

CODE OF ETHICS FOR NURSES IN AUSTRALIA

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Introduction

This *Code of Ethics for Nurses in Australia* has been developed for the nursing profession in Australia. It is relevant to all nurses at all levels and areas of practice including those encompassing clinical, management, education and research domains.¹ This Code is framed by the principles and standards set forth in the United Nations *Universal Declaration of Human Rights, International Covenant of Economic, Social and Cultural Rights and International Covenant on Civil and Political Rights*; the World Health Organization's Constitution and publication series entitled *Health and Human Rights*; and the United Nations Development Programme *Human Development Report 2004: Cultural liberty in today's diverse world*.²

In considering this Code and its companion, the *Code of Professional Conduct for Nurses in Australia*, it should be borne in mind that they are designed for multiple audiences: nurses; nursing students; people requiring or receiving nursing care; the community generally; employers of nurses; nursing regulatory authorities; and consumer protection agencies. It is also noteworthy that the concepts of 'ethics' and 'morality' are substantially the same and have been used interchangeably throughout this Code.

This Code outlines the nursing profession's commitment to respect, promote, protect and uphold the fundamental rights of people who are both the recipients and providers of nursing and health care. It is supported by, and should be read in conjunction with, the *Code of Conduct for Nurses in Australia* and the Australian Nursing and Midwifery Council *National Competency Standards for the Registered Nurse, National Competency Standards for the Enrolled Nurse and National Competency Standards for the Nurse Practitioner*.

These three documents, together with other published practice standards (eg decision-making frameworks, guidelines and position statements), provide a framework for accountable and responsible nursing practice in all clinical, management, education and research areas. This Code is complementary to the International Council of Nurses (ICN) *Code of Ethics for Nurses* and is intended to be interpreted in conjunction with that code and related ICN position statements.³ It is further intended that the Code be read in conjunction with other ethical standards and guidelines developed by state and territory professional nursing organisations and nurse regulatory authorities.

Code of Ethics for Nurses

Purpose

1. Nurses value quality nursing care for all people.
2. Nurses value respect and kindness for self and others.
3. Nurses value the diversity of people.
4. Nurses value access to quality nursing and health care for all people.
5. Nurses value informed decision making.
6. Nurses value a culture of safety in nursing and health care.
7. Nurses value ethical management of information.
8. Nurses value a socially, economically and ecologically sustainable environment promoting health and wellbeing.

The purpose of the *Code of Ethics for Nurses in Australia* is to:

- identify the fundamental ethical standards and values to which the nursing profession is committed, and that are incorporated in other endorsed professional nursing guidelines and standards of conduct
- provide nurses with a reference point from which to reflect on the conduct of themselves and others
- guide ethical decision making and practice
- indicate to the community the human rights standards and ethical values it can expect nurses to uphold.

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The nursing profession recognises the universal human rights of people and the moral responsibility to safeguard the inherent dignity and equal worth of everyone.⁴ This includes recognising, respecting and, where possible, protecting the wide range of civil, cultural, economic, political and social rights that apply to all human beings.⁵

The nursing profession acknowledges and accepts the critical relationship between health and human rights and ‘the powerful contribution that human rights can make in improving health outcomes’.⁶ Accordingly, the profession recognises that accepting the principles and standards of human rights in health care domains involves recognising, respecting, actively promoting and safeguarding the right of all people to the highest attainable standard of health as a fundamental human right, and that ‘violations or lack of attention to human rights can have serious health consequences’.⁷

In recognising the linkages and operational relationships that exist between health and human rights, the nursing profession respects the human rights of Australia’s Aboriginal and Torres Strait Islander peoples as the traditional owners of this land, who have ownership of and live a distinct and viable culture that shapes their world view and influences their daily decision making. Nurses recognise that the process of reconciliation between Aboriginal and Torres Strait Islander and non-indigenous Australians is rightly shared and owned across the Australian community. For Aboriginal and Torres Strait Islander people, while physical, emotional, spiritual and cultural wellbeing are distinct, they also form the expected whole of the Aboriginal and Torres Strait Islander model of care.

The nursing profession also acknowledges the diversity of people constituting Australian society, including immigrants, asylum seekers, refugees and detainees, and the responsibility of nurses to provide just, compassionate, culturally competent and culturally responsive care to every person requiring or receiving nursing care.⁸

This Code contains eight value statements. Nurses and students of nursing are encouraged to use the statements as a guide when reflecting on the degree to which their clinical, managerial, educational or research practice⁹ demonstrates and upholds those values.

The explanations accompanying each of the eight value statements are organised into four categories: self, person (health consumer), colleagues and community.

- **Self:** refers to the nurse, registered or enrolled, who is employed in that capacity. It also refers to students of nursing.
- **Person (health consumer):** refers to the person requiring or receiving health care, treatment, advice, information or other related services. It includes the full range of alternative terms such as client, resident and patient. This term may include the family, friends, relatives and other members of a person’s nominated social network, and people who are associated with the person who is the recipient of care.¹⁰
- **Colleagues:** includes other nurses, students, other health care workers, staff and others lawfully involved in the care of the person.
- **Community:** refers to Australian society as a whole regardless of geographic location and any specific group the individual receiving nursing care defines as community, including those identifying as culturally connected through ethnicity, shared history, religion, gender and age.

The explanation accompanying each value statement is not intended to cover all issues that a nurse should take into account when faced with ethical problems. Ethical practice can pose challenges for nurses and may lead to conflict with colleagues and authorities. This Code does not provide a formula for the resolution of ethical issues, nor can it adequately address the definition and exploration of terms, concepts and practical issues that are part of the broader study of nursing, ethics and human rights. Nurses have a responsibility to develop their knowledge and understanding of ethics and human rights in order to clarify issues relevant to their practice and to inform their response to the issues identified. Nurses also have a responsibility to promote the *Code of Ethics for Nurses in Australia* in nursing and health care domains.

VALUE STATEMENT 1

Nurses value quality nursing care for all people

Explanation

Valuing quality nursing care involves nurses accepting accountability for the standard of nursing care they provide, helping to raise the standard of nursing care, and taking action when they consider, on reasonable grounds, the standard of nursing care to be unacceptable. This includes a responsibility to question and report what they consider, on reasonable grounds, to be unethical behaviour and treatment.

- 1. Self:** Nurses who value quality nursing care recognise that they are accountable for the decisions they make regarding a person's care; accept their moral and legal responsibilities for ensuring they have the knowledge, skills and experience necessary to provide safe and competent nursing care; and practice within the boundaries of their professional role. Nurses who value quality nursing care ensure the professional roles they undertake are in accordance with the agreed practice standards of the profession. Nurses are also entitled to conscientiously refuse to participate in care and treatment they believe on religious or moral grounds to be unacceptable ('conscientious objection').
- 2. Person (health consumer):** Nurses recognise that people are entitled to quality nursing care, and will strive to secure for them the best available nursing care. In pursuit of this aim, nurses are entitled to participate in decisions regarding a person's nursing care and are obliged to question nursing care they regard as potentially unethical or illegal. Nurses actively participate in minimising risks for individuals and supporting quality practice environments. Nurses also question, and where necessary report to an appropriate authority, nursing and health care they consider on reasonable grounds to be unethical, unsafe, incompetent or illegal.
- 3. Colleagues:** Nurses take steps to ensure that not only they, but also their colleagues, provide quality nursing care. In keeping with approved reporting processes,¹¹ this may involve reporting, to an appropriate authority, cases of unsafe, incompetent, unethical or illegal practice. Nurses also support colleagues whom they reasonably consider are complying with this expectation.
- 4. Community:** Nurses, individually and collectively, participate in creating and maintaining ethical, equitable, culturally and socially responsive, clinically appropriate and economically sustainable nursing and health care services for all people living in Australia. Nurses value their role in providing health counselling and education in the broader community. Nurses, individually and collectively, encourage professional and public participation in shaping social policies and institutions; advocate for policies and legislation that promote social justice, improved social conditions and a fair sharing of community resources; and acknowledge the role and expertise of community groups in providing care and support for people. This includes protecting cultural practices beneficial to all people, and acting to mitigate harmful cultural practices.¹²

VALUE STATEMENT 2

Nurses value respect and kindness for self and others

Explanation

Valuing respect for self and others encompasses valuing the moral worth and dignity of oneself and others. It includes respecting the individual ethical values people might have in the context of health care. Kindness is the demonstration of simple acts of gentleness, consideration and care. The practise of kindness as a committed and everyday approach to care reduces the power imbalance between a person requiring or receiving care and a nurse, by placing the nurse at the person's service, which is the appropriate relationship.

- 1. Self:** Respecting oneself involves recognising one's own intrinsic worth as a person and is reflected in all aspects of personal identity. Self-respect enables nurses to foster their sense of personal wellbeing and act in ways that increase their own sense of self-worth. This involves nurses maintaining their own health, acknowledging their physical and psychological strengths and limitations, and developing personal qualities that promote effective professional relationships and practices.
- 2. Person (health consumer):** Respect for people who are health consumers recognises their capacity for active and informed participation in their own health care. Nurses actively preserve the dignity of people through practised kindness and by recognising the vulnerability and powerlessness of people in their care. Significant vulnerability and powerlessness arises from the experience of illness and the need to engage with the health care system. The power relativities between a person and a nurse can be significant, particularly where the person has limited knowledge; experiences pain, illness and fear; needs assistance with personal care; or experiences an unfamiliar loss of self-determination. This vulnerability creates a power differential in the relationship between nurses and people in their care that must be recognised and managed.¹³
- 3. Colleagues:** Respect for colleagues involves acknowledging and respecting their knowledge, experience, expertise and insights. It includes practising kindness and modelling consideration and care towards each other; adopting collaborative approaches to person-centred care; and, taking into account the informed views, feelings, preferences and attitudes of colleagues. Dismissiveness, indifference, manipulateness and bullying are intrinsically disrespectful and ethically unacceptable. Nurses who respect their colleagues support them in their efforts to realise the mutual goal of providing safe and quality care to people within a positive practice environment. Nurses supporting and mentoring students provide positive role models for future practice.
- 4. Community:** Respect for the community requires nurses to recognise and be responsive to the just moral claims of society and the fundamental human rights underpinning them. This involves responding to the needs and concerns of communities and responding, where possible, to relevant community initiatives aimed at promoting and protecting peoples' fundamental human rights to health and health care. It also involves nurses being responsible members of the community and fulfilling their civic responsibilities, such as participation in community affairs and in political life, and acting where possible to promote social justice.

VALUE STATEMENT 3

Nurses value the diversity of people

Explanation

Valuing the diversity of people requires nurses to appreciate how different cultural backgrounds and languages may influence both the provision and receipt of nursing and health care.

1. **Self:** Valuing diversity requires acknowledgment of one's own cultural similarities to and differences from others. It involves nurses recognising and valuing their own unique identity and experiences, including thoughts, beliefs, attitudes and perceptions.
2. **Person (health consumer):** Valuing the diversity of people involves acknowledging and responding to each person as a unique individual, and to their culture. It requires nurses to develop cultural knowledge and awareness and greater responsiveness to the languages spoken¹⁴ enabling them to better understand and respond effectively to the cultural and communication needs of people in their care, their families and communities during a health care encounter.
3. **Colleagues:** Nurses value and accept diversity among their colleagues and acknowledge the need for non-discriminatory interpersonal and interprofessional relationships. They respect each other's knowledge, skills and experience and regard these as a valuable resource.
4. **Community:** Nurses recognise and accept the diversity of people constituting the Australian community and that different groups may live their lives in ways informed by different cultural values, beliefs, practices and experiences. Nurses seek to eliminate disparities in nursing and health care, especially among population groups in society that are considered most vulnerable, including Aboriginal and Torres Strait Islander populations; asylum seekers, refugees and migrants; and ethnic, religious, national and racial minorities. Nurses work to reduce the adverse effects power imbalances and prejudicial attitudes and practices have on social and institutional justice, and on the just and humane provision and delivery of nursing and health care. In particular, they work to ensure people are not disadvantaged or harmed because of their appearance, language, culture,¹⁵ religion, age, sexuality, national or social origin, economic or political status, physical or mental disability, health status,¹⁶ or any other characteristics that may be used by others to reduce the equal enjoyment or exercise of the right to health.

VALUE STATEMENT 4

Nurses value access to quality nursing and health care for all people

Explanation

Valuing nursing and health care for all people requires nurses to uphold the principles and standards of the right to nursing and health care as measured by the availability, accessibility, acceptability, quality and safety of nursing and health care services. Specifically, access refers to the extent to which a person or community can obtain health care services. This includes knowledge of when it is appropriate to seek health care, the ability to travel to and the means to pay for health care. Access does not mean the ability to provide all services imaginable for everyone, but rather the ability to reasonably and equitably provide services based on need, irrespective of geography, social standing, ethnicity, age, race, level of income, gender or sexuality.

1. **Self:** Nurses value and accept responsibility for self-care. This involves maintaining their own health, acknowledging their physical and psychological strengths and limitations, and developing personal qualities that promote effective professional relationships and practices. This includes nurses maintaining and improving their knowledge, skills and attitudes so that they can perform their professional duties effectively in the respective domains in which they may practise. When caring for one's self calls into question participation in particular practices (whether in a research, educational, managerial or clinical domain),¹⁷ nurses act in accordance with the statements contained in this Code regarding conscientious objection.
2. **Person (health consumer):** Nurses valuing non-harmful, non-discriminatory care provide nursing care appropriate to the individual that recognises their particular needs and rights. They seek to eliminate prejudicial attitudes concerning personal characteristics such as race, ethnicity, culture, gender, sexuality, religion, spirituality, disability, age and economic, social or health status. These commitments also apply when care is extended to members of the person's family, their partners, friends and other members of a person's nominated social network.

3. **Colleagues:** Nurses value the health of colleagues and foster supportive and constructive relationships, recognising that their colleagues also have physical and psychological strengths and limitations and respecting their need for self-care.
4. **Community:** Valuing the availability, accessibility, acceptability, quality and safety of nursing and health care services for the community requires nurses to be informed and knowledgeable about the provision of ethical and culturally competent care. Nurses promote the provision of quality nursing and health care to all members of the community and oppose stigmatising or harmful discriminatory beliefs or actions. Nurses uphold and comply with policies and agreements existing in Australia regarding the ethical media representation of health consumers and health-related matters.

VALUE STATEMENT 5

Nurses value informed decision making

Explanation

Nurses value people's interests in making free and informed decisions. This includes people having the opportunity to verify the meaning and implication of information being given to them when making decisions about their nursing and health care. Nurses also recognise that making decisions is sometimes constrained by circumstances beyond individual control and that there may be circumstances where informed decision making cannot always be fully realised.

- 1. Self:** Nurses make informed decisions in relation to their practice within the constraints of their professional role and in accordance with ethical and legal requirements. Nurses are entitled to do this without undue pressure or coercion of any kind. Nurses are responsible for ensuring their decision making is based on contemporary, relevant and well-founded knowledge and information.
- 2. Person (health consumer):** Nurses value the legal and moral right of people, including children, to participate whenever possible in decision making concerning their nursing and health care and treatment, and assist them to determine their care on the basis of informed decision making. This may involve ensuring people who do not speak English have access to a qualified health interpreter. Nurses recognise and respect the rights of people to engage in shared decision making when consenting to care and treatment. Nurses also value the contribution made by persons whose decision making may be restricted because of incapacity, disability or other factors, including legal constraints. Nurses are knowledgeable about such circumstances and in facilitating the role of family members, partners, friends and others in contributing to decision-making processes.
- 3. Colleagues:** Nurses respect the rights of colleagues and members of other disciplines to participate in informed decision making. Making these collaborative and informed decisions includes involving the person requiring or receiving nursing care (or their representative) in decisions relating to their nursing or health care, without being subject to coercion of any kind.
- 4. Community:** Nurses value the contribution made by the community to nursing and health care decision making through a range of activities, including consumer groups, advocacy and membership of health-related committees. Nurses also assist in keeping the community accurately informed on nursing and health-related issues.

VALUE STATEMENT 6

Nurses value a culture of safety in nursing and health care

Explanation

Valuing a culture of safety involves nurses actively engaging in the development of shared knowledge and understanding of the crucial importance of safety in contemporary health care. Nurses who value a culture of safety appreciate that safety is everyone's responsibility. Nurses support the development of risk management processes and a practice environment designed to reduce the incidence and impact of preventable adverse events in health care. Nurses also support the open disclosure of any adverse events to any person affected during the course of their care.¹⁸

- 1. Self:** Nurses value safe practice and a safe working environment; practise within the limitations of their knowledge and skills; and recognise and avoid situations where their ability to deliver quality care may be impaired. Nurses have a moral and legal right to practise in a safe environment, without fear for their own safety or that of others, and they seek remedies through accepted channels, including legal action, when this is not the case. Nurses value the maintenance of competence in contributing to a safe care and practice environment.
- 2. Person (health consumer):** Nurses recognise that people are vulnerable to injuries and illnesses as a result of preventable human error and adverse events while in health care settings. Nurses play a key role in the detection and prevention of errors and adverse events in health care settings, and support and participate in systems to identify circumstances where people are at risk of harm. Nurses act to prevent or control such risks through prevention, monitoring, early identification and early management of adverse events. Nurses contribute to the confidential reporting of adverse events and errors, and to organisational processes for the open disclosure of these events to persons affected during the course of their care.
- 3. Colleagues:** Nurses work with their colleagues to create a culture of safety. Nurses support the development of safer health care systems through non-punitive human error, adverse event management and related education. Nurses value the critical relationship between consumer safety and interprofessional competencies, including trustful communication, teamwork and situation awareness. Nurses view the detection of their own errors and risks or those of their colleagues as opportunities for achieving a safer health care system.
- 4. Community:** Nurses, acting through their professional and industrial organisations and other appropriate authorities, participate in developing and improving the safety and quality of health care services for all people. This includes actively promoting the provision of equitable, just and culturally and socially responsive health care services for all people living, or seeking residence or asylum, in Australia. It also involves raising public awareness about the nature and importance of consumer safety programs in health care services.

VALUE STATEMENT 7

Nurses value ethical management of information

Explanation

The generation and management of information (including health care records and other documents) are performed with professionalism and integrity. This requires the information being recorded to be accurate, non-judgemental and relevant to the health, care and treatment of a person. All health documentation is a record that cannot be changed or altered other than by the addition of further information. A notation in a record or a document used for health care communication can have a powerful positive or negative impact on the quality of care received by a person. These effects can be long-lasting, either through ensuring the provision of quality care, or through enshrining stigma, stereotyping and judgement in health care decision making and health care provision experienced by a person.¹⁹

The ethical management of information involves respecting people's privacy and confidentiality without compromising health or safety. This applies to all types of data, including clinical and research data, irrespective of the medium in which the information occurs or is stored.²⁰ Personal information may only be shared with the consent of the individual or with lawful authorisation.

- 1. Self:** Nurses are entitled to the same moral, professional and legal safeguards as any other person in relation to their personal information.²¹ Nurses have a right to expect that their personal information will not be shared with another person without their approval or lawful authorisation.
- 2. Person (health consumer):** Nurses are aware of, and comply with, the conditions under which information about individuals – including children, people who are incapacitated or disabled or who do not speak or read English – may or may not be shared with others. Nurses respect each person's wishes about with whom information may be shared and preserve each person's privacy to the extent this does not significantly compromise or disadvantage the health or safety of the person or others. Nurses comply with mandated reporting requirements and conform to relevant privacy and other legislation. Ethical information management also requires nurses to maintain information and records needed in order to provide quality nursing care. Nurses do not divulge information about any particular person to anyone not authorised to have that information.²²

- 3. Colleagues:** Nurses value the ethical management of information and recognise that their colleagues enjoy the same protections as other people with regard to personal information.²³ This does not override the responsibility nurses may have in reporting aspects of a colleague's professional practice giving reasonable cause for concern. Nurses ensure colleagues are given reliable information about the risks posed by people to whom they are providing or planning to provide care, subject to approved policies and relevant privacy and other legislation.
- 4. Community:** Nurses comply with systems of information management meeting the standards and expectations of the community, including measures which protect the privacy and confidentiality rights, relating to the health care of all people living or seeking residency or asylum in Australia. Nurses are sensitive to, and respect, special requirements that may apply to the communication or sharing of information having cultural significance.

VALUE STATEMENT 8

Nurses value a socially, economically and ecologically sustainable environment promoting health and wellbeing

Explanation

Nurses value strategies aimed at preventing, minimising and overcoming the harmful effects of economic, social or ecological factors on the health of individuals and communities. Commitment to a healthy environment involves the conservation and efficient use of resources such as energy, water and fuel, as well as clinical and other materials.

- 1. Self:** Nurses use all resources efficiently and comply with strategies aimed at the sustainable use of resources (including safe re-use, recycling and conservation) in the course of their practice. Nurses may also contribute to the development, implementation and monitoring of relevant policies and procedures.
- 2. Person (health consumer):** Nurses are sensitive to, and informed about, the social and environmental factors that may contribute to a person's ill health and that may play a part in their recovery. Nurses take into account the economic and domestic circumstances of people where these impact, positively or adversely, upon their needs and health.
- 3. Colleagues:** Nurses help bring to the attention of their colleagues and employers the adverse effects of environmentally harmful processes and practices, and collaborate to minimise these as they occur in health care settings. Nurses work cooperatively with colleagues to improve the conservation, efficient use and safe recycling of resources in the workplace.
- 4. Community:** Nurses recognise and understand the contribution economic, social and ecological factors, such as poor education, social exclusion and prejudice, crime, poverty, inadequate housing, inadequate community infrastructure and services and environmental pollution and degradation, may make to ill health in the community. Nurses value and contribute towards strategies aimed at preventing and overcoming these problems and at minimising their harmful effects.

The impetus for the development of the Code came from the Australasian Nurse Registering Authorities Conference (ANRAC) in 1990, when the research arising from the ANRAC Nursing Competencies Assessment Project indicated there was not a clear focus on the ethical standards expected and required of nurses practising in the cultural context of Australia.

The Code of Ethics for Nurses in Australia was first developed in 1993 under the auspices of the then Australian Nursing Council Inc. (now the Australian Nursing and Midwifery Council), Royal College of Nursing, Australia and the Australian Nursing Federation. In 2000 and 2006 respectively these peak organisations agreed to undertake a joint project to review the Code. It is recognised that the Code could not have been realised without the participation of nurses and nursing organisations in Australia, whose many submissions and comments informed the revision of the Code. These contributions are acknowledged and appreciated.

References

- Australian Nursing and Midwifery Council (2002) *National Competency Standards for the Enrolled Nurse*, ANMC, Canberra. Available at: www.anmc.org.au. Accessed: 19 March 2008.
- Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Nurse Practitioner*, ANMC, Canberra. Available at: www.anmc.org.au. Accessed: 19 March 2008.
- Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Registered Nurse*, ANMC, Canberra. Available at: www.anmc.org.au. Accessed: 19 March 2008.
- Australian Council for Safety and Quality in Health Care and Standards Australia (2003) *Open Disclosure Standard: A national standard for open communication in public and private hospitals, following an adverse event in health care*, Commonwealth of Australia, Canberra.
- Beauchamp T and Childress J (2001) *Principles of Biomedical Ethics*, Oxford University Press, New York.
- Coady M and Bloch S (eds) (1996) *Code of Ethics and the Professions*, Melbourne University Press, Melbourne.
- Eckermann A, Dowd T, et al. (2006) *Binan Goonj: Bridging cultures in Aboriginal health*, Churchill Livingstone/Elsevier, Marrickville, NSW.
- Department of Health and Family Services (1997) *Quality and Outcome Indicators for Acute Health Services*, Commonwealth of Australia, Canberra.
- Fukuda-Parr S (ed) (2004) *Human Development Report 2004: Cultural liberty in today's diverse world*, United Nations Development Programme, New York. Available at: <http://hdr.undp.org>. Accessed: 19 March 2008.
- Forrester K and Griffiths D (2005) *Essentials of Law for Health Professionals*, Elsevier, Marrickville, NSW.
- Fry S and Johnstone M (2008) *Ethics in Nursing Practice: A guide to ethical decision making*, 3rd revised edition, Blackwell Science/ International Council of Nurses, London/ Geneva.
- Holmes C, Thompson F, et al. (2007) *Review of the Code of Professional Conduct for Nurses in Australia and the Code of Ethics for Nurses in Australia; and the development of a Code of Professional Conduct for Midwives in Australia and a Code of Ethics for Midwives in Australia – Final Report*, James Cook University and RMIT University, Townsville.
- International Council of Nurses (2006) *Code of Ethics for Nurses*, ICN, Geneva. Available at: www.icn.ch. Accessed: 19 March 2008.
- International Council of Nurses (1999–2006) *Position Statements*, ICN, Geneva. Available at: www.icn.ch. Accessed: 19 March 2008.
- Johnstone M (1998) *Determining and Responding Effectively to Ethical Professional Misconduct in Nursing: A report to the Nurses Board of Victoria*, RMIT University, Melbourne.
- Johnstone M (in press) *Bioethics: A nursing perspective*, 5th edition, Elsevier Australia, Sydney.
- Johnstone M and Kanitsaki O (2007) 'An exploration of the notion and nature of the construct of cultural safety and its applicability to the Australian health care context', *Journal of Transcultural Nursing*, 18(3), pp. 247–56.
- Kerridge I, Lowe M, et al. (2005) *Ethics and Law for the Health Professions*, 2nd edition, The Federation Press, Annandale, NSW.
- National Health and Medical Research Council, Australian Research Council and Australian Vice-Chancellors' Committee (2007) *National Statement on Ethical Conduct in Human Research*, Australian Government, Canberra. Available at: www.nhmrc.gov.au/publications/synopses/files/e72.pdf. Accessed: 19 March 2008.
- NSW Department of Health (1999) *A Framework for Managing the Quality of Health Services in NSW*, NSW Department of Health, Sydney. Available at: www.health.nsw.gov.au/policies/pd/2005/PD2005_585.html. Accessed: 19 March 2008.
- Reconciliation Australia (2005) 'Building relationships for change between Indigenous and non-Indigenous Australians'. Available at: www.reconciliation.org.au/i-cms.isp. Accessed: 8 November 2007.
- Royal College of Nursing Australia (1998) *Position Statement: Conscientious objection*, RCNA, Canberra. Available at: www.rcna.org.au. Accessed: 19 March 2008.
- Royal College of Nursing Australia (2006) *Position Statement: Voluntary euthanasia/assisted suicide*, RCNA, Canberra. Available at: www.rcna.org.au. Accessed: 19 March 2008.

References (continued)

Thomas D (2004) *Reading Doctors' Writing: Race, politics and power in Indigenous health research 1870–1969*, Aboriginal Studies Press, Canberra.

United Nations (1978) *The International Bill of Human Rights (incorporating the Universal Declaration of Human Rights; International Covenant of Economic, Social and Cultural Rights; International Covenant of Civil and Political Rights; and two Optional Protocols)*, United Nations, New York. Available at: www.un.org. Accessed: 19 March 2008.

United Nations (1948) *Universal Declaration of Human Rights*, United Nations. Available at: www.un.org. Accessed: 19 March 2008.

United Nations (1966) *International Covenant on Civil and Political Rights*, Geneva, United Nations. Available at: www.un.org. Accessed: 19 March 2008.

United Nations (1966) *International Covenant on Economic, Social and Cultural Rights*, Geneva, United Nations. Available at: www.un.org. Accessed: 19 March 2008.

World Alliance for Patient Safety (2005) *WHO Draft Guidelines for Adverse Event Reporting and Learning Systems: From information to action*, World Health Organization, Geneva. Available at: www.who.int/patientsafety/events/05/Reporting_Guidelines.pdf.

World Health Organization (1948) *Constitution of the World Health Organization*, WHO, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

World Health Organization (2001) *Health and Human Rights Publication Series: 25 questions and answers on health and human rights*, WHO Press, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

World Health Organization (2005) *Health and Human Rights Publication Series: Human rights, health and poverty reduction strategies*, WHO Press, Geneva. Available at: www.who.int. Accessed: 19 March 2008.

Endnotes

1. This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
2. United Nations 1978; World Health Organization 1948, 2001a, 2001b, 2003, 2005; Fukuda-Parr (ed.) 2004.
3. International Council of Nurses 1999–2006 (Position statements: eg *Nurses and human rights* (2006); *Cultural and linguistic competence* (in press), *Mental health* (2002); *Abuse and violence against nursing personnel* (2006); *Rights of children* (2000); *Health services for migrants, refugees and displaced persons* (2006); *Nurses role in the care of detainees and prisoners* (2006); *Nurses role in providing care to dying patients and their families* (2006); *Prevention of disability and the care of people with disabilities* (2000); *Torture, death penalty and participation by nurses in executions* (2006); *Health information: protecting patient rights* (2000); *Patient safety* (2002); *Medical waste: role of nurses and nursing* (2004); *Reducing environmental and lifestyle-related health hazards* (1999).
4. United Nations 1978.
5. WHO 2001b.
6. WHO 2005.
7. WHO 2001b.
8. Advice provided by a Torres Strait Islander academic.
9. This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
10. The most appropriate term for people who are recipients of care remains controversial. The project team conducting the review of the codes found that: Arguably one of the most significant issues to emerge from the data was the use of the term 'client' in the Code and the suggestion that this term should be replaced by a more appropriate term, for example: patient; consumer; human being; person(s) and/or people. This stance was strongly supported by the Expert Panel, with one panel member pointing out that there was a trend toward reinstating the use of the term 'patient' in Australia. It is acknowledged that this trend is not universal, and the Canadian Nurses Association (2002) for example, uses the term 'people' or 'person' in its Code of Ethics. The use of the term 'patient' is consistent with the nomenclature used in other jurisdictions, however. For example, the UK's Nursing and Midwifery Council (2002) Code refers to both 'patient' and 'client'. The International Council of Nurses repeatedly uses the term 'patient' in its Position Statements (ICN, 2000a, 2002, 2006b), and the American Nurses Association (ANA) (2001) also uses the term 'patient' in its Code of Ethics for Nurses. The term 'patient' entails a special ethical and legal relationship to the nurse or midwife, and to others in the context of professional health care, which does not apply to other 'persons', and is established in ethical discourse in phrases such as 'patient autonomy', 'patient care', 'patient advocacy' and so on. The Project Team has therefore opted for its use in the Codes of Ethics, and proposed that the term 'patient' be defined as 'the recipient of health care services – whether the recipient is an individual, a family, a group or the community'. The Project Team also believes that it is appropriate to use this terminology in the Codes because it 'makes clear that nurses care for groups as well as individuals' and because the term 'patient' can be defined as to include the full range of alternative terms that might be used in different contexts, such as 'client', 'resident' and 'consumer', as well as family, friends, relatives and others associated with the patient where appropriate. Holmes, Thompson et al. (2007) *Review of the Code of Professional Conduct for Nurses in Australia*; and the *Code of Ethics for Nurses in Australia*; and the *development of a Code of Professional Conduct for Midwives in Australia and a Code of Ethics for Midwives in Australia - Final Report*, Townsville, James Cook University RMIT University. An alternative viewpoint expressed by people who are recipients of health care and health services is that the nomenclature of 'patient' is most inappropriate in 2007. If we ask the 'what are we here for' question about nursing, it is about providing high quality, safe care to people. The very word 'patient' is heavily weighted with notions of paternalism. The language that paints the context of people who are the recipients of health care abounds with terms laden with passivity, compliance, endurance, power imbalance and control. We need to be aware of just how much the language affects our views of the world. The importance of language and who controls it has been widely recognised and articulated by the feminist movement. Dale Spender talks of 'man made language' as defining and controlling the world that women live in. Nurses and midwives object strongly to the 'medicalisation' of health language. However, we could nearly identify a health service provider language as controlling a health consumer's environment. A leading national organisation for recipients of health care is the Consumer Health Forum of Australia. The language of people who have organised in any way to represent the recipients of health services and care have generally called themselves 'health consumers' and identify as 'people' or as an individual 'person'. The continuing use of 'patient' is rejected by these groups and their very strong grounds for this rejection should be respected by nurses.
11. See for example, World Alliance for Patient Safety (2005). Many organisations have guidelines relating to reporting procedures that can be followed in such circumstances. A number of jurisdictions in Australia also have legislation designed to protect people who are whistleblowers. Whistleblowing is defined as the disclosure of information to protect public interest. It is usually disclosure of information: by former or current employees of an organisation; about misconduct, illegal, unethical or illegitimate practices that are within the control of their employers; to persons or an organisation that have the authority or power to take action. The person or organisation to which the disclosure is made may be outside the normal internal reporting systems of the organisation where the person is or was employed. See the Australian Nursing Federation (and some branches) guidelines on whistle blowing.
12. According to Johnstone M (in press): A less well recognised yet equally critical core component of the right to health, is cultural liberty and the right that all people have to maintain their 'ethnic, linguistic, and religious identities' – otherwise referred to as 'cultural rights' (Fukuda-Parr 2004). Cultural rights claims entail respect for cultural difference as an active component of human rights and development (Marks 2002). Central to the notion of cultural rights is the recognition that culture is not a static process encompassing a frozen set of values, beliefs and practices. Rather it is a process that is 'constantly recreated as people question, adapt and redefine their values and practices to changing realities and exchanges of idea' (Fukuda-Parr 2004, 4).
13. This part of the explanatory statement also appears in the Code of Professional Conduct for Nurses in Australia and as it goes to the ethical conduct of nurses it has been included in

Endnotes (continued)

the Code of Ethics as well. The power of nurses comes from their capacity to ration or withhold as well as provide comfort, pain relief, personal care and nurturance. People experience abusive power from nurses where they feel themselves required to plead, express gratitude or feel at the mercy of a nurse caring for them. The preceding comments and the commentary in the explanation were made in a response from the Health Consumers Council WA. It was the view of the Health Consumers' Council that kindness is irrefutably a professional quality required of nurses. It is their view that the demonstration of kindness diminishes the discrepancy in power between a nurse and a person in their care, and fosters safety and respect. Although the power relationship issue is addressed in the previous draft of the document, the Council found there was no offering to nurses on how the power differential can be managed. The Council went on to say that one of the greatest areas of complaint about nursing conduct is the absence of compassion or kindness. Conversely, people are most impressed and touched by nurses who are able to demonstrate simple acts of kindness and consideration.

14. There is a need for nurses to develop skills and capacity to respond to people speaking languages other than English, especially when they are working in health services where particular cultural groups speaking other languages are a substantial proportion of the local population.
15. According to Johnstone (in press): A less well recognised yet equally critical core component of the right to health, is cultural liberty and the right that all people have to maintain their 'ethnic, linguistic, and religious identities' otherwise referred to as 'cultural rights' (Fukuda-Parr 2004). Cultural rights claims involve respect for cultural difference as an active component of human rights and development (Marks 2002). Central to the notion of cultural rights is the recognition that culture is not a static process encompassing a frozen set of values, beliefs and practices. Rather it is a process that is 'constantly recreated as people question, adapt and redefine their values and practices to changing realities and exchanges of idea' (Fukuda-Parr 2004, 4).
16. Health status includes living with conditions such as HIV/AIDS and mental disorders.
17. This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
18. For example, as outlined in Australian Council for Safety and Quality in Health Care and Standards Australia (2003).
19. Response from the Health Consumers Council WA. The Council notes that it has seen some extreme and severe impacts for medical and mental health consumers from unprofessional notations in medical records. Nurses must be aware that an attempt to convey an impression about a health consumer to fellow workers during a particular episode of care can have ramifications for the consumer for many years to follow. Consumers can now access their records and can read and interpret the notes written about them. Consumers integrate their own recollections with the notes and develop a perception about the quality and professionalism of the care they received.
20. This includes oral, written, statistical, digital and computerised data and other information.
21. Including information kept in personnel files.
22. Nurses should also uphold and comply with policies and agreements that exist in Australia regarding the ethical media representation of health consumers and health-related matters.
23. Including information kept in personnel files.

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Australian Nursing & Midwifery Council

T +61 2 6257 7960

F +61 2 6257 7955

PO Box 873

Dickson ACT 2602

AUSTRALIA

www.anmc.org.au

Royal College of Nursing, Australia

Freecall: 1800 061 660

T +61 2 6283 3400

F +61 2 6282 3565

PO Box 219

Deakin West ACT 2600

AUSTRALIA

www.rcna.org.au

Australian Nursing Federation

T +61 2 6232 6533

F +61 2 6232 6610

PO Box 4239

Kingston ACT 2604

AUSTRALIA

www.anf.org.au