

VHA HEALTH CARE ETHICS

1. SUMMARY OF MAJOR CHANGES: This directive:

a. Consolidates requirements and responsibilities for the National Center for Ethics in Health Care (NCEHC) and Department of Veterans Affairs (VA) medical facilities into one unified directive to ensure that care for Veterans meets Veterans Health Administration (VHA) health care ethics standards.

b. Expands health care ethics expertise across VHA by establishing a competency-based approach and ensures standardization of health care ethics consultation services in alignment with the High Reliability Organization principle of Sensitivity to Operations.

c. Reflects the VHA organizational alignment of NCEHC to Patient Care Services.

d. Updates responsibilities for the Executive Director, NCEHC, to enhance communication and training of VA medical facility staff (paragraph 2.d.); adds responsibilities for the VA medical facility Chief of Staff or Associate Director of Patient Care Services to ensure health care ethics competency and communication about health care ethics practices at all levels of the VA medical facility (paragraph 2.g.).

e. Removes responsibilities for the VA medical facility Integrated Ethics Program Officer and VA medical facility Ethics Consultation Coordinator and adds responsibilities for a VA medical facility Health Care Chief Ethics Consultant (EC) (paragraph 2.h.); simplifies responsibilities for VA medical facility Health Care ECs to support focus on high-quality health care ethics services (paragraph 2.i.).

2. RELATED ISSUES: VHA Directive 1004.01(1), Informed Consent for Clinical Treatments and Procedures, dated December 12, 2023, and VHA Directive 1004.03, Advance Care Planning, dated December 12, 2023.

3. POLICY OWNER: The National Center for Ethics in Health Care (12ETH) is responsible for the content of this directive. Questions should be addressed to vhaethics@va.gov.

4. RESCISSIONS: VHA Directive 1004, National Center for Ethics in Health Care, dated October 31, 2018; VHA Notice 2022-12, VHA Health Care Ethics Program, dated November 16, 2022; and VHA Memorandum 2021-07-19, Fiscal Year (FY) 2022 Integrated Ethics Program Achievements: Goals and Reporting Requirements, dated July 22, 2021, are rescinded.

5. RECERTIFICATION: This directive is scheduled for recertification on or before the last working day of February 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health
for Patient Care Services/CNO

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: Emailed to the VHA Publications Distribution List on February 13, 2024.

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VHA HEALTH CARE ETHICS

1. POLICY

It is Veterans Health Administration (VHA) policy to honor Veterans' values, goals and preferences by establishing and implementing health care ethics standards; ensuring that Veterans, families, surrogates, caregivers and Department of Veterans Affairs (VA) medical facility staff have access to health care ethics consultation services; and nurturing health care ethics communities. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

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

b. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer (CNO) is responsible for supporting the National Center for Ethics in Health Care (NCEHC) with implementation and oversight of this directive.

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

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all Department of Veterans Affairs (VA) medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

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

(1) Providing oversight for VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified, including providing updates to VISN Directors on progress toward meeting the health care ethics competency requirements outlined in paragraphs 2.i. and 2.j.

(2) Meeting with the Assistant Under Secretary for Health for Patient Care Services as needed to ensure there are sufficient resources to support VA medical facilities in implementing the requirements of this directive.

(3) Establishing, interpreting and communicating VHA health care ethics standards through national policies and guidance to ensure health care practice meets national health care ethics standards. **NOTE:** *For example, health care ethics standards are outlined in several NCEHC policies including VHA Directive 1004.01(1), Informed*

Consent for Clinical Treatments and Procedures, dated December 12, 2023, and VHA Directive 1004.03, Advance Care Planning, dated December 12, 2023. Additional related resources are available on NCEHC SharePoint at https://dvagov.sharepoint.com/sites/VHAethics/SitePages/NCEHC_Home.aspx. This is an internal VA website that is not available to the public.

(4) Providing education, training, health care ethics subject matter expertise, consultation and guidance for VA medical facility staff and leaders, VHA program offices and VHA and VA senior leaders to ensure clinical practice in VA medical facilities meets VHA health care ethics standards.

(5) Establishing, interpreting and communicating competency standards for NCEHC Health Care Ethics Consultants (ECs), VA medical facility Health Care ECs and Chief ECs, and practice requirements for VA medical facility Health Care Ethics Consultation Services. **NOTE:** *NCEHC Health Care ECs provide health care ethics services at the national level. For competency standards and practice requirements, see <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. This is an internal VA website that is not available to the public.*

(6) Supporting VA medical facility Health Care ECs to provide health care ethics consultation services at the VA medical facility.

(7) Developing and managing orientation and ongoing training (see paragraph 3) for VA medical facility Health Care ECs and Chief ECs to ensure successful implementation of their responsibilities as outlined in this directive.

(8) Establishing standardized documentation processes and reporting mechanisms to capture VA medical facility Health Care EC workload in the EHR. **NOTE:** *For standard documentation and reporting processes, see <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. This is an internal VA website that is not available to the public.*

(9) Maintaining the directory of VA medical facility Health Care ECs and Chief ECs to ensure it contains current and accurate information.

(10) Establishing standards for software used to document health care ethics consultations. **NOTE:** *For current software guidelines, see <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/IEWeb.aspx>. This is an internal VA website that is not available to the public.*

(11) Partnering with relevant stakeholders to ensure that the electronic health record (EHR) facilitates health care delivery and documentation that aligns with VHA health care ethics standards.

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if noncompliance is identified.

(2) Providing information and data to NCEHC as requested regarding policy performance measures available at https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Policy_Performance_Measures.aspx. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Ensuring delivery of quality health care to eligible Veterans, informed by established health care ethics principles.

(4) Supporting the VA medical facility Health Care Ethics Consultation Service with the operation of health care ethics services, including responding to health care ethics consultation requests, education and community-building activities.

(5) Assigning the responsibilities outlined in paragraph 2.g. to the VA medical facility Chief of Staff (CoS) or VA medical facility Associate Director of Patient Care Services (ADPCS). **NOTE:** *The VA medical facility Director may assign these responsibilities to another member of the executive leadership team (e.g., VA medical facility Associate Director) if the particular individual serving in that leadership role has the expertise, resources and time necessary to adequately support the VA medical facility Health Care Ethics Consultation Service.*

(6) Based on the recommendation of the VA medical facility CoS or VA medical facility ADPCS, appointing a clinician (e.g., social worker, nurse, physician, chaplain) to serve as the VA medical facility Health Care Chief EC who meets the competency standards outlined at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. **NOTE:** *This is an internal VA website that is not available to the public. A non-clinician may be appointed as VA medical facility Health Care Chief EC if the VA medical facility CoS or ADPCS determines that that person has the necessary training and expertise required to perform the responsibilities of the role. It is strongly recommended that VA medical facilities dedicate at least a 0.5 full-time equivalent (FTE) to the VA medical facility Health Care Chief EC to successfully accomplish the responsibilities outlined in paragraph 2.h. of this directive. VA medical facilities that have complex health care ethics needs may elect to dedicate 1.0 FTE to the VA medical facility Health Care Chief EC. When a VA medical facility Health Care Chief EC is a direct hire to the role, the VA medical facility Director is strongly encouraged to use the approved national position description in the hiring process.*

(7) Ensuring that all patients, Community Living Center residents, families, surrogates, caregivers and VA medical facility staff have awareness of and access to the VA medical facility Health Care Ethics Consultation Service and can request a health care ethics consultation. **NOTE:** *To ensure access for all eligible individuals, the*

VA medical facility Health Care Ethics Consultation Service must be accessible using more methods than only the EHR.

(8) Ensuring that the VA medical facility Health Care Ethics Consultation Service is available at a minimum from 7:00 am to 7:00 pm, Monday through Friday, and ensuring a mechanism is in place to address health care ethics consultation requests requiring an urgent response outside this timeframe (i.e., “after hours”).

g. VA Medical Facility Chief of Staff or VA Medical Facility Associate Director of Patient Care Services. The VA medical facility CoS or VA medical facility ADPCS, as assigned by the VA medical facility Director, is responsible for:

(1) Recommending a clinician to serve as the VA medical facility Health Care Chief EC and ensuring responsibilities of the VA medical facility Health Care Chief EC are incorporated into the incumbent’s functional statement or other formal delineation of job responsibilities.

(2) Ensuring the VA medical facility Health Care Chief EC has dedicated time and resources to complete all training and responsibilities outlined in paragraph 2.h. of this directive.

(3) Collaborating with the VA medical facility Health Care Chief EC to appoint a minimum of three, and a maximum of seven, clinicians who meet the VA medical facility Health Care EC competency standards to serve as VA medical facility Health Care ECs in the VA medical facility Health Care Ethics Consultation Service. **NOTE:** *At least three distinct clinical disciplines (e.g., social work, nursing, psychiatry, chaplaincy) must be represented on the VA medical facility Health Care Consultation Service and may be functionally located under any clinical leadership at the VA medical facility (e.g., CoS or ADPCS). A non-clinician may be appointed as a VA medical facility Health Care EC if the VA medical facility Health Care Chief EC determines that person has the necessary training and expertise required to perform the responsibilities of the role. For competency standards, see *Achieving and Maintaining Health Care Ethics Competency* at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. This is an internal VA website that is not available to the public. It is strongly recommended that VA medical facilities dedicate at least a 0.2 FTE to each VA medical facility Health Care EC to successfully accomplish the responsibilities outlined in paragraph 2.i. of this directive. VA medical facilities that have complex health care ethics needs may elect to dedicate additional FTE to each VA medical facility Health Care EC.*

(4) Ensuring that VA medical facility Health Care ECs have dedicated time and resources for training and successful implementation of their responsibilities as outlined in paragraph 2.i.

(5) Meeting with the VA medical facility Health Care Chief EC quarterly and as needed to review health care ethics work and recommending consultation with NCEHC as needed.

(6) Reviewing and approving the VA medical facility Standard Operating Procedure (SOP) as outlined in paragraph 2.h.(7).

(7) Promoting continuous improvement of the VA medical facility Health Care Ethics Consultation Service and promoting health care ethics quality improvement initiatives through existing VHA quality improvement processes. **NOTE:** *For additional information regarding quality improvement, see the VHA Health Care Ethics Guidebook available at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. This is an internal VA website that is not available to the public.*

h. **VA Medical Facility Health Care Chief Ethics Consultant.** The VA medical facility Health Care Chief EC is responsible for:

(1) Developing and nurturing a health care ethics community at the VA medical facility as outlined in the VHA Health Care Ethics Guidebook available at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(2) Managing the VA medical facility Health Care Ethics Consultation Service and ensuring that the service operates in alignment with the VA medical facility Health Care Ethics Consultation Service practice requirements outlined at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(3) Developing and maintaining a VA medical facility SOP that outlines local procedures to implement the requirements of this directive and operationalize the VA medical facility Health Care Ethics Consultation Service practice requirements. An SOP template is available at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Meeting with the VA medical CoS or ADPCS quarterly and as needed to review health care ethics work.

(5) Requesting support from NCEHC, as appropriate, regarding health care ethics-related matters such as health care ethics consultation, education and community-building activities.

(6) Serving as a VA medical facility Health Care EC on the VA medical facility Consultation Service (see VA medical facility Health Care EC responsibilities outlined in paragraph 2.i.).

(7) Achieving basic competency within 18 months of appointment as the VA medical facility Health Care Chief EC and maintaining competency as outlined at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(8) Leading the VA medical facility Health Care Ethics Consultation Service in continuous improvement. **NOTE:** For additional information, see the VHA Health Care Ethics Guidebook available at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. This is an internal VA website that is not available to the public.

(9) Recommending clinicians to serve as VA medical facility Health Care ECs and ensuring responsibilities of VA medical facility Health Care ECs are incorporated into incumbents' functional statements or other formal delineations of job responsibilities.

(10) Supporting VA medical facility Health Care ECs to achieve and maintain competency and providing training to VA medical facility Health Care ECs on health care ethics consultation processes and procedures (see paragraph 3).

(11) Providing NCEHC with current, accurate information necessary to maintain the directory of VA medical facility Health Care ECs.

i. **VA Medical Facility Health Care Ethics Consultants.** VA medical facility Health Care ECs are responsible for:

(1) Serving as members of the VA medical facility Health Care Ethics Consultation Service and providing services in alignment with the VA medical facility SOP. An SOP template is available at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(2) Promoting and communicating health care ethics standards established by NCEHC and serving as subject matter experts on health care ethics at the VA medical facility.

(3) Documenting health care ethics consultations as outlined in the VHA Health Care Ethics Guidebook and in accordance with VHA Directive 1907.01(1), VHA Health Information Management and Health Records, dated April 5, 2021.

(4) Achieving basic competency within 18 months of appointment as a VA medical facility Health Care EC and maintaining competency as outlined in at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(5) Participating in educational and informational sessions offered by NCEHC as outlined in the VHA Health Care Ethics Guidebook available at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

(6) Engaging in continuous improvement of the VA medical facility Health Care Ethics Consultation Service. **NOTE:** For additional information, see VHA Health Care Ethics Continuous Improvement at

<https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. This is an internal VA website that is not available to the public.

3. TRAINING

It is strongly recommended that VA medical facility Health Care ECs and Chief ECs complete orientation training developed by NCHEC within 3 months of appointment into the roles. For additional information, see the VHA Health Care Ethics Guidebook at <https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. **NOTE:** This is an internal VA website that is not available to the public.

4. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed per the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

5. BACKGROUND

a. VA is committed to ensuring that Veterans receive timely, accessible, high-quality benefits, care and services that meet their unique needs, as established in Strategic Goal 2 of the VA Fiscal Years 2022-2028 Strategic Plan. To meet this goal, VHA must ensure that Veterans' values are central to decision-making. The discipline of health care ethics is critical to this undertaking as it establishes appropriate standards and addresses actions to take in the face of uncertainty or conflict about values in health care delivery. **NOTE:** For more information on VA's strategic goals and objectives, see VA's Strategic Plan at: <https://department.va.gov/about/va-plans-budget-finances-and-performance/#:~:text=VA%20Fiscal%20Year%202022%2D2028,and%20desired%20outcomes%20for%20Veterans>.

b. A comprehensive review of VA medical facility health care ethics data and Office of Inspector General (OIG) reports highlights the critical need for skilled local health care ethics staff and robust ethics communities, which was not met by existing structures and processes. OIG reports noted a lack of knowledge of health care ethics standards among clinicians, lack of expertise in health care ethics processes among health care ethics staff and lack of standardization in local health care ethics access and engagement.

c. In alignment with VHA's journey towards becoming a High Reliability Organization (HRO), the requirements and responsibilities in this directive reflect continuous improvement of health care ethics at VHA. To ensure that the HRO principle of Deference to Expertise is met, VHA is transitioning the provision of VHA health care ethics services to a competency-based model that aligns with professional health care ethics standards, and which continually builds expertise of VA medical facility Health Care ECs. To ensure that the HRO principle of Sensitivity to Operations is met, VHA is focusing efforts on developing a reflective environment of health care ethics, reducing

procedural metrics and centering all activities on the overall goal of honoring Veterans' values, goals and preferences. Finally, to ensure that the HRO principle of Commitment to Resilience is met, NCEHC is committed to providing VA medical facility health care ethics staff the resources, training and tools needed to grow expertise and build strong health care ethics communities.

d. The value of health care ethics standards and strong health care ethics communities is evident at the Veteran, family, caregiver, staff and enterprise levels. VA medical facility Health Care ECs support clinicians in providing patient-centered care and improving patient and family care satisfaction while also supporting staff to address ethical concerns, resulting in improved staff morale. All of this ensures an environment that promotes strong health care ethics practices and supports Veteran and public trust in VA.

6. REFERENCES

- a. 38 U.S.C. § 7301(b).
- b. VHA Directive 1004.01(1), Informed Consent for Clinical Treatments and Procedures, dated December 12, 2023.
- c. VHA Directive 1004.03, Advance Care Planning, dated December 12, 2023.
- d. VHA Directive 1907.01(1), VHA Health Information Management and Health Records, dated April 5, 2021.
- e. VHA Health Care Ethics Guidebook:
<https://dvagov.sharepoint.com/sites/VHAethics/SitePages/Guidebook.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*