



**DEFENSE HEALTH AGENCY**  
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FALLS CHURCH, VIRGINIA 22042-5101

*DHA-IPM 18-012*  
*April 22, 2020*

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)  
DIRECTOR OF THE JOINT STAFF  
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH READINESS POLICY AND OVERSIGHT)  
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)  
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH RESOURCES MANAGEMENT AND POLICY)  
PRESIDENT, UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

SUBJECT: Interim Procedures Memorandum 18-012, The Department of Defense Medical Ethics Program in the Military Health System

References: Attachment 1.

Purpose. This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) through (c), and in accordance with the guidance of References (d) through (k), establishes Defense Health Agency's (DHA) procedures that:

- Apply to Active Duty Service members, namely Active Component members and Reserve Component members on active duty for a period of more than 30 days, who, hereafter, are referred to collectively as Active Duty Service members (References (e) and (f)).
- Establish a set of common guidelines, standards, and procedures governing the Department of Defense Medical Ethics Program (DoDMEP) for military health care personnel in all locations.
- Outline implementing procedures for DHA collaboration with the DoDMEP office, to be known as the DoD Medical Ethics Center (DMEC), which is to operate under the direction of the President of the Uniformed Services University of the Health Sciences (USUHS).
- Implement guidance for the DoD mission, vision, guiding principles of the DoDMEP (DMEC) as set forth in Reference (g) and delineate areas of responsibility between the DHA and USUHS, including:

- The provision of medical ethics education and training (E&T) to health care providers and other health care personnel;
  - Creation and maintenance of a DMEC portal; and
  - Medical ethics consultation services to MHS health care personnel across all settings.
- This DHA-IPM is effective immediately and will expire effective 12 months from the date of issue.

Applicability. This DHA-IPM applies to OSD, the Military Departments (MILDEPs) (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 DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this DHA-IPM as the “DoD Components”).

Policy Implementation. It is DHA’s policy, pursuant to References (a) and (c), that:

- This DHA-IPM provides implementing guidance, standards, and procedures.
- The DMEC, under the direction of the President, USUHS, will execute the mission goals of standardizing medical ethics training across the MHS for all health care personnel in all settings, Continental United States and Outside Continental United States.
- Military health care personnel in the MHS may serve across a variety of settings to include but not limited to: Military Medical Treatment Facilities (MTFs), the battlefield, detainee operations, humanitarian efforts, or in medical support missions that are part of disaster relief.
- A myriad of medical ethical issues may arise across any location in which a military health care professional is providing medical care. Cultural considerations may present in a host of environments during the provision of health care that must be taken into consideration as these could result in an ethical conflict for the military health care personnel. To address the array of potential issues that may arise, the DMEC will create and maintain a DoD Health Care Ethics Portal and establish procedures for expedient medical ethics consultation.

Responsibilities. See Attachment 2.

Procedures. See Attachment 3.

Releasability. **Cleared for public release.** This DHA-IPM is available on the Internet from the Health.mil site at: [www.health.mil/DHAPublications](http://www.health.mil/DHAPublications) and is also available to authorized users from the DHA SharePoint site on the SECURE Internet Protocol Router Network at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

/S/  
RONALD J. PLACE  
LTG, MC, USA  
Director

Attachments:  
As stated

cc:  
Principal Deputy Assistant Secretary of Defense (Health Affairs)  
Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force  
Medical Officer of the Marine Corps  
Joint Staff Surgeon  
Director of Health, Safety, and Work-Life, U.S. Coast Guard  
Surgeon General of the National Guard Bureau  
Director, National Capital Region Medical Directorate

ATTACHMENT 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 21, 2015, as amended
- (d) DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- (e) Chapter 55, Title 10, United States Code
- (f) Title 32, United States Code,
- (g) DoD Instruction 6025.27, “Medical Ethics in the Military Health System,” November 8, 2017
- (h) Defense Health Board “Ethical Guidelines and Practices for U.S. Military Medical Professionals,” March 3, 2015
- (i) Public Law 112-239, Section 533(a) (1.2g)
- (j) DoD 6025.18-R, “DoD Health Information Privacy Regulation,” January 24, 2003
- (k) DoD Instruction 6025.18, “Privacy of Individually Identifiable Health Information in DoD Health Care Programs,” December 2, 2009

ATTACHMENT 2  
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:
  - a. Facilitate implementation of this DHA-IPM.
  - b. Appoint a DHA representative to the Assistant Secretary of Defense for Health Affairs Medical Ethics Integrated Process Team.
  - c. In collaboration with the President, USUHS, ensure implementation of the requirements as specified in this DHA-IPM.
  - d. Establish process and outcome measures related to medical ethics training implementation and other DMEC activities.
  
2. DEPUTY ASSISTANT DIRECTOR, MEDICAL AFFAIRS. The Deputy Assistant Director, Medical Affairs, will:
  - a. In collaboration with the President, USUHS, through the DMEC, ensure implementation of DoDMEP requirements as specified in this DHA-IPM.
  - b. Develop and implement process and outcome measures related to the effectiveness of the medical ethics consultations and other services provided by the DMEC and the MTFs.
  
3. SECRETARIES OF THE MILDEPs. The Secretaries of the MILDEPs will ensure compliance with the dissemination of this DHA-IPM to all MTF Commanders/Directors.
  
4. MTF COMMANDERS/DIRECTORS. The MTF Commanders/Directors will:
  - a. Disseminate this DHA-IPM to all MTF-level health care personnel.
  - b. Implement these procedures as soon as practicable through provision of training MTF personnel on the requirements of this DHA-IPM and all available services of the DMEC.
  - c. Ensure that the beneficiary and provider information about DMEC services are made readily available.

d. Designate an appropriate health care professional to serve as the local MTF medical ethics expert, and ensure the designated individual(s) complete the required DMEC training to perform this role.

5. CHIEF, DHA COMMUNICATIONS DIVISION. The Chief, DHA Communications Division, will:

a. Publicize information for beneficiaries about medical ethics resources available through the DMEC.

b. Publicize information for MHS providers about MHS medical ethics provider services available through the DMEC.

ATTACHMENT 3

PROCEDURES

1. BACKGROUND. Military health care personnel face unique challenges resulting from their dual role as medical providers and military personnel. Throughout their careers, these professionals may be required to plan and participate in health care support for combat operations, humanitarian assistance, disaster response and other activities, which may be conducted in austere environments with limited resources (Reference (h)). As health care providers, military health care personnel have ethical responsibilities to their patients, which arise from a variety of legal, moral, and professional codes, as well as personal moral and religious beliefs of both the caregiver and the patient; however, military health care professionals must weigh and prioritize these ethical responsibilities with their role as military officers.

DoD has a duty to provide military health care personnel with the resources, tools, and knowledge to determine the best course of action when confronted with medical ethical dilemmas, and a practice environment in which they feel safe in raising medical ethical concerns, and confident they will receive support in seeking a fair and just resolution to those concerns. The DMEC is established to address DoD's obligation to assist military health care personnel develop the resiliency to cope with and recover from the moral injury resulting from confronting intractable medical ethical dilemmas.

2. IMPLEMENTING PROCEDURES. As outlined in Reference (g), 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. The DMEC will provide guidance to all military health care personnel of the MHS to:

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 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 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, as set forth in Reference (g).

e. Complete appropriate E&T, as necessary, regarding the provision of competent and ethical medical 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(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 that may require additional considerations and ethical consultation.

3. E&T. DoD will have a common baseline E&T requirement in medical ethics across the MILDEPs to ensure a consistent understanding and approach to medical ethics challenges.

a. The DMEC, in coordination with DHA, will develop and implement standardized medical ethics training required for all military health care personnel to include specialized medical ethics training for local MTF medical ethics experts.

b. Training will include core competencies that align with existing standards and qualifications established by appropriate professional organizations.

c. Ethics training will be incorporated into the curriculum of USUHS as a future state.

d. A standardized medical ethics training will be offered to all new military medical health care personnel through the orientation process and periodically throughout service to the MHS.



e. Medical ethics training will adhere to provisions set forth in Reference (i).

f. Medical ethics training will be available on multiple platforms to include remote access online through the DMEC portal.

g. In recognition that health care personnel will come from different ethics training and experience backgrounds, personnel preparing for deployment will receive refresher medical ethics training that will include:

(1) Review of key medical ethics challenges that may present in the deployment environment.

(2) Reminders of available support tools and information through the DMEC portal.

(3) Provision of contact information for resources that might be of assistance should a medical ethical challenge arise.

h. The timing of refresher medical ethics training will follow the deployment cycle as follows:

(1) Deployment briefings will include medical ethics training refreshers specific to the assignment.

(2) There will be a post-deployment debriefing that will address intensely emotional experiences, transitioning home, and coping with potential or actual moral injury that may have been encountered during the deployment.

4. DMEC PORTAL. The DMEC will develop and maintain a DMEC Portal that will:

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

b. Contain links to relevant policies, guidance, and laws; information about sources of E&T; and pertinent professional codes of ethics.

c. Respond to requests for consultations by directing the request to providers trained in medical ethics. The responder will contact the requester within 72 hours. As a future state, will establish a process to respond to urgent/emergent requests.

d. Ensure MTFs have access to consistent, high-quality, ethical consultation services, including designation of a responsible medical ethics expert at each MTF.

e. For those facilities/locations without on-site medical ethics support, will ensure a process for remote consultation is available.

f. Evaluate the effectiveness of the portal through process and outcome measurement of portal services.

## 5. CONSULTATIONS

a. The DMEC will provide timely consultation to requesting military health care personnel.

b. A small cadre of clinicians with graduate level training in medical ethics or trainees under their supervision, will serve as the senior military medical ethics consultants under the DMEC and will provide the medical ethics consultations.

c. The educational requirements for the medical ethics subject matter experts will be developed by the DMEC.

d. Health care professionals may submit their medical ethics questions, concerns, and dilemmas through multiple platforms of communication in the DMEC Portal as follows:

(1) Responses will be provided within 72 hours with a future state goal to provide real-time responses for urgent/emergent consultation requests.

(2) A “reach back” mechanism will be available for deployed health care professionals to contact an appropriately qualified medical ethics consultant outside of their chain of command to assist in resolving medical ethics concerns that have not been resolved through their chain of command.

(3) The DMEC and Service medical ethics consultants will ensure that the requesting military health care personnel receive high quality medical ethics consultations that adhere to privacy concern requirements of the Health Insurance Portability and Accountability Act (References (j) and (k)).

e. The DMEC will conduct ongoing evaluation of medical ethics consultation services.

## GLOSSARY

### PART I. ABBREVIATIONS AND ACRONYMS

DHA	Defense Health Agency
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
DMEC	DoD Medical Ethics Center
DoDMEP	DoD Medical Ethics Program
E&T	education and training
MHS	Military Health System
MILDEP	Military Department
MTF	Medical Treatment Facility
USUHS	Uniformed Services University of the Health Sciences

### PART II. DEFINITIONS

DMEC. The center housed and managed at USUHS that provides the infrastructure for the DoDMEP, including the medical ethics portal 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 implemented through the DMEC.

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. 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.

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.

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