

This section demonstrates the great number and diversity of ethical directives for healthcare professionals other than physicians. The section opens with several codes of ethics for nurses, followed by ethics directives for other professional groups from chiropractors and dentists to social workers and hospital administrators.

Most of the documents in this section represent professional organizations in the United States.

CODE FOR NURSES

International Council of Nurses

1973, REAFFIRMED 1989, REVISED 2000

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The International Council of Nurses first adopted an international code of ethics for nurses in 1953 and revised it in 1965. In 1973, the council adopted a new code, which was reaffirmed in 1989, and revised in 2000. The text of the International Code for Nurses follows.

<<http://www.icn.ch/icncode.pdf>>

Preamble

Nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering. The need for nursing is universal.

Inherent in nursing is respect for human rights, including the right to life, to dignity and to be treated with respect. Nursing care is unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, nationality, politics, race or social status.

Nurses render health services to the individual, the family and the community and co-ordinate their services with those of related groups.

THE CODE

The *ICN Code of Ethics for Nurses* has four principal elements that outline the standards of ethical conduct.

Elements of the Code

1. Nurses and people

The nurse's primary professional responsibility is to people requiring nursing care.

In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected.

The nurse ensures that the individual receives sufficient information on which to base consent for care and related treatment.

The nurse holds in confidence personal information and uses judgement in sharing this information.

The nurse shares with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations.

The nurse also shares responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction.

2. Nurses and practice

The nurse carries personal responsibility and accountability for nursing practice, and for maintaining competence by continual learning.

The nurse maintains a standard of personal health such that the ability to provide care is not compromised.

The nurse uses judgement regarding individual competence when accepting and delegating responsibility.

The nurse at all times maintains standards of personal conduct which reflect well on the profession and enhance public confidence.

The nurse, in providing care, ensures that use of technology and scientific advances are compatible with the safety, dignity and rights of people.

3. Nurses and the profession

The nurse assumes the major role in determining and implementing acceptable standards of clinical nursing practice, management, research and education.

The nurse is active in developing a core of research-based professional knowledge.

The nurse, acting through the professional organisation, participates in creating and maintaining equitable social and economic working conditions in nursing.

4. Nurses and co-workers

The nurse sustains a co-operative relationship with co-workers in nursing and other fields.

The nurse takes appropriate action to safeguard individuals when their care is endangered by a co-worker or any other person.

Suggestions for use of the ICN Code of Ethics for Nurses

The *ICN Code of Ethics for Nurses* is a guide for action based on social values and needs. It will have meaning only as a living document if applied to the realities of nursing and health care in a changing society.

To achieve its purpose the *Code* must be understood, internalised and used by nurses in all aspects of their work. It must be available to students and nurses throughout their study and work lives.

Applying the Elements of the ICN Code of Ethics for Nurses

The four elements of the *ICN Code of Ethics for Nurses*: nurses and people, nurses and practice, nurses and co-workers, and nurses and the profession, give a framework for the standards of conduct. The following chart will assist nurses to translate the standards into action. Nurses and nursing students can therefore:

- Study the standards under each element of the *Code*.
- Reflect on what each standard means to you. Think about how you can apply ethics in your nursing domain: practice, education, research or management.
- Discuss the *Code* with co-workers and others.
- Use a specific example from experience to identify ethical dilemmas and standards of conduct as outlined in the *Code*. Identify how you would resolve the dilemma.
- Work in groups to clarify ethical decision making and reach a consensus on standards of ethical conduct.
- Collaborate with your national nurses' association, co-workers, and others in the continuous application of ethical standards in nursing practice, education, management and research.

CODE FOR NURSES WITH INTERPRETIVE STATEMENTS

American Nurses' Association

1950, REVISED 1976, 1985, 2001

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The 1985 Code for Nurses is a revised version of the code adopted by the American Nurses' Association (ANA) in 1950. The eleven-point code

and the accompanying interpretive statements provide a framework for ethical decision making that includes several noteworthy aspects: (1) It identifies the values and beliefs that undergird the ethical standards; (2) it encompasses a breadth of social and professional concerns; (3) it manifests an awareness of the ethical implications of shifting professional roles and of the complexity of modern health care; and (4) it goes beyond prescriptive statements regarding personal and professional conduct by advocating a sense of accountability to the client.

Although the text of the code remains essentially unchanged from the 1976 revision, both the organization and the text of the interpretive statements have been modified somewhat. Among the changes: (1) The discussion of human dignity following point 1 is expanded and includes specific statements that "the nurse does not act deliberately to terminate the life of any person," but that nurses may provide symptomatic intervention to dying clients "even when the interventions entail substantial risks of hastening death"; and (2) a statement under point 11 in the 1976 code, that "quality health care is mandated as a right to all citizens," has been deleted. The 2001 ANA Code for Nurses and the text of selected interpretive statements are at <<http://www.nursingworld.org/ethics/code/ethicscode150.htm>>.

CODE OF ETHICS FOR NURSING

Canadian Nurses Association

1985, REVISED 1991

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The introductory sections of the Canadian Nurses Association (CNA) code suggest a sophisticated view of the role of codes. For example, the code "provides clear direction for avoiding ethical violations," that is, "the neglect of moral obligation," but it cannot resolve "ethical dilemmas," in which there are "ethical reasons both for and against a particular course of action." The code also cannot relieve the "ethical distress" that occurs "when nurses experience the imposition of practices that provoke feelings of guilt, concern or distaste." The CNA code is unique in its explicit organization around values, which "express broad ideals of nursing"; obligations, which are "moral norms that have their basis in nursing values"; and limitations, which "describe exceptional circumstances in which a value or obligation cannot be applied."

Preamble

Nursing practice can be defined generally as a "dynamic, caring, helping relationship in which the nurse assists the client to achieve and maintain optimal health." Nurses in clinical practice, education, administration and research share the common goal of maintaining competent care and improving nursing practice. "Nurses direct their energies toward the promotion, maintenance and restoration of health, the prevention of illness, the alleviation of suffering