

[\[Categorical Listing\]](#) [\[Numerical Listing\]](#)



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

27 APR 1998

MEMORANDUM FOR: **ASSISTANT SECRETARY OF THE ARMY (M&RA)**
 ASSISTANT SECRETARY OF THE NAVY (M&RA)
 ASSISTANT SECRETARY OF THE AIR FORCE (MRAI&E)

SUBJECT: Policy Memorandum: Improving Patient Participation in Treatment Decisions in the Military Health System (MHS)

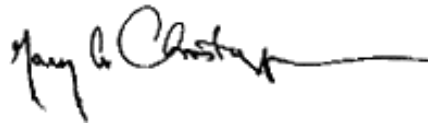
The Department of Defense strongly endorses the President's Patient Bill of Rights and Responsibilities. A critical component of the Bill of Rights is the right of our beneficiaries to participate fully in all decisions related to their health care. When open communication and active participation in the treatment process characterizes the relationships between patients and health care professionals, positive outcomes will result. In order to ensure the beneficiary's right and ability to participate in treatment decisions, our health care professionals should provide patients with easily understood information and the opportunity to decide among treatment options consistent with the informed consent process, unique military medical readiness requirements, and to the extent allowed by the UCMJ. Specifically, providers should:

- Discuss all treatment options with a patient in a culturally competent manner, including the option of no treatment at all.
- Ensure that persons with disabilities have effective communications with members of the health system in making such decisions.
- Discuss all current treatments a consumer may be undergoing, including those alternative treatments that are self-administered.
- Discuss all risks, benefits, and consequences to treatment or non-treatment.
- Give competent patients the opportunity to refuse treatment and to express preferences about future treatment decisions.

Providers should discuss the use of advance directives—both living wills and durable powers of attorney— with patients and their designated family members and should abide by all decisions made by their patients and/or their designated representatives. A provider who disagrees with a patient's wishes as a matter of conscience should arrange for transfer of care to another qualified provider willing to proceed according to the patient's wishes within the limits of the law and medical ethics. Once signed, it is imperative that these advance directives become a part of the medical record and move with the patient through our various care settings.

To facilitate greater patient understanding, our providers, facilities, and network health plans should disclose to beneficiaries, financial arrangements and contractual restrictions or sanctions that may inhibit the free exchange of medical information. Ownership of or interest in health care facilities, or matters of conscience that could influence medical advice or treatment decisions should be communicated. Provider contracts shall not contain any so-called "gag clauses" or other contractual mechanisms that restrict the health care providers' ability to communicate with and advise patients about medically necessary treatment options. Our health care system shall not penalize or seek retribution against health care professionals or other health workers for advocating on behalf of their patients.

Patient participation in treatment is an essential part of compliance, and compliance improves the effectiveness of care and treatment. We must orchestrate our health system so our beneficiaries can take a more active part in the treatment decision process. Information can be empowering, but navigating the health care system requires unencumbered provider assisted patient effort. Our goal in the MHS is to assist our beneficiaries to become full partners in treatment decisions with their health care providers.



Gary A. Christopherson
Acting Assistant Secretary of Defense

HA Policy 98-033

[\[Top\]](#)

Last update: 1/4/1999