



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

BUMEDINST 6010.25C
BUMED-N10
11 Jun 2026

BUMED INSTRUCTION 6010.25C

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL ETHICS

Ref: (a) DHA-PI 6025.27
(b) DoD Instruction 6025.27 of 8 November 2017
(c) DoD Instruction 6025.13 of 26 July 2023
(d) NAVMED P-117

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

1. Purpose

a. Per references (a) through (d), Manual of the Medical Department (MANMED), chapter 1, article 1-2 and 1-22, to provide guidance for Navy Medicine (NAVMED) personnel in all locations and to address the unique medical ethics challenges of Navy healthcare professionals.

b. To issue Bureau of Medicine and Surgery (BUMED) medical ethics policy to ensure oversight, subject matter expertise, support services, and resources assisting the Surgeon General of the Navy (who also performs the duties of Chief, BUMED), NAVMED echelon 3 commanders, commanding officers (CO), and officers in charge (OIC) to meet goals, objectives, statutes, regulations, operations, Department of War (DOW), and other applicable requirements. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6010.25B.

3. Scope and Applicability. All NAVMED personnel wherever stationed, including those attached or assigned to operational forces, and all Budget Submitting Office 18 activities. Reference (a) provides guidance for those Navy Medicine personnel under the authority, direction, and control of the Defense Health Agency (DHA).

4. Background

a. Ethics are an indispensable component of healthcare. In recent decades, medical ethics have focused upon needed bioethics consultations, regulatory guidance, and assistance in clinical decision-making. However, these important medical 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. Medical ethics expertise provides critically important insight and guidance for the needs of individual patients, their families and shipmates, healthcare staff, healthcare departments, and surrounding communities.

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

d. The importance of medical 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 (d). The ongoing and substantive integration of a comprehensive regimen of medical 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 medical 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, BUMED must establish a Medical Ethics Committee serving its subordinate commands, including Navy Expeditionary Medical System units. DHA Medical Ethics Committees established per reference (a) support NAVMED personnel assigned to medical treatment facilities (MTF).

c. NAVMED activities outside of MTFs, such as research commands, may establish their own individual medical ethics committees as required or desired. All committees must meet the requirements of reference (b). All committees are established under the uniform name, Medical Ethics Committee.

d. The BUMED Medical Ethics Committee is available to consult Fleet and Fleet Marine Force units when so requested via the operational chain of command.

6. Medical Ethics Committee Membership, Composition, and Organization. Medical Ethics Committees are established, composed, and organized, per enclosure (1).

7. Medical Ethics Committee Functions and Responsibilities. Medical Ethics Committees perform the duties, provide the functions, and meet responsibilities detailed in enclosure (2). Per paragraph 10 of this instruction, commands have available echelon 3 expertise and Director, Clinical Operations, Policy, and Standards (BUMED-N10) for assistance and further direction. To secure further enterprise-wide advancement, individual medical ethics committees are strongly encouraged to participate in various other consortia such as those with institutions of higher learning, academies, and professional societies.

8. NAVMED stakeholders. BUMED-N10 and Office of the General Counsel (OGC) (BUMED-N01L) are comprised of leaders within healthcare delivery and serve on an as needed basis to assist in expert consultation for all medical ethics committee issues as they arise. Other BUMED assets will provide mutual assistance as needed and the sharing of expertise, educational resources, and best practices.

9. DOW Resources. Per reference (a), the DOW Medical Ethics Program may be available for medical ethics support.

10. Responsibilities

a. Surgeon General of the Navy/Chief, BUMED

(1) Is the 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 medical ethics issues and concerns to higher authorities, as may be required.

(4) Serves on or assigns a designee to the Medical Ethics Integrated Planning Team, per reference (c).

b. BUMED-N10/Chief Medical Officer (CMO)

(1) Is the Navy Medicine senior executive subject matter expert for this instruction.

(2) Is the point of contact for medical ethics to Surgeon General of the Navy/Chief, BUMED.

(3) Represents Surgeon General of the Navy/Chief, BUMED as directed.

(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 they and their subordinate commands establish their own medical ethics committees, use the BUMED Medical Ethics Committee, or partner with the DHA network and MTF Medical Ethics Committees for medical ethics services as needed.

(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 through either Navy Medicine Medical Ethics Committees or partnerships with DHA MTF Medical Ethics Committees.

(2) Promote medical ethics functions, responsibilities, and goals per enclosure (2).

(3) Ensure medical ethics services are carried out with due regard for the needs of patients, staff, researchers, family members, local communities, and the command itself.

e. Fleet and Marine Force Commanders and Senior Medical Officers

(1) Ensure NAVMED personnel attached or assigned to operational forces uphold the highest standards of medical ethics as outlined in this instruction.

(2) Facilitate access to medical ethics consultations by utilizing the BUMED Medical Ethics Committee, or by partnering with available MTF Medical Ethics Committees, when clinical bioethics challenges arise in the operational setting.

(3) Route requests for BUMED Medical Ethics Committee consultations via the operational chain of command per subparagraph 5d.

f. Medical Ethics Committee Chairs

(1) Ensure implementation of this instruction; and actively promote medical ethics committee participation in local or other academic and professional consortia per paragraph 7 of this instruction.

(2) Convene regular meetings, develop and ensure compliance with medical ethics committee standard operating procedures, arrange regular continuing education sessions for medical ethics committee members; ensure medical ethics committee 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 medical ethics committee membership complies with this instruction and with all statutes, regulations, directives, and instructions.


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 found on 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 Office of the Chief of Naval Operations (OPNAV) Records Management Program (DNS-16).

12. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N10 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DOW, 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 the 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.

13. Information Management Control. Reports required in subparagraph 10a(3) of this instruction are exempt from reports control per Secretary of the Navy manual 5214.1 of December 2005, part IV, subparagraph 7k.


R. FREEDMAN
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/>

MEDICAL ETHICS COMMITTEE MEMBERSHIP,
COMPOSITION, AND ORGANIZATION

1. This instruction serves as the single NAVMED policy with subordinate activities to issue implementation plans. The Surgeon General of the Navy/Chief, BUMED will establish a Navy Medicine Medical Ethics Committee to serve as the primary consultative body for the enterprise. Echelon 3 commanders, COs and OICs may establish individual or regional medical ethics committees at their discretion to support local mission requirements. Should a local committee be established, the representative commander, CO, or OIC will develop standard operating procedures within a local implementation plan.
2. Commanders, COs, and OICs are to locate medical ethics committees appropriately within their respective organizational structures as may be appropriate and beneficial to the overall institution. However, COs must ensure medical ethics committees 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 medical ethics committee chairperson. The medical ethics committee chairperson will have sufficient expertise and experience in medical 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 medical ethics committee chairperson will appoint a vice-chairperson. Vice-chairpersons will have similar expertise to the chairperson. The chairperson will appoint a medical ethics committee secretary or administrator who will maintain records and provide for administrative needs.
4. 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 various 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), medical ethics committee 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 BUMED-N01L.
6. Medical ethics committee members must possess sufficient subject matter experience and represent a balance of variously ranked military officers from all the NAVMED corps, including officers, enlisted, and civilians.

7. All members will be appointed for a sufficient period to secure professional continuity for mission success. Appointments will be renewable. Membership should be on a collateral duty basis without any full-time equivalent exemption.
8. Enough individuals will be appointed to ensure medical ethics committee 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 medical ethics committee have a minimum of three appointed members.
9. Medical ethics committees 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 (c) and all other related government regulations, medical ethics committee chairpersons will work with BUMED-N01L to obtain such expertise and experience.

MEDICAL ETHICS COMMITTEE FUNCTIONS AND RESPONSIBILITIES

1. The BUMED Medical Ethics Committee will assist NAVMED as a subject matter advisory body. Will assist the echelon 3 commanders, COs, and OICs who established them as subject matter advisory bodies.
2. Medical ethics committee will assist the Surgeon General of the Navy/Chief, BUMED echelon 3 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, medical ethics committee 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 medical ethics committee will meet twice a year. Regularity of meetings should assist medical ethics committee 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 medical ethics committee 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, the Surgeon General of the Navy/Chief, BUMED will provide for BUMED Medical Ethics Committee annual continuing education. Educational content must be substantive. the Surgeon General of the Navy/Chief, BUMED, echelon 3 commanders, COs, and OICs will further assist by resourcing their medical ethics committee chairs to participate in activities of relevant academic academies and societies of renown. Continuing education provisions should be commensurate with member needs and the availability of resources.
6. The BUMED Medical Ethics Committee and any other established NAVMED Medical Ethics Committees will provide medical ethics education leadership. In collaboration with

related in-house subject matter experts, medical ethics committees 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, the BUMED and other established NAVMED Medical Ethics Committees 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. Medical ethics 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 medical ethics committees will work collaboratively with related experts including OGC, Offices of Pastoral Care, patient services, and others as may be relevant, appropriate, or required.