

Have You read it Recently?

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The American Nurses Association *Code of Ethics for Nurses With Interpretive Statements* 1 has been since 2001. It is an important document and its purposes are to: (1) provide a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession; (2) establish the profession's nonnegotiable ethical standard; and (3) express nursing's own understanding of its commitment to society. 2 The document provides a framework for use by the nurse to evaluate and decide about ethical issues when they arise.

The *Code* itself has nine (9) provisions that serve as ever-present guideposts the nurse must adhere to. The provisions include directions that the nurse's primary commitment is to the patient (Provision 2), that the nurse's role is to advocate for and strive to protect the health, safety and rights of the patient (Provision 3), and that the nurse collaborates with other health care professionals and the public in efforts to meet health needs locally, nationally and internationally (Provision 8).

You may ask why a bulletin focusing on professional liability would focus on the *Code* and its interpretive statements. Aren't ethics and the law separate topics, separate issues for the practicing nurse? Don't they sometimes collide with one another when a patient care issue arises?

The answer to these questions is not always clear cut. Many times principles of ethics and those of the law do collide. When that happens, the nurse needs guidance from both the law and of ethics in order to resolve a particular issue. With the *Code's* interpretive statements, the nurse is helped to analyze and hopefully determine a resolution that is ethically correct. The legal analysis must also occur, with the help of the facility's risk manager, legal counsel, or a private attorney who the nurse consults.

However, the principles of law and ethics do not always collide. Take, for example, Principle 4 in the *Code*. It deals with a nurse's accountability and responsibility for his or her nursing practice, something that is clearly true in the law as well. Principle 4 also outlines the role of the nurse in delegating patient care tasks in order to provide optimum care for the patient.

When you read the interpretive statements under Principle 4, you may be surprised that many of the points discussed in the previous bulletin concerning delegation of patient care are exactly the points discussed in the interpretive statement. This principle is a clear example of where the law and ethics meet. When you delegate patient care consistent with legal mandates, you are also doing so in conformity with ethical nursing practice.

Remember, too, that specialty nursing professional associations have also developed codes of ethics for their members. They include The National Association of School Nurses (NASN) and The American

Association of periOperative Registered Nurses (AORN).

If you haven't reviewed the *Code* and any other code of ethics that pertains to your practice, you need to do so and do so regularly. In the case of the American Nurses Association's Code, its interpretive statements may change when current issues in nursing practice develop. 3

Also, it is important to keep in mind that in any legal proceeding, whether in a case alleging professional negligence or in a professional disciplinary proceeding, the *Code* and other applicable codes will be utilized by the jury or board of nursing in deciding if a code's mandates have been adhered to.

In short, as a nurse, you must ensure your practice is legal *and* ethical. When in doubt, seek out the resources you need in order to make a decision that will be as legally and as ethically correct as possible.

FOOTNOTES

1. American Nurses Association (2001). *Code of Ethics for Nurses With Interpretive Statements*. Silver Spring, MD: author.
2. *Id.*, at 9.
3. *Id.*, at 10.

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