



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 6010.25B
BUMED-M00C
26 Aug 2021

BUMED INSTRUCTION 6010.25B

From: Chief, Bureau of Medicine and Surgery

Subj: HEALTHCARE ETHICS COMMITTEES

Ref: (a) NAVMED P-117
(b) Public Law 92-463
(c) DoD Manual 6025.13, Medical Quality Assurance and Clinical Quality Management in the Military Health System, 29 October 2013
(d) DoD Instruction 6025.13 of 17 February 2011
(e) The Joint Commission Accreditation Guide for Hospitals (2011)

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 (e), to establish the Navy Medicine (NAVMED) Healthcare Ethics Committee (HEC) system. Its services for medical treatment facilities (MTF), relevant public health practice, and NAVMED-supported operational medicine activities, programs, and centers. The authority for this instruction is derived from reference (a), Manual of the Medical Department, chapter 1, article 1-2, paragraph (13).

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 (CO), and officers in charge (OIC) to meet goals, objectives, statutes, regulations, operations, Department of Defense (DoD) and other applicable requirements. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6010.25A.

3. Scope and Applicability. This instruction encompasses all NAVMED healthcare systems, programs, activities, and personnel regardless of discipline or level, and provides strategic guidance.

4. 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 (e). The ongoing and substantive integration of a systemic regimen of healthcare ethics expertise and leadership is essential for NAVMED to meet its mission of patient-centered healthcare and force health protection and readiness.

5. Policy

a. All NAVMED personnel must 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.

b. In support of these principles, NAVMED 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 (b). All committees are established under the uniform name, 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 NAVMED-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.

6. HEC Membership, Composition, and Organization. HECs are established, composed, and organized per enclosure (1). Per paragraph 9 of this instruction, commands can consult with their regional leadership and the Corps Chief Office (BUMED-M00C) for assistance and further direction.

7. HEC Functions and Responsibilities. HECs perform the duties, provide the functions, and meet responsibilities detailed in enclosure (2). Per paragraph 9 of this instruction, commands can utilize echelon 3 expertise and BUMED-M00C for assistance and further direction. 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.

8. The NAVMED stakeholders. BUMED-M00C and Special Assistant, Staff Judge Advocate (BUMED-M00J) is comprised of leaders within healthcare delivery and serve on an as needed basis to assist in expert consultation for all HEC related issues as they arise. Other BUMED assets will provide mutual assistance as needed and the sharing of expertise, educational resources, and best practices.

9. Responsibilities

a. Chief, BUMED (M00)

(1) Final authority for the purposes of this instruction.

(2) Directs echelon 3 commanders, COs, and OICs with responsibility for the implementation of this instruction.

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

b. Medical Corp Chiefs Office, Plans and Policy Office (BUMED-M00C1)

(1) NAVMED senior executive subject matter expert for this instruction.

(2) Point of contact for HEC organizational leadership to the BUMED-M00.

(3) Represents the BUMED-M00 to extramural agencies for this instruction.

(4) Provides subject matter expertise to echelon 3 commanders for the implementation of this instruction; provides on-site assistance as may be directed or requested; provides educational leadership as requested or necessary.

c. NAVMED Echelon 3 Commanders

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

(2) 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.

(3) Ensure subordinate commands are supported and sufficiently resourced to meet the goals and responsibilities of this instruction.

d. NAVMED COs, and OICs

(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) Will assist NAVMED echelon 3 commanders or COs and BUMED-M00C with promoting and implementing the activities and services of HECs.

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

(5) Ensure 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) As a subcommittee of the Medical Executive Committee, ensure implementation of this instruction; and actively promote HEC participation in local or other academic and professional consortia per paragraph 8 of this instruction.

(2) 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.

(3) Ensure HEC membership complies with this instruction and with all statutes, regulations, directives, and instructions; provide timely nominations to commanders, COs, and OICs ensuring all nominees have appropriate knowledge, skills, and abilities per this instruction.

10. Point of Contact. Medical Corps Chief's Office who can be reached via e-mail, usn.ncr.bumedfchva.list.medical-corps-chiefs-office@mail.mil and telephone, (703) 681-8937.

11. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

12. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M00C will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.



G. D. SHAFFER
Acting

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>

HEALTHCARE ETHICS COMMITTEE MEMBERSHIP,
COMPOSITION, AND ORGANIZATION

1. This instruction serves as the single NAVMED policy with subordinate activities to issue implementation plans so named. Commanders, COs, and OICs will establish individual HECs per this instruction. They further establish standard operating procedures for such committees within local implementation plans.
2. Commanders, COs, and OICs are to locate HECs appropriately within their respective organizational structures as may be appropriate and beneficial to the overall institution. However, COs must ensure HEC services and leadership are not affected by any perceived or real conflicts of interest or undue influence.
3. Commanders, COs, and OICs will appoint the HEC chairperson. The HEC chairperson will 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 chairperson will be appointed as a special assistant for the purposes of this instruction. With command concurrence, the HEC chairperson will appoint a vice-chairperson. Vice-chairpersons will have similar expertise to the chairperson. The chairperson will appoint an HEC secretary or administrator who will maintain records and provide for administrative needs
4. Commanders, COs, and OICs will 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.
5. Under the provisions of reference (b), 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 agreements, or special consultants appointed under the provisions of section 3109 of Title 5, U.S. Code. 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 NAVMED associated Corps communities, enlisted personnel, and civilians. Commanders, COs, and OICs will 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 will be appointed to ensure HEC duties are performed with the highest professional quality. However, the number of members will 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 (b) and all other related government regulations, HEC chairpersons 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 will assist the commanders, COs, and OICs as a subject matter advisory body.
2. Each HEC will assist the commanders, COs, and OICs 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 will include all academic and professional perspectives. Educational initiatives will promote substantive knowledge and supersede minimal behavioral compliance training. Clinical bioethics and other ethics consultations will complement adherence to legal and regulatory requirements. In all services, HEC leadership will be substantive, add significantly to the patient-centered mission of the institution, and advance the ongoing values formation of the institution's professional members.
4. Each HEC will meet regularly. Regularity of meetings should assist HEC members to maintain the highest standards of leadership and expertise. Meetings will include the opportunity for continuing education and enrichment. To assist functions and responsibilities, each HEC will 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, COs, and OICs will 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, COs, and OICs will further assist by resourcing HEC Chairs to participate in activities of relevant academic academies and societies of renown.
6. Each HEC will assist commanders, COs, and OICs 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 watchbills 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 watchbill or duty roster

participants should possess the highest level of professional experience in ethics consultation. HEC consultations are considered recommendations and are not legally binding. The final decision in healthcare delivery rests with the treating provider.

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.