

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) superimposed on a map of the United States. The map is light green and yellow, set against a light blue background. The entire emblem is enclosed in a purple circular border. The word "DEFENSE" is written in white, uppercase letters along the top arc of the border, and "HEALTH BOARD" is written along the bottom arc. Two white stars are positioned on the left and right sides of the border.

Medical Ethics Subcommittee

Dual Loyalties of Medical Providers

Medical Ethics Subcommittee Chair

Defense Health Board

June 3, 2014



Overview

- Membership
- Tasking
- Ethics and Law
- Meetings
- Discussion Points
- Areas of Interest
- Way Ahead



Membership

Medical Ethics Subcommittee

- Four Subcommittee members
- One Defense Health Board member participating as an advisor



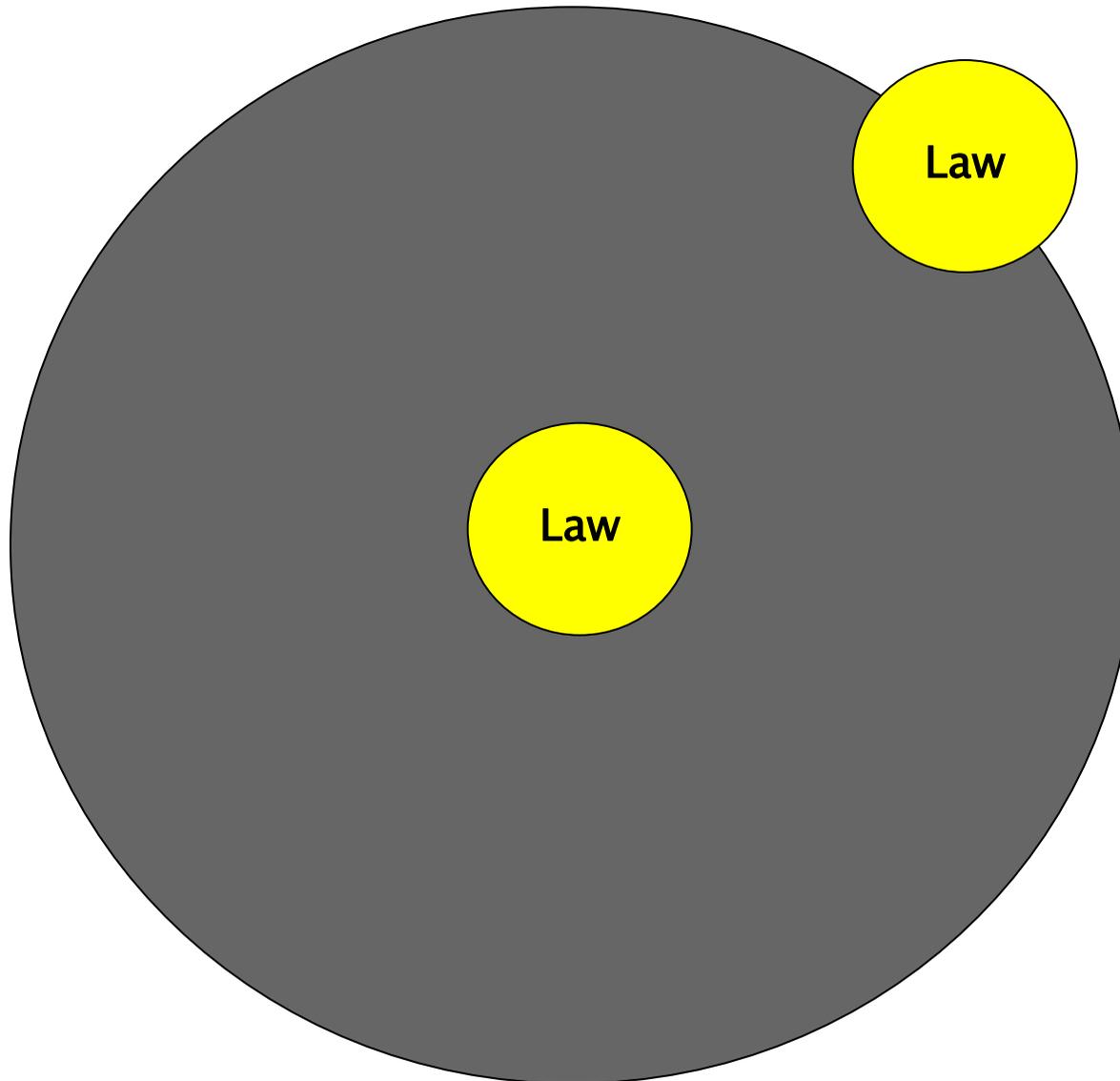
Tasking

- 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



Ethics and Law





Meetings

(1 of 2)

- **January 14, 2014**
 - Teleconference
 - Reviewed Terms of Reference and Guiding Principles
 - Reviewed reference materials
 - Discussed potential site visits

- **February 26, 2014**
 - In-person meeting
 - Roundtable discussions with subject matter experts
 - DHB Trauma and Injury Subcommittee
 - Healthcare Professionals in the DHHQ
 - Meeting with T&I subcommittee



Meetings

(2 of 2)

- **March 10, 2014**
 - In-person meeting at Ft. Bragg, NC
 - Panel discussions with Active Duty healthcare professionals
- **March 31, 2014**
 - Teleconference
 - Reviewed Terms of Reference and Guiding Principles
 - Reviewed draft report outline
- **April 24, 2014**
 - Teleconference
 - Discussion with subject matter expert
 - Finalized Terms of Reference and Guiding Principles
 - Reviewed draft report outline



Discussion Points

(1 of 2)

- Commander desire for health information vs patient privacy
- Many ethical issues are not unique to the military
- Importance of education, training and mentorship
 - Opportunities for improvement
 - Good preparation at USUHS
- Medical ethics scenarios in field training exercises of HIGH value
- Ensure independence of inspector general personnel
- Potential for “moral injury” to healthcare professionals



Discussion Points

(2 of 2)

- Empower people to recognize and act to prevent evolving situations
 - Healthcare providers aware of past mistreatment of detainees?
- Military members expect ethical decision making at all levels
- Military members are expected to speak truth to power
- Dual loyalty may be more differing opinions than true dichotomy
 - Healthcare professionals must have good communication skills, confidence to stand by decisions, and use chain of command to resolve issues
- Similarities and differences between role/protections of healthcare providers, JAGS (lawyers) and Chaplains



Areas of Interest

- Ethical Codes of WMA, AMA, APA, Geneva Convention, and others
- Current ethics training in the military
- Experiences of healthcare professionals
- Guidance on dual loyalty ethical conflicts
- 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
- Deliberation of preliminary findings and recommendations
- Prepare report for November 2014 DHB meeting



Questions?