

# Code of Ethics

for nurses in Catalonia



Consell de Col·legis d'Infermeres i Infermers de Catalunya



Code of Ethics for Nurses in Catalonia.  
Approved in Barcelona by the Plenary Executive Team  
of the Catalan Council of Nurses at the ordinary session  
which took place on 18th of September 2013.

Consell de Col·legis d'Infermeres i Infermers de Catalunya  
Barcelona, 2013



© present edition: Consell de Col·legis d'Infermeres i Infermers de Catalunya

First digital edition: Barcelona, March 2014

Translated from the first Catalan edition: 3.000 examples – Barcelona, October 2013

ISBN: 978-84-616-6390-3

DL: B-23565-2013

Published by Consell de Col·legis d'Infermeres i Infermers de Catalunya

Roselló, 229, 4t 2a – 08008 Barcelona

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Grafic desing: Sara Pareja

Printing: Bengar Gràfiques S.L.

Printed in Granollers, Barcelona

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# Presentation

The professions which work with and for people have, historically, provided themselves with deontological codes in order to regulate decision making in a well-founded way, especially when conflicts arise. Given that the social and cultural context evolves and varies, it is advisable to revise the codes periodically in order to adapt them to the new situations and to the new emerging social and professional values. To this end the Catalan Council of Nurses considered it fitting to draft a new code of ethics adapted to the reality of our time.

Likewise, Article 60.2 of the Royal Decree Law 7/2006, of 31st May, regarding the practice of professions requiring formal qualifications and of professional colleges (DOGC (Official Journal of the Catalan Government) no. 4651, of 09-06-2006), attributes the devising of a deontological and good practices code for the good exercising of the profession to the professional college councils; and, similarly, in Article 6.1,e) of the Statutes of the Catalan Council of Nurses, approved by the legal ruling JUS/3676/2009, of 21st December, (DOGC no. 5535, of 29-12-2009), this board is entrusted with collecting and drawing up the deontological and good practice standards common to the nursing profession. The code as presented below also responds to this exigency.

From the perspective of the Catalan Council of Nurses, the Nursing Ethics Code of Catalonia is a guarantee of professional protection, while at the same

time a framework of reference for decision making in daily practice together with people.

Without a doubt, a code of ethics is a mirror which reflects the values of a profession, values which make it known to the users and which should inspire all spheres of care: healthcare practice; training; care management; and research.

Indeed values are extremely important for the human being; they are pluralistic and permanently guide thought and action. For this reason a code of ethics should reflect the common values of a profession while at the same time safeguarding respect for diversity and also bearing in mind the dignity and uniqueness of each person attended to. A code of ethics is also a guide for the self-respect of the professional. In short, a code of ethics humanises the collective group which promotes it, and also humanises inter-professional relationships and those with people in general.

The Catalan Council of Nurses would like to thank all the people who have made this work possible and, in particular, the team led by Ms Maria Gasull; the vision that they have contributed and all the time and effort invested. Everyone who has participated in this study has made it possible for this code to see the light of day, a code which, without a shadow of doubt, will be a pioneering contribution towards greater professional commitment and better quality in care for all citizens.

**Montserrat Teixidor i Freixa**

*Dean of the Catalan Council of Nurses*





# Introduction

Twenty-seven years having elapsed since the endorsement of the last code, the Catalan Council of Nurses has deemed its revision to be absolutely necessary, so as to adapt it to the professional and social changes that have come about since then.

In the same vein, it was obligatory to comply with the exigency laid down in Article 60.2 of the Royal Decree Law 7/2006, of 31st May, regarding the practice of professions requiring formal qualifications and of professional colleges (DOGC no. 4651, of 09-06-2006), which attributes the devising of a deontological and good practices code for the good exercising of the profession to the professional college councils; and, similarly, in Article 6.1,e) of the Statutes of the Catalan Council of Nurses, approved by the legal ruling JUS/3676/2009, of 21st December, (DOGC no. 5535, of 29-12-2009), this board is entrusted with collecting and drawing up the deontological and good practice standards common to the nursing profession.

With this objective in mind the Catalan Council of Nurses designated a Drafting Committee, made up of 16 nurses<sup>1</sup> who represented the four Colleges of Cat-

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1 Following the course of action of the International Council of Nurses (ICN), in this document when reference is made to the “nurse” one should understand that professionals of both genders are being alluded to.

alonia. Before beginning the drafting of the new Code of Ethics, the Committee considered it fitting to proceed with a review of the other nursing codes of ethics of bodies and professional associations from other countries. Likewise, it decided to sound out the reality of the nurses in Catalonia in order to discover exactly what the commonest ethical problems, or what most concerned nurses in the different spheres of exercising the nursing profession, were. To this end, a two-phased research study was designed: the first a qualitative phase using two focus groups with participants from different areas of the profession; and the second a quantitative phase with an on-line survey of all the collegiate members of Barcelona, Girona, Lleida and Tarragona.

With the information obtained the Drafting Committee drew up a document which, after having been subject to a hearing by people and institutions of distinction in the world of ethics and submitted to public information for all the nurses in Catalonia and other interested people and entities, it was approved initially by the Plenary Executive Team of the Catalan Council of Nurses; subsequently by the Governing Board of each of the four territorial colleges; and, finally, it has received the definitive approval of the Plenary Executive Team of the Catalan Council of Nurses

The Code of Ethics shows what the ethical fundamentals of the profession are and serves as a guide to the ethical behaviour and attitudes of nurses in professional practice. It is also the letter of introduction to society regarding the professional commitments that nurses enter into with the people attended to, the families, the community and society.

This Code gathers together what Catalan nurses consider to be their efficient professional working practices. It is structured on the basis of five values: responsibility; autonomy; privacy/confidentiality; social justice; and professional commitment. By means of these values the ethical attitudes and behaviour of nurses that are necessary to practise the profession, always respecting the dignity of the person attended to, are detailed. The choice of the said values responds to those that prevail internationally in the codes of ethics of nurses.



# Objectives

The Code of Ethics of nurses in Catalonia has a threefold objective:

- To specify the essential commitment that nurses undertake towards the person attended to, the families, groups and communities, as well as with regards to colleagues, other healthcare professionals and work teams and society on the whole, with the aim of being able to offer quality nursing care.
- To determine the professional responsibility of nurses regarding the upholding, promotion and defence of the person's rights as related to health.
- To show what the parameters are of a practice that allows one to assess the competence of nurses, promotes reflection on professional practice and helps nurses alike to make decisions in order to act ethically.





# Ethics in the Nursing Profession

From its beginnings right up to the present day, the practising of the nursing profession has been linked to certain ethical values; nevertheless the first code of ethics of the profession was not drawn up until the 19th century, under the title of the Florence Nightingale Pledge (1893), in which it is defended that one has to promote the wellbeing of the people attended to, dignify the name of the profession and uphold patient confidentiality. The evolution of the profession would lead the International Council of Nurses (ICN) to publish, in the year 1953, its first code, which proclaims that the nurse is at the service of the sick and of humanity without any kind of discrimination, and that this service is based on respect for the freedom of the person and on the preservation of human life. In 1973 the code would be modified in depth from a much more professionalizing viewpoint and one focusing on the promotion of health. The ICN code has subsequently been brought up to date, the last time being in 2012. In Catalonia the first code of ethics for the profession was in 1986 and in the Spanish State in 1989. Hence, the need to revise and update it periodically in line with the ICN code and the ethics codes of nurses from other countries.

The effort of the profession to endow itself with codes of ethics is the public expression of the level of ethical consciousness of nurses, because having at one's disposal a guide for ethical direction in professional practice means having understood that caring, a distinctive feature of the nursing profession, is a

task of synergy and complimentary between technical competence and ethical competence.

The dignity of the person is the fundamental value inherent to human nature and to nursing science. The ethical character of the nursing discipline stems from the recognition that the person, due to his dignity, possesses certain inalienable rights, this is the reason why he deserves to be cared for with maximum consideration and respect. The driving force behind the ethical attitudes of nurses resides in the recognition that all human beings, due to the mere fact of being a person, have an intrinsic, unique and unconditional value, which confers dignity upon him, independently of any other circumstance, whether that be his ethnic group, social or economic situation, ideology or beliefs, gender, state of health or degree of consciousness, amongst others. That is to say that nurses subscribe to the idea that dignity is not conquered but rather that it is possessed.

Nonetheless, the diversity of interpretations and meanings that are often attributed to the term “dignity” means that its content should be specified. To this end, this Code of Ethics proposes doing so through five essential values which guide us in order to achieve care for people with the maximum consideration for their dignity. If the objective of the nursing profession is “to provide care that enables people to improve, maintain or recover their health, cope with their health problems and achieve the best quality of life possible, both in illness and in disability and in the end of life process” (Royal College of Nursing: 2003), this Code of Ethics specifies what the ethical behaviour and attitudes indicated for nurses are in order to be able to provide care par excellence.

The recognition of dignity, of human rights, is not only conceptual but always requires ethical commitment; that is to say, human actions that contemplate both the global nature of the person in his multiple dimensions – biological, psychological, social, cultural, spiritual and so on - and his uniqueness. This means having to personalise the response before situations of health or illness. In this way, from the in-depth knowledge of the identity of the recipients of the nursing care, the advancement of the profession will be attained.



# Nursing Values and Ethical Commitment

In the carrying out of our professional practice in all areas, we as nurses take the commitment to do so in accordance with the professional values. The main professional values and ethical conduct of the nurse towards the people attended to, families and/or significant others, groups, communities and society as a whole, are described in this Code. The relationship with students, colleagues and other professionals is also guided by these values, as well as the commitment of the nurse to herself. The advance of the nursing profession essentially goes hand in hand with the development of the following values: nursing responsibility, autonomy of the person, privacy and confidentiality, social justice and professional commitment.





# Responsibility

*As nurses, we provide safe, competent, compassionate nursing care which is consistent with professional ethics while, at the same time, giving an explanation of our actions and of the consequences derived from them in the practising of the profession.*

## Professional Competence

1. The nurse respects, protects and promotes the dignity of the person attended to and the human rights that correspond to him. In the face of the infringement of any right, she carries out measures in order for this right to be respected and, in not managing to make it respected, formally communicates this breach to the responsible power or authority.
2. In order to carry out any professional function —healthcare, teaching, management or research— the nurse has the knowledge, skills and attitudes necessary, thus guaranteeing competent professional practice and providing quality nursing care.
3. The nurse uses all resources in order to establish a relationship of trust with the person attended to, using appropriate verbal and non-verbal language, with the aim of establishing effective communication that allows one to grasp the uniqueness of the other in order to provide an answer to his needs.
4. In professional practice the nurse commits herself to promoting and safeguarding professional nursing control regarding decision-making processes relating to the service and regards care management and its organisational context.
5. The nurse promotes the cohesion of the professional nursing group and the, individual and/or collective, recognition of professional contributions and achievements.

6. The nurse contributes towards the growth of the discipline and towards the good social image of the nursing profession, encouraging constructive criticism stemming from questions that are posed from her professional responsibility.
7. The nurse safeguards the development of the area of caring competency, avoids conduct that constitutes professional encroachment and promotes nursing contribution in the heart of the health team.
8. The nurse identifies herself as such, by way of her name and surname, and makes her responsibility in the healthcare process of the person attended to known.
9. The nurse guarantees her own competence for correctly carrying out her professional activity. Under no circumstance does she accept to participate in actions in which, due to a lack of competency, she could put the safety of the person attended to and her own in danger.
10. When the nurse delegates a task she makes sure that the member of the care team who should perform it possesses the knowledge, skills and attitudes necessary and that he or she carries it out correctly.
11. The nurse helps to involve and prepare the person attended to in the continuity of his own care and takes responsibility for the people around him also being able to contribute towards this end.
12. The more experienced nurse accompanies the novice nurse in the process of attaining professional expertise.
13. The nurse, on any level of management responsibility, guarantees and jointly takes responsibility for all the members of the care team having the competence necessary to adequately deal with the health problems of the people attended to, and establishes mechanisms to ensure this.
14. The nurse, in the practice of her profession, adopts personal standards of conduct that promote respect and trust in the people attended to and their environment, as well as in all the members of the healthcare team.
15. The nurse leaves a written and signed record of her observations, reasoning, interventions and results in the care process with the aim of responding

for her actions, contributing towards guaranteeing the safety of the person attended to and the continuity of care, and in order to facilitate team work.

16. The nurse, in decision making in professional practice, incorporates, to the extent possible, the application of knowledge derived from scientific evidence, individualising the provision of care to the specific situation of the person attended to and his environment.
17. The nurse identifies, in the families and/or significant others of the people attended to, the health problems that she can improve from her area of competence.

### **Safety of the Person Attended To**

18. The nurse makes her own self-care a fundamental part of her professional objective, to which end she accepts the responsibility of maintaining an optimum level of health to the benefit of her own ability for caring.
19. When the nurse does not believe herself to have the knowledge and skills to carry out a nursing care task she makes every effort to acquire them through information, training or by seeking the aid of another nurse to replace her. If she does not manage this she will make a formal record of it.
20. If the nurse at any time believes that she does not have the aptitude or the optimum level of health to provide nursing care, she requests a new place of work that is suitable to her health situation or, in the case of not obtaining it, she looks for strategies to guarantee the safety of the person attended to.
21. When the nurse observes that, for whatever reason, a colleague is not capable of fulfilling his responsibilities properly she lends her support and takes all the steps necessary to protect the safety of the person attended to.
22. The nurse has the obligation of recognising mistakes made, using all the means available to her to prevent or minimise the harm that might have been caused, and taking the necessary steps to correct the causes leading to the mistake.
23. The nurse refuses to collaborate in practices that do not guarantee the safety of people and she commits herself to carrying out the actions that correct the situation.

24. The nurse ensures that, in the application of scientific advances, technological procedures or innovations to the person attended to, their safety is verified.
25. When the nurse carries out or collaborates in research she ensures that the research project complies with both legislation and international declarations on ethics.
26. The nurse makes every effort to detect and prevent all forms of violence, assessing the risks and anticipating the violent situation. When this is not possible, she takes the necessary measures to minimize the risks and files an official report with the aim of protecting other people and herself.

## **End of Life**

27. The nurse, within the framework of legislation currently in force, ensures that, in the end of life process, the beliefs and values that have given meaning to the life of the person attended to are respected and that he dies in accordance with his own ideal of a good death.
28. The nurse accompanies the person attended to throughout the whole of the end of life process; she provides him with the maximum comfort and wellbeing possible and tries to facilitate suitable support for the family and/or significant others.
29. The nurse has the responsibility of participating in clinical decision making regarding the end of life with the health team and the person attended to, or with the family and/or significant others when the person attended to cannot decide or so wishes. It is especially important that she contributes her professional evaluation in the face of decisions relating to foregoing life-sustaining treatment, rejection of treatment and sedation.
30. The nurse, within the framework of legislation currently in force, ensures that advance planning of healthcare decisions or living wills be respected, in the case of the person attended to having expressed and/or arranged it so.

# Autonomy

*As nurses, we recognise the autonomy of people and we therefore respect their right to being informed and to freely making their own decisions.*

## Information and Informed Consent

31. The nurse recognises the person attended to as the master and manager of his own personal health details and, therefore, provides him with the necessary information, in an understandable way, seeking the collaboration of the members of the health team if necessary.
32. The nurse participates in the information process, based on adequate knowledge of the situation and avoiding improper or contradictory information, and she ensures the creation of a setting which is favourable to the person attended to finding himself in the best conditions for understanding his health situation or problem and the care and/or treatment proposals.
33. The nurse collaborates with other professionals when requesting the consent of the person attended to in the face of any healthcare action, or one regarding research or teaching, with the aim of guaranteeing that he is able to make his decisions freely.
34. The nurse has special care and sensitivity in order to guarantee comprehension of the information in all situations, and especially in those wherein the person attended to does not have sufficient competence to understand and decide. Thus, she collaborates in the periodical evaluation of his degree of competence and contributes this assessment to the health team, to revise, should it be deemed fit, the consideration of non-competent person.

35. The nurse respects both the will of the person attended to not to be informed as the will to decide with whom to share the information and the degree of information that he wishes to be shared.
36. The nurse respects the will and the decision making of the person attended to when he has sufficient competence to understand and to decide. When he rejects a medical and/or nursing treatment, she continues to provide care, adapting the care process in order to respect his will, whenever possible.
37. The nurse reaches an agreement within the health team regarding the management of the information process, especially in the case of bad news, so that it can be understood in the best way possible.
38. The nurse prioritises the decisions of the person attended to while at the same time helping the families and/or significant others around him to understand the decision taken.
39. The nurse ensures that, in situations of non-competence and/or incapacity of the person, the decisions taken by his representatives guarantee the greatest benefit for the person attended to.
40. The nurse promotes advance planning of healthcare decisions and/or living wills and ensures that they are respected, within the framework of legislation currently in force.

# Privacy and Confidentiality

*As nurses, we recognise the importance of preserving privacy and confidentiality and we protect these rights in the professional relationship in order to guarantee the wellbeing of the person attended to in the care process, within the framework of a relationship of trust.*

## Privacy

41. The nurse guarantees an environment that preserves privacy throughout the whole healthcare process, in coherence with the way that the person attended to understands and experiences it.
42. The nurse avoids making value judgements on the thoughts, emotions, beliefs and values of the person attended to which could condition the attention provided.
43. The nurse preserves and safeguards the physical privacy of the person attended to during the care process, endeavouring to keep exposure to the essential minimum and avoiding it before other users or people not participating in the healthcare process.
44. The nurse informs and requests the permission of the person attended to for any type of intrusion into the human body or any other aspect that infringes his privacy.
45. The nurse gives special attention to guaranteeing that conversations with the person attended to and significant others are carried out in a setting that respects privacy.
46. The nurse explains the objective of the data collection and ensures that she only asks for that which is justifiably necessary in order to provide quality nursing care. In the case of a possible infringement of the privacy of the person attended to, the nurse asks for the essential information, is

careful in the records and respects the possibility that the person might not respond.

## Confidentiality

47. The nurse keeps all the information that the person attended to has entrusted to her or that she has obtained in the course of her professional work. She acts with discretion both within and outside the work setting, with the aim of not revealing information about the person attended to, either directly or indirectly.
48. The nurse keeps confidentiality even when the healthcare process has terminated, and also after the death of the person attended to.
49. When sharing information with other members of the health team, the nurse ensures that the only object of communication will be that which could be to the benefit of the person attended to and she safeguards against the infringement of shared patient confidentiality.
50. The nurse has the obligation of demanding maximum discretion on the part of those who form part of the healthcare process, whether they be health professionals or not, and she has to safeguard against the divulging of information regarding the person attended to.
51. The nurse ensures that all information recorded regarding the person attended to is well protected, and she safeguards against any infringement of confidentiality in the use of the records and of the communications in paper, digital or audiovisual format.
52. The nurse abstains from accessing information about people that she is not attending to and, when using it outside the healthcare setting for the purposes of teaching and research, she preserves their anonymity and counts on the consent of the person or of his legal representative, and/or the authorisation of the corresponding ethical research committee.
53. The nurse warns the person who improperly consults or divulges confidential information, and carries out appropriate measures in accordance with the gravity of the situation.



54. The nurse defends the exercising of people's rights to have access to their own health records and to having their own copy.
55. The nurse provides the reports on the nursing care process whenever requested to do so by the person attended to, or whenever it is necessary to communication between professionals or institutions with the aim of continuing the therapeutic process, in accordance with the confidentiality regulations.
56. The nurse assesses to what extent she should maintain confidentiality when:
  - a. Filling out forms, certificates or communications corresponding to a legal obligation.
  - b. Revealing information in order to avoid danger or important harm to other people or to the collective group.
  - c. The maintaining of confidentiality places the very life of the person attended to at risk.
  - d. The person attended to expressly authorises and consents to the disclosure of information.
  - e. Responding to requirements of the Ombudsman, Public Prosecutor's Office, Judges, Tribunals, or other institutions determined by law, in the exercising of the functions attributed to them, mentioning her duty of confidentiality.



# Social Justice

*As nurses, we make a commitment to treating people equally and to guaranteeing equitable access to nursing care, bearing in mind the global nature of society and favouring the common good.*

57. The nurse cannot discriminate against anyone on the grounds of age, sex, gender, sexual orientation, ethnic group, place of origin, language, culture, opinion, political ideology, religious and/or spiritual beliefs, social or economic circumstances or state of health.
58. The nurse respects the human rights of the person attended to and assumes the responsibility for generating social awareness in the face of the infringement of these rights, especially in situations of violence, poverty, hunger, maltreatment and/or exploitation; situations which have to be officially reported.
59. The nurse has a duty to attend to all people with the same degree of humane and technical quality, as well as ensuring that the other professionals proceed in the same way.
60. The nurse endeavours to ensure that all people have access to nursing care, treatments and healthcare and social resources according to their health situation, especially when dealing with vulnerable people.
61. The nurse knows the importance of social determinants of health and undertakes the commitment to reduce the iniquities that they generate.
62. The nurse defends the equitable distribution of healthcare resources, as well as the efficient management of health services, and collaborates in the education of citizens to use them responsibly.

63. When the nurse acts as the main researcher or collaborates in research she ensures that the rights of people are protected and endeavours to make the results of the research available to the whole population.

# Professional Commitment

*As nurses, we recognise the importance of the nursing profession in the heart of society, and to this end we undertake the commitment to develop and improve it.*

## Relationship with Colleagues, the Care Team and the Health Team

64. The relationships between the nurse and the members of the care team and of the health team have to be based on mutual respect, collaboration and the respective responsibilities and/or professional competencies.
65. The nurse uses the resources and professional channels in order to resolve discrepancies between professionals.
66. In situations of conflict in the health team, the nurse promotes respectful dialogue and endeavours to make the solutions that are reached respect all the people involved.
67. If the nurse identifies prejudicial behaviour —aggressive, intimidating or abusive— between members of the team, she will formally report it to the corresponding authority or person and will endeavour to ensure conflict resolution.
68. When the nurse observes that a member of the health team could place the life of the person attended to at risk, she has a duty to prevent the risk that this could entail. If the situation is not resolved, she will formally report it to the corresponding authority or person.
69. The nurse acts with professional criterion according to her competencies. If she considers that any instruction that she receives from other professionals of the health team is erroneous and/or could cause harm to the person attended to, she will endeavour for it not to be carried out, she will abstain

from participating and will report her decision to the corresponding authority or person.

## Training

70. The nurse undertakes the commitment to update her competency throughout her whole professional career.
71. The nurse, in coherence with the development of the profession, is committed to the training of nurses on all levels (basic, specialised, further and continuous training, and to that of other professional groups that require her collaboration.
72. The nurse collaborates in the training of nursing students, creating an environment favourable to learning and transmitting the values, knowledge and skills characteristic of the profession. She takes responsibility for the activities that the students carry out throughout the course of their learning and should adapt clinical interventions to their level of competence.
73. The nurse promises to introduce the student to the person attended to, whose consent she should request for the student to be allowed to participate in his process of care.
74. The nurse ensures that nursing students are aware of the regulations that govern the practising of the profession and the standards of the code, that they familiarise themselves with them and put them into practice.

## Environment

75. The nurse endeavours to ensure a sustainable environment, both ecologically and economically. She protects it from contamination, degradation, impoverishment and destruction in order to promote the health and wellbeing of the population.
76. In carrying out her profession the nurse endeavours to use all resources in an efficient way, applies strategies to achieve sustainable use and contributes towards the education of people and communities.

## Social Communication

77. The nurse will not make false or fraudulent statements or ones that lead to deception, nor will she make bad use of the media or social networks.
78. The nurse is committed to communicating in an honest way the procedures, results, implications, limitations and conclusions of research studies and of new professional knowledge.

## Conscientious Objection

79. The nurse acts in accordance with the professional principles and values, but should she consider certain practices to be contrary to her moral beliefs then she has the right to conscientious objection.
80. When the nurse invokes conscientious objection she bears in mind that:
  - a. The argument has to have moral content.
  - b. It is coherent with her values and behaviour.
  - c. The decision is of an individual nature and for a specific action.
  - d. It has to be communicated previously in a reasonable and reasoned way.
  - e. Her participation is required for the intervention or procedure to which she objects.
  - f. The person attended to does not remain unprotected as regards his rights to healthcare.
  - g. She cannot refuse to provide nursing care resulting from the situation to which she has objected.
81. The nurse cannot invoke conscientious objection in the face of an emergency situation that entails a life-threatening risk for the person attended to.

## Strike action

82. The nurse may exercise the right to strike for reasons of professional interests and for the improvement of the service that she provides for people, families or the community.
83. On calling and/or joining a strike the nurse is aware of the end pursued, of the values and arguments that it is based on and of the foreseeable con-

sequences, both those desired and those known as “collateral damage”, which she should assume coherently.

84. The nurse who exercises her right to strike ensures that the measures necessary to guarantee nursing care have been established and she safeguards against the life and safety of the people attended to being placed in danger.
85. The nurse should ensure that, on agreeing to “minimum services”, nurses have participated in the agreement, in order to thus guarantee that this is borne in mind both with basic nursing care and techniques stemming from therapeutics, especially when people who are in a situation of dependence may be seen to be involved.

## **Economy**

86. The nurse has the right to receive fair pay in her professional capacity, in accordance with her professional qualification, but she will never give priority to profit over the professional objective.
87. The nurse acts with efficiency, drawing up strategies that guarantee necessary nursing care, especially when there is a lack of resources.
88. The nurse accepts responsibility for a good use of time, of the materials and of the resources that she uses in professional practice.
89. The nurse, in exercising her profession, does not intervene directly or indirectly in advertising, sales or the promotion of commercial products when the profit-making purposes prevail over the benefit of the person attended to or society.

## **Professional Bodies**

90. The nurse, both personally and by participating in professional colleges and associations, contributes towards the defence of professional nursing values and principles, with the aim of maintaining the integrity of the profession and its practice to the benefit of the wellbeing of society.
91. The nurse, both personally and by participating in professional colleges and associations, stimulates critical self-reflection regarding the nursing practice



in order to guarantee the development and improvement of the profession, as well as an attitude of respect for the ethical values of the profession.

92. The nurse, both personally and by participating in professional colleges and associations, works towards the nursing contribution being present in the planning and remodelling of, academic and social, health policies and endeavours to ensure that the legislation that affects accessibility, quality and health costs is adapted to the needs of people.
93. The nurse, both personally and by participating in professional colleges and associations, endeavours to ensure the development of the professional competencies themselves and the good name of the profession.
94. The nurse actively contributes towards the good functioning of the professional bodies– colleges, associations and other institutions – with the aim of improving professional development.
95. The nurse accepts joint responsibility for the observance of the code and, if it is not complied with, she acts personally and/or through professional colleges, associations or health or social institutions.

**We as nurses, in the practice of the profession,  
are governed by the standards contained within this code,  
and for this reason we have an obligation to fulfil them.**





# Glossary

This glossary specifies the meaning of some terms or expressions that, due to their frequency or relevance in the text, require greater precision so that they can be interpreted properly.

- **Advance Planning of Healthcare Decisions (ACP):** Process in which the healthcare professional, together with the person attended to, in foreseeing future situations of illness, plan the healthcare decisions that should be taken.
- **Autonomy:** The capacity to act freely; i.e. to make decisions and to act in accordance with personal values, beliefs and interests.
- **Care Process:** The set of deliberate actions that the nurse carries out in a specific order with the aim of ensuring that the person whose health requires attention receives the best nursing care possible.
- **Care Team:** The team, in which nurses and other staff linked to the act of caring, such as nursing assistants and/or contracted caregivers are involved.
- **Caring:** To provide a response to the uniqueness of people and of their health experiences, illness, weaknesses, disabilities and health-related occurrences

connected to life in whatever setting in which they are found. This response could be physiological, psychological, social, cultural or spiritual and is often a combination of all of them (Royal College of Nursing: 2003).

- **Compassionate Care:** Care capable of communicating, through the spoken word and body language, the hope and intention of alleviating the suffering of the other person. Compassion should co-exist with competence (*Code de déontologie des infirmières et infirmiers du Canada*: 2008). “Compassion is a relationship process in which someone perceives the suffering of another and experiences an emotional sensation regarding this suffering which induces him to act in order to alleviate and mitigate the pain” (Dutton, J., Lilius, J. and Kanov, J.: 2007).
- **Confidentiality:** The ethical and legal commitment not to divulge information obtained during the practising of the profession, with the objective of protecting the privacy of the person.
- **Conscientious Objection:** Objection to carrying out an obligation because it enters into conflict with one’s own moral values.
- **Council of Nurses:** A democratic professional organisation that, on the one hand, has the purpose of ensuring that the population receives professional practice adapted to their interests and needs and, on the other hand, which has the responsibility of representing the professionals, guaranteeing their rights and defending the profession. The professional college defines, collegially, the standards and ethical duties of good professional practice and ensures their observance.
- **Decision Making:** The option taken after a process of deliberation that aims to seek the best alternative possible from amongst those presented. It requires possessing certain knowledge, sufficient ability for analysis and sensitivity.
- **Delegate:** Authorising someone to do something in one’s own name. The authority and capacity to do something is delegated but not the possession of the title itself and therefore neither is the responsibility.
- **Dignity:** An inherent quality of the person that bestows an unconditional value on him such that he is worthy of respect and consideration.

- **Equality:** The criterion which defends the position that all people should have the same opportunities, rights and access to social benefits, and also the same status as citizens and before the law. (Thompson, I., Melia, K., Boyd, K. and Horsburgh, D.: 2006).
- **Equity:** The generic term is used as a synonym for social justice (Rawls, J.: 2003).
- **Ethnic Group:** A group of people who share the same culture.
- **Family and/or Significant Others:** These are the people who are important to the person attended to, with the consent of whom they participate in his care.
- **Foregoing Life-Sustaining Treatment:** The suspension (withdrawal) or non-application (withholding) of medical treatments and/or of the artificial life-support techniques, such as enteral and parenteral nutrition, when these measures cannot improve the health situation or problem of the person, nor improve his quality of life.
- **Gender:** This refers to the social concepts of the functions, behaviour, activities and attributes that each society considers appropriate for men and women. The different functions and behaviour patterns could generate gender-based injustice, i.e. differences between men and women that systematically favour one of the two groups (World Health Organization: 2002).
- **Health Records:** The register, from a healthcare and legal perspective, in which are collated the set of documents relating to the healthcare process of each person, identifying the professionals who have been involved.
- **Health Team:** The team in which different healthcare professionals are involved.
- **Healthcare Process:** The set of actions that different healthcare professionals carry out in medical attention provided for the health of the person attended to.
- **Ideal of a Good Death:** The mental representation regarding the way in which each person would like his end of life to be.

- **Incapacity:** The limitation of the capacity to act freely and responsibly of a person. Incapacity is legal when it is due to judicial ruling or minority (Societat Catalana d'Estudis Jurídics (Catalan Society of Legal Studies): 2010. Adaptation of the *Diccionari jurídic català (Catalan Legal Dictionary)*).
- **Inequity:** **1/ In Health:** differences in health which are unnecessary, avoidable and unjust (Whitehead, M.: 1992). **2/ In the Health Service:** related to access i.e. with the equality of opportunities that different groups of the population have before the same need of entering into the health service, independent of their geographic location, culture, gender or sexual orientation etc. (Whitehead, M.: 1992).
- **Informed Consent:** The authorisation of an intervention and/or of care by a competent person after having been properly informed.
- **Learning:** The educational process the purpose of which is the acquiring of new knowledge, skills and/or attitudes. This process is significant when the learning provokes a change in conduct.
- **Living Wills:** **1/ Concept:** Verbal or written statements directed towards healthcare professionals regarding the healthcare that a person wishes to be borne in mind if one day he can no longer express them. **2/ Living Will:** A document directed towards the healthcare team in which a person of legal age, freely and with sufficient capacity, expresses the instructions that should be borne in mind if he finds himself in a situation in which he cannot personally express his own will. In this document the person may also appoint a representative, who is the valid and necessary spokesperson substituting him in the case of his not being able to express his will for himself.
- **Moral Beliefs:** Values that a person adheres to and those make sense of his life and guide his conduct. They are developed in the heart of cultures and of social groups.
- **Nursing Care:** Care guided by its own disciplinary conceptualisation that the nursing professional carries out with autonomy and responsibility (TERMCAT, Centre for Terminology: 2008).
- **Privacy:** This makes reference to the inner part of the person, that which each person considers to be the most reserved part of himself; it contains a physical dimension and a psychological one.

- **Professional Commitment:** Connection to the values of the profession. Throughout her experience the nurse acquires the capacity for commitment in order to materialise the values of the profession, develop them and adapt them to the ever-changing situations.
- **Professional Competence:** The set of skills, attitudes and knowledge for decision-making that enable professional action to be placed at a demandable level at any time (Catalan Council of Specialities in Health Science: 1997)
- **Professional Encroachment:** This consists of carrying out the activities characteristic of a profession without the necessary legal recognition i.e. without the official qualification necessary that guarantees the basic knowledge to practise it.
- **Register:** Written evidence of a fact. Nursing registers form part of the health records and record the planning, development and assessment of nursing care.
- **Rejection of Treatment:** The exercising of autonomy by the person attended to through the non-acceptance of the treatment or care proposed.
- **Representative:** Responsible for the decision-making of a person who cannot decide for himself. The representative has to act in defence of the interests of the person he represents.
- **Safety:** The set of actions that are carried out before a situation of vulnerability, applying preventative measures and adapting effective approach strategies in order to provide a response to personal and social demands.
- **Sedation:** The deliberate reduction of the level of consciousness of the patient through the administration of appropriate medication with the aim of avoiding the intense suffering caused by one or more refractory symptoms (Organización Médica Colegial (OMC) (Collegiate Medical Organization). Sociedad Española de Cuidados Paliativos – SECPAL (Spanish Society of Palliative Care)).
- **Shared Patient Confidentiality:** The upholding, within a team, of the confidentiality of all the data regarding the person attended to.
- **Social Determinants:** Circumstances in the heart of which people are born, grow up, live, work and get old, as well as those systems established to com-

bat illnesses. These circumstances are made up of a broader set of economic, social, regulatory and political forces. (World Health Organization: 2005).

- **Strike action:** This is the cessation of work of a collective group in order to defend its professional interests when all channels of dialogue have broken down.





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