



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.39

August 20, 2021

DAD-MA

SUBJECT: Medical Ethics in the Military Health System

References: See Enclosure 1

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) through (c), and in accordance with the guidance of References (d) through (n):

a. Establishes standards for the implementation of Reference (g), and the DoD Medical Ethics Program (DoDMEP), as per the Defense Medical Ethics Center (DMEC) and the Medical Ethics Program Oversight Council (MEPOC).

b. This DHA-PI serves to:

(1) Provide guidance and support for the DoD mission and vision of promoting ethical leadership and conduct in the military health care setting by establishing procedures to enable Defense Health Agency's (DHA) support of DMEC's guiding principles as set forth in References (g) and (h).

(2) Delineate and clarify roles, responsibilities, and collaboration of the DHA and Uniformed Services University of the Health Sciences (USU), including the creation and provision of medical ethics training available to designated military medical treatment facility (MTF) healthcare personnel.

(3) Charge DHA Markets, DHA Small Market and Stand-Alone Medical Treatment Facility Organization (SSO), and Defense Health Agency Region (DHAR) Director-appointed MTF Medical Ethics Chairs to serve as the local MTF medical ethics subject matter experts.

(4) Identify DMEC Medical Ethics online resources and medical ethics consultation services accessible to all MTF healthcare personnel, including Uniformed Service healthcare personnel.

2. APPLICABILITY. This DHA-PI applies to:

a. The DHA, and DHA Components (activities under the authority, direction, and control of DHA), Military Departments (MILDEPs); including the U.S. Coast Guard (USCG) at all times, including when it is in the Department of Homeland Security by agreement with the Department), the Office of the Chairman of the Joint Staff and the Joint Staff, and the Combatant Commands.

b. All personnel to include: assigned or attached active duty and reserve members, members of the Commissioned Corps of the Public Health Service, Federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at DHA and DHA Components.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (c), to:

a. Establish procedures supporting implementation of the DoDMEP as advised by the DMEC, and coordinated through the MEPOC, and in accordance with Reference (g).

b. Support the Military Health System (MHS) in its commitment to address medical ethics issues deriving across any location in which healthcare services or operational clinical services are provided, to include cultural considerations which may be present in a host of environments and that may present ethical conflicts for Uniformed Service healthcare personnel.

4. CANCELLED DOCUMENTS. This DHA-PI cancels and replaces DHA-Interim Procedures Memorandum 18-012, "The DoDMEP in the MHS" April 22, 2020.

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. This DHA-PI outlines the procedures for MTF healthcare personnel, including Uniformed Service healthcare personnel, to obtain medical ethics consultation and training from the DMEC through their Medical Ethics online resources, accessible via their website. This DHA-PI also outlines procedures for designating MTF Medical Ethics Chairs under the DHA Markets, the SSO, and the DHARs and outlines the medical ethics training requirements of the MTF Medical Ethics Chairs, as coordinated through the MEPOC. This DHA-PI outlines how DHA will collaborate with DMEC to support healthcare personnel in the practice of ethical leadership and conduct. See Enclosure 3 for additional details on Procedures.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director, Medical Affairs (DAD-MA). When Activities are unable to comply with this publication, the Activity may request a waiver that must include a justification, to include an

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analysis of the risk associated with not granting the waiver. The Activity Director or senior leader will submit the waiver request through their supervisory chain to the DAD-MA to determine if the waiver may be granted by the Director, DHA, or his or her designee.

8. **RELEASABILITY. Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

9. **EFFECTIVE DATE.** This DHA-PI:

- a. Is effective upon signature.
- b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/
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Director

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013.
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (e) Title 10, United States Code, Chapter 55
- (f) Title 32, United States Code
- (g) DoD Instruction 6025.27, “Medical Ethics in the Military Health System” November 8, 2017
- (h) Department of Defense Medical Ethics Center (DMEC) Charter, June, 3, 2018¹
- (i) Defense Health Board “Ethical Guidelines and Practices for U.S. Military Medical Professionals” March 3, 2015
- (j) Public Law 112-239, Section 533(a) as amended by Section 532(a) of the National Defense Authorization Act for Fiscal Year 2014
- (k) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
- (l) DoD Instruction 6025.18, “Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs,” March 13, 2019
- (m) DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs” January 29, 2019
- (n) DoD Instruction 2310.08 , “Medical Program Support for Detainee Operations,” September 5, 2019

¹ This reference can be found at: <https://www.usuhs.edu/research/centers/dmec>

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

- a. Facilitate implementation of this DHA-PI.
- b. Appoint a DHA representative to the Assistant Secretary of Defense for Health Affairs MEPOC.
- c. In collaboration with the President, USU, through DMEC, ensure implementation of the requirements as specified in this DHA-PI, and in accordance with Reference (g), designating DAD-MA as the principal liaison to USU regarding the DoDMEP.
- d. In collaboration with the President, USU, through DMEC, establish procedures necessary to implement this DHA-PI, in accordance with Reference (g).
- e. Ensure MTF healthcare personnel have, and are aware of, the tools, processes, resources, capabilities, and procedures for addressing ethical issues; including access to medical ethics training, and consistent, high-quality, medical ethics consultation services consistent with the procedures set forth in this DHA-PI, and in accordance with Reference (g).
- f. In coordination with MTF Directors, the MILDEPs, including the USCG, the Office of the Chairman of the Joint Staff and the Joint Staff, and the Combatant Commanders, ensure healthcare personnel are informed of the DMEC website, how to access it, all its resources, its purpose, and its capabilities, as outlined in this enclosure, when it reaches full operational capability.
- g. Ensure MTF healthcare personnel are aware of their rights as related to medical ethics and are aware of the procedures to address such concerns.

2. DAD-MA. The DAD-MA will:

- a. In collaboration with the President, USU, through the DMEC, provide support to enable the implementation of the procedures and requirements outlined in this DHA-PI, and in accordance with Reference (g).
- b. Ensure the dissemination of this DHA-PI to Market, Small Market and Stand-Alone Medical Treatment Facility Organization (SSO), and Defense Health Agency Region (DHAR) Directors, and ensure compliance with its dissemination to MTF Directors by the Market, SSO, and DHAR Directors.

c. Coordinate with the MILDEPs, including the USCG, the Office of the Chairman of the Joint Staff and the Joint Staff, and the Combatant Commanders, to ensure compliance with the dissemination of this DHA-PI.

d. In collaboration with the President, USU, through the DMEC, provide the support needed to ensure MTFs have access to consistent, high-quality, ethical consultation services, resources, tools, and training.

e. Ensure each Market, SSO, and DHAR has a Medical Ethics Chair, to be appointed by their respective Market, SSO, or DHAR Director.

f. Respond to requests from the DMEC for identification of Market, SSO, and DHAR Medical Ethics Chairs by Market, SSO, and DHAR Directors, including when a vacancy needs to be filled.

3. PRESIDENT, USU. The President, USU, through DMEC, will:

a. Provide collaboration and consultation to the Director, DHA, in support of establishing procedures necessary to implement this DHA-PI.

b. Provide collaboration to the DAD-MA in support of ensuring MTFs have access to consistent, high-quality, ethical consultation services, resources, tools, and training.

4. SECRETARIES OF THE MILDEPS, AND DIRECTOR, HEALTH, SAFETY, AND WORK LIFE, USCG. The Secretaries of the MILDEPS, and the Director, Health, Safety, and Work Life, USCG will:

a. In coordination with the DAD-MA, ensure dissemination of, and compliance with, this DHA-PI by all MTF MILDEP Directors and Commanders.

b. In coordination with, and through support from, the Director, DHA, ensure Uniformed Services healthcare personnel have access to all medical ethics services, resources, tools, and training, including allowance of time by Unit Commanders for Uniformed Services healthcare personnel to be able to complete any requested DMEC medical ethics training.

5. THE OFFICE OF THE CHAIRMAN OF THE JOINT STAFF AND THE JOINT STAFF, AND THE COMBATANT COMMANDERS. The Office of the Chairman of the Joint Staff and the Joint Staff, and the Combatant Commanders will:

a. Ensure compliance with this DHA-PI by all Commanders.

b. Ensure Uniformed Services healthcare personnel have access to all medical ethics services, resources, tools, and training, including allowance of time by Unit or Combatant

Commanders for Uniformed Services healthcare personnel to be able to complete any requested DMEC medical ethics training.

6. DIRECTORS, MARKETS, SSO, AND DHARS. The Directors, Markets, SSO, and DHARS will:

a. Appoint, in writing, a Market, SSO, and DHAR Medical Ethics Chair to serve as a Medical Ethics champion for their respective Market, SSO, or DHAR and liaison to the MEPOC. The Market, SSO, and DHAR Medical Ethics Chair will:

(1) Be qualified to serve based on their individual education/experience/training in Bioethics, either formalized, via self-study, and/or through liaison and interface with the DMEC. The Market, SSO, and DHAR Directors may seek consultation from the DMEC for information assisting in appointment considerations (e.g., general questions about the types of relevant qualifying experience); however, the DMEC will hold no decision-making authority in making appointments and will only serve in a consultative role.

(2) Complete specified training through the DMEC and as determined by the DMEC.

(3) Provide medical ethics training to local MTF-level Medical Ethics Chairs after completing requisite medical ethics training through the DMEC.

b. Ensure medical ethics training, developed by the DMEC, is available to MTF healthcare personnel periodically, no less than once per year.

c. Ensure additional local MTF-level Medical Ethics Chairs are appointed by MTF Directors, as needed, depending on the size and needs of the Market, SSO, DHAR, and MTFs.

d. Notify the DMEC of the designated Market, SSO, and DHAR Medical Ethics Chairs.

e. Ensure the Market, SSO, and DHAR Medical Ethics Chair positions remain filled, and notify the DMEC of replacements following any Chair departures.

7. MTF DIRECTORS. The MTF Directors will:

a. Ensure MTF healthcare personnel are informed of, and how to access, this DHA-PI, and information regarding the DMEC and its services.

b. Ensure this DHA-PI, and information regarding the DMEC, and its services, are made readily available to MTF healthcare personnel.

c. Designate, in writing, an appropriate healthcare professional to serve as the MTF Medical Ethics Chair and ensure the designated individual(s) complete any DMEC training that may be determined to perform this role. The MTF Medical Ethics Chair will:

(1) Be qualified to serve based on their individual education/experience/training in Bioethics, either formalized, via self-study, and/or through liaison and interface with the DMEC. The MTF Directors may seek consultation from the DMEC for information assisting in appointment considerations, (e.g., general questions about the types of relevant qualifying experience); however, the DMEC will hold no decision-making authority in making appointments and will only serve in a consultative role.

(2) Complete specified training through the DMEC and as determined by the DMEC.

(3) Be included in all consultation requests submitted to the DMEC for purposes of collaboration and visibility, and to promote appropriate chain of communication.

ENCLOSURE 3

PROCEDURES

1. BACKGROUND. The MHS has a duty to provide its healthcare personnel with the resources, tools, and knowledge to determine the best course of action when confronted with medical ethical dilemmas. This duty includes creating a practice environment in which its healthcare personnel feel safe raising medical ethical concerns and confident they will receive support in seeking a fair and just resolution to those concerns. The DoDMEP, facilitated by DMEC's program management, serves to assist the MHS in fulfilling this duty to its healthcare personnel.

2. IMPLEMENTING PROCEDURES. As outlined in References (g) and (h), the MHS embraces the principles of professional ethics of America's healthcare professions whose members are represented in the MHS healthcare personnel. Codes of ethics developed by healthcare professional organizations recognize responsibility to patients first and foremost, and to society, as a whole. The MHS views the responsibilities of healthcare personnel and military professionals as mutually reinforcing. The DMEC provides expert advisory opinions and consultations, and offers standardized training to all MHS personnel to:

a. Provide competent health care with compassion and respect for human dignity and rights. All individuals are treated with respect and tolerance. Discrimination based on age, sexual orientation, gender, race, ethnicity, language, disease, disability, religion, or rank is forbidden and is inconsistent with the ideals and principles of the MHS.

b. Uphold the standards of professionalism. Members must be honest in all professional interactions, support open and honest communication among members of the healthcare team, and promote the utmost professionalism of all healthcare colleagues.

c. Advocate for the best possible health interests of patients while respecting the law and lawful military authority.

d. Respect the rights of patients, colleagues, and other healthcare personnel to safeguard patient confidences and privacy within the constraints of the law, as set forth in References (g), (k), (l), and (m), ensuring personally identifiable information and protected health information are only collected to the extent necessary to provide medical care, and only shared with authorized parties.

e. Have access to high-quality education and training (E&T) regarding the provision of competent and ethical medical care, including a Medical Ethics Certificate Course and periodic foundational Biomedical Ethics training.

f. Support patient-centered decision-making; engaging patients, surrogate decision-makers, and members of the healthcare team in decisions, as appropriate.

- g. Use the expertise of the health professions to minimize the incidence and severity of injuries and illnesses.
- h. Consider the context of local culture, customs, capabilities, and sustainment in providing care or conducting research. Use available resources to achieve the greatest good for the greatest number. This is especially true in overseas humanitarian and disaster relief activities.
- i. Uphold responsibilities under the law in caring for enemy combatants in accordance with Reference (n). Responsibilities include, but are not limited to:
 - (1) Not participating in or acquiescing to torture; cruel, inhumane, or degrading treatment; or punishment in battlefield or detention setting(s).
 - (2) Reporting all suspected violations of these obligations to appropriate authorities.
- j. Regard responsibility to the patient as a primary responsibility but recognize there may be extraordinary circumstances associated with the mission or military necessity requiring additional considerations and ethical consultation.

3. E&T

a. The DMEC develops and implements standardized medical ethics training, as outlined in Reference (g), made available to all healthcare personnel, to include specialized medical ethics training for Market, SSO, DHAR, and local MTF Medical Ethics Chairs.

(1) DHA, in coordination with Market, SSO, DHAR, and local MTF Directors, the MILDEPs, including the USCG, the Office of the Chairman of the Joint Staff and the Joint Staff, and the Combatant Commanders, will ensure healthcare personnel know when the DMEC training will be made available and how to access it through DMEC.

(2) Medical ethics training is developed and implemented to ensure its availability to all relevant personnel, which includes remote access online through DMEC online resources via their website.

(3) Specialized Medical Ethics training will be provided by DMEC-trained Market, SSO, and DHAR Medical Ethics Chairs periodically, no less than annually. DMEC also offers training and resources through their website.

b. DMEC Medical Ethics training will be incorporated into the curriculum of USU.

c. Recognizing that healthcare personnel will come from different ethics training and experience backgrounds, DMEC, in coordination with DHA, the Secretaries of the MILDEPs, including the USCG, the Office of the Chairman of the Joint Staff and the Joint Staff, and the Combatant Commanders, provides medical ethics training for personnel preparing for deployment.

4. UTILIZATION OF DMEC ONLINE RESOURCES. Medical ethical issues also include bench side medical research initiatives, which are closely related to clinical practice, as the health care continuum continues to compress as technology accelerates and evolves. To address the array of potential issues that may arise, the DMEC develops and maintains Medical Ethics online resources, accessible through their website (<https://www.usuhs.edu/research/centers/dmec>), and establishes procedures for timely medical ethics consultation. DMEC's primary Points of Contact are listed on their homepage. DHA, in coordination with MTF Directors, the MILDEPs, including the USCG, the Office of the Chairman of the Joint Staff and the Joint Staff, and the Combatant Commanders, will ensure healthcare personnel know when new DMEC online resource are made available and how to access them. Healthcare personnel will utilize the DMEC website and online platforms as a centralized resource to:

- a. Access medical care ethics information;
- b. Access relevant policies, guidance, and laws; information about sources of E&T; and pertinent professional codes of ethics;
- c. Submit inquiries and requests for medical ethics consultation and receive timely, high quality consultation from senior medical ethics consultants, including real-time responses for urgent/emergent requests, adhering to requirements of the Health Insurance Portability and Accountability Act (References (k) and (l)), and DoD Privacy and Civil Liberties Programs (Reference (m)).

(1) Local MTF Medical Ethics experts will be included in all consultation requests submitted to the DMEC for collaboration and visibility purposes; and to promote appropriate chain of communication.

(2) Deployed healthcare professionals may submit their medical ethics questions, concerns, and dilemmas through communication via the DMEC's online resources to access a "reach back" mechanism to contact a qualified medical ethics consultant outside their chain of command for assistance in settling unresolved medical ethics concerns not addressed through their chain of command.

(3) Processes for remote consultation developed by DMEC are available for those facilities/locations without on-site medical ethics support.

(4) The DMEC develops processes to conduct ongoing evaluation of medical ethics consultation services.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

DAD-MA	Deputy Assistant Director, Medical Affairs
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedures Instruction
DHAR	Defense Health Agency Region
DMEC	DoD Medical Ethics Center
DoDMEP	DoD Medical Ethics Program
E&T	education and training
MEPOC	Medical Ethics Program Oversight Council
MHS	Military Health System
MILDEP	Military Department
MTF	Military Medical Treatment Facility
SSO	Small Market and Stand-Alone Medical Treatment Facility Organization
USCG	United States Coast Guard
USU	Uniformed Services University of the Health Sciences

PART II. DEFINITIONS

DMEC. The center housed and managed at USU that serves as the Program Management Office for the DoDMEP, and provides its infrastructure, including the medical ethics online resource for E&T, consultation, and other support services.

DoDMEP. The DoD program that supports and provides oversight for matters related to medical ethics within the DoD Components as implemented through the DMEC.

healthcare personnel. Individuals who have received special training or education in a health-related field and who perform services in or for the DoD in that field. Also known as medical personnel. Healthcare personnel include, but are not limited to, individuals licensed, certified, or registered by a government agency or professional organization to provide specific health services.

health-related field. Any administration, direct provision of patient care, or ancillary or other health support services.

medical ethics. Theories, principles, and norms related to morally right and wrong decisions and actions in health care. This includes decisions and actions of individuals involved in

health care (including patients, families, surrogate decision makers, healthcare personnel, or other involved parties), as well as hospitals, healthcare delivery systems, healthcare insurers, and other institutions involved in the provision of health care. This definition also includes basic medical research initiatives as well, which are intimately related to clinical practice, as the MHS continues to adopt advanced technology and medical capabilities.

medical ethics consultation. A service provided by an individual or group to assist patients, families, surrogate decision makers, healthcare professionals, or other involved parties resolve value-laden concerns that emerge in healthcare, to include medical research initiatives.

MHS. DoD medical and dental programs, personnel, facilities, and other assets operating pursuant to Reference (e).