Defense Health Agency (DHA) Clinical Communities Speaker Series

2026 NOV CCSS: Healthcare Innovations: Catalyzing the Future of Patient Care Delivery

NOV CCSS S06: Moral Prophylaxis for Combat Medicine: Preparing Clinicians for Moral Injury

Resource List

This article outlines the clinical and diagnostic significance of the newly expanded Z-code (Z65.8) in the DSM-5-TR and ICD-10-CM, which is designed to classify a Moral, Religious, or Spiritual Problem (2025) within a patient's medical record. The authors discuss how military healthcare providers can utilize this specific code to formally document acute moral distress and ethical conflicts without inappropriately labeling the individual with a psychiatric diagnosis like Post-Traumatic Stress Disorder (PTSD) or Major Depressive Disorder (MDD). By providing a structured, non-pathologizing framework, the article demonstrates how coding these spiritual and moral struggles improve tracking, validates the provider's experienced distress, and opens pathways for specialized multidisciplinary care involving chaplains, ethicists, and mental health professionals.

The study, The Moral Injury and Distress Scale: Psychometric Evaluation and Initial Validation in Three High-Risk Populations (2024) presents the development and validation of the Moral Injury and Distress Scale (MIDS), a premier tool designed specifically to measure the emotional, cognitive, behavioral, and spiritual impacts of Potentially Morally Injurious Events (PMIEs). Validated across combat veterans and healthcare workers, this self-administered tool provides clinicians with a clear clinical cut-off score (>27) to identify individuals transitioning from moderate moral distress to severe, clinically impairing moral injury.

This article, Moral Distress and Moral Injury in Military Healthcare Clinicians: A Scoping Review (2024), synthesizes a decade of literature to analyze how ethical conflicts uniquely impact military medical personnel. The review highlights a significant shift where moral distress"(traditionally used in civilian nursing) and moral injury (traditionally associated with combat veterans) converged and intensified during the resource-scarce environments of the COVID-19 pandemic. The authors identify that military clinicians face a distinct dual-loyalty conflict, constantly balancing their duty to patient care against strict military operational constraints. Ultimately, the study emphasizes a critical gap in standardized, military-specific interventions and urges clinical leadership to implement proactive institutional strategies to protect medical readiness.

The study, Identifying and Mitigating Moral Injury Risks in Military Behavioral Health Providers (2023) shifts the traditional focus of military moral injury from tactical combat troops to the military behavioral health providers who treat them. The authors outline how BHPs face high risks of moral distress and injury due to dual-loyalty struggles, such as being pressured to clear traumatized service members for deployment, navigating mission-driven confidentiality limits, or coping with severe government staffing shortages. Because uniformed clinicians are under contract and cannot simply resign, these systemic pressures frequently manifest as severe guilt and a sense of professional betrayal. To mitigate these occupational hazards, the paper calls on the Defense Health Agency to implement organizational reforms, including standardized staffing minimums, empathetic investigation protocols for adverse patient events, and structured leadership forums to discuss ethical friction.

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