

The seal of the Defense Health Board is a circular emblem. It features a central figure of a caduceus (a staff with two snakes and wings) superimposed on a map of the United States. The emblem is surrounded by a blue border containing the text "DEFENSE" at the top and "HEALTH BOARD" at the bottom, with two stars on either side.

Medical Ethics Subcommittee

Dual Loyalties of Medical Providers

Gen (Ret) Richard Myers, Subcommittee Member

Defense Health Board

August 11, 2014



Overview

- Membership
- Tasking
- Meetings
- Discussion Points
- Areas of Interest
- Way Ahead



Membership

Medical Ethics Subcommittee

- Col (Ret) Robert Certain, Ph.D.
- Suzanne Collins, Ph.D., J.D., M.P.H., B.S.N.
- Gen (Ret) Richard Myers
- Adil Shamoo, Ph.D., Chair
- Nancy Dickey, M.D.*

* Participating as a board member/advisor



Tasking

- How can military medical professionals most appropriately balance their obligations to their patients against their obligations as military officers to help commanders maintain military readiness?
- How much latitude should military medical professionals be given to refuse participation in medical procedures or request excusal from military operations with which they have ethical reservations or disagreement?

-Acting Under Secretary of Defense for Personnel and Readiness Memorandum dated January 20, 2013



Meetings

Meetings since June 2014 Board meeting:

- June 16, 2014
 - In-person meeting
- Discussion with subject matter experts

Upcoming meetings:

- September 8-9, 2014
 - In-person meeting
- Discussion with representatives from professional organizations regarding their ethical codes
- Discussion with National Guard and Reserve Personnel



Discussion Points

(1 of 2)

- Providing the best care for every patient is rarely in conflict with the military mission or readiness.
- Medical professionals may often resolve ethical conflicts through effective communication with commanders.
- Commanders need to be aware of the unique role of medical professionals. Including them early in operations planning may help avoid conflicts.



Discussion Points

(2 of 2)

- Training and education is imperative; military specific scenarios are a key component of education and training.
- It is important to have effective support mechanisms, including those outside the direct chain of command.
- Excusal from participation in medical procedures or military operations needs to be based on recognized ethical principles. The healthcare provider should not be compelled to perform duties against his/her conscience.



Areas of Interest

- Ethical Codes: World Medical Association, American Medical Association, American Psychological Association, American Nurses Association, Geneva Convention, and others
- Current ethics training in the military
- Ethical dilemma experiences of healthcare professionals
- Ethical and legal aspects of “dual loyalty”



Way Ahead

- Continue monthly teleconferences/meetings
- Continue review of literature and policies
- Meet with Guard and Reserve healthcare professionals regarding personal experience with ethical dilemmas
- Meet with representatives from professional health care organizations such as the American Medical Association and World Medical Association
- Deliberate preliminary findings and recommendations
- Prepare report for November 2014 DHB meeting



Questions?