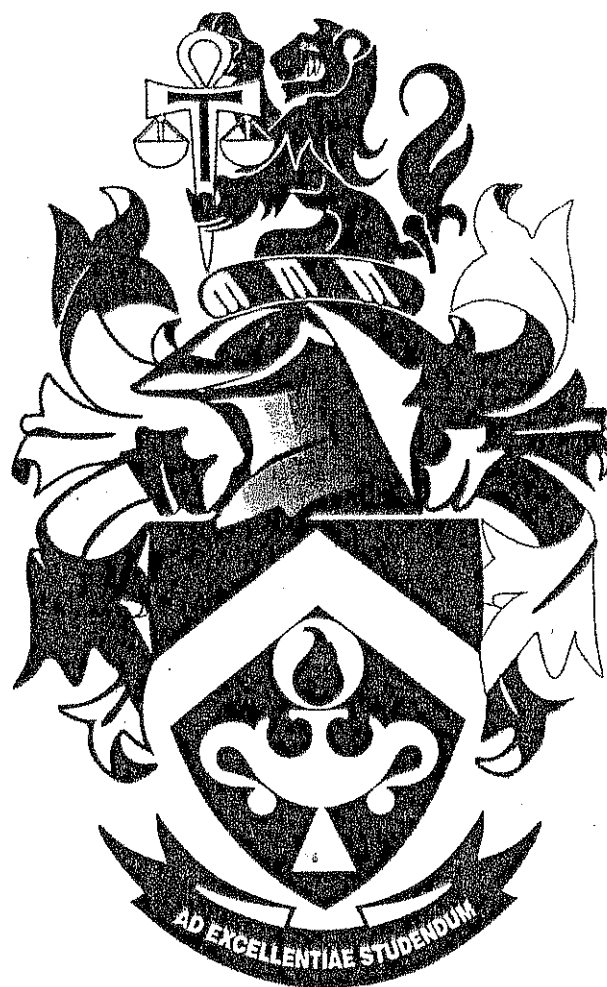


SOUTH AFRICAN NURSING COUNCIL



THE SOUTH AFRICAN NURSING COUNCIL

ETHICAL STANDARDS

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1. THE NATURE OF NURSING ETHICS AND ETHICAL PROBLEMS

From the perspective of the Council -

NURSING ETHICS is concerned with the code of conduct for safe nursing practice⁽²⁾.

An ETHICAL PROBLEM arises when, in the course of the practice of his/her profession, the conduct of the nurse is in conflict with the -

- * preservation of human life
- * regard for man as a total being
- * recognition of man's uniqueness and his personal values, beliefs and traditions
- * preservation of human dignity
- * freedom of choice of a person who is competent to make an independent decision
- * preservation and enhancement of the health of the individual
- * right of the individual and community to a nursing service.

An ethical problem also arises when the CONDUCT of the nurse adversely affects the image of the profession.

(2). REFER TO THE RULES PUBLISHED UNDER GOVERNMENT NOTICE NO R. 387 OF 15 FEBRUARY 1985, IN TERMS OF SECTION 35 OF THE NURSING ACT, 1978 (ACT 50 OF 1978).

2. VALUES FUNDAMENTAL TO NURSING

The following values are fundamental to nursing:

- RESPECT

- * for the person as a total being
 - > his/her body, psyche, spirit
 - > his/her individuality, beliefs and traditions
 - > his/her privacy and right to confidentiality
 - > his/her right to decision making regarding his/her care
 - > his/her possessions
 - > his/her vulnerability, being conscious or unconscious, in the absence of the necessary strength, will or knowledge

- * for human life
 - > the value of life
 - > the beginning and end of life
 - > the vulnerability of life
 - > the quality of life

- COMMITMENT to accountable safe practice

- Compassionate INVOLVEMENT

- Personal INTEGRITY

3. THE RIGHTS OF THE PATIENT

The starting point in considering the rights of the patient lies -

- first, in the principles inherent in the concept of the individual as a NATURAL PERSON, namely the inalienable right of the person to the safety and integrity of his/her person, property, privacy and confidentiality;
- secondly, in the principle that the safety and the lawful rights of the members of society under normal circumstances may never be placed in jeopardy by the exercising of individual rights.

3.1 The rights of the patient embrace inter alia the right to -

- * consideration and respect, privacy and confidentiality⁽³⁾;
- * unconditional acceptance as a human being;
- * safe and adequate nursing care in accordance with his/her specific needs;
- * continuity of nursing in accordance with his/her specific needs;
- * informed, voluntary decision-making regarding consent and refusal;
- * confirmation of his/her identity for purposes of diagnosis, care and treatment;
- * protection against exposure to potentially harmful conditions; and
- * correct labelling of his/her
 - > person
 - > possessions
 - > specimens for investigation purposes
 - > records, including visual, diagnostic and monitoring records and reports, and
 - > his/her body, in the case of death
- * reasonable expectations regarding his/her treatment and nursing;
- * protection against cross-infection and communicable diseases, including protection against a nurse who is a carrier or suffering from an infective condition;
- * receive prescribed treatment and nursing;
- * die with dignity.

3.2 THE RIGHTS OF THE PATIENT WITH SPECIAL NEEDS

3.2.1 The high-risk newborn infant

The high-risk newborn infant includes inter alia the underdeveloped premature and the severely deformed newborn. These babies have the right to -

- * accurate recording of the moment of birth;
- * basic nursing, i.e.
 - protection and safety;
 - maintenance of body temperature;
 - maintenance of fluid intake and nutrition;
 - maintenance of physical cleanliness and comfort;
 - warmth and cuddling;
- * appropriate religious observances.

All newborn infants are regarded as being at risk.

3.2.2 The unusually vulnerable patient

The unusually vulnerable patient includes inter alia, the unborn child, the infant and the child; the pregnant woman and the woman in labour; the elderly; the unconscious; the person with limb, sensory, learning or social disability/impairment; the mentally disturbed person; the patient in pain; and the dying patient. These persons are nursed as high-risk patients, and have the right to -

- * protection of their person, privacy, confidentiality and property;
- * basic nursing, which includes the maintenance of physical cleanliness and comfort, physiological homeostasis, physical mobility and skin integrity;
- * nursing in which monitoring, carefulness and promptness, according to the specific needs of the patient, are accentuated;
- * nursing advocacy according to individual needs;
- * careful mediatory and co-ordinating nursing in the multi-disciplinary team context;
- * informed, voluntary decision-making regarding consent and refusal where possible;
- * protection of self from their own limitations of reasoning and judgement.

The dying patient has the following ADDITIONAL rights.
The right to -

- * the most appropriate available assistance to draw up his/her last will;
- * a peaceful and dignified death;
- * the presence of relatives and/or persons of his/her choice;
- * appropriate religious attention/observances;
- * accurate recording of the moment of death;
- * protection of his/her body, identity and immediate personal belongings.

The active terminating of life is unlawful, except when done in accordance with an Act of Parliament. Therefore, neither the existence of a "Living Will" nor a request by a patient or any other person can impose on the nurse a duty to withdraw life support measures, to terminate a life or to hasten the moment of death.

3.2.3 The HIV-positive patient and the patient with AIDS

The ethical problems associated with the nursing of such patients arise mainly from faulty perceptions. These patients have the right to -

- * confidentiality;
- * non-judgemental, effective nursing according to personal needs;
- * empathy for the social dilemma of the HIV-positive patient and the patient with AIDS;
- * expert accompaniment for themselves, the family and community in order to continue a normal responsible life;
- * protection and life, in the case of the unborn child.

3.3 THE RIGHT TO INDEPENDENT DECISION-MAKING

This implies informed decision-making with regard to the acceptance or refusal of treatment/nursing by a person who is legally and otherwise competent to make independent decisions with regard to his/her own treatment/nursing.

4. CONFLICTING VALUES, BELIEFS AND TRADITIONS

4.1 INTER- AND INTRA-DISCIPLINARY CONFLICT

The nurse has co-responsibility within the professional health team for the treatment of the patient. Professionally, he/she is personally accountable for carrying-out the treatment.

Therefore, the nurse must ensure continuously that he/she has the knowledge/skill to carry out treatment and prescriptions without endangering the safety and well-being of the patient.

He/She will be held professionally accountable for any participation in criminal acts or other actions or omissions conflicting with this principle.

Obviously, involvement in a criminal act also exposes him/her to the process of normal criminal procedures.

The nurse does not carry out treatment prescribed for the patient if he/she suspects that such prescription or treatment is unlawful or is likely to be detrimental to the patient if it is carried out.

In such a case, he/she is obliged to inform the person who prescribed the treatment immediately and in person of his/her refusal to carry out the prescription. The patient's record must be endorsed - "prescription not carried out and (name of prescriber) informed" - and the date and time added together with the nurse's full signature.

In a situation where the life or well-being of the patient is endangered or harmed as a result of suspected unlawful or negligent acts or omissions the nurse is, however, obliged to -

- * undertake the necessary preventive and/or life-saving measures;
- * endorse the patient's record accordingly.

In all cases the nurse must notify the appropriate authority regarding his/her acts or omissions and account for these immediately and in writing.

4.2 SOCIAL VS PROFESSIONAL NORMS AND VALUES

Where contemporary social norms are in conflict with professional norms relating to the dignity and value of human life, the professional norms apply for the nurse.

He/She has a duty to re-affirm the professional standpoint and to furnish correct information to ensure that wrong perceptions and ignorance are dispelled.

The same principle holds where social norms, contemporary social practices and social pressure disregard and/or undermine the health of the nation.

4.3 CONFLICT OF NORMS, VALUES, BELIEFS AND TRADITIONS WITHIN THE NURSING PROFESSION

While such situations could arise in a multi-culturally constituted profession forming part of a pluralistic society, the only yardstick in judging or determining the professional conduct of a nurse is always the health and well-being of the patient.

For example, the procurement of human tissue in whatever form, for unlawful purposes.

5. THE MANIPULATION OF HUMAN PROCREATION

5.1 IN VITRO FERTILISATION AND SURROGACY

It is the duty of the nurse to nurse the patient and, in so doing, to carry out the relevant aspects of his/her scope of practice.

In a situation where the nurse suspects that an unlawful act is being performed, he/she has a duty to withhold his/her services, and to inform the appropriate authority regarding his/her suspicions. Participation in such acts is unethical.

5.2 PREVENTION OF PREGNANCY

From an ethical point of view, the nurse may be confronted most commonly by one of two situations:

- the sexually-active teenager or adolescent requesting contraceptive measures; and
- the adult woman seeking contraceptive measures in various situations where a conflict of interest is involved.

5.2.1 The sexually-active teenager or adolescent requesting contraceptive measures

The actions of the nurse are determined by two considerations, namely -

- that it is imperative that the counselling for this young person should stress the dangers and prevention of sexually-transmitted diseases including HIV-infection, and the personal and social consequences of promiscuity;
- despite the fact that the parents of such a minor may be unaware of the need for such help, the nurse has a responsibility in respect of professional secrecy.

5.2.2 The adult woman seeking contraceptive measures where conflict of interests exists with regard to the prevention of pregnancy.

Examples of such situations are:

- where a woman seeks measures for prevention of pregnancy against the wishes of her husband, the following principles apply -

- * adult interaction between nurse and patient;
 - * the supply by the nurse of such advice and reversible method of contraception as his/her scope of practice permits, in accordance with the patient's needs and with
 - * her informed consent and
 - * professional secrecy is observed.
- where a woman accepts avoidance of pregnancy as a condition of service in an employment situation, the following principles apply -
- * the nurse may not interfere in the contract between employer and employee;
 - * the nurse may provide such advice and reversible method of contraception as his/her scope of practice permits, in accordance with the patient's needs;
 - * provided such measures are provided at the request of the patient and
 - * with her informed consent and
 - * professional secrecy is observed.

Whilst it is ethical in such cases for the nurse to remind the patient on a regular basis of the importance of maintaining contraception efficacy, it is unethical for him/her to enforce compliance - this remains the choice of the patient.

The nurse is not accountable for a patient's informed decision to discontinue a contraceptive regimen.

5.3 RESEARCH OR TRADE IN PRODUCTS OF CONCEPTION

It is unethical for the nurse to participate in the termination of pregnancy for the purposes of research or trade in embryonic tissue, the foetus and/or placenta. (Trading in the products of conception is illegal in terms of section 19 of Act 65 of 1983, as amended by Act 51 of 1989.)

The same principle applies in respect of experimentation on a living foetus or any form of experimentation or trade with the child.

5.4 INTERFERENCE WITH PREGNANCY

The following principles apply bearing in mind any legislation applicable to the termination of pregnancy:

5.4.1 In respect of the unborn child -

5.4.1.1 The necessity for respect for, and conservation of life as a professional norm (see paragraph 3)

5.4.1.2 The needs and rights of the unborn from the stage of fertilisation, as an unusually vulnerable patient (see paragraph 3.2.2 and 3.2.3)

5.4.2 In respect of the mother -

5.4.2.1 The necessity for respect for, and conservation of life as a professional norm (see paragraph 3)

5.4.2.2 The needs and rights of the mother regarding nursing and the protection of her person (see paragraph 3.2.2 and 3.2.3)

5.4.2.3 Notwithstanding his/her personal convictions, the nurse has a duty to ensure that the patient is nursed in accordance with her needs.

5.4.3) In respect of the nurse -

5.4.3.1 It is a criminal offence and unethical for a nurse to be involved in any way with the procurement of an illegal abortion.

5.4.3.2 The nurse has the right to insist upon an ethical committee in operating theatres to prevent illegal abortions being carried out under the guise of other surgical procedures.

5.4.3.3 It is unethical for the nurse to protect her own moral values at the expense of the patient.

5.4.3.4 If a nurse has conscientious or religious objections to assisting in the avoidance or termination of pregnancy, he/she has a duty to timeously inform his/her employer and the patient in writing.

6. NURSING THE PATIENT WHO IS A PRISONER

The following principles apply in respect of the nursing/care of the various categories of prisoners:

- 6.1 The principles of the Geneva Conventions concerning the rights and duties of health personnel apply with regard to prisoners-of-war.
- 6.2 In his/her professional capacity, the nurse maintains political neutrality. Any deviation from this is unethical because such impartiality provides the basis for mutual trust. Respect and protection of the rights of the patient are indivisibly linked to the duties and responsibilities of the nurse towards such a patient.

In considering the rights of the patient, the Bill of Rights and the Charter of Patient Rights serve as guidelines to the nurse.

The "Rules setting out the acts or omissions in respect of which the Council may take disciplinary steps", published under Government Notice R. 387 of 15 February 1985, as amended, have a direct bearing on this matter. Rules 3, 4 and 5, inter alia, are particularly relevant:

- " 3. Wilful or negligent omission to carry out such acts in respect of the diagnosing, treatment, care, prescribing, collaborating, referral, co-ordinating and patient advocacy as the scope of his profession permits. "
- " 4. Wilful or negligent omission to maintain the health status of a patient under his care or charge, and to protect the name, person and possessions of such a patient, through
- (a) correct patient identification;
 - (b) determining the health status of the patient and the physiological responses of the body to disease conditions, trauma and stress;
 - (c) the correct administration of treatment, medication and care;
 - (d) the prevention of accidents, injury or other trauma;

- (e) the prevention of the spread of infection;
- (f) the checking of all forms of diagnostic and therapeutic interventions for the individual;
- (g) specific care and treatment of the very ill, the disturbed, the confused, the aged, infants and children, the unconscious patient, the patient with communication problems and the vulnerable and high-risk patient; and
- (h) the monitoring of all the vital signs of the patient concerned. "

" 5. Wilful or negligent omission to keep clear and accurate records of all actions which he performs in connection with a patient... "

6.3 The following principles thus apply:

- 6.3.1 It is the professional obligation of a nurse to provide life-saving care and alleviation of pain and suffering;
- 6.3.2 The patient has the right to the protection of his/her physical and mental health, his/her possessions and to whatever treatment and nursing are needed;
- 6.3.3 The nurse may not be involved in any relationship with a prisoner or detainee other than that required to evaluate, protect or improve his/her physical or mental health;
- 6.3.4 It is unethical for the nurse to participate in any procedure for restraining a prisoner or detainee unless medical grounds exist for such a procedure in order to protect the physical or mental health of the prisoner or detainee or of his/her fellow prisoners or detainees;
- 6.3.5 It is unethical for the nurse to participate in any form of interrogation or torture of a prisoner or detainee. In the case of torture, it is unethical for the nurse to conceal knowledge thereof;
- 6.3.6 No person may interfere in any way with the treatment to which a prisoner is entitled. This means that a patient who is a prisoner has the right to receive exactly the same treatment as any other patient.

7.

THE RIGHTS OF THE NURSE

In carrying out his/her duty to patients, the nurse operates within the ethical rules governing the profession and his/her scope of practice.

The confirmation of the rights of the nurse is therefore not an end in itself, but a means of ensuring improved service to patients. To enable the nurse to provide safe, adequate nursing, he/she has the right to insist on -

- practising in accordance with the scope which is legally permissible for his/her specific practice;
- a safe working environment which is compatible with efficient patient care and which is equipped with at least the minimum physical, material and personnel requirements;
- proper orientation and goal-directed in-service education in respect of the modes and methods of treatment and procedures relevant to his/her working situation;
- negotiation with the employer for such continuing professional education as may be directly or indirectly related to his/her responsibilities;
- in the case of a registered person, equal and full participation in such policy determination, planning and decision-making as may concern the treatment and care of the patient;
- advocacy for and protection of patients and personnel for whom he/she has accepted responsibility;
- conscientious objection, provided that -
 - * the employer has been timeously informed in writing
 - * it does not interfere with the safety of the patient and/or interrupt his/her treatment and nursing;

- refusing to carry out a task reasonably regarded as outside the scope of his/her practice and for which he/she has insufficient training or for which he/she has insufficient knowledge and/or skill;
- withholding participation in unethical or incompetent practice;
- written policy guidelines and prescriptions concerning the management of his/her working environment;
- refusing to implement a prescription or to participate in activities which, according to his/her professional knowledge and judgement, are not in the interest of the patient;
- disclosure to him/her of the diagnosis of patients for whom he/she accepts responsibility;
- a working environment which is free of threats, intimidation and/or interference;
- a medical support or referral system to handle emergency situations responsibly.

In addition to the above, the nurse is entitled to his/her rights in terms of the Constitution and relevant labour legislation; Provided that the exercising of such rights does not put at risk the life or health of patients.

8. RESEARCH

8.1 In regard to research in which the nurse is personally involved or in which patients for whom he/she is responsible are involved, it is the nurse's duty to protect and respect the rights of the patient, with specific reference to -

- * maintaining professional secrecy;
- * care and treatment free of threat or risk;
- * voluntary, informed decision-making/consent;
- * protection of an advocacy on behalf of the patient who is not able to make independent decisions.

8.2 Careful observation and record-keeping is the duty of the nurse, since the recording in respect of all observations, nursing activities and treatment may also be used as a data base for research.

8.3 It is unethical for the nurse to wilfully participate in experimental research on patients without the full knowledge and informed consent of the patient.

It is further unethical for the nurse who becomes aware of illegal/unauthorised experimentation on patients to conceal such knowledge.

9. CONDUCT WHICH ADVERSELY AFFECTS THE IMAGE OF THE PROFESSION

"The professionalism of nursing will be achieved through the professionhood of its members ... professionhood focuses on the characteristics of the individual as a member of a profession. Professionalism emphasises the composite character of a profession. "

(Styles, M: 1982:
On Nursing. Toward a New Endowment:
St. Louis: C V Mosby Co.)

The protection and enhancement of the image of the nursing profession and the professional person is the responsibility of every nurse. Thoughtless or deliberate conduct by a nurse which threatens or adversely affects the image of the profession or of a professional person is regarded as being unethical. In this context, "professional person" refers to the nurse, midwife or other members of the health team.

Thoughtless or deliberate conduct in this context refers, inter alia, to -

- * criminal offences of an immoral nature;
- * conduct or omissions which compromise the professional integrity or reputation of another professional person;
- * conduct which causes harm to the person or personality of another individual;
- * disregard for the South African Nursing Council rules of professional conduct;
- * collective conduct by nurses which compromises the nursing of patients.

* * * * *