

NATIONAL CENTER FOR ETHICS IN HEALTH CARE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive defines the role and responsibilities of the National Center for Ethics in Health Care.

2. SUMMARY OF MAJOR CHANGES: None.

3. RELATED ISSUES: VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, dated August 14, 2009; VHA Handbook 1004.02, Advance Care Planning and Management of Advance Directives, dated December 24, 2013; VHA Handbook 1004.03, Life Sustaining Treatment Decisions: Eliciting, Documenting, and Honoring Patients' Values, Goals and Preferences, dated January 11, 2017; VHA Handbook 1004.04, State-Authorized Portable Orders (SAPO), dated October 25, 2012; VHA Handbook 1004.05, iMedConsent™, dated December 10, 2014; VHA Handbook 1004.06, IntegratedEthics®, dated August 29, 2013; VHA Handbook 1004.07, Financial Relationships Between VHA Health Care Professionals and Industry, dated November 24, 2014; VHA Handbook 1004.08, Disclosure of Adverse Events to Patients, dated October 22, 2012; VHA Directive 1005, Informed Consent for Long-Term Opioid Therapy for Pain, dated May 6, 2014.

4. RESPONSIBLE OFFICE: The National Center for Ethics in Health Care (10E1E) is responsible for the contents of this directive. Questions should be referred to 202-632-8457 or to vhaethics@va.gov.

5. RESCISSIONS: VHA Directive 1004, National Center for Ethics in Health Care, dated September 9, 2013, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification the last working day of October 31, 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Executive in Charge

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: E-mailed to the VHA Publications Distribution List on November 1, 2018.

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NATIONAL CENTER FOR ETHICS IN HEALTH CARE

1. PURPOSE

This Veterans Health Administration (VHA) directive defines the role and responsibilities of the National Center for Ethics in Health Care (NCEHC). **NOTE:** *NCEHC does not regulate, investigate and/or discipline breaches of standards articulated in law, regulation or policy.* **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

2. BACKGROUND

a. The National Center for Ethics was established in 1991, and reorganized in 2002 as NCEHC. NCEHC's multidisciplinary team includes health care professionals, ethicists, and other specialized professional staff located in the Department of Veterans Affairs Central Office (VACO) and additional satellite office locations.

b. Ethics is the discipline that considers what is right or what should be done in the face of uncertainty or conflict about values. Ethics involves making reflective judgments about the optimal decision or action among ethically justifiable options. Values are strongly held beliefs, ideals, principles, or standards that inform ethical decisions or actions.

c. NCEHC is tasked with improving the health and well-being of Veterans by establishing, interpreting and communicating ethical standards in health care, fostering ethical culture, and promoting ethical practices within VA and the community. NCEHC works to ensure that Veterans, their loved ones, and staff experience VHA as a highly ethical organization. NCEHC's activities are designed to promote ethics quality in health care, foster patient satisfaction, enhance employee morale, and create a positive organizational culture that supports a highly effective and efficient organization. NCEHC works collaboratively with VA senior leadership, field facilities, and program offices to accomplish these tasks. NCEHC's work is aimed at continuously improving VA's ethics-related decisions, actions, systems, processes, environment, and culture by providing analysis, information, education, advice, and support. Additional information about NCEHC programs, policies, and activities is located at <https://www.ethics.va.gov/>.

d. The range of ethical practices relevant to VHA, and therefore of concern to NCEHC includes:

(1) Shared decision making with patients (how well the organization promotes collaborative decision making between clinicians and patients). This includes topics such as decision-making capacity and competency, informed consent for clinical treatments, surrogate decision making, advance care planning, and limits to patient choice of provider, setting, or unconventional treatment.

(2) Ethical practices in end-of-life care (how well the organization addresses ethical aspects of caring for patients near the end of life). This includes topics such as

cardiopulmonary resuscitation, life-sustaining treatment decisions, and goals of care conversations.

(3) Ethical practices at the beginning of life (how well the organization promotes ethical practices with respect to preconception, conception, pregnancy, and the perinatal period). This includes topics such as reproductive rights, preconception genetic testing, gestational surrogacy, the balance between the health of the mother and the fetus, and perinatal care at the threshold of viability.

(4) Patient privacy and confidentiality (how well the organization protects patient privacy and confidentiality). This includes topics such as protecting individuals' interests in maintaining personal space free of unwanted intrusions, controlling data about themselves, and nondisclosure of information obtained as part of the clinician-patient relationship.

(5) Professionalism in patient care (how well the organization fosters behavior appropriate for health care professionals). This includes topics such as conflicts of interest, truth telling, challenging clinical relationships, diverse cultural and religious perspectives, and professional boundaries with patients and families.

(6) Ethical practices in resource allocation (how well the organization demonstrates fairness in allocating resources across programs, services, and patients).

(7) Ethical practices in business and management (how well the organization promotes ethical standards in its business and management practices). This includes topics such as leadership, human resources, and business integrity.

(8) Ethical practices in research (how well the organization ensures that its employees follow ethical standards that apply to research practices). This includes topics such as research integrity, societal value of research, weighing risks and benefits of human subjects research, fairness in the selection of human subjects, informed consent for human subjects research, and privacy and confidentiality for human subjects.

(9) Ethical practices in the everyday workplace (how well the organization supports ethical behavior in everyday interactions in the workplace). This includes topics such as respect and dignity in the workplace, obligations to co-workers, ethical climate in the workplace, and ethical concerns related to moral distress.

(10) Ethical practices in government service (how well the organization fosters behavior appropriate for government employees). This includes topics such as ethical obligations of public servants.

NOTE: Any concerns that involve criminal conflict of interest law or Standards of Conduct are matters for the Designated Agency Ethics Official (DAEO). The DAEO, the Assistant General Counsel for Professional Staff Group III, addresses issues involving the application of criminal conflict of interest laws (18 U.S.C. Chapter 11) and the Standards of Conduct for Executive Branch Employees (Title 5 Code of Federal

Regulations (CFR) Part 2635). The DAEO, the Alternate DAEO and the deputy Ethics Officials in the District Counsel offices and in Professional Staff Group III are the only sources of authoritative advice on criminal conflicts of interest and the legal questions relating to Standards of Conduct. Contact information for VA Government Ethics Officials is available at:

https://www.va.gov/OGC/docs/Ethics/VA_Ethics_Officials_Contacts.pdf. **NOTE:** *Following the good faith advice of such ethics officials provides the employee with meaningful protection from criminal or administrative sanctions. The imposition of criminal sanctions ultimately rests with the Department of Justice after receiving the matter from the Inspector General.*

3. POLICY

It is VHA policy that NCEHC serves as VA's authoritative resource for addressing the complex ethical issues that arise in patient care, health care management, and research.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Organizational Excellence.** The Deputy Under Secretary for Health for Organizational Excellence is responsible for ensuring that the Executive Director, NCEHC has sufficient resources to fulfill the requirements of this directive.

c. **Assistant Deputy Under Secretary for Health for Integrity.** The Assistant Deputy Under Secretary for Health for Integrity is responsible for:

(1) Strengthening trust and confidence in Veterans health care by fostering an ethical and just culture and by integrating information from oversight activities.

(2) Providing senior executive leadership guidance to NCEHC.

(3) Overseeing NCEHC budget execution and approving NCEHC strategic initiatives.

d. **Executive Director, National Center for Ethics in Health Care.** The Executive Director, NCEHC or designee is responsible for:

(1) Managing ethics in VA health care through IntegratedEthics® (IE) and supporting VHA field facilities and VA to provide ethics consultation, system improvement, and leadership development to improve the ethical environment and culture of the organization. For additional information see VHA Handbook 1004.06, IntegratedEthics, dated August 29, 2013, and <https://www.ethics.va.gov/integratedethics/index.asp>.

(2) Establishing and interpreting VA standards for ethical health care practice. through VA national policies and guidance on ethical health care, including informed consent, advance care planning, life-sustaining treatment, disclosure of adverse events, and IntegratedEthics®. For more information see <https://www.ethics.va.gov/policy.asp>.

(3) Coordinating with other program offices that are responsible for developing VA national policies with significant ethical implications, such as policies relating to patients' rights and responsibilities, protection of human research subjects, health information privacy, management of disruptive patients, pain management policies, organ donation after cardiac death, organ transplantation, and care for transgender patients.

(4) Providing ethics consultation and education services to support Veterans, VA staff, VACO program offices, the office of the Under Secretary for Health, and VISN Directors. Ethics consultation is a service to help patients, providers, and other parties resolve ethical concerns in a health care setting. Veterans and VA staff may request an ethics consultation through their local ethical consultation service or by email to the national Ethics Consultation Service at vhaethics@va.gov. VACO program offices, the office of the Under Secretary for Health, and VISN Directors may request an ethics consultation by email to the national Ethics Consultation Service at vhaethics@va.gov. Education services and materials are at <https://www.ethics.va.gov/education.asp>.

(5) Aligning information technology resources to support ethical practices.

(6) Conducting and facilitating systematic evaluation and ongoing monitoring of ethics programs and practices across VHA to continuously drive practice consistent with the highest ethical standards.

5. TRAINING REQUIREMENTS

None.

6. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. If you have any questions regarding any aspect of records management you should contact your facility Records Manager or your Records Liaison.

7. REFERENCES

a. VHA Directive 1005, Informed Consent for Long-Term Opioid Therapy for Pain dated May 6, 2014.

b. VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, dated August 14, 2009.

c. VHA Handbook 1004.02, Advance Care Planning and Management of Advance Directives, dated December 24, 2013.

d. VHA Handbook 1004.03, Life-Sustaining Treatment Decisions: Eliciting, Documenting and Honoring Patients' Values, Goals and Preferences, dated January 11, 2017.

e. VHA Handbook 1004.04, State-Authorized Portable Orders, dated October 25, 2012.

f. VHA Handbook 1004.05, iMedConsent™, dated December 10, 2014.

g. VHA Handbook 1004.06, IntegratedEthics®, dated August 29, 2013.

h. VHA Handbook 1004.07, Financial Relationships Between VHA Health Care Professionals and Industry, dated November 24, 2014.

i. VHA Handbook 1004.08, Disclosure of Adverse Events to Patients, dated October 2, 2012.