



# Introduction of the Department of Defense Medical Ethics Center (DMEC) and Discussion of Select Bioethicist Issues within the Military Health System (MHS)

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# Presenters

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# COL Frederick Lough, MC, USA, MD, FACS



- COL Frederick Lough was educated at the United States Military Academy, commissioned in the Corps of Engineers and completed Airborne and Ranger qualifications.
- He received his Medical Degree from The George Washington University School of Medicine. This was followed by training as a General Surgeon and as a Thoracic and Cardiovascular Surgeon at Walter Reed Army Medical Center.
- His military assignments included service as a general surgeon at the 121st Combat Support Hospital in Korea and as Chief of Thoracic Surgery at Letterman Army Medical Center at the Presidio of San Francisco.
- He then dedicated himself to the field of Cardiac Surgery in the civilian setting. He was the Chief of Cardiac Surgery at the Reading Hospital and Medical Center in Reading, PA, for 16 years followed by nine years as the Director of Cardiac Surgery at the George Washington University Hospital in Washington, D.C. He has participated in over 15,000 open heart procedures.
- COL Lough was commissioned in the US Army Medical Corps Reserves in 2007. He volunteered for deployments in Afghanistan as a combat surgeon in 2010 and 2012. COL Lough returned to active duty as a US Army Medical Corps Officer in 2013.
- He is currently the Director of the DoD Medical Ethics Center (DMEC) and Deputy Chair of the Uniformed Services University & WRNMMC Department of Surgery.



# Joshua Girton, JD, LLM, MBA



- Joshua Girton is the Deputy Director, Department of Defense Medical Ethics Center (DMEC) and Assistant Professor at Uniformed Services University of the Health Sciences (USU) .
- Mr. Girton also serves as an Adjunct Professor of Law at the US Naval Academy (USNA). Prior to his current position, Mr. Girton was an Associate General Counsel within the USU Office of General Counsel (OGC).
- Mr. Girton was an officer and judge advocate in the United States Marine Corps (USMC). His honors and awards include multiple military decorations, awards for teaching excellence at USNA, election as an honor graduate from both of his law programs, and the recipient of the Dan Carter-Earl Tedrow Memorial Award.
- Mr. Girton received his BA in English from Emory University, his JD from Washington University in St. Louis, his LLM in Global Health Law and International Institutions from Georgetown University Law Center and the Graduate Institute of International and Development Studies (Geneva, Switzerland), and his MBA from Duke University, The Fuqua School of Business.



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# Learning Objectives

1. Recognize the overarching mission and purpose of the DMEC and the points of contacts (POCs) within the leadership group.
2. Identify the manner in which the DMEC's existence can assist MHS Clinical Providers make better decisions regarding issues containing Bioethics dilemmas.
3. Review some recent Bioethics issues brought to the attention of the DMEC as a retrospective analysis.



## DMEC Updates

- Defense Health Board report, “Ethical Guidelines and Practices for US Military Medical Professionals,” 3 March 2015
- DoDI 6025.27, 8 November 2017
- DMEC Charter, 3 June 2018
- Director, Deputy Director, Legal Advisor, Bioethicist (pending), Program Analyst (pending), IT Technician (pending), and various auxiliary Bioethicist Experts (DMEC Bullpen)
- Concept is to provide direct guidance to MHS health care workers but also via an omnipresent online Health Care Ethics Portal
- Interplay with larger Griffith Institute build out efforts





# Department of Defense Medical Ethics Center (DMEC)

## Vision

Become the Global Leader in Military Medical Ethics

- 1) Establish, implement, and maintain a systematic and integrated Department of Defense Medical Ethics Program Office (DoDMEP) and serve as the global leader in military medical ethics
- 2) Develop and promulgate fundamental principles in military medical ethics to all DoD health care providers

## Mission

Develop and Implement Fundamental Ethical Principles

- 1) Function as the national and international lead in military medical ethics for all DoD health care providers
  - Establish a centralized resource for health care ethics information and consultation
- 2) Ensure growth of Uniformed Services University (USU) students into ethical providers and military leaders
  - Educate students and leadership to create an environment of top-down and bottom-up medical ethics knowledge exchange

## Goals

Provide the Means to Develop Future Medical Ethical Leaders

- 1) Arm DoD health care providers with resources, tools, and knowledge to sufficiently medical ethical dilemmas
- 2) Create a secure environment that facilitates discussion and support when confronted with medical ethical dilemmas, concerns, and risks



# Roles & Responsibilities

Establish Ethical Guidelines	Develop Education & Training	Perform Consultative Services
<p>Provide guidance for all aspects of medical ethics</p>	<p>Create programs for leadership development in medical ethics</p>	<p>Establish standards and provide resources for medical ethics consultation</p>
<p>Establish policy, assign responsibilities, and prescribe requirements for DoD principles of medical ethics</p>	<p>Develop, implement, and evaluate systemic and integrated education, training, and other programs aligned with USU educational curricula and programs</p>	<p>Develop and maintain a DoD Health Care Ethics Portal, enabling a centralized resource for medical ethics information, policies, guidance, laws, and education and training</p>



# Prospective Capabilities

## Establish Ethical Guidelines

## Develop Education & Training

## Perform Consultative Services

### Educational Curricula

- Embed an educational curricula informed by nationally-recognized health care ethics professional organizations
- Educate DoD health care providers and promulgate high medical ethical standards

### Ethics Subject Matter Experts (SMEs)

- Maintain a contact list of designated subject matter experts in medical ethics
- Facilitate and sustain communication and consultation with leading civilian authorities on bioethical issues
- Employ procedures to support auxiliary consultation capacities

### New Consultative Services

- Offer a consultative capacity incorporating means of consultation outside of Military Treatment Facilities (MTFs), including providers serving in deployed settings

### DoD Health Care Ethics Portal

- Implement and maintain a DoD Health Care Ethics Portal as a centralized resource for health care ethics information

### Advise Leadership

- Provide recommendations to leadership regarding training and ethical culture development
- Recommend policy and program enhancements
- Identify capability gaps associated with complex medical ethical issues

### Support DoDMEP

- Embed a staff that develops, disseminates, implements, sustains, and improves the DoDMEP (e.g., DMEC Director, Deputy Director, Ethicist, IT Specialist, Legal Advisor, Administrative Assistant, other staff)



# Proposed Supporting Infrastructure

## STRATEGIZE

- Sets strategic visions and direction
- Oversees resources
- Directs evaluation and assessment of progress
- Champions the effort

## FACILITATE

- Operational coordination, planning, and implementation
- Conducts regular reviews of E&T programs, policy, guidance, and practice
- Supports assessment and improvement (e.g., curriculum development)
- Provides SME support, consultation, and inquiry response
- Communicates, outreaches, and collaborates with stakeholders
- Establishes DoD medical ethics network
- Develops, manages, and integrates DMEC portal

## MANAGE

- Coordinates and manages outputs, deliverables, needs, and gaps
- Supports management of DMEC operations and framework
- Increases visibility into the DoDMEP portfolio

## PERSONNEL

DMEC Director

DMEC Deputy Director

DMEC Legal Advisor

DMEC Ethicist  
DMEC IT Specialist

DMEC Program Analyst  
DMEC Ethics Support



# Proposed Roadmap

## Test Capability (TC)

### FY 2019-20

- Establish capabilities necessary to implement DHA-PM guidance (e.g., advisors/SME pool, education and training (E&T), consultative services, program management)
- Embed framework of continuous process improvement (CPI)
- Institute E&T programs and coursework aligned with USU curricula
- Identify/assign medical ethics liaisons at MTFs with a communication plan to lay the foundation for a DoD-wide medical ethics network
- Launch capabilities and functions
- Identify medical ethics policy, programmatic, consultative, and E&T needs and gaps
- Identify requirements for a DMEC portal, compare requirements against vendor and DoD capabilities, and select tool for portal
- Apply lessons learned from CPI feedback to develop strategy for IOC

## Initial Operational Capability (IOC)

### FY 2021

- Embed improved practices from TC lessons learned while expanding capabilities
- Finalize responsibilities for DMEC staff
- Modify or develop guidance to address needs and gaps identified during TC
- Develop and implement E&T curricula for emerging medical ethical dilemmas
- Expand and standardize DMEC consultative services to CONUS MTFs
- Coordinate through the medical ethics network with leadership and bioethicist SMEs, discussing top-down and bottom-up ethical concerns
- Identify medical ethics policy, programmatic, consultative, and E&T needs and gaps
- Launch DMEC portal beta test
- Capture feedback from CPI framework, identify lessons learned, refine DoDMEP, and develop strategy to finalize FOC model

## Final Operational Capability (FOC)

### FY 2022

- Scale capabilities to operationalize DMEC across CONUS and OCONUS
- Deploy fully resourced and trained DoDMEP staff
- Offer robust E&T programs aligned with USU curricula
- Sustain a library of education and training offerings available to all DoD personnel and duty settings
- Establish cadence with DoD-wide medical ethics network, involving bioethicist SMEs and leadership
- Implement DMEC portal as a virtual solution center for medical ethics inquiries and consultation with access to policies, guidance, laws, and E&T
- Hold an international military medical ethics symposium
- Identify medical ethics needs and gaps and revise policy as appropriate
- Maintain continuous process improvement



# Current State Assessment (future MHS data call)

<b>Purpose</b>	<ul style="list-style-type: none"> <li>Identify assets currently employed by your Service/Component/Facility, including but not limited to policies, processes, stakeholders, technology, resources (manpower &amp; financial), committees, and working groups.</li> </ul>
<b>Keep in mind</b>	<ul style="list-style-type: none"> <li>Processes and tools involved may not be immediately apparent</li> <li>Organizations, committees, and/or working groups may be formal or ad hoc; consider primary, secondary, and tertiary stakeholders</li> </ul>
<b>Questions &amp; Considerations</b>	
<p><b>1. What facilities have medical ethics committees (MECs)?</b></p> <ul style="list-style-type: none"> <li>Is there a MEC at every facility (300+) or a governance structure that comprises multiple facilities (Medical Center, Joint VA/DoD, Community Hospitals, Ambulatory Clinics)?</li> <li>If 1 MEC encompasses several facilities, please provide the breakdown structure.</li> </ul>	
<p><b>2. What is the MEC governance and reporting structure (e.g., formal vs. ad hoc)?</b></p> <ul style="list-style-type: none"> <li>Is there a Charter?</li> <li>What are the activities and responsibilities? Is there an established cadence? How is information (decisions, questions, dilemmas, etc.) relayed upward and downward? E.g., Provider -&gt; MEC -&gt; Leadership; E.g., Leadership -&gt; MEC -&gt; Provider</li> </ul>	
<p><b>3. What qualifications are necessary to participate in the MEC and how are participants chosen?</b></p> <ul style="list-style-type: none"> <li>Are there knowledge/skills/abilities (KSA) requirements or additional skill identifiers?</li> </ul>	
<p><b>4. What resources and tools are available for medical ethics?</b></p> <ul style="list-style-type: none"> <li>Is there dedicated funding or staff?</li> <li>What IT is available (software, database, mobile apps, telehealth)?</li> <li>What reach-back mechanisms are available?</li> </ul>	



# Current State Assessment (future MHS data call)

## Questions & Considerations

**5. What quality improvement or continuous process improvement mechanisms are employed?**

- By the MEC?
- By the facility?
- Other?

**6. Who are the stakeholders and what are their roles?**

- Are medical ethics POCs embedded into each specialty?
- Consider those either formally, or informally, responsible, accountable, consulted, and informed.

**7. What are the different medical ethics educational initiatives available (programs, courses, journal clubs, discussion groups, etc.)?**

- What is the subject matter (e.g., current policy, emerging dilemmas)?
- Are any in development?

**8. What are the medical ethics risks, challenges, and barriers for a DoD-wide medical ethics program?**

- For providers and specialties
- For MECs, formal and ad hoc
- For MTFs
- For Services/Components

**9. What are leading practices or critical success factors employed in your: Service; Component; Facility; Committee; Specialty?**



# Case Study # 1

- The first Bioethics case study issue deals with the proper role of MHS Clinical Providers at an MTF in Germany to forcibly extract blood from a non-complaint service member who is suspected of driving while intoxicated and the whom the base commander wants to charge as such under the Uniform Code of Military Justice (UCMJ).





# Polling Question

- Should the MHS Clinical providers forcibly restrain the non-compliant service member against their will and extract a blood sample for the purposes of possible future criminal prosecution?



# Response

- What legal rights are in play for the accused?
- What legal considerations must be addressed in a foreign state?
- What is the benefit of physically extracting the blood?
- What safety concerns are in play for everyone involved?
- What options are in play for the medical provider, particularly one who does not wish to voluntarily participate?



## Case Study #2

- The second Bioethics case study issue deals with a policy put in place at a Continental United States (CONUS) Military Training facility (MTF) to allow post-mortem autopsies to be performed on both human remains and service animal remains in the same clinical facility.



# Polling Question

- Should the base commander allow a policy to go forward that would allow post-mortem analysis of both human remains and service animal remains to occur in the same clinical facility?



# Response

- Why is the base commander seeking to combine facilities in the first place?
- Are there any local legal prohibitions in play?
- What sensitivities should the base commander be aware of and give due consideration to before proceeding?
- Are all the authorized agents of the deceased aware of this policy and practice and have they expressed their non-objection?



## Case Study #3

- The final Bioethics case study issue centers around what are the duties of the MHS Clinical Providers towards their patients in the event of an active shooter situation, whereby the choice might arise between fleeing the facility and saving themselves, or providing care and defense for their patients.



# Polling Question

- In a CONUS MTF active shooter situation, does an MHS Clinical Provider have an affirmative duty to remain with their patient and continue to provide care (and potentially defense) versus potentially fleeing the area themselves?
- In a deployed combat theater facing an Enemy attack, does an MHS Clinical Provider have an affirmative duty to remain with their patient and continue to provide care (and potentially defense) versus potentially fleeing the area themselves?



# Response

- How strong is the fiduciary bond between health care provider and patient?
- Is that fiduciary bond limitless?
- What are the reasonable parameters we would expect of a health care provider with regards to allegiance towards their patient?
- How is that calculus changed, if at all, in a deployed combat environment?





# Key Takeaways

- Bioethics issues are everywhere within the Bench to Bedside spectrum of research and clinical care, but requires continuous vigilance in detection.
- The DMEC is a new organization with a dedicated mission of helping MHS health care workers wrestle with these often complicated dilemmas.
- If you need any direct assistance, or would like to provide a relevant experience to serve as a good teaching example for others, please feel free to contact us in turn. We stand ready to assist.



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# Questions

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