



DoD INSTRUCTION 6025.27

MEDICAL ETHICS IN THE MILITARY HEALTH SYSTEM

Originating Component: Office of the Under Secretary of Defense for Personnel and Readiness

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Purpose: In accordance with the authority in DoD Directive 5124.02, this issuance

- Establishes policy, assigns responsibilities, and prescribes minimum requirements for the DoD Medical Ethics Program (DoDMEP).
- Establishes the Military Health System (MHS) Principles of Medical Ethics, the DoDMEP, and the requirements to support the program.
- Provides guidance for military health care personnel in all locations and addresses unique challenges associated with the role of military health care professionals.
- Explains the role of the Medical Ethics Integrated Product Team (MEIPT).

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This issuance applies to:

- a. OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).
- b. Health care personnel of or detailed to DoD, including civilian employees and contractor personnel (to the extent provided in the applicable contract) in a health-related field.

1.2. POLICY. It is DoD policy that:

- a. There will be a systematic and integrated DoDMEP.
- b. All health care personnel across DoD will maintain high ethical standards and adhere to the MHS Principles of Medical Ethics, as described in Section 3 of this issuance.
- c. Military health care personnel will receive appropriate baseline and periodic updates in medical ethics education and training.
- d. Consultation by fully trained experts in medical ethics will be available to all health care personnel across the MHS and DoD as described in Sections 2 and 4 of this issuance.
- e. Medical ethics leadership, composed of senior medical ethics advisors with appropriate training in military medical ethics, will help promote ethical conduct and culture across the MHS and DoD.
- f. Health care personnel must protect their patients’ privacy within the constraints of the law and applicable regulations, including DoD 6025.18-R and DoD Instruction 6025.18.
- g. MHS leaders must adhere to policy based on Section 533(a) of the National Defense Authorization Act for Fiscal Year 2014.
 - (1) Under that policy, unless it could have an adverse impact on military readiness, unit cohesion, and good order and discipline, the Armed Forces will accommodate individual expressions of belief of a member of the armed forces reflecting the sincerely held conscience or moral principles of the member.
 - (2) In so far as practicable, the Armed Forces may not use such expression of belief as the basis of any adverse personnel action, discrimination, or denial of promotion, schooling, training, or assignment.

(3) This paragraph is applicable to individual expressions of belief of a health care professional reflecting the sincerely held conscience or moral principles of the individual that are grounded in an applicable professional ethics code.

(4) Nothing in this paragraph precludes disciplinary or administrative action for conduct that is proscribed by the Uniform Code of Military Justice, including actions and speech that threaten good order and discipline.

SECTION 2: RESPONSIBILITIES

2.1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, the ASD(HA):

- a. Develops policy, provides oversight, and monitors the implementation of this issuance to set a standard for the cultural ethos of the MHS and to promote ethical leadership and conduct in the military health care setting.
- b. Appoints members to and receives recommendations from the MEIPT as described in Section 6 of this issuance.

2.2. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH SERVICES POLICY AND OVERSIGHT (DASD(HSP&O)). Under the authority, direction, and control of the ASD(HA), the DASD(HSP&O):

- a. Drafts policy and provides leadership, guidance, and oversight for matters related to medical ethics within the MHS.
- b. Consults with medical ethics experts from the DoD Components individually or through the MEIPT as needed.
- c. Reviews, evaluates, and provides leadership and oversight for the DoDMEP as described in Section 4 of this issuance.
- d. Leads development of implementing guidance for the DoDMEP, in coordination with the Director, Defense Health Agency; Secretaries of the Military Departments; the Combatant Commanders; the Commandant, United States Coast Guard (USCG); and the President, Uniformed Services University of the Health Sciences.
- e. Oversees development of an identified MHS-wide clinician group possessing specialized training in medical ethics consultation to serve as senior military medical ethics consultants.

2.3. PRESIDENT, UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES. Under the authority, direction, and control of the ASD(HA), the President, Uniformed Services University of the Health Sciences:

- a. Establishes, implements, and maintains the DoDMEP Office, which will serve as the national and international lead in military medical ethics as described in Section 5 of this issuance.
- b. Participates in development of implementation guidance led by the DASD(HSP&O).

2.4 SECRETARIES OF THE MILITARY DEPARTMENTS AND COMMANDANT, USCG. The Secretaries of the Military Departments, and the Commandant, USCG:

- a. Include medical ethics as a component of existing health care personnel education and training curricula, consistent with the procedures set forth by this issuance.
- b. Ensure military health care personnel have the tools and processes to provide staff, patients, and families the ability to address ethical issues; including access to consistent, high-quality, medical ethics consultation services.
- c. Ensure health care personnel are aware of their rights and existing procedures for obtaining ethics consultation, stating dissent, or requesting recusal from specific services or procedures deemed ethically objectionable to the health care provider.
- d. Ensure that there is specific guidance applicable to potential ethical issues in deployed settings.
- e. Designate a trained senior medical ethics advisor to their respective Surgeon General to consult on medical ethics issues and participate in activities of the MEIPT.
- f. Issue policies and guidance that support health care personnel to advise their respective commanders directly on matters of medical ethics.
- g. Include compliance with medical ethics policies within recurring health services inspections.
- h. Ensure systems and processes are in place for debriefing health care personnel during post-deployment transition.
- i. Educate Commanders on the legal and ethical limitations health care personnel must adhere to regarding what patient information they may communicate to leadership and what patient care actions they may take in support of military operations.
- j. Establish systems and procedures to assist health care personnel compliance with the requirements of this issuance and any additional implementation guidance that would enhance or supplement guidance concerning the DoDMEP.
- k. Participate in development of DoDMEP implementation guidance.
- l. Provide to the ASD(HA) an electronic copy of specific implementation guidance on the DoDMEP within 6 months of the full operating capacity of the DoDMEP.

2.5. DIRECTOR, DEFENSE HEALTH AGENCY. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, through the ASD(HA), the Director, Defense Health Agency:

- a. Designates a trained ethics advisor to consult on medical ethics issues for the National Capital Region and participate as described in Paragraph 2.5.b of this issuance.
- b. Participate in the MEIPT and in the development of DoDMEP implementation guidance.

SECTION 3: MHS PRINCIPLES OF MEDICAL ETHICS

The MHS embraces the principles of professional ethics of America's health care professions whose members are represented in the Military Services. Codes of ethics developed by health care professional organizations recognize responsibility to patients first and foremost and to society. The MHS views the responsibilities of health care personnel and military professionals as mutually reinforcing. Members of the MHS will:

a. Provide competent health care with compassion and respect for human dignity and rights. All individuals are treated with respect and tolerance. Discrimination on the basis of age, sexual orientation, gender, race, ethnicity, language, disease, disability, religion, or rank is forbidden because it 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 health care team and promote the utmost professionalism of all health care 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 health care personnel, and safeguard patient confidences and privacy within the constraints of the law.

e. Complete appropriate education and training, as necessary, and provide competent and ethical health care.

f. Support patient-centered decision-making; engaging patients, surrogate decision-makers, and members of the health care 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, custom, capabilities, and sustainment in overseas humanitarian and disaster relief activities and use available resources to achieve the greatest good for the greatest number.

i. Uphold responsibilities under the law in caring for enemy combatants. Responsibilities include, but are not limited to:

(1) Not participating in or acquiescing to torture or cruel, inhumane, or degrading treatment or punishment in battlefield or detention setting.

(2) Reporting to appropriate authorities all suspected violations of these obligations.

j. Regard responsibility to the patient as a primary responsibility, but recognize there may be extraordinary circumstances associated with the mission or military necessity that may require additional considerations and ethical consultation.

SECTION 4: DODMEP

4.1. DODMEP. The DoDMEP will:

a. Establish consultative capacity to provide an additional means of consultation beyond the MTF for issues that cannot be resolved by providers at the military medical treatment facility or when providers are in deployed settings.

b. Provide advice and recommendations to leadership concerning:

(1) Requirements for medical ethics training enhancements to further ethical culture development in coordination with the DASD(HSP&O) and the DoD Components.

(2) Recommended policy or program enhancements needed to resolve identified gaps to address complex medical ethical issues.

(3) Complex medical ethical decisions that cannot be resolved within the DoD Components.

c. Be supported by experts in military medical ethics through the MEIPT and other subject matter experts that are designated by the DoD Components.

d. Enhance MHS medical ethics activities in all DoD Components with consultative support and advice and facilitate communication across the DoD Components, as appropriate.

e. Establish standards for independent clinical ethics consultation at the MTF level and minimal standards for those that function as senior subject matter ethics consultants.

4.2. PROCESS FOR HEALTH CARE ETHICS CONSULTATIONS IN THE DOD.

a. Consultative capability is established by the DoDMEP for all health care providers, including deployed health care professionals, to provide a means for health care ethics consults by qualified individuals, in places outside the MTF where this capacity is not readily available, in order to resolve ethical concerns and challenges.

b. Health care professionals may submit their health care ethics questions, concerns, and dilemmas through an established list-serve or dedicated mailbox, accessible through the online portal established in Section 5 of this issuance.

c. Medical ethical consultations will be performed only by appropriately trained individuals who meet the standards set forth in Paragraph 4.1.e or by trainees under the direct supervision of these individuals.

4.3. EDUCATION AND TRAINING.

a. MHS Requirements for Education and Training in Health Care Ethics.

(1) Education and training for health care professionals will be informed by standards promulgated by nationally-recognized health care ethics professional organizations.

(2) Core competencies for health care ethics consultants will align with existing standards and qualifications established by appropriate professional organizations.

(3) Education and training for health care professionals will include guidance on how to interpret and apply existing laws and guidelines regarding communication of private health information, including justifications for exceptions to the rule for reasons of imminent danger, public health, legal mandate, military necessity, or other requirements.

(4) A health care ethics course will be developed and will be required for all DoD health care professionals on a periodic basis as determined by the DoDMEP.

b. DoD Component Requirements for Health Care Ethics Training and Post-deployment Debriefing.

(1) Standardized health care ethics training will be provided for MHS health care providers and health care ethics consultants as described in Paragraph 4.3.a.(4).

(2) Health care ethics orientation will be included as part of the orientation to a new health care facility.

(3) In addition to periodic refresher trainings, the Services, where practicable, will provide health care ethics training spanning the deployment lifecycle, to include pre-deployment, deployment, and post-deployment phases.

(4) Pre-deployment and periodic refresher and health care ethics training requirements will include:

(a) Ensuring health care personnel deploying to the same location train together, whenever practicable, with Commanders as a team prior to deployment to help foster relationships and trust within line commands.

(b) Challenging health care ethics scenarios and reminders of available resources and contact information to prepare both health care professionals and line personnel.

(5) Post-deployment health care ethics debrief and support has at a minimum:

(a) A mechanism through the DoDMEP Office for health care personnel returning from deployment who faced significant challenges to provide feedback or “lessons learned/after-action assessment” to assist the office in preparing health care providers for future deployment.

(b) Specific challenges and lessons learned from deployments and garrison operations will be anonymously recorded during debriefs by DoDMEP Office personnel to inform and update future training scenarios and curricula.

SECTION 5: DODMEP OFFICE

The DoDMEP Office will:

a. Be established and maintained by the President, Uniformed Services University of the Health Sciences, as described in Paragraph 2.3.

b. Provide staff to support the DoDMEP.

c. Develop a plan for MHS training, as described in Paragraph 4.3.

d. Develop and maintain a DoD Health Care Ethics Portal that will:

(1) Serve as a centralized resource for health care ethics information and capable of receiving inquiries and requests for consultation.

(2) Contain links to relevant policies, guidance, and laws; information about sources of education and training; and pertinent professional codes of ethics.

e. Maintain a contact list of the designated subject matter experts in health care ethics to provide consultative services and develop procedures to support an auxiliary consultation capacity for health care professionals, as described in Paragraph 4.2.a.

SECTION 6: MEIPT

6.1. MEIPT PURPOSE.

- a. MEIPT will provide advice and oversight of the DoDMEP.
- b. The MEIPT will report to the MHS Policy Advisory Committee and provide advice to the ASD(HA) through the Policy Advisory Committee.
- c. MEIPT members should have specialized experience, education, and training in health care ethics. MEIPT members include, at a minimum, representatives of ASD(HA), Service Surgeons General, Defense Health Agency, Office of the Joint Staff Surgeon, and Uniformed Services University of the Health Sciences.
- d. The MEIPT Chair will be designated by the ASD(HA).

6.2. MEIPT GOALS.

- a. The overall goals of the MEIPT are to:
 - (1) Assess the status and adequacy of MHS infrastructure and policies for addressing ethical issues.
 - (2) Assess DoD Component ethics training.
 - (3) Provide advice on:
 - (a) Any ethics training enhancements needed for further ethical culture development.
 - (b) Any policy, procedures, or program enhancements needed to further the objectives of the DoDMEP in accordance with this instruction.
- b. Additionally, the MEIPT will:
 - (1) Provide a structured forum that meets regularly for shared knowledge and experience in health care ethics consultation, related policy development, education, and leadership across the DoD.
 - (2) Periodically assess existing MHS principles of medical ethics and clinical ethics consultation standards and recommend changes as required to improve ethical care of patients across medical treatment facilities and provide support to commands across the DoD.
 - (3) Periodically assess standards of education and training required for health care ethics consultants supporting the DoDMEP.

GLOSSARY

G.1. ACRONYMS.

ASD(HA)	Assistant Secretary of Defense for Health Affairs
DASD(HSP&O)	Deputy Assistant Secretary of Defense for Health Services Policy and Oversight
DoDMEP	DoD Medical Ethics Program
MEIPT	Medical Ethics Integrated Product Team
MHS	Military Health System
USCG	United States Coast Guard

G.2. DEFINITIONS. Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

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

health care 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. Health care 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 consultation. A service provided by an individual or group to assist patients, families, surrogate decision makers, health care professionals, or other involved parties resolve value-laden concerns that emerge in health care.

medical care 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, health care personnel, or other involved parties) as well as hospitals, health care delivery systems, health care insurers, and other institutions involved in the provision of health care.

MEIPT. The primary forum for senior representatives of DoD Components to coordinate activities in support of the DoDMEP.

Military Health System. DoD medical and dental programs, personnel, facilities, and other assets operating pursuant to Chapter 55 of Title 10, United States Code, by which the DoD provides:

Health care services and support to the Military Services during the range of military operations.

Health care services and support to members of the Military Services, their family members, and others entitled to DoD medical care.

REFERENCES

- DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
- DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- DoD Instruction 6025.18, "Privacy Of Individually Identifiable Health Information In DoD Health Care Programs," December 2, 2009
- Public Law 112-239, Section 533(a), "the National Defense Authorization Act for Fiscal Year 2013," as amended
- United States Code, Title 10