

The seal of the Defense Health Board is a circular emblem. It features a central figure of a caduceus (a staff with two snakes entwined around it and wings at the top) set against a light blue background. The figure is flanked by two white stars. The outer ring of the seal is dark blue with the words "DEFENSE" at the top and "HEALTH BOARD" at the bottom in white capital letters.

Medical Ethics Subcommittee

Dual Loyalties of Medical Providers

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Defense Health Board

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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

(1 of 2)

Meetings since August 2014 Board meeting:

- September 8, 2014-Meeting at Defense Health Headquarters
 - Discussions with representatives from professional organizations regarding their ethical codes.

- October 16, 2014- Meeting at Walter Reed National Military Medical Center (WRNMMC)
 - Discussions with Healthcare Ethics Committees of Naval Medical Center Portsmouth, Naval Medical Center San Diego, and WRNMMC



Meetings

(2 of 2)

Upcoming meetings:

- November 20, 2014 – Teleconference
- December 11, 2014 – Teleconference
- December TBD, 2014 – Meeting with National Guard and Reserve
- January 20, 2015 – Teleconference



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.
- Wide-spread training and education is imperative; military specific scenarios are a key component of education and training.



Discussion Points

(2 of 2)

- It is important to have effective support mechanisms, including those outside the direct chain of command, available to all levels of personnel.
- The Military Health System would benefit from having a well-publicized, interwoven, and coordinated healthcare ethics consultation system.
- The healthcare provider should not be compelled to perform duties against his/her conscience.
- Excusal from participation in medical procedures or military operations should be based upon professional codes of ethics and recognized ethical principles.



Areas of Interest

- Current ethics training in the military
- Ethical dilemma experiences of healthcare professionals
- Ethical and legal aspects of “dual loyalty”
- Civilian models of ethical support systems



Way Ahead

- Meet with Guard and Reserve healthcare professionals regarding personal experience with ethical dilemmas
- Continue monthly teleconferences and meetings
- Further develop findings and recommendations
- Present draft report for February 2015 DHB meeting



Questions?