

Defense Health Board - Federal Advisory Committee to the Secretary of Defense



The Defense Health Board (DHB) is a Federal Advisory Committee to the Secretary of Defense that provides **independent advice / recommendations** on matters relating to operational programs, health policy development, health research programs, and requirements for the treatment and prevention of disease and injury, promotion of health and the delivery of health care to Department of Defense (DoD) beneficiaries.

Mission

The mission of the DHB is to provide independent authoritative advice to maximize the health, safety, and effectiveness of the United States Armed Forces.



Defense Health Board Ethical Guidelines and Practices for U.S. Military Medical Professionals February 11, 2015

Recommendation 1: Department of Defense (DoD) should further develop and expand the infrastructure needed to promote DoD-wide medical ethics knowledge and an ethical culture among military health care professionals, to include: a code of ethics; education and training programs; consultative and online services; ethics experts; and an office dedicated to ethics leadership, policy, and oversight. To achieve these goals, DoD should form a tri-Service working group with appropriate representation to formulate policy recommendations on medical ethics. This should include development of a DoD Instruction to guide development of the infrastructure needed to support the ethical conduct of health care professionals. In addition, this working group should consider the best ways to implement the recommendations in this report

Recommendation 2: Throughout its policies, guidance, and instructions, DoD must ensure that the military health care professional's first ethical obligation is to the patient

Recommendation 3: DoD leadership, particularly the line commands, should excuse health care professionals from performing medical procedures that violate their professional code of ethics, State medical board standards of conduct, or the core tenets of their religious or moral beliefs. However, to maintain morale and discipline, this excusal should not result in an individual being relieved from participating in hardship duty. Additionally, health care professionals should not be excused from military operations for which they have ethical reservations when their primary role is to care for the military members participating in those operations.

Recommendation 4: DoD should formulate an overarching code of military medical ethics based on accepted codes from various health care professions to serve as a guidepost to promote ethical leadership and set a standard for the cultural ethos of the MHS. To inform this process, the ethics codes of relevant health care professional organizations should be reviewed regularly and updates should be made to the military medical ethics code as appropriate.

Recommendation 5: To provide formal ethics guidance, direction, and support to the MHS and its components, DoD and the Military Departments should:

- a) Publish directives/instructions regarding the organization, composition, training and operation of medical ethics committees and medical ethics consultation services within the MHS. DoD should review best practices at leading civilian institutions in formulating this guidance.
- b) Ensure military treatment facilities have access to consistent, high-quality, ethical consultation services, including designation of a responsible medical ethics expert for each location. For those facilities/locations without onsite medical ethics support, DoD should ensure remote consultation is available.
- c) Provide a “reach back” mechanism for deployed health care professionals to contact an appropriately qualified individual to assist in resolving an ethical concern that has not been resolved through their chain of command.
- d) Develop a small cadre of clinicians with graduate level training in bioethics to serve as senior military medical ethics consultants.
- e) Ensure that health care professionals are knowledgeable about their rights and available procedures for obtaining ethics consultation, expressing dissent or requesting recusal from certain objectionable procedures or activities.
- f) Review compliance with ethics directives and instructions as part of recurring health service inspections.

Recommendation 6: DoD should develop clear guidance on what private health information can be communicated by health care professionals to leadership, and the justifications for exceptions to the rule for reasons of military necessity.

Recommendation 7: DoD should provide military health care professionals with privileges similar to those of Chaplains and Judge Advocates regarding their independence and obligation to protect privacy and confidentiality while meeting the requirements of line commanders.

Recommendation 8: DoD should provide specific education and training for health care professionals designated to serve as medical mentors or health care providers in foreign health care facilities or in support of humanitarian assistance or disaster relief operations. Such education and training should cover cultural differences, potential ethical issues, rules of engagement, and actions that might be taken to avert, report, and address unethical, criminal, or negligent behavior or practices.

Recommendation 9: DoD should create an online medical ethics portal. At a minimum, it should include links to relevant policies, guidance, laws, education, training, professional codes, and military consultants in medical ethics.

Recommendation 10: DoD should include in professional military education courses information on the legal and ethical limitations on health care professionals regarding patient care actions they may or may not take in supporting military operations and patient information they may and may not communicate to line leadership.

Recommendation 11: DoD should ensure that systems and processes are in place for debriefing health care professionals to help them transition home following deployment. Debriefing should occur as a team when possible. Not only could this help mitigate potential moral injury in health care professionals, but it may also provide lessons learned and case studies for inclusion in ongoing training programs.

Recommendation 12: To create an environment that promotes ethical conduct and minimizes conflicts of dual loyalty, DoD leadership should emphasize that senior military health care professionals are full members of the Commander's staff as an advisor on medical ethics as it relates to military readiness.

Recommendation 13: To minimize isolation of health care professionals, the Military Departments should make every effort to ensure personnel who are deploying to the same location train together as a team prior to deployment. Establishing relationships prior to deployment may enable better communication and trust among line command and health care professionals in the deployed setting.

Recommendation 14: DoD should issue a directive or instruction designating minimum requirements for basic and continuing education and training in military medical ethics for all health care professionals in all components and indicate the appropriate times in career progression that these should occur.

Recommendation 15: To enhance ethics training for military health care professionals and the line command, DoD should:

- a) Ensure pre-deployment and periodic field training includes challenging medical ethics scenarios and reminders of available resources and contact information to prepare both health care professionals and line personnel. Curricula should include simulations and case studies in addition to didactics.
- b) Provide a mechanism to ensure scenarios and training curricula are continually updated to reflect specific challenges and lessons learned through debriefing from real-world deployments and garrison operations.
- c) Ensure key personnel returning from deployment who have faced significant challenges provide feedback to assist personnel preparing for deployment

Recommendation 16: To enhance health care practices in the military operational environment, DoD should:

a) Update the Joint Knowledge Online Medical Ethics and Detainee Health Care Operations courses to improve the efficiency with which the information is communicated and maintain currency of the material.

b) Create a medical ethics course to cover key principles, ethical codes, and case studies applicable to both garrison and deployed environments, in addition to providing resources and appropriate steps to take when assistance is needed in resolving complex ethical issues. This course should be required for all health care professionals.