

Code of Ethics and Conduct for European Nursing

Protecting the public and ensuring patient safety

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1. The Code of Ethics and Conduct for European Nursing aims to:

- Ensure the safety and protection of those receiving nursing care in Europe by advising nursing regulatory bodies on the key principles to take account of when developing their own Code of ethics and conduct.
- Inform patients and nurses of the common standards of ethics and conduct expected of all nurses practising in Europe.

Nurses should always work to the code of conduct and ethics of the country in which they are practising.

2. Introduction

FEPI is leading best practice by establishing the first Europe wide code of conduct for health professionals. The contents of this Code will be relevant to a number of groups including patients, FEPI, the European nursing community, nurse regulators and other health professionals. FEPI is pleased to present this reference document and encourages all regulators and others within or without Europe to make use of its content.

The heart of this Code is protection of the public and ensuring patient safety. As such, the Code is written in a way that highlights that the rights of the patient must always come first. The Code has been developed via a consultation process with European nurse regulators, European patient organisations and other health professionals. This Code also arises from the new development of nursing knowledge, from the impact of technology and from the scientific advance regarding patient safety within the framework of a changing international context.

This Code is published by FEPI as a high level strategic document for regulatory bodies which is supported by the European Commission. FEPI recommends that this Code is used by all nursing regulatory bodies, irrespective of whether they regulate general* or specialist* nurses in private, public or self employed settings.

The development of this Code has been informed and inspired by relevant European Directives, human rights legislation (Appendix 2) and by the work of the European Council of the liberal professions (CEPLIS)*, which all liberal professions in Europe were invited to use in developing their codes of ethics and conduct (Appendix 3). This Code will evolve over time to keep pace with advances in the nursing profession and service delivery across Europe.

The key principles within this document will enable nurse regulators to develop their own codes of conduct to inform patients about what they can expect from a nurse working anywhere in Europe. It will also inform nurses* about the standard of ethics and conduct that they are required to meet and be committed to within Europe and the country they are practising in.

"A nurse is a person who has completed a program of basic, generalized education and is authorised by the appropriate regulatory authority to practice nursing in his/her country" (ICN. 1987).

This code further emphasises that a nurse is someone who provides nursing care to individuals, groups, families and communities whether healthy or ill.

Nursing regulatory bodies in Europe are advised to include the following principles in their code of ethics and conduct:

3 Key Principles

3.1 Quality and excellence

Patients can expect that Nurse Regulators will have systems in place to define and monitor the content, standards and quality of the education and practice required to become a nurse and to continue working as a nurse.

- Nurse Regulators should have systems in place that enable the Regulator to verify the continued competence of nurses in the interests of safety and good health for patients or clients.
- Nurses have professional competences linked to the good practice of the profession and should perform their duties with due dedication, caution, diligence, dexterity and reasonable care.
- Nurses should behave in such a way as to guarantee mutual trust between themselves and the patient.
- Nurses should abstain from substances that can change their mental or physical ability.
- Nurses should ensure they comply with their Code of Conduct. Nurses are responsible for evaluating and improving the quality of the care they provide.
- Nurses should share their knowledge and skills so that either individually or within a team of professionals they can try to identify the main causes for health problems and offer prevention, treatment and rehabilitation.
- Nurses should co-operate to develop health care and their profession by promoting health, participating in the education of the community and prevention of health problems.

- Nurses should actively assess risk for their patients and take action to prevent risks stemming from their professional practice or work environment.

3.2 Continuous professional development

Patients have a right to expect that nurses will maintain their competence throughout their working life.

- Regulatory bodies should develop a framework of assessment and certification to ensure registered nurses are safe to practice;
- Nurses should ensure that they maintain their competence throughout their career, and comply with the requirements for continuous professional development within the country in which they are practising.

3.3 Human rights

Patients have the right to human dignity, which is the principle at the basis of human rights. Human rights have the highest level of importance in this Code and all relevant human rights legislation applies, irrespective of nationality or country specific legislation.

Patients have the right to be protected by their nurse and never be the victim of acts of torture, cruelty, abuse or other forms of inhumane or degrading treatment by a nurse.

- Nurses should respect the needs and requirements expressed by patients, provided that they are consistent with meeting the principles and provisions of the applicable law, other professional self-regulation instruments and the Code of the country in which they are practising;
- Nurses should provide the necessary care to relieve pain and alleviate suffering, whether it is physical, psychological or environmental;
- Nurses will be mindful of those who are vulnerable and who may be unable to voice their opinion, are fragile, or who may need additional support from the nurse or others because of their circumstances or situation.

3.4 Equitable access to quality healthcare

Patients have the right to fair and equal access to quality healthcare and treatment from nurses, according to their needs.

- Nurses have an overarching responsibility to care for all patients equally and without prejudice to age, gender, and economic, social, political,

ethnicity, religious or other status and irrespective of personal circumstances.

- Nurses are committed to recognising health as a fundamental right of the individual and will protect this right through prevention of illness, caring for patients and rehabilitation.
- Nurses have a responsibility to put the patient first and to minimise risk to the patient by providing appropriate and safe clinical care.

3.5 Compliance with Code of ethics and conduct

Patients have the right to expect that nurses will provide high quality care, which is compliant with their code of ethics and conduct and all relevant legislation.

- Nurses have a duty to abide by the Code of the regulatory body of the country they are practising in.
- Nurses should demonstrate by their approach and behaviour that they are honest and trustworthy advocating for the patient and putting him/her first.
- Nurses should commit themselves to meeting their patient or client's need within their scope of professional practice i.e. nurses will only do what they have been trained and educated to do.
- Nurses shall co-operate to promote and develop the nursing profession in the best interests of the patient and the community.
- Nurses should undertake their responsibilities in a competent, professional and self-regulating manner.
- Nurses should be impartial and objective when assessing circumstances and should exercise judgement within their scope of practice, which is based on credible evidence.

3.6 Honesty and integrity

Patients have the right to expect that their nurse is honest and trustworthy, and will care for them with integrity.

- The first priority of nurses should be to advocate for their patients and act in their best interest.
- Nurses should ensure that their actions when dealing with patients, clients and others, including colleagues, are underpinned by honesty, integrity and trustworthiness.
- Nurses should ensure their behavior does not bring the nursing profession into disrepute or undermine public confidence in the profession.
- Nurses should use their qualification and registration status as a nurse only to undertake their nursing responsibilities and the role of a nurse.

- Nurses should not use their qualification or registration, to promote any commercial product or service.
- Nurses should not compromise their professional judgment or be influenced by any other benefit or commercial consideration.
- Nurses are entitled to receive an appropriate remuneration or fee for the provision of their nursing services but should refuse any personal incentive, gift, benefit, favour, payment or otherwise which might be interpreted as having influence on their professional judgment, integrity, impartiality or trustworthiness.

3.7 Relationships with others

Patients have the right to expect that nurses will fulfill their duties, including relationships with them and others, to a consistent standard and ethos.

- Nurses should base their relationships with patients, colleagues and co-workers on mutual trust and respect,
- Nurses should promote a working environment where respect and transparency prevail, which is free from hostilities and harmful professional competition, and which is characterized by fruitful cooperation and team working among professionals and co-workers.
- Where it is necessary, nurses should advise and guide their colleagues by offering constructive criticism to ensure protection of the public and patient safety. Nurses should consider the most suitable means of raising criticisms and ensure they are addressed.
- If a nurse thinks that one of their colleagues has acted with serious incompetence or contrary to their Code of conduct, they shall inform the regulatory body and the relevant organisation, manager, etc.
- Nurses should not make harmful or disparaging remarks about their colleagues to patients, clients, third parties or others in the interest of self-promotion or professional competition.
- Nurses should respect the ideas of other professionals and should consult them if wishing to use their work for research.

3.8 Information

Patients have a right to expect that nurses will communicate with them and provide information and advice in an appropriate, clear and user-friendly manner.

- Nurses should communicate with patients in a way that can be easily understood by patients. Information and advice must be impartial and based on credible evidence.
- Nurses will be truthful when giving information to patients.

3.9 Informed consent

Patients have the right to self-determination and free will and that this includes the promotion and protection of their personal autonomy.

Patients have the right to decide whether or not to accept nursing care (informed consent) or to refuse to receive information, advice or care and that the nurse will respect this decision.

- Nurses should seek valid consent from their patient and must be sure that the patient is legally competent, is informed and that any consent is given voluntarily.
- It is the responsibility of the nurse to provide the relevant information to their patient, which will enable them to make an informed decision.
- Nurses should ensure that they apply the principle of informed consent or refusal to the wishes of the patient at the present time, but also, take into account the interest of the patient where instructions have been given or expressed in the past.
- Where a patient is unable to give valid consent due to not being legally competent the following should be considered:

Previous instructions where applicable

The patient's wishes, where known

The patient's best interests

3.10 Confidentiality

Patients have the right to expect that any information they disclose is confidential between themselves and their nurses.

- Confidentiality is the cornerstone for building trust between nurses and their patients. Nurses have a responsibility to respect any confidentiality relating to information from their patients or about their patient's matters and conditions.

- Nurses should not disclose confidential information unless in line with the law of the country in which they are practising. Where this is the case, nurses must meet the legal requirements for doing so.

3.11 Conflict with moral and ethical beliefs

In the event of conflict caused by deep moral, ethical or other beliefs arising from a request for nursing services, a nurse is encouraged to find a solution through dialogue with relevant parties such as the patient, employer, regulatory body or professional organisation.

- Where a nurse is unable to find a solution to the above or should they wish to give conscientious objection, they should refer to and be guided by the legal framework in force for the country they are practising in.
- In an emergency situation or where there is an imminent risk to the patient's life, nurses should provide care to the patient regardless of any conflict with their own moral or ethical belief.

3.12 Delegation to and supervision of staff

Patients have the right to expect that anyone providing nursing care to them is appropriately trained and competent to provide that care.

- It is the responsibility of the nursing regulatory body to define the scope of delegation.
- Nurses cannot delegate their nursing function to others but may find it necessary to delegate tasks to others such as another nurse, a health worker or support staff.
- When a nurse delegates care the nurse is accountable for ensuring the appropriateness of the delegation and that the person to whom the task is being delegated is competent to undertake the task and has adequate supervision or support.
- Nurses retain the ultimate accountability should they delegate tasks to another.

3.13 Professional indemnity insurance

Patients have the right to expect that any nurse caring for them will be suitably insured in the event of any problems.

- All nurses should subscribe to professional insurance proportionate to the services provided within the country they are practicing in. This should take account of the impact of damage that could be caused to patients or clients in their care and the risk of the likelihood of this occurring.
- Where indemnity insurance is not available in the country of practice, the nurse should be able to demonstrate that they have fully informed their patient that they will be practising without insurance and the consequences should any claim for profession negligence be made.

Glossary of terms

ACCOUNTABILITY

The state of being answerable for one's decisions and actions.

Sometimes the term "accountable" is used with a moral connotation ("normatively") meaning morally required to answer for one's actions without specifying to whom one is accountable. More often "accountable" is used descriptively to explain the sociological fact that a person or organization in question is required to answer to a particular party by some rules or organizational structure. Recognizing the existence of different traditions in the use of this word, we choose to distinguish it from responsibility.

AUTONOMY AND RIGHT OF SELF DETERMINATION

Autonomy is the ability to freely determine one's own course in life, making decisions for oneself, in light of a personal system of values and beliefs - may be used in various senses including freedom of action, effective deliberation, and authenticity. It supports such moral and legal principles as respect for persons and informed consent, when used referring client's right of self-determination.

Right of Self-Determination is the right to choose one's own actions or course of life so long as doing so does not interfere unduly with the lives and actions of others.

Recognizing the different traditions in the use in different countries, both words are used as interchangeable.

BELIEFS moral, personal, religious

A combination of the following: A fixed coherent set of ethical and moral, religious and/or personal beliefs and practices, which form a pattern of opinions and rules for personal life; ritual and habitual behaviour, usually associated with a world view of truth, life and death. It may be part of a religious belief system or a secular ideology.

BEST INTEREST

A judgment based on an idea of what would be most beneficial to a patient or client, usually pursued in the absence of a patient's expressed wishes.

CODE

A systematically arranged and comprehensive collection of principles, regulations and rules of conduct.

CONDUCT

Behaviour, way of acting.

CONFIDENTIALITY

Keeping secure and secret from others, information given by or about an individual in the course of a professional relationship. Confidential is information entrusted and to be shared only with a very limited group who are involved with furthering certain

ends which the one entrusting the information wants served, such as treatment or care delivery.

Duty of Confidentiality is owed to all patients, including mature and immature minors, and adults who lack the capacity to take decisions for themselves. The duty endures beyond the individual's death.

PROFESSIONAL SECRECY

In some countries, the concept for keeping secure and protected the information about an individual in the course of a professional relationship is more often called «professional secrecy»; in others, under the term «confidentiality».

CONSENT TO DISCLOSURE

The voluntary, specific and informed indication of wishes by which patients signify their agreement to identifiable information about themselves being given to others or used for certain known purposes. Disclosure is the revealing of identifiable health information to anyone other than the subject.

CONFLICT OF INTEREST

A person has a conflict of interest when the person is in a position of trust, which requires her to exercise judgment on behalf of others (people, institutions, etc.) and also has interests or obligations of the sort that might interfere with the exercise of her judgment, and which the person is morally required to either avoid or openly acknowledge.

COMPETENCE

(1) A level of performance demonstrating the effective application of knowledge, skills, judgment and personal attributes required practising safely and ethically in a designated role and setting.

(2) A person's capacity (legal ability) to make a particular decision on given and understood information at the time.

COMPETENCIES

Specific knowledge, skills, judgment, and personal attributes required for a healthcare professional to practice safely and ethically in a designated role and setting.

CONTINUING COMPETENCE

Ongoing ability of a healthcare professional to integrate and apply knowledge, skills, judgment and personal attributes required to practise safely and ethically in a designated role and setting. The health care professional reflects on practice on an ongoing basis and takes action to continually improve that practice.

CONTINUING EDUCATION

Formal professional learning experiences designed to enrich the nurse's contributions to quality healthcare and her/his pursuit of professional career goals.

CONSULTATION

Is written or verbal communication from the primary provider to a healthcare colleague requesting information, advice or sharing in the decision-making of the diagnosis and/or management of patient's health condition.

CO-WORKER

Other nurses and other health and non-health related workers and professionals.

CREDENTIALING

Is a term applied to processes used to designate that an individual, program, institution or product have met established standard. The standards may be minimal or above the minimum, mandatory or voluntary. Licensure, registration, accreditation, approval, certification, recognition or endorsement may be used to describe different credentialing processes. This terminology varies across different settings and countries.

Credentials are marks or "stamps" of quality and achievement communicating to employers, payers, and consumers what to expect from a "credentialed" nurse, specialist, course or program of study, institution of higher education, hospital or health service, or healthcare product, technology, or device. Credentials may be periodically evaluated and renewed as a means of assuring continued quality, or may be withdrawn when standards or competence or behaviour are no longer met.

DELEGATION

It is the assignment of authority and responsibility to another person to carry out specific activities. It allows a subordinate to make decisions, i.e. it is a shift of decision-making authority from one organizational level to another lower one. Ultimate responsibility cannot be delegated - the nurse retains accountability for the delegation.

DELEGATOR

The person making the delegation.

DELEGATEE

The person receiving the delegation.

DEONTOLOGY

The science related to duty or moral obligation. Any position in ethics, which claims that, the rightness or wrongness of actions depends on whether they correspond to our duty or not.

DUTIES OR OBLIGATIONS

Requirements arising from a person's situation or circumstances that specify what must or must not be done for some moral, legal, religious, or institutional reasons. Usually statements of obligations specify what acts are required or forbidden - a legal obligation is a legal requirement that specifies what types of actions are permitted, forbidden, or required on legal grounds. Obligation is something that one ought to do or not do for moral reasons such as keeping just laws, promises, or respecting the rights of others.

ETHICS

Philosophical reflection on human acting. Used to mean a set of principles and values for ethical behaviour of a particular group.

ENVIRONMENT

The surroundings, conditions and influences, which affect the provision and acquisition of health, care.

EVIDENCE BASED PRACTICE

Is the critical appraisal of literature and application of practice guidelines based on current relevant research pertinent to the management of patient care.

HEALTH CARE

A right of all individuals, regardless of financial, political, geographic, racial or religious considerations. This right includes the right to choose or decline care, including the right to accept or refuse treatment or nourishment; informed consent; confidentiality, and dignity, including the right to die with dignity. It involves both the rights of those seeking care and the providers.

HONESTY

The quality or condition of being honest; truthfulness. Associated to the truth-value.

HUMAN DIGNITY

Signifies that each individual, regardless of age, birth, colour, creed, disability, ethnic origin, familial status, gender, language, marital status, political or other opinion, public assistance, race, religion or belief, sex, or sexual orientation, deserves to be honoured, esteemed, and respected. Dignity implies: (1) the purity of each person and the recognition that they cannot be used or sacrificed by others; the human being must be taken as an end in itself and never as a mean; (2) autonomy of each one to determine their own plans of life, and his own choices in life project; (3) that human beings are equal in dignity and rights.

In ethical perspective, the relation between those who care and the person who's cared is encompassed by principles and values.

IMPARTIALITY

A position, which treats everyone equally or objectively. Is arguably an essential component of the moral point of view so that in judging moral actions or situations human beings should be treated equally. Unbiased (without bias, meaning, an inclination that influences judgement, such as prejudice) is used in the same sense.

INFORMED CONSENT

Used to describe the obligation to promote patients or clients to be active participants in decision regarding their care or participation in research. Informed consent is rooted in the concept of autonomous choice or the right of self-determination. Informed consent demands the information (to patients and clients), comprehension (by the subject of the information being disclosed), voluntariness (of the patient and clients in making his/her choice), competence (of the patient/subject to make a decision) and consent (by the patient/subject). Have threshold elements (preconditions) – that are competence (to understand and decide) and voluntariness (in deciding).

INTEGRITY

Making choices that are consistent with each other and with the stated and operative values one espouses. Striving for ethical congruence in one's decisions.

JUSTICE

Fairness, equity, and morality in action or attitude in order to promote and protect human rights and responsibilities. The principle that states that fairness requires equals to be treated equally.

NURSE

'The nurse is a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country...' (ICN 1987)

Persons who legitimately use the title "Nurse" are individually responsible and accountable for their actions, and are required to adhere to professional codes of practice and ethics. Nurses need to be educated about their legal rights to the exclusive use of this title, and the ensuing accountability and responsibilities related to the scope of practice assigned to those who are entitled by law to bear this title.

SPECIALIST NURSE

"Is a nurse formally educated and practically trained beyond the level of generalist nurse and authorised to practice as a specialist nurse with advanced expertise in a branch of nursing. Specialised practice includes advance nursing and/or clinical skills, and related tasks, and advisory, research, teaching and administrative activities in the field of the specialty. Specialist nursing education is a formally recognised post-basic program of study, which follows on from general nursing education and training and provides the knowledge and experience needed to ensure competence in the specialisation concerned. Further education, training, and authorisation are determined in the light of the tasks, training, education, and activities of post-basic specialists in other branches of the profession and in the light of the rules and regulations applicable to them. Titles for specialist nurses mostly include the designation specialist nurse combined with the name of the specialisation." (ICN)

NURSING

'Nursing, as an integral part of the health care system, encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings. Within the broad spectrum of health care, the phenomena of particular concern to nurses are individual, family, and group "responses to actual or potential health problems" (ANA 1980:9). These human responses range broadly from health restoring reactions to an individual episode of illness to the development of policy in promoting the long-term health of a population...' (ICN)

NURSING JUDGMENT

The process by which nurses come to understand the problems, issues or concerns of clients, to attend to salient information and to respond to client problems in concerned and involved ways. Includes both conscious decision-making and intuitive response.

PATIENTS / CLIENTS

Individual, family, group or community who are the recipients of the healthcare professional's services. "Client" and "patient" are used interchangeably.

PATIENT SAFETY

Has many different operational definitions - each being defined by research context. In general, however, patient safety refers to the concept that patients in health care settings are achieving intended outcomes.

“Enhancement of patient safety involves a wide range of actions in the recruitment, training and retention of health care professionals, performance improvement, environmental safety and risk management, including infection control, safe use of medicines, equipment safety, safe clinical practice, safe environment of care, and accumulating an integrated body of scientific knowledge focused on patient safety and the infrastructure to support its development.” (ICN)

PERSONAL INFORMATION

Information obtained during professional contact that is private to an individual or family, and which, when disclosed, may violate the right to privacy, cause inconvenience, embarrassment, or harm to the individual or family.

PROFESSIONAL DEVELOPMENT

Is a lifelong process of maintaining and enhancing the nurses' competencies.

PROFESSIONAL SELF-REGULATION

Safeguards and champions patient safety, through its capacity to offer clarity and assurance about competencies, qualifications and fitness of individual nurses to practice, and to promote working environments within which nurses can meet their professional and ethical obligations.

PUBLIC PROTECTION

The primary goal of nursing regulation, assuring that citizens have access to safe and effective nursing care.

REGISTRATION

Process of providing authority to use an exclusive title to those persons entered on a register.

REGULATION

All of those legitimate and appropriate means—governmental, professional, private, and individual—whereby order, identity, consistency and control are brought to the profession. The profession and its members are defined; the scope of practice is determined; standards of education and of ethical and competent practice are set; and systems of accountability are established through these means.

REGULATORY BODY

A formal organisation designated by a statute or an authorised governmental agency to implement the regulatory forms and processes whereby order, consistency and control are brought to the profession and its practice.

RESPONSIBILITY

Is the capacity and obligation to answer for own acts and consequences, attending the fulfilment of previous compromises. Is an ethical and moral evaluation category and, in classic legal concept, was defined by the obligation to repair damage (caused by a mistake or a fault) and by the obligation to suffer punishment – the common idea is «obligation» that gains the double sense of repairing damage and suffering penalty.

In ethical perspective, responsibility is bounded to a trusted charge, and, by that, a kind of obligation facing something vulnerable, that can be perish unless someone, become responsible, take care may assure it.

RIGHTS

Entitlements to do something without interference from other people (*negative rights*) or that obligate others to do something positive to assist you (*positive rights*). Some rights (*natural rights, human rights*) belong to everyone by nature or simply by virtue of being human; some rights (*legal rights*) belong to people by virtue of their membership in a particular political state; other rights (*moral rights*) are based in acceptance of a particular moral theory.

SAFETY

Freedom from danger; a property of a device or process, which limits the risk of accident below some specified acceptable level. Nurses address patient safety in all aspects of care. This includes informing patients and others about risk and risk reduction, advocating for patient safety and reporting adverse events.

SCOPE OF PRACTICE

The range of roles, functions, responsibilities and activities, which a registered/licensed professional is educated for, competent in and is authorized to perform. It defines the accountability and limits of practice.

STANDARD

Something established as a basis of comparison in measuring or judging.

The desired and achievable level of performance against which actual practice is measured.

STANDARD OF CARE

The standard of care is the degree of care that a reasonably prudent person would exercise in the circumstance in question. A traditional standard for a practitioner is to "exercise the average degree of skill, care, and diligence exercised by members of the same profession (or specialty within that profession), practicing in the same or a similar locality in light of the present state of the profession".

TRUST

Trust is confident reliance.

TRUSTWORTHINESS

The trait of deserving trust and confidence. A trustworthy professional is someone in whom we can place our trust and rest assured that the trust will not be betrayed. A person can prove his trustworthiness by fulfilling an assigned responsibility - and as an extension of that, to not let down our expectations. In order for one to trust another, their worth and integrity must be constantly proven over time.

URGENCY

The state of being urgent; an earnest and insistent necessity; pressing importance requiring speedy action; calling for prompt action.

EMERGENCY

A highly volatile or dangerous situation requiring immediate remedial action; a serious situation or occurrence that happens unexpectedly and demands immediate action; a condition of urgent need for action or assistance.

The difference between urgency and emergency is related with the strength and quickness of Life threatening.