



**DEPARTMENT OF THE NAVY**

BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-7300

IN REPLY REFER TO

BUMEDINST 6010.25A  
BUMED-M00  
3 Nov 2010

BUMED INSTRUCTION 6010.25A

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Medical Department Personnel

Subj: HEALTHCARE ETHICS COMMITTEES

- Ref: (a) Hospital Accreditation Standards, Joint Commission, (Current Edition)  
(b) DoD Directive 6025.13 of May 4, 2004  
(c) DoD 6025.13-R of June 11, 2004  
(d) Arrington, R. Western Ethics: An Historical Introduction, Blackwell Publishers, 1998  
(e) Beauchamp, T and Childress, J. Principles of Biomedical Ethics, (6<sup>th</sup> Edition), Oxford University Press, 2008  
(f) Institute of Medicine, The Future of the Public's Health in the 21<sup>st</sup> Century, The National Academies Press, 2003  
(g) Lounsbury, D. (Editor in Chief), Military Medical Ethics, Volumes I and II, Office of the Surgeon General at TMM Publications, Borden Institute, 2003  
(h) The Carnegie Foundation, Preparation for the Professions Program  
(i) Pub.L. 92-463. Federal Advisory Committee Act, October 6, 1972  
(j) NAVMED P-117, Manual of the Medical Department

- Encl: (1) Healthcare Ethics Committee Membership, Composition, and Organization  
(2) Healthcare Ethics Committee Functions and Responsibilities

1. Purpose

a. Consistent with requirements, principles, and standards per references (a) through (h), to establish the Navy Medicine Healthcare Ethics Committee system and its subject matter services for medical treatment facilities (MTFs) and relevant public health practice and Navy Medicine-supported operational medicine activities, programs, and centers.

b. To establish Bureau of Medicine and Surgery (BUMED) policy and oversight leadership authority, subject matter expertise, support services, and resources assisting the Chief, BUMED, Echelon 3 commanders, commanding officers, and officers in charge to meet goals, objectives, statutes, regulations, operations, Department of Defense and other applicable requirements.

2. Cancellation. BUMEDINST 6010.25, BUMED Memo 6000 Ser M00E/10UM00E107 of 22 Mar 2010, and BUMED Memo 6000 Ser M00E/10UM00E101 of 29 Jan 2010.

### 3. Background

a. Ethics is an indispensable partner in healthcare. In recent decades, healthcare ethics services have focused upon needed bioethics consultations, regulatory guidance, and assistance in clinical decision-making. However, these important healthcare ethics services are contextualized within the larger and more fundamental ethos or ethical character of the healing arts and sciences, and the healthcare professions.

b. Substantive healthcare ethics expertise provides critically important insight and guidance for the systemic needs of individual patients, their families, healthcare providers, healthcare institutions and their leaders, local communities, and diverse cultures.

c. This expertise systemically includes academic and professional knowledge, educational enrichment and ongoing professional formation, policy development, and consultations for clinical bioethics cases and other healthcare ethics-related situations that always arise in patient-centered care.

d. The importance of systemic healthcare ethics leadership and expertise within military medicine is underscored in various healthcare accreditation standards and agency regulations such as those found in references (a) through (c). The ongoing and substantive integration of a systemic regimen of healthcare ethics expertise and leadership is essential for Navy Medicine to meet its mission of Patient-Centered Healthcare and Force Health Protection and Readiness.

### 4. Applicability

- a. All Navy Medicine MTFs and their subordinates.
- b. All Navy Medicine healthcare delivery programs and activities.
- c. All Navy Medicine civilian and military employees.
- d. All Navy Medicine contractors, consultants, and volunteers.

5. Scope. This instruction encompasses all Navy Medicine healthcare systems, programs, and activities, regardless of discipline or level, and provides strategic guidance.

### 6. Policy

a. All Navy Medicine personnel shall uphold the highest standards of healthcare ethics including, but not limited to, the traditional principles of respect for persons and their autonomy, non-maleficence, beneficence, and justice. In-depth discussion of these principles, and related areas, is found in reference (e) as well as in similar resources of academic excellence.

b. In support of these principles, Navy Medicine Regions establish and develop a collegial system of individual healthcare ethics committees serving their major medical centers, and each region's subordinate medical treatment and healthcare facilities. All committees meet the requirements of reference (i). All committees are established under the uniform name, Healthcare Ethics Committees (HEC).

c. HECs are established in each of the major medical centers.

d. MTFs and healthcare activities outside of major medical centers, including public health practice and Navy Medicine-supported operational entities, establish their own individual HECs unless sufficient expertise and resources are not available locally.

e. Where local expertise and resources are not available, or where it is deemed best to do otherwise due to circumstances, activities may partner with each other or with their region's major medical center to ensure that healthcare ethics expertise, leadership, and services are readily available, utilized, and integrated successfully into patient-centered care. Public health and operational activities may utilize proximate or affiliated MTF HEC expertise as needed.

7. HEC Membership, Composition, and Organization. HECs are established, composed, and organized per enclosure (1). Per paragraph 9 below, commands maintain direct contact with their Regional Consortium Director (RCD) and the Special Assistant for Ethics and Professional Integrity (BUMED-M00E) for assistance and further direction.

8. HEC Functions and Responsibilities. HECs perform the duties, provide the functions, and meet responsibilities detailed in enclosure (2). Per paragraph 9 below, commands maintain direct contact with their RCD and BUMED-M00E for assistance and further direction.

9. The Navy Medicine Healthcare Ethics Consortium, Regional Consortium Leadership, BUMED Ethics Advisory Council, and Committee for Healthcare Ethics Education Development

a. BUMED-M00E directs and coordinates all HECs as an integrated, enterprise-wide Healthcare Ethics Consortium (Consortium) for mutual assistance and the sharing of expertise, educational resources, and best practices. To secure further enterprise-wide advancement, individual HECs are strongly encouraged to participate in various other consortia such as those with institutions of higher learning, academies, and professional societies.

b. To assist BUMED-M00E with Consortium leadership, the HEC Chair of each region's major medical center serves as the RCD under BUMED-M00E. RCDs are responsible for overseeing regional Consortium needs, including general administration as may be helpful or necessary. BUMED-M00E assists regions to adapt these structures as necessary.

c. BUMED-M00E directs the BUMED Healthcare Ethics Advisory Council (HEAC).

(1) The HEAC assists BUMED-M00E with the coordination of the Consortium, with the quality improvement of this instruction, and with the provision of special ethics advisement for the Chief, BUMED, as may be beneficial or directed. The HEAC meets as often as needed either by teleconference or in person if feasible.

(2) Under BUMED-M00E, the following are HEAC members: the HEC Chairs from the major medical centers who also are their region's RCD, one counselor from BUMED-M00J, the Special Assistant for Pastoral Care BUMED-M00G or another Navy Medicine pastoral care leader with healthcare ethics expertise, and other subject matter experts BUMED-M00E deems beneficial.

(3) To further HEAC professional development, BUMED-M00E leads HEAC participation in national and international related subject matter consortia with institutions of higher learning, academies, and professional societies.

(4) To assist all regions and activities, BUMED-M00E establishes, directs, and oversees the Committee for Healthcare Ethics Education Development (HEED). HEED members assist with continuing development of concepts and opportunities for ethics educational enrichment. BUMED-M00E establishes HEED structures and responsibilities, and appoints HEED members.

## 10. Responsibilities

### a. Chief, BUMED

(1) Is the Navy Medicine final authority for the purposes of this instruction.

(2) Establishes the Navy Medicine Healthcare Ethics Consortium and the BUMED HEAC per paragraph 9 above.

(3) Directs Echelon 3 commanders, commanding officers, and officers in charge with responsibility for the implementation of this instruction.

(4) Reports healthcare ethics issues and concerns to higher authorities, as may be required.

### b. Special Assistant for Ethics and Professional Integrity BUMED-M00E

(1) Is the Navy Medicine senior executive subject matter expert for this instruction; is the Consortium and HEAC Director; provides for the appointment of HEAC members; directs RCD activities.

(2) Is the point of contact for HEC organizational leadership to the Chief, BUMED.

(3) Represents the Chief, BUMED to extramural agencies for this instruction.

(4) Provides subject matter expertise to Echelon 3 commanders, commanding officers, officers in charge, and RCDs for the implementation of this instruction; provides on-site assistance as may be directed or requested; provides educational leadership as requested or necessary.

c. Navy Medicine Echelon 3 Commanders and RCDs

(1) Ensure the implementation of this instruction within their subordinate commands.

(2) Assist BUMED-M00E with promoting Consortium and HEAC activities and services.

(3) Ensure that HECs are established in the major medical centers, and in all other subordinate commands; ensure that subordinate commands without local expertise or resources are provided with competent alternative HEC partnerships within each region so as to have access to required, beneficial HEC services.

(4) Ensure subordinate commands are supported and sufficiently resourced to meet the goals and responsibilities of this instruction, especially for annual HEC continuing education.

d. Navy Medicine Commanders, Commanding Officers, and Officers in Charge

(1) Implement this instruction, ensuring all relevant personnel meet its goals and comply with requirements.

(2) Establish processes and standard operating procedures to implement this instruction and appoint individuals to manage these processes, per enclosures (1) and (2); assign resources to meet goals and responsibilities.

(3) Assist BUMED-M00E, Navy Medicine Echelon 3 commanders, and their RCDs with promoting and implementing the activities and services of HECs, the Consortium, and the HEAC.

(4) Promote HEC functions, responsibilities, and goals per enclosure (2).

(5) Ensure that healthcare ethics services are carried out with due regard for the needs of patients, family members, local communities, and the institution itself.

e. HEC Chairs

(1) Assist BUMED-M00E, RCDs, and the HEAC with the implementation of this instruction; actively participate in Consortium activities; actively promote HEC participation in local or other academic and professional consortia per paragraph 9a above.

(2) Ensure that HEC duties and responsibilities are carried out faithfully.

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(3) Convene regular meetings, ensure compliance with HEC standard operating procedures, arrange regular continuing education sessions for HEC members; ensure HEC administration is fulfilled promptly and competently, ensure that any needs relative to privacy and confidentiality are provided with due regard for all statutes, regulations, directives, and instructions.

(4) Ensure that HEC membership complies with this instruction and with all statutes, regulations, directives, and instructions; provide timely nominations to commanders, commanding officers, and officers in charge ensuring that all nominees have appropriate knowledge, skills, and abilities per this instruction.

11. Authority. The authority for this instruction is derived from reference (j).

12. Point of Contact. My point of contact is the Special Assistant for BUMED-M00E who can be reached via [Edward.Gabriele@med.navy.mil](mailto:Edward.Gabriele@med.navy.mil) or (202) 762-3041 and (202) 316-4892.

13. Report. The reporting requirements contained in this instruction are covered under the report control symbol established by reference (c).

  
K. A. FLAHERTY  
Acting

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**HEALTHCARE ETHICS COMMITTEE MEMBERSHIP,  
COMPOSITION, AND ORGANIZATION**

1. This instruction serves as the single Navy Medicine policy with subordinate activities to issue implementation plans so named. Commanders, commanding officers, and officers in charge, shall establish individual HECs per this instruction. They further establish standard operating procedures for such committees within local implementation plans.
2. Commanders, commanding officers, and officers in charge are to locate HECs appropriately within their respective organizational structures as may be appropriate and beneficial to the overall institution. However, commanders/commanding officers must ensure that HEC services and leadership are not affected by any perceived or real conflicts of interest or undue influence.
3. Commanders, commanding officers, and officers in charge shall appoint the HEC Chair. The Chair shall have sufficient expertise and experience in healthcare ethics, as well as sufficient institutional seniority. To ensure freedom from conflict of interest or undue influence, the Chair shall be appointed as a Special Assistant for the purposes of this instruction. With command concurrence, the HEC Chair shall appoint a Vice-Chair. Vice-Chairs shall have similar expertise to the Chair. The Chair shall appoint an HEC Secretary or Administrator who will maintain records and provide for administrative needs
4. Commanders, commanding officers, and officers in charge shall appoint members whose expertise represents the expanse of medical specialties, patient care disciplines and services, allied health sciences, and the medical humanities. This expertise necessarily includes diverse clinical disciplines, public health, social and behavioral services, pastoral care, law, clinical psychology, patient advocacy and risk management, academic ethics, and other areas. The Chair shall provide nominations to commanders/commanding officers.
5. Under the provisions of reference (i), HEC members must be Federal employees or Federal employee equivalents who can perform inherently governmental acts. Federal employee equivalents may include individuals under Intergovernmental Personnel Act (IPA) agreements, or special consultants appointed under the provisions of 5 U.S.C. 3109. Guidance for the securing of Federal employee equivalents must be obtained from respective local Offices of the Staff Judge Advocate or BUMED-M00J.
6. HEC members must possess sufficient subject matter experience, and represent a balance of variously ranked military officers from the various Navy Medicine associated corps communities, enlisted personnel, and civilians. Commanders, commanding officers, and officers in charge shall ensure, as best as possible, that HEC membership is culturally and socially inclusive, and can address realistically the needs and perspectives of local patient populations.
7. All members will be appointed for a sufficient period of appointment to secure professional continuity for mission success. Appointments will be renewable. Membership should be on a collateral duty basis.

8. A sufficient number of individuals shall be appointed to ensure that HEC duties are performed with the highest professional quality. However, the number of members shall remain reasonable to ensure operational efficiency and avoid undue delays. It is recommended that each HEC have a minimum of seven to nine appointed members.
  
9. HECs are strongly encouraged to obtain and utilize the subject matter experience of qualified experts and local community members who are not Federal employees. To meet the provisions of reference (i) and all other related government regulations, HEC Chairs will work with respective Offices of the Staff Judge Advocate to obtain such expertise and experience appropriately.

**HEALTHCARE ETHICS COMMITTEE  
FUNCTIONS AND RESPONSIBILITIES**

1. Each HEC shall assist the commanders, commanding officers, and officers in charge as a subject matter advisory body.
2. Each HEC shall assist the commanders, commanding officers, and officers in charge in four areas of expertise:
  - a. Community-wide promotion of ethics principles and standards.
  - b. Ethics policy formation.
  - c. Ethics education leadership and educational resource development.
  - d. Clinical bioethics and other ethics consultations.
3. Promotion of principles and policy formation activities shall include all academic and professional perspectives. Educational initiatives shall promote substantive knowledge and supersede minimal behavioral compliance training. Clinical bioethics and other ethics consultations shall complement adherence to legal and regulatory requirements. In all services, HEC leadership shall be substantive, add significantly to the patient-centered mission of the institution, and advance the ongoing values formation of the institution's professional members per reference (h) of this instruction.
4. Each HEC shall meet regularly. Regularity of meetings should assist HEC members to maintain the highest standards of leadership and expertise. Meetings shall include the opportunity for continuing education and enrichment. To assist functions and responsibilities, each HEC shall design, develop, and maintain standard operating procedures to meet diverse needs. Examples of such needs may include those for quorum, review and approval of minutes, and other important matters.
5. To ensure the highest level of competence and expertise, commanders, commanding officers, and officers in charge shall provide for HEC annual continuing education. Continuing education provisions should be commensurate with member needs and the availability of resources. Educational content must be substantive. Commanders, commanding officers, and officers in charge shall further assist by resourcing HEC Chairs to participate in activities of relevant academic academies and societies of renown.
6. Each HEC shall assist commanders, commanding officers, and officers in charge in the area of healthcare ethics education leadership. In collaboration with related in-house subject matter experts, HECs should assist in the promotion, design, execution, and ongoing development of beneficial educational events, opportunities, and resources.

7. For specific clinical bioethics or other ethics consults, HECs may make use of watch-bills or duty rosters. Individuals who are so assigned must be permanent or part-time federal employees. They should be healthcare or patient-services providers. All watch-bill or duty roster participants should possess the highest level of professional experience in ethics consultation.
  
8. Interdisciplinary or interdepartmental collaboration for ethical analyses or discernment is essential. To assist, each HEC will work collaboratively with related experts including Offices of the Staff Judge Advocate, Offices of Pastoral Care, patient services, and others as may be relevant, appropriate, or required.