

DEPARTMENT OF THE NAVY
Office of the Secretary
Washington, DC 20350-1000

SECNAVINST 6300.4
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SECNAV INSTRUCTION 6300.4

From: Secretary of the Navy
To: All Ships and Stations

Subj: NAVY ABORTION POLICY

Ref: (a) Title 10, U.S. Code Section 1093
(b) ASD (HA) memo of 18 Dec 87
(NOTAL)

1. Purpose. To establish Department of the Navy policy regarding abortions in Navy medical treatment facilities (MTFs).

2. Background. Reference (a) prohibits the use of Department of Defense funds to perform abortions except where the life of the mother would be endangered if the fetus were carried to term. Reference (b) provides guidance on certification of medical need.

3. Policy

a. Performing abortions in naval MTFs is not authorized except where the life of the mother would be endangered if the fetus were carried to term.

b. Performing elective abortions in naval MTFs paid for by the patient is not authorized.

c. Physicians who perform abortions in naval MTFs must verify the procedure is necessary because the life of the mother would be endangered if the fetus were carried to term. Certification of medical need must be completed by the attending physician and must also be signed by either the chief of service, chief of the professional staff, or the hospital commanding officer or designated agent. Certification must be accomplished prior to the initiation of the procedure using either Progress Notes (SF-509) for inpatient care or the Chronological Record of Medical Care (SF-600) for outpatient care. The original must be held in the patient's chart and a copy maintained by the commanding officer of the facility performing the abortion.

d. When Federal funds are used for abortions performed in a civilian health facility to cover either all or part of the procedure the claim must have a statement signed by the physician of record and the department head or obstetrics and gynecology (OB/GYN) consultant at that facility, that the procedure will be or was performed because the life of the mother would have been endangered if the fetus had been carried to term. This claim and statement must be presented to the commanding officer of the command responsible for adjudicating the bill prior to the procedure if medically feasible.

e. MTF's in foreign countries will follow the criteria in this instruction, except the MTF will respect the host nation's laws and will not perform an abortion that will violate such laws. Further, abortions will not be performed in foreign countries where the United States has concluded an international agreement that imposes more restrictive criteria. In such situations medical evacuation to another military MTF or disengagement to a civilian facility where the abortion could be performed is authorized.

4. Informed Consent

a. Informed consent for surgical services is based on the general principles of consent for all medical and dental treatment. If competent to make healthcare decisions, the patient alone has the authority to consent. Legal capacity to consent will normally be determined by the law of the State in which the facility is located. Record of counseling to include patient diagnosis, proposed procedure, common significant risks or complications of the procedure, indications for or benefits of the procedure, alternate care plans, as well as time and date of this counseling must be documented on either SF 600 or SF 509 and signed by the attending physician and a second provider as identified in paragraph 3c. Include consent as part of the patient's medical record.

b. Provide the patient's written consent on the request for Administration of Anesthesia and for Performance of Operations and Other

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Procedures (SF-522) prior to any surgical or invasive procedures. The provider must describe the proposed procedure in lay terms along with an explanation of the expected results, the possibilities of failure, the risk of associated complications due to the procedure, and any alternatives to the proposed procedure.

5. Counseling

a. Counsel patients prior to the procedure if medically feasible. Counseling will include patient diagnosis, description of the procedure in lay terms, risks and complications associated with the procedure in lay terms, alternate treatment modalities in lay terms, and religious and psychological counseling as desired by the patient or as deemed necessary by the healthcare team.

b. Preoperative counseling should allow the patient sufficient time to consider her decision. In nonemergency cases counseling must be provided no less than 24 hours prior to the procedure or as directed by local State requirements. Emergency cases are exempt from this time requirement.

6. Forms. Standard Form 522, Request for Administration of Anesthesia and for the Performance of Operations and Other Procedures, NSN 7540-00-634-4165, Standard Form 600, Chronological Record of Medical Care, NSN 7540-00-634-4176, and Standard Form 509, Progress Notes, NSN 7540-00-634-4122, are available from the General Services Administration.

H. LAWRENCE GARRETT, III
Secretary of the Navy

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