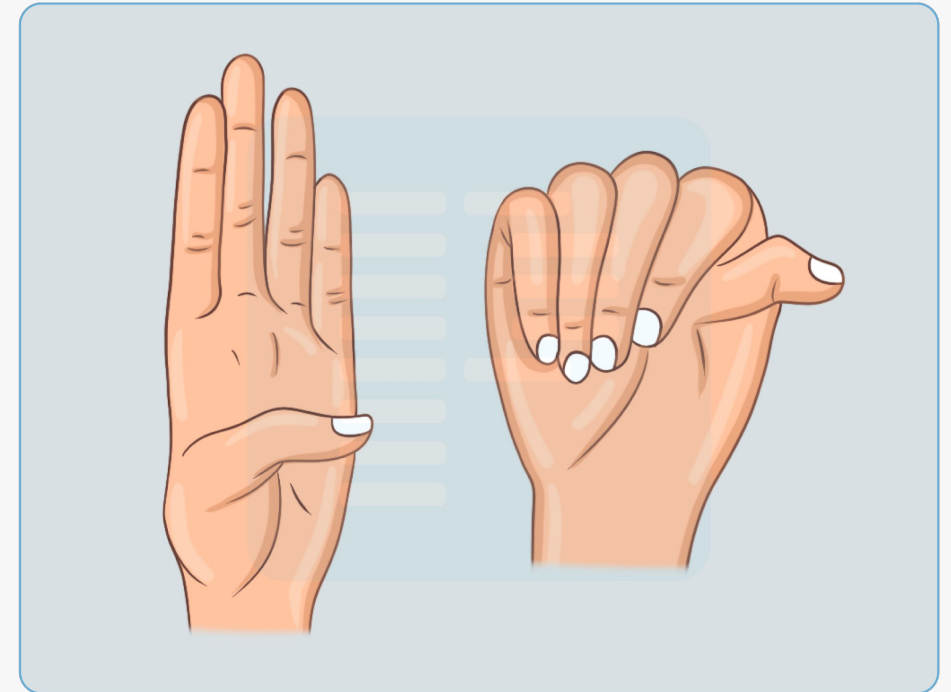


Reverse Namaskar sign of Ehler Danlos



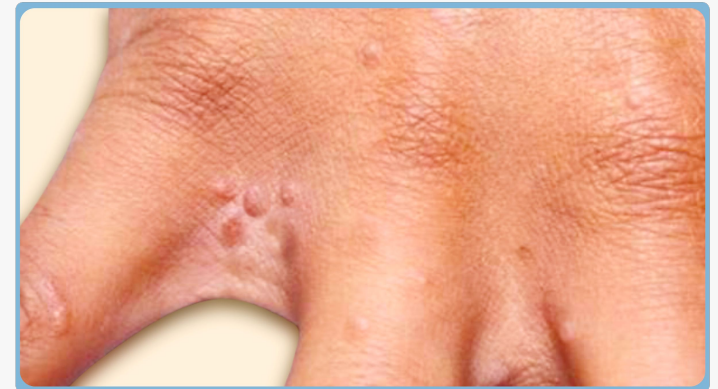
Q16. The following appearance of hands is seen due to defect of?

- a. COL5A1
- b. COL4A
- c. FMR1
- d. FBN1



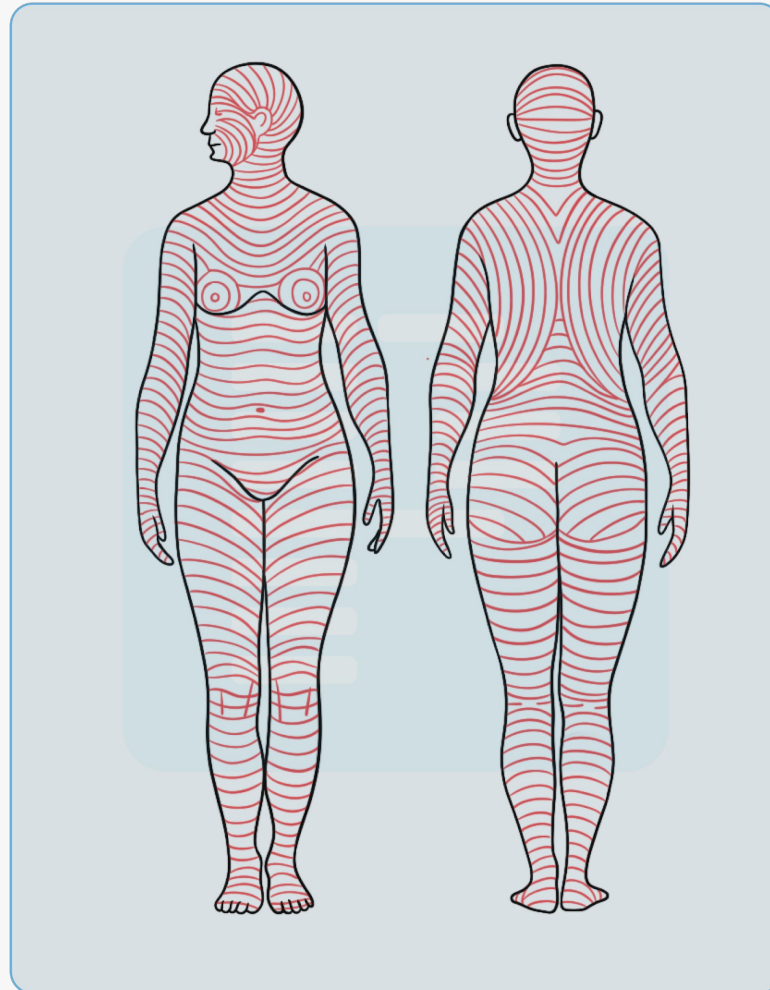
Q17. 20-year-old female rag picker comes with complaints of pruritus that worsens at night and after a hot bath. She is currently in T1 of pregnancy. Lesions on hands are shown below. Which is not correct about this condition?

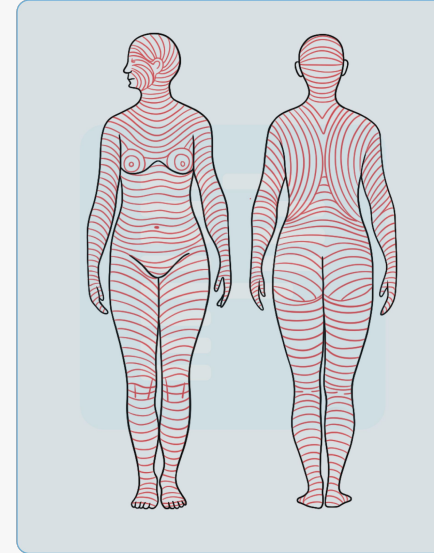
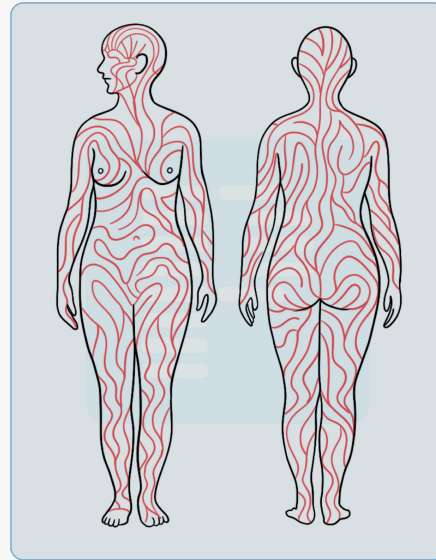
- a. Permethrin can be used in pregnancy
- b. Lesions follow circle of hebra
- c. Called vagabond disease
- d. Face and scalp are spared in adults



Q18. Which is correct about these lines shown below?

- a. Kraissl lines
- b. Blaschko lines
- c. Langer lines
- d. Wallace lines





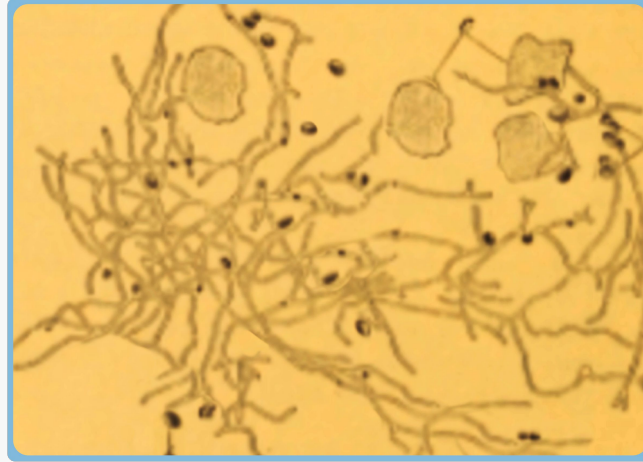
Kraissl	Wrinkle lines
Langer lines	Surgical incision along these collagen fibers heal with less scarring
Blaschko lines	Pathways of keratinocytes migration
Wallace	Line on lateral aspect of palms and soles where the glabrous skin meets with hair bearing skin

Q19. The following clinical sign shown in case of pemphigus vulgaris is called?

- a. Nikolsky sign
- b. Asboe Hansen sign
- c. Pear sign
- d. Hypopyon sign

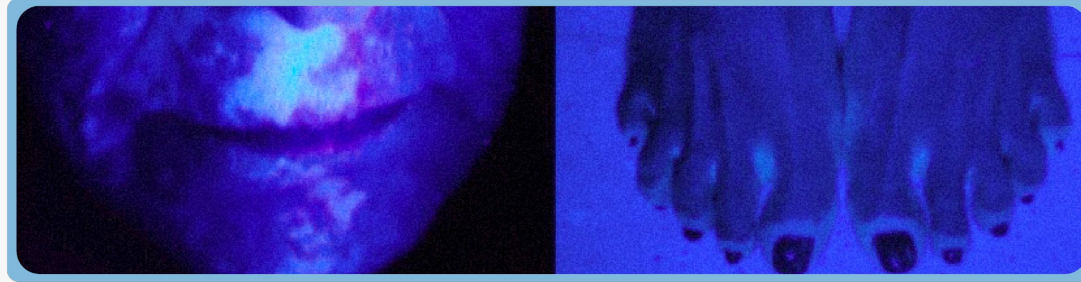


Q20. Which is the correct treatment of this condition?



- a. Selenium sulfide plus ketoconazole
- b. Voriconazole
- c. Itraconazole
- d. Caspofungin

Q21. The following instrument is made up of?



- a. Nickel oxide plus silica and light generated is 360 nm
- b. Nickel oxide plus silica and light generated is 560 nm
- c. Nitinol plus silica and light generated is 360 nm
- d. Nitinol plus silica and light generated is 560 nm

Q22. Which is correct about tinea incognito?

- a. Extensive tinea leading to pluckable hairs
- b. Extensive tinea with inflammatory pustular infection of scalp
- c. Extensive tinea with atypical appearance due to use of steroids
- d. Extensive tinea involving groin or perianal region



Q23. Which of the following drugs will not be used for management of this condition?


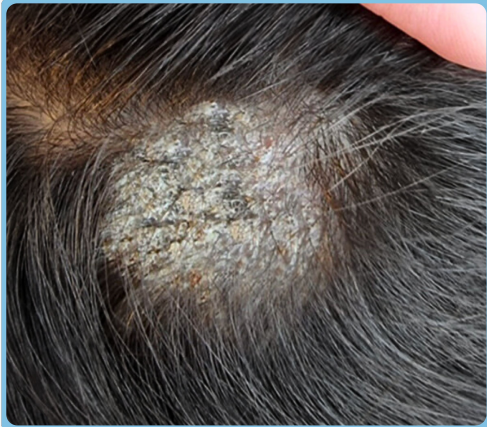
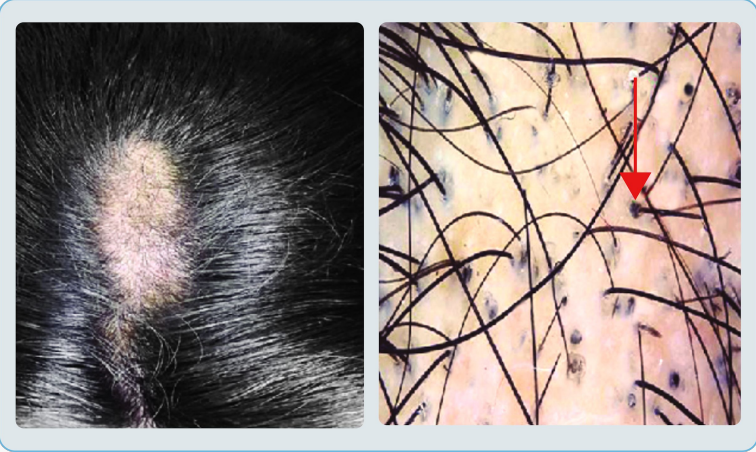
- a. Terbinafine
- b. Clotrimazole
- c. Ciclopirox
- d. Cidofovir



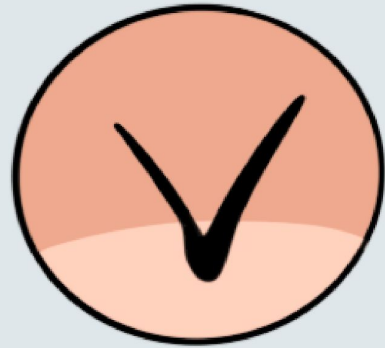
Q24. Correct about the diagnosis of this 5-year-old child?

- a. Tinea capitis
- b. Trichotillomania
- c. Alopecia areata
- d. Moth eaten alopecia

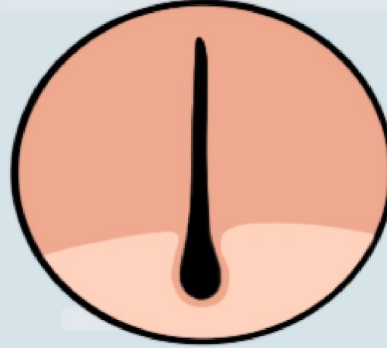


Alopecia areata	Tinea capitis	Trichotillomania
		
Exclamation mark sign	Comma hair Black dot sign	V sign for two or more hair shafts emerging from the same follicular opening are broken at the same length

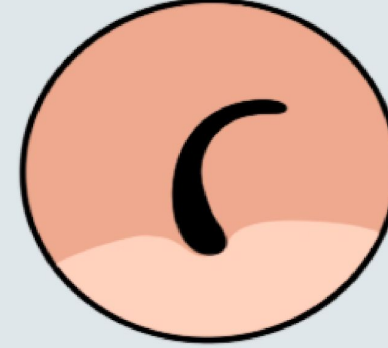
Moth eaten alopecia is seen in secondary syphilis



V-sign



Exclamation
mark hair



Comma
hair

Q25. A 30-year-old woman with P.C.O.D has extensive acne. She plans to conceive in the near future. Which of the following is the best treatment for this case?

- a. Isotretinoin with Azelaic acid
- b. Isotretinoin with doxycycline
- c. Cyproterone acetate + Spironolactone
- d. Topical retinoids

Q26. What is the color of this lesion under woods lamp?

- a. Coral red
- b. Bright orange
- c. Navy blue
- d. White



Q27. The following honey crusting is caused by which of the following organisms and what treatment is done?

- a. Staph Aureus, Topical Soframycin
- b. Streptococcus Pyogenes, Topical mupirocin
- c. Streptococcus Pneumoniae, Topical clindamycin
- d. Coagulase negative Staphylococcus, Topical metronidazole





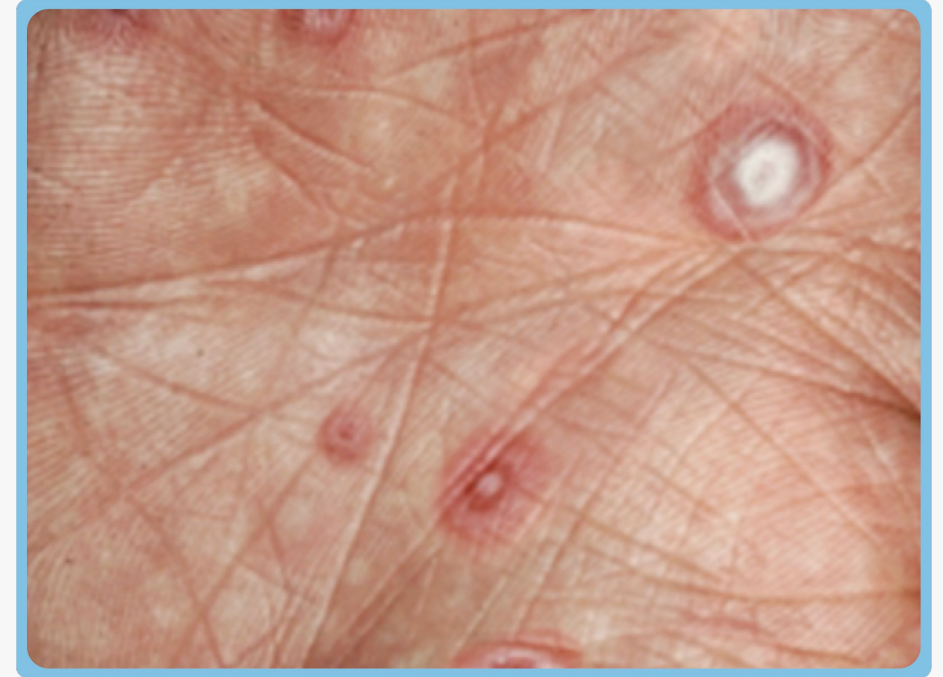
Q28. Known case of ulcerative colitis on topical steroids and mesalamine presents with the following skin lesions. Diagnosis is?

- a. Pyoderma gangrenosum
- b. Ecthyma gangrenosum
- c. Necrotising fasciitis
- d. Erythema multiforme



Q29. The following lesions are caused by?

- a. HSV-1
- b. HSV-2
- c. Secondary syphilis
- d. Herpetic Whitlow



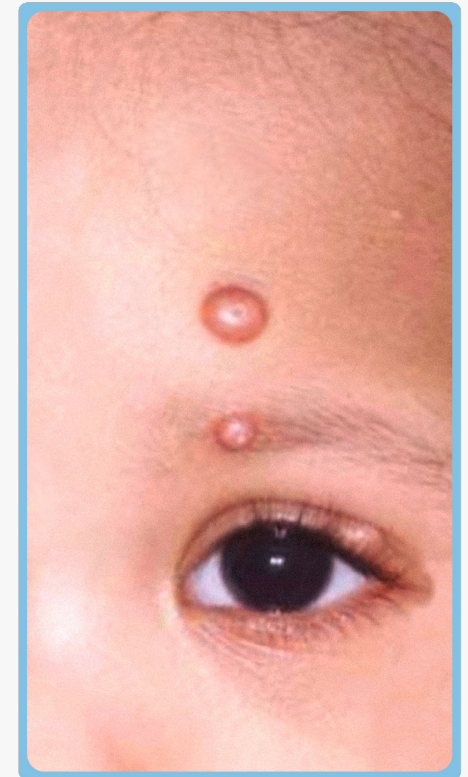
Q30. A 35-year-old AIDS patient was started on cotrimoxazole for P. Jiroveci prophylaxis. He develops the following lesions involving 30% of BSA with haemorrhagic crusting of lips. Diagnosis is?

- a. Steven Johnson syndrome
- b. Toxic epidermal necrolysis
- c. Erythema chronicum migrans
- d. Erythema pernio



Q31. A 6-year-old child presents with multiple, small, dome-shaped, pearly white papules with central umbilication on the trunk. The lesions express a cheesy material on squeezing. What is the most likely diagnosis?

- a. Verruca vulgaris
- b. Molluscum contagiosum
- c. Lichen nitidus
- d. Keratoacanthoma



Q32. A 25-year-old female presents with red brown plaques on face. She recently tested positive for sputum for AFB twice. Which is not correct about this case presentation?

- a. Diascopy shows apple green nodules
- b. Earliest sensation lost is heat and cold differentiation
- c. Can develop Squamous cell carcinoma
- d. Destroy nasal and ear cartilage

Q33. Buruli ulcer is caused by which of the following?

- a. *Mycobacterium ulcerans*
- b. *Mycobacterium marinum*
- c. *Mycobacterium leprae*
- d. *Mycobacterium Kansasi*

Q34. Which type of hypersensitivity is seen in this patient diagnosed with leprosy?

- a. 1
- b. 2
- c. 3
- d. 4



- The patient has greater auricular nerve thickening seen in the borderline spectrum of disease. These patients have type 1 lepra reaction and type 4 hypersensitivity.
- In LL when treatment is initiated then type 2 lepra reaction is seen and has type III Hypersensitivity reaction

Q35. Which of the following is the preferred site for nerve biopsy in patients with leprosy?

- a. Superficial branch of radial nerve
- b. Sural nerve
- c. Ulnar nerve
- d. Posterior tibial nerve

Q36. MC cranial nerve involved in case of hansen disease?

- a. Ulnar nerve
- b. Common peroneal nerve
- c. Facial nerve
- d. Lateral cutaneous nerve of thigh

Q37. Which cranial nerve is first to be involved in Leprosy?

- a. Olfactory
- b. Trigeminal
- c. Abducens
- d. Facial

Q38. A 6-year-old child presents with severe sunburns, freckling. Biopsy from skin shows SCC. Genetic analysis reveals a defect in repairing ultraviolet radiation–induced thymidine dimers. Which of the following is the most likely underlying abnormality?

- a. Mismatch repair defect
- b. Base excision repair defect
- c. Nucleotide excision repair defect
- d. Homologous recombination defect

Q39. A 24-year-old man develops sudden swelling of lips, eyelids, and genitalia after eating peanuts. The swelling is non-pitting, non-pruritic, and without urticaria. Which of the following is the most likely diagnosis?

- a. Quincke's disease
- b. Anaphylaxis
- c. Toxic shock syndrome
- d. Urticaria

Q40. Most common skin manifestation seen in patients with diabetes mellitus?

- a. Diabetic dermopathy
- b. Necrobiosis Lipidoica diabetorum
- c. Acanthosis nigricans
- d. Skin thickening of palms and soles

Skin Manifestations in Diabetes Mellitus

Condition	Key Clinical Features	Common Sites	Association with DM
Diabetic dermopathy	Small, round/oval, brownish atrophic macules ('shin spots']	Pretibial areas (shins)	Very common, seen in >50% diabetics
Necrobiosis lipoidica diabeticorum	Yellow-brown strophic plaques with central thinning and telangiectasia, may ulcerate	Anterior limbs	Rare (~0.3-1%), strongly associated with long standing DM
Acanthosis nigricans	Hyperpigmented, velvety thickening of skin folds	Neck, axillae, groin	Seen in insulin resistance (T2DM, obesity, PCOS, metabolic syndrome)
Skin thickening (scleredema diabeticorum/waxy skin)	Waxy skin, stiffness, limited joint mobility ("prayer sign")	Dorsum of hands, palms, soles, upper back	More in long-standing, poorly controlled DM

Q41. Young college student presents with beefy red ulcer with rolled edges on glans penis after unprotected sexual exposure. which organism is likely responsible?

- a. Klebsiella granulomatosis
- b. Hemophilus ducreyi
- c. C. Trachomatis
- d. Herpes simplex 2

Q42. Grouped vesicles on glans penis in young college student with bilateral tender inguinal lymphadenopathy is seen in?

- a. Groove sign of C. Trachomatis
- b. Pseudo-buboes of Granuloma inguinale
- c. Phagedenic lesions of H. Ducreyi
- d. Genito ulcerative lesions of Herpes simplex 2

Q43. Cor bovinum and tree bark appearance of ascending aorta is seen with?

- a. Primary syphilis
- b. Secondary syphilis
- c. Tertiary syphilis
- d. Quaternary syphilis

Q44. The patient is diagnosed with neurosyphilis. Which of the following is the most appropriate treatment?

- a. Benzathine penicillin
- b. Procaine penicillin
- c. Penicillin V
- d. Crystalline Penicillin

Q45. 28-year-old man presents with a history of a small, painless genital ulcer that healed spontaneously within a few days. Two weeks later, he develops painful inguinal lymphadenopathy with multiple tender nodes that have coalesced to form "groove sign. Which color kid would be used in this patient under syndromic management?

- a. Red
- b. Black
- c. Green
- d. Yellow

Q46. Death in throttling is due to?

- a. Inward compression fracture of hyoid bone
- b. Cardiac arrest
- c. Carotid artery dissection
- d. Blockage of trachea

Q47. A young unknown person is brought dead to the ER. Which of the following will make you suspect strangulation as the cause of death?

- a. Ligature mark above the level of thyroid
- b. Bloody froth at nose and mouth with cyanosis
- c. Saliva dribbling from side of face
- d. Pupillary dilatation and eyes wide open

Q48. In a religious procession there is a stampede that led to the death of multiple people that have now been brought to ER. What is the cause of death?

- a. Perthe syndrome
- b. Positional asphyxia
- c. Choking
- d. Reflex vagal inhibition of heart

Q49. A young person was making instagram reels by jumping into the cold water of a river in early December morning. He jumped into the water and could not swim. His body was fished out by police divers 5 km downstream. What is the plausible cause of death?

- a. Laryngeal spasm
- b. Immersion syndrome
- c. Hyperkalemia due to lysis of RBC
- d. Hypovolemia and hemoconcentration

Q50. The most important external sign of typical drowning?

- a. White lathery froth at mouth and nostril
- b. Cadaveric spasm
- c. Cutis anserina
- d. Presence of sand in the airways

Q51. The most important internal sign of drowning is?

- a. Sub pleural hemorrhages
- b. Water in lungs and stomach
- c. Water and hemorrhage in middle ear
- d. Diatoms test

Q52. Contusion or bruise is not seen at which of the following sites?

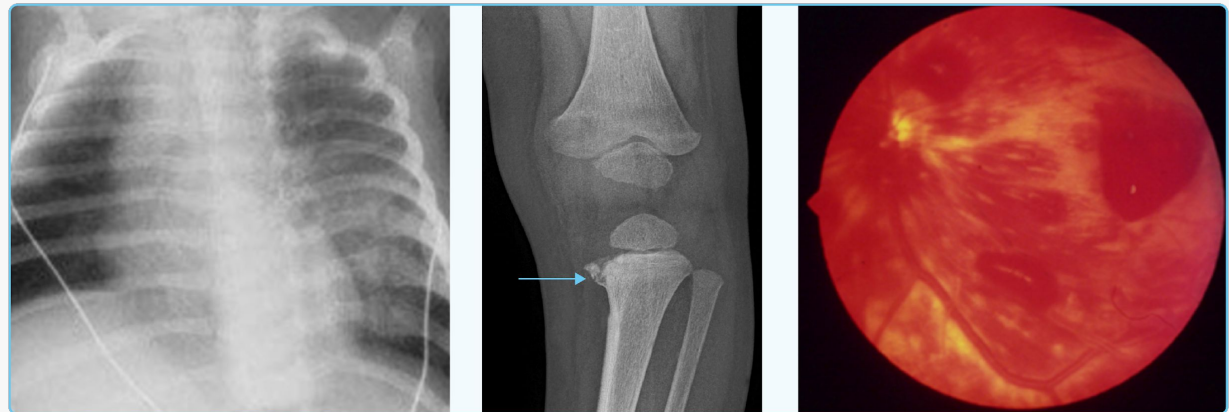
- a. Face
- b. Scrotum
- c. Soles
- d. Breast

Q53. Butterfly bruise is seen in?

- a. Child abuse
- b. Love bites
- c. Marking nut juice(*Semicarpus calotropis*)
- d. Ectopic bruise

Q54. A 2-year-old child is brought by a mother to the emergency with a history of excessive crying followed by sudden silence and drowsiness. The senior nurse tells you that the mother is a single mother and has brought a child to the ER previously also. Examination reveals scalp swelling and periorbital bruises. Work up is shown below. Which of the following is the most likely diagnosis?

- a. Osteogenesis imperfecta
- b. Rickets
- c. Battered baby syndrome
- d. Scurvy





Feature	Battered Baby Syndrome (Non-accidental trauma)	Osteogenesis Imperfecta
History	Inconsistent history, delay in seeking care, multiple episodes explained poorly	Family history of fractures, autosomal dominant inheritance (COL1A1/COL1A2 mutations)
Fractures	Multiple fractures at different stages of healing. especially ribs, metaphyseal corner ("bucket handle") fractures	Recurrent fractures after minimal trauma, often diaphyseal
Other injuries	Bruises, burns, retinal hemorrhages, subdural hematomas	No soft tissue injuries suggestive of abuse
Sclera	Normal	Blue sclera (classical finding)
Teeth	Normal	Dentinogenesis imperfecta (opalescent teeth, early wear)
Hearing	Normal	Hearing loss (due to otosclerosis)

Q55. A farmer is working in the field in hot Indian summer in the month of may when he collapses and is brought to ER. On examination pulse is 120/min, BP 90/60 mm Hg with moist cold clammy moist skin and temp of 37.6 C. Diagnosis is?

- a. Heat cramps
- b. Heat exhaustion
- c. Heat stroke
- d. Sun stroke

Differentiation of Heat Illnesses

Feature	Heat Cramps	Heat Exhaustion	Heat Stroke (Sun Stroke)
Core Temp	Normal	Normal or $<40^{\circ}\text{C}$	$>40^{\circ}\text{C}$
Skin	Moist	Cold, clammy, moist	Hot, dry
BP / Pulse	Normal	\downarrow BP, \uparrow Pulse	Variable, often unstable
CNS	Normal	Normal/mild headache. dizziness	Severe dysfunction - confusion, seizures, coma
Key Feature	Painful muscle cramps after exertion	Collapse with dehydration & salt loss	Life-threatening emergency

Q56. Which is not correct about superfetation?

- a. Fertilization of two or more ova from same cycle by different acts of coitus
- b. Fertilization of second ovum in woman already pregnant
- c. Increased risk in septate uterus
- d. increased risk of fetus papyraceous

Q57. Secondary blast injury leads to?

- a. Tympanic membrane rupture
- b. Lung rupture
- c. Burns on upper torso
- d. Puncture lacerations

Q58. Death in electrocution occurs due to?

- a. Myoglobinuria induced ATN
- b. Vagus stimulation
- c. Arrhythmia
- d. Internal organ burns

Q59. Air India flight crashed into a residential campus causing intense fireball.

Which of the following is most likely finding anticipated in post mortem?

- a. Heat hematoma
- b. Curling ulcers
- c. Pugilistic attitude
- d. cadaveric spasm

Q60. Paradoxical undressing is seen in?

- a. Hyperthermia
- b. Hypothermia
- c. Sexual fetish
- d. Joule Burns

Q61. Vaginal swab for determining recent intercourse can be taken up to?

- a. 24 hours
- b. 48 hours
- c. 72 hours
- d. 96 hours

Q62. The most reliable test for detection of blood stains is?

- a. Spectroscopy
- b. Takayama stain
- c. Teichman stain
- d. Precipitin test

Q63. Organochlorine poisoning (Lindane) causes death by?

- a. Open sodium channels causing persistent depolarization
- b. Irreversible competitive inhibition of acetylcholinesterase
- c. Irreversible non-competitive inhibition of acetylcholinesterase
- d. Open potassium channels causing persistent repolarization

Q64. On autopsy kerosene odor of stomach is seen in?

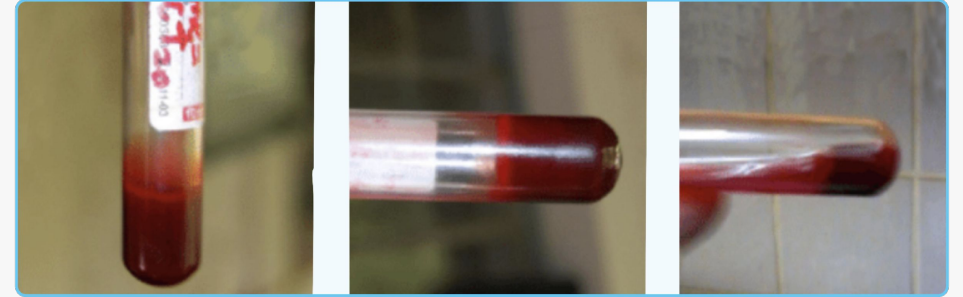
- a. Organophosphate poisoning
- b. Aluminium phosphide poisoning
- c. Calotropis poisoning
- d. Cerebra thevetia

Q65. All are correct about *Strychnos nux vomica* except?

- a. Emprosthotonus
- b. Stimulation of CNS
- c. Preserved consciousness till death
- d. Presents with Lock jaw

Q66. 20WBCT is used for evaluation of?

- a. Efficacy of ASV
- b. Calculation of dose of ASV
- c. Venom induced afibrinogenemia
- d. venom induced neurotoxicity



Q67. Postmortem of vagabond shows fixed dilated pupils with odor of bitter almonds in breath and cherry red color postmortem hypostasis. Which type of hypoxia is seen in this case?

- a. Hypoxic
- b. Histotoxic
- c. Anemic
- d. Stagnant

Q68. Which of the following drug(s) is not used for management of cyanide poisoning is?

- a. Sodium nitrate
- b. Sodium thiosulfate + Hydroxycobalamin
- c. Amylnitrate
- d. Sodium nitroprusside + Thiamine

Sodium nitrite	Induces methemoglobinemia → MetHb binds cyanide forming cyanmethemoglobin → reduces free cyanide
Amyl nitrite (inhaled)	Same as sodium nitrite (MetHb formation)
Sodium thiosulfate	Acts as sulfur donor → Rhodanese enzyme converts cyanide → thiocyanate (renally excreted)
Hydroxocobalamin (Vit B12 precursor)	Directly binds cyanide → forms cyanocobalamin (Vitamin B12) → excreted in urine

Q69. Antifreeze agent / ethylene glycol poisoning antidote is treated with?

- a. Fomepizole
- b. Physostigmine
- c. Hemodialysis
- d. Amylnitrate

Q70. A doctor receives two summons-one to appear in court as an expert witness murder case and another to provide expert medical opinion in negligence for leg amputation with consent. Which of the following should the doctor prioritize?

- a. Appearance in the murder case
- b. Appearance for providing medical expert opinion
- c. The summon received first
- d. The summon from court which is near to his workplace

Q71. A man was abducted from his home, and his son subsequently claimed rights to his father's property. As per Section 111 of the Bharatiya Sakshya Adhiniyam (BSA), until when is the son not entitled to claim inheritance?

- a. 5 years
- b. 6 years
- c. 7 years
- d. 10 years

- Section 111 of the Bharatiya Sakshya Adhiniyam (BSA) deals with the presumption of death. It states:
- When a person is not heard of for seven years by those who would naturally have heard of him if he had been alive, the burden of proving that he is alive is shifted to the person who affirms it.

Q72. In a bomb blast incident, Lung rupture and Tympanic membrane rupture would be described as?

- a. Level I
- b. Level II
- c. Level III
- d. Level IV

Level	Mechanism	Examples
Level I (primary)	Direct effect of blast overpressure wave	Tympanic membrane rupture, pulmonary barotrauma, bowel perforation
Level II (Secondary)	Injuries from flying debris/ fragments	Penetrating injuries, shrapnel wounds
Level III (Tertiary)	Injuries from being thrown by the blast wind	Fractures blunt trauma, amputations
Level IV (Quaternary)	All other effects burns, inhalation psychological	Burns, crush injuries, toxic gas exposure, PTSD

Q73. A 40-year-old male was brought dead after a road traffic accident. On autopsy, the following injury was noted on the face as shown in the image. What type of injury is shown below?

- a. Avulsion
- b. Laceration
- c. Incised wound
- d. Contusion



Q74. An adult patient involved in a high-speed road traffic accident had a normal CT scan on admission but died within 3 hours. Autopsy reveals retraction ball appearance and petechial hemorrhages in the corpus callosum. What is the most likely diagnosis?

- a. Diffuse vascular injury
- b. Cerebral contusion
- c. Intracerebral hemorrhage
- d. Diffuse axonal injury

Q75. A man kills his office colleague and later claims he was experiencing delusions of persecution and other psychotic features at the time of the act. He now asserts that he is not guilty by reason of insanity. What is the most appropriate next step under medico-legal protocol?

- a. Refer for psychiatric evaluation to assess if he is fit for trial
- b. Enroll in an Anger management program
- c. He should be sent directly to jail
- d. Declare him not guilty and release immediately

Q76. A 68-year-old female presents with breathlessness, declining health, and is found to have multiple metastases. She is awake, alert, and visibly anxious. The medical team assesses that aggressive chemotherapy, radiotherapy, ICU care, and mechanical ventilation would not improve her condition and may cause harm. Despite this, the patient's daughter insists on pursuing all possible life-prolonging measures, including ICU admission. What is the most appropriate next step for the physician in managing this case?

- a. Convene a family meeting and consider the patient's values, preferences, and goals of care
- b. Admit the patient to ICU and initiate aggressive life-prolonging treatment
- c. Discharge the patient and shift to home-based palliative care(HOSPICE)
- d. Start on Placebo treatment

Q77. A Doctor issuing a false medical certificate will be charged under which BNS Section?

- a. 197
- b. 198
- c. 234
- d. 235

- BNS 234 :Doctor/authority issuing a false certificate knowingly
- BNS 235 :Any person using that false certificate knows it to be false

THANK YOU