FROM THE GUEST EDITOR

If It Is Newsworthy, It Is Ethics-Worthy: Living in the Code of Ethics for Nurses

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The American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements* provides guidance for all nurses, in all roles and in all settings. Familiarity with the provisions and the interpretive statements improves our ethical awareness and our ethical competence. Current events in our communities and across the globe require a response from nurses individually and collectively. Living in the Code enables us to form responses that are ethically sound. Advancing the profession through scholarly inquiry and establishing moral communities are other obligations that can be achieved by living in the Code.

Keywords: *Code of Ethics for Nurses*; opioid abuse crisis; health-care errors; gun violence; moral communities

Perhaps the most important cornerstone of healing is “living in the Code”—specifically the ANA *Code of Ethics for Nurses with Interpretive Statements* (Code; American Nurses Association [ANA], 2015). As a co-author, content editor, and revision coordinator of this most recent version of the Code, I’d like to show you how it provides guidance for us as we respond to events every day.

Producing the Code as content editor, revision coordinator and co-lead writer was a 4-year project that gave real meaning to the phrase, “living in the Code.” The last sentence in the Code reads, “As nursing seeks to promote and restore health, prevent illness and injury, and alleviate pain and suffering, it does so within the holistic context of healing the world” (p. 37). One cornerstone of that healing context is formed by living in the Code of Ethics. Let’s explore the Code and reflect on how we live in it, individually as practicing nurses and collectively as a profession. We will start with an overview of the Code, then explore some current health-care news topics that involve ethical considerations, and finally consider some suggestions for living in the Code.

All day, every day, every single day, I am a nurse—a nurse who seems to have been living, breathing, and often dreaming about ethics forever. During my professional life, countless situations have brought ethics to mind. I think it started with pain: poorly managed pain, children in pain, emergency department patients in pain, and patients at the end of life in pain. It wasn’t the pain itself that posed an ethical challenge, but rather, determining my response when I confronted pain

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in so many situations. What guidance was there for me? The 1976 version of *The Code for Nurses with Interpretive Statements* (ANA, 1976), the Code then in use, said that nurses' respect for individuals was reflected in the care they gave to promote health and alleviate suffering. It was then that I started to live in the Code, tentatively at first, since it took energy and skills that I was just beginning to develop. One of the first skills I developed was ethical awareness.

Again in 1985, 2001, and 2015, revisions of the Code reiterated our obligation to relieve pain and suffering. Other ethical situations I became aware of varied from lack of handwashing to workplace incivility (everything from rudeness to bullying), to errors, to visiting hours, to staffing. It was a curious collection of challenges, and each challenge invited me to find a response that would let me sleep after my shift and not reflect, "If only I had..." while driving home.

To live in the Code, I had to become familiar with it. I explored it to see what I could find, and my copy of it became as well-worn as my drug handbook. While I studied a section here and a section there, I began to understand how the Code shaped our profession and, more specifically, my practice. It was clear that "pulling the plug" wasn't the only ethical question we were all facing on a daily basis. Familiarity with the Code was essential to developing the skill of ethical awareness and a robust ethical competence.

THE CODE OF ETHICS

What is a code of ethics, and why does it matter? A code of ethics forms a solid foundation for our profession, to guide the members in their decisions and conduct. It establishes a nonnegotiable ethical standard for nurses in all roles and in all settings (ANA, 2015). It includes our values, our aspirations, and our ideals; it encompasses our obligations; and it articulates the ethical standards of our profession (Fowler, 2015). The Code can be found at <https://www.nursingworld.org/coe-view-only/>. Readers may want to access it as they explore the articles throughout this issue of *Creative Nursing*.

The Code has nine provisions, each with interpretive statements. The first three provisions address values and commitments in nurse-patient relationships; the next three examine the boundaries of duty and loyalty in relationships with colleagues; and the last three describe our duties, as individuals and as a profession, to society, to the natural environment, and to global communities (ANA, 2015). Our Code makes explicit the primary obligations, values, and ideals of our profession (ANA, 2015).

Solomon, Vannier, Chowning, Miller, and Paget (2016) present four questions to ask when confronting ethical issues:

- What is the ethical question?
- What are the relevant facts?
- Who or what could be affected by the way the question is resolved?
- What are the relevant ethical considerations? These may include, but are certainly not limited to, appropriate respect for all persons, fairness, maximizing benefit while minimizing harm, furthering relationships, and practicing virtues.

Having answered these four questions, the nurse can develop a point of view based on a careful analysis of the answers, then take a position that flows from that evidence, and act accordingly.

ETHICAL CONSIDERATIONS IN CURRENT HEALTH-CARE NEWS: THREE EXAMPLES

Given the complexity of health-care environments, local communities, and the wider world, it is crucial that we as nurses understand what is going on in the world around us and are aware of and responsive to ethical situations. Remember, the question facing us is not whether what we see in the daily news is ethical, but rather how we as nurses respond to what we see. What do we do? As I listened to the news and looked through my professional journals, several topics began to resonate. Upon reflection, I found that they illustrated some of the provisions in the Code.

No matter what we see in the news that relates to nursing or health care, we can find guidance in the Code. The Code is responsive to new and unexpected issues because it expresses our values and our aspirations (Fowler, 2015). The goals of nursing stated in the Code include “the protection, promotion, and restoration of health and well-being; the prevention of illness and injury; and the alleviation of suffering, in the care of individuals, families, groups, communities, and populations” (ANA, 2015, p. vii). Living in the Code lets me know how to respond when I read the news, go to work, engage in discussions, volunteer for projects, make donations, contact my representative or senator, or even vote. “Nurses act to change those aspects of social structures that detract from health and well being” (ANA, 2015, p. vii).

What needs healing in the world around us? Many things, but three stand out: the opioid abuse crisis, gun violence and school safety, and errors in health care.

The Opioid Abuse Crisis

In 2015, drug overdoses that involved an opioid accounted for 33,091 U.S. deaths (Rudd, Seth, David, & Scholl, 2016). Drug use, abuse, and subsequent overdoses continue to be a critical and complex public health challenge (Mack, Jones, & Ballasteros, 2017).

Patients in pain present a challenge every day in emergency departments and outpatient settings. Because of the constant tension between an individual’s pain and the opioid crisis in our communities, making decisions on prescribing pain medications is both difficult and exhausting (Reisman, 2018). Reisman goes on to say that concern for the epidemic could result in a return to the extreme under-treatment of pain seen in the 1990s.

As nurses, we have an obligation to respond to this epidemic while not abandoning patients who are experiencing pain. The Code provides guidance for nurses experiencing the tension between relieving an individual’s pain and minimizing opioid abuse.

Provision 1 of the Code is: “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person” (p. v). Interpretive Statement 2 of Provision 1 (IS 1.2) states:

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Nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice. Factors such as culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation or gender expression, and primary language are to be considered when planning individual, family, and population-centered care. Such considerations must promote health and wellness, address problems, and respect patients' or clients' decisions. Respect for patient decisions does not require that the nurse agree with or support all patient choices. When patient choices are risky or self-destructive, nurses have an obligation to address the behavior and to offer opportunities and resources to modify the behavior or to eradicate the risk. (ANA, 2015, p. 1)

IS 1.3 states, "Respect is extended to all who require and receive nursing care in the promotion of health, prevention of illness and injury, restoration of health, alleviation of pain and suffering, or provision of supportive care" (p. 2).

Nurses are leaders in society's efforts to alleviate the many problems surrounding opioid use. They "are leaders who actively participate in ensuring the responsible and appropriate use of interventions in order to optimize the health and well-being of those in their care. This includes minimizing unwarranted, unwanted, or unnecessary medical treatment and patient suffering" (ANA, 2015, p. 2).

Provision 5 of the Code states: "The nurse owes the same duties to self as to others" (p. v). IS 5.4 addresses practices that constrain our efforts to relieve pain:

Compromises that preserve integrity can be difficult to achieve but are more likely to be accomplished where there is an open forum for moral discourse and a safe environment of mutual respect....When the integrity of nurses is compromised by patterns of institutional behavior or professional practice, thereby eroding the ethical environment and resulting in moral distress, nurses have an obligation to express their concern or conscientious objection individually or collectively to the appropriate authority or committee. (ANA, 2015, p. 21)

Therefore, the nurse cannot simply decide that the many forms of the opioid abuse crisis are always subordinate to pain relief or that pain relief is always subordinate to the multifaceted opioid crisis. Initial treatment of pain with opioids should start at the lowest effective dosage (Dowell, Haegerich, & Chou, 2016). In many cases, for those experiencing pain, an integrative approach using nondrug strategies promises to help manage the pain; however, for others, pain can only be managed with opioids. For those who have become addicted, individual treatment plans must be developed. Nurses must make an informed analysis of each situation and communicate the implications of that analysis. Poorly managed pain and abuse of opioids are both complex societal problems requiring robust responses by nurses and nurse organizations. Our professional commitment is always to individual patients, communities, and the greater population (ANA, 2015).

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Gun Violence and School Safety

Nurses in every role and every setting, individually and collectively, influence the policies that shape practices in issues such as gun violence and school safety. The horrendous shooting at Marjorie Stoneman Douglas High School in Parkland, Florida in February 2018 commanded the public's attention. This and other such tragedies raise several ethical questions for nurses. How should we respond? How should nursing organizations respond? How can we support the teachers in our

schools? How should we support our school nurse colleagues? School nurses must be able to manage health emergencies and disasters in their schools while following school rules and regulations (Savage, 2017). Savage goes on to suggest that school nurses may face issues that are beyond the scope of their nursing practice and may be expected to accept non-nurse responsibilities. I believe that carrying a gun would certainly be outside the responsibilities of a school nurse.

Like prison nurses and military nurses, among others, school nurses must function in two domains that often have competing or conflicting values and obligations, such as administrative requirements and clinical responsibilities. The National Association of School Nurses (2018) includes among its responsibilities supporting the role of the school nurse through advocacy, integrity, and participation in public policy development and social justice.

Other statements in the ANA Code stress safety and the protection of patients' rights, as well as explain that we are accountable for our decisions. Provision 3 states, "The nurse promotes, advocates for, and protects the rights, health, and safety of the patient" (p. 9). IS 3.1 states, "The duty to maintain confidentiality is not absolute and may be limited, as necessary, to protect the patient or other parties, or by law or regulation such as mandated reporting for safety or public health reasons" (p. 9).

Provision 4 of the Code is: "The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care" (p. v). IS 4.3 states,

Nurses are always accountable for their judgments, decisions, and actions: however, in some circumstances, responsibility may be borne by both the nurse and the institution. Nurses accept or reject specific role demands and assignments based on their education, knowledge, competence, and experience, as well as their assessment of the level of risk for patient safety. (ANA, 2015, p. 15)

Provision 6 of the Code is: "The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care" (p. v). IS 6.3 states, "Unsafe or inappropriate activities or practices must not be condoned or allowed to persist. Organizational changes are difficult to achieve and require persistent, often collective efforts over time. Participation in collective and inter-professional efforts for workplace advocacy to address conditions of employment is appropriate" (p. 24).

Provision 8 of the Code is, "The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities" (p. v). IS 8.2 states, "All nurses commit to advancing health, welfare, and safety. This nursing commitment reflects the intent to achieve and sustain health as a means to the common good...." (p. 31). The Code goes on to state, "Ethics, human rights, and nursing converge as a formidable instrument for social justice and health diplomacy that can be amplified by collaboration with other health professionals" (ANA, 2015, p. 31).

Errors in Health Care

In 2000, the publication of the Institute of Medicine report, *To Err is Human: Building a Safer Health System*, drew national attention to errors in health care. The er-

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rors cited included, but were not limited to, diagnostic, medication, treatment, and procedural errors—all preventable events that could cause harm or even death (Kohn, Corrigan, & Donaldson, 2000).

The *ANA Code of Ethics* is both clear and comprehensive in addressing the appropriate response to errors. Provision 3 is: “The nurse promotes, advocates for, and protects the rights, health, and safety of the patient” (p. v). IS 3.4 states,

Nurses must participate in the development, implementation, and review of and adherence to policies that promote patient health and safety, reduce errors and waste, and establish and sustain a culture of safety. When errors or near misses occur, nurses must follow institutional guidelines in reporting such events to the appropriate authority and must ensure responsible disclosure of errors to patients. Nurses must establish processes to investigate causes of errors or near misses and to address system factors that may have been contributory....When error occurs, whether it is one’s own or that of a coworker, nurses may neither participate in, nor condone through silence, any attempts to conceal the error. (ANA, 2015, pp. 11–12)

A study by Shannon, Foglia, Hardy, and Gallagher (2009) found that nurses regularly disclose nursing errors to patients that result in little or no harm, but have difficulty communicating more serious errors. Inter-professional communication about errors involving the health-care team or participating in the disclosure process was also challenging. These authors recommend organizational policies that provide an opportunity for nurses to participate in interprofessional disclosure processes. This recommendation is aligned with IS 3.4: “Communication should start at the level closest to the event and should proceed to a responsive level as the situation warrants” (p. 11). It is important to note that, while the Code is more explicit in addressing response to error than in some other areas, there is no “zero tolerance” or “one size fits all” advice: the phrase “as the situation warrants” requires nurses, as always, to make informed decisions in every case rather than invoke a blanket policy.

According to Shannon et al. (2009), disclosure policies have been the subject of further study.

A model of team disclosure needs to focus on reducing miscommunications in both the pre-disclosure and disclosure phases by making sure that all members of the team have been informed about what occurred, what patients have been told, and when patients will receive further information and have been provided assistance with handling patients’ emotional reactions during and after the actual disclosure. (Shannon et al., 2009, p. 11)

LEARNING AND LIVING IN THE CODE: BEYOND THE DAILY NEWS

While the tension between pain relief and opioid abuse, the role of the school nurse in preventing or coping with gun violence, and the appropriate response when confronted with a medical error are only three of the many areas that present ethical issues to nurses today, the principles that guide us in dealing with them will be equally relevant in many future situations.

There are many means for individual nurses and for nursing as a profession to achieve the goal of living in the Code. They include learning and using the Code,

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advancing the profession through scholarly inquiry, and establishing moral communities.

Learning about the Code reaches beyond nursing practice; it guides us in everyday life as well. The nine provisions, each a single sentence, are laid out at the beginning of the document so that readers can become familiar with them before reading the entire Code. Studying the preface is just as important. It includes powerful sentences explaining some of the important concepts underlying the Code, such as that the Code is foundational to our practice; it is nonnegotiable; and it can be used for ethical analysis and decision-making. “The Code arises from the long, distinguished, and enduring moral tradition of modern nursing in the United States” (p. vii). Together, the provisions and the interpretive statements, as a unit, make up the Code.

The introduction to the Code explains some of the choices made in drafting it, such as why it refers to “patients” rather than “clients,” why it uses both the terms “moral” and “ethical,” and how it differentiates between the obligatory “must” and the advisory “should.” It also includes a brief description of the revision process, as well as a list of the new elements and an overview of the Code’s structure.

After reading the preface and the introduction, readers are equipped to read the nine provisions and the respective interpretive statements. Ideally, readers will have time to reflect as they read and discuss the Code with colleagues. That reflection and discussion will inform the ways in which readers apply the Code to the everyday practice of nursing and enable readers to develop their own ethical competence. As is true of any set of skills, ethical competence is the result of practice, practice, and more practice.

Reading about ethics can become an enjoyable habit. Several journals are dedicated to ethics as it pertains to nursing specifically and/or to health care generally; examples include *Nursing Ethics*; *Nursing Outlook*; *Hastings Center Report*; and *The Journal of Law, Medicine & Ethics*.

ADVANCING THE PROFESSION

Collectively, we as nurses must take responsibility for our profession. The rapid developments in technology, genetics, and personalized health care, among many others, present nurses with ethical challenges. Provision 9 states, “The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy” (p. v). IS 9.2 makes explicit nurses’ covenant with society to continually develop and disseminate nursing science and to provide nursing practice that is informed by evidence.

Provision 7 is “The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy” (p. v). It also addresses our responsibility to advance the nursing profession through scientific inquiry. IS 7.1 “imposes on nurses the obligation to participate in the advancement of the profession through knowledge development, evaluation, dissemination, and application to practice. Knowledge development relies chiefly, though not exclusively, upon research and scholarly inquiry” (p. 27).

We must conscientiously assure both the significance of the topics we choose to research and the accuracy of the studies we perform. The Science Committee

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of the American Academy of Nursing has created a list of research priorities to inform both the funding and the implementation of future projects. The priorities fall into four categories: precision health, big data and data analytics, determinants of health, and global health (Eckardt et al., 2017). Among the topics most interesting to me personally are bioethics, cultural competence and health equity, genomic nursing and health, and military and veterans' health. Readers will have their own interests and areas of specialization; what is essential is that every nurse acknowledge and accept responsibility to advance the profession through scientific inquiry, whether through the conduct, support, dissemination, or utilization of research.

ESTABLISHING MORAL COMMUNITIES

A moral community in health care is needed in order for nurses to have an ethical practice environment. While the characteristics of a moral community are familiar to all, they are often difficult to achieve (Wocial, 2018). The Code articulates the importance of establishing and maintaining an ethical practice environment. Creating such an environment involves two essential relationships: nurse-to-nurse and nurse-to-patient. Both relationships "have as their foundation the promotion, protection, and restoration of health and the alleviation of pain and suffering" (p. 7). The Code sets very high standards for nurses in regard to a moral community. "The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care" (p. 23). Nowhere is the concept of "living in the Code" more clearly delineated. It is not enough for nurses to be competent and diligent. In addition, they "must create, maintain, and contribute to morally good environments that enable nurses to be virtuous. Such a moral milieu fosters mutual caring, communication, dignity, generosity, kindness, moral equality, prudence, respect, and transparency" (p. 23).

A nurse's responsibility doesn't end with fulfilling individual ethical obligations. "Nurses in all roles must create a culture of excellence and maintain practice environments that support nurses and others in the fulfillment of their ethical obligations" (p. 24). IS 6.3 asserts the nurse's obligation to ensure that the workplace is "a morally good environment to ensure ongoing safe, quality patient care and professional satisfaction for nurses, and to minimize and address moral distress, strain, and dissonance" (p. 25).

The Code goes on, in Provision 8, to address the concept of a moral community in contexts other than the work environment. In the larger community, "Nurses must lead collaborative partnerships to develop effective public health legislation, policies, projects, and programs that promote and restore health, prevent illness, and alleviate suffering" (p. 32). Where social justice demands change, "Nurses collaborate with others to change unjust structures and processes that affect both individuals and communities. Structural, social, and institutional inequalities and disparities exacerbate the incidence and burden of illness, trauma, suffering, and premature death" (p. 32). Finally, IS 9.1 emphasizes that nursing communicates "to the public the values that nursing considers central to the promotion or restoration of health, the prevention of illness and injury, and the alleviation of pain and suffering" (p. 35).

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CONCLUSION

Ethical challenges abound, both in day-to-day nursing practice and in day-to-day life. Listen to the news today. What do you hear? What do you see? Many of these issues are complex, with multiple perspectives. How can we help to heal our world? Sometimes healing takes place on a one-to-one basis, and sometimes it requires collective action. In either case, healing is best served by trustworthy ethical guidance. We can find that guidance by living in the Code.

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