

CAYMAN ISLANDS



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Cayman Islands Nursing and Midwifery Council



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TABLE OF CONTENTS

PREAMBLE.....	3
PURPOSE OF THE CODE	3
ELEMENTS OF THE CODE	4
CONTEXT OF THE CODE.....	4
THE NATURE OF ETHICS IN NURSING	5
MORAL DISTRESS	6
ETHICAL DECISION-MAKING	7
VALUES.....	8
NURSING VALUES DEFINED	9
EXCELLENT CARE (SAFE, COMPETENT AND ETHICAL)	9
HEALTH AND WELL-BEING	9
CHOICE	9
DIGNITY.....	9
CONFIDENTIALITY	9
JUSTICE.....	9
ACCOUNTABILITY	10
QUALITY PRACTICE ENVIRONMENTS.....	10
NURSING VALUES AND RESPONSIBILITY STATEMENTS	10
SAFE, COMPETENT AND ETHICAL CARE	10
HEALTH AND WELL-BEING	11
CHOICE	12
DIGNITY.....	14
CONFIDENTIALITY	15
JUSTICE.....	16
ACCOUNTABILITY	17
QUALITY PRACTICE ENVIRONMENTS.....	18
Glossary	20
Appendix A	23
SUGGESTIONS FOR APPLICATION OF THE CODE IN SELECTED CIRCUMSTANCES	23
1. STEPS TO ADDRESS INCOMPETENT, UNSAFE AND UNETHICAL CARE	23
2. NURSE MANAGERS/ADMINISTRATORS, PROFESSIONAL ASSOCIATIONS AND CLIENT SAFETY	23
3. CONSIDERATIONS IN STUDENT-TEACHER-CLIENT RELATIONSHIPS	23
4. CONSIDERATIONS IN TAKING JOB ACTION	24
APPENDIX B	25
A CODE OF ETHICS HISTORY	25
Bibliography	26



Cayman Islands

CODE OF ETHICS

For Licensed Nurses

PREAMBLE

The Code is an ethical document. Its sources are the traditional codes of Nursing ethics such as the Florence Nightingale, pledge as well as developments in human rights and recent bioethical discussion. Legislation and court decisions may also influence medical ethics. Nurses should be aware of the legal and regulatory requirements for nursing practice in this jurisdiction. However, the Code may set out different standards of behaviour than does the law.

The Code has been prepared by nurses for nurses. It is based on the fundamental ethical principles of medicine, especially compassion, beneficence non-maleficence, respect for persons and justice. It interprets these principles with respect to the responsibilities of nurses to individual patients, family and significant others, colleagues, other health professionals, and society.

PURPOSE OF THE CODE

The code of ethics for licensed nurses sets out the ethical behaviour expected of licensed nurses in the Cayman Islands. It gives guidance for decision making concerning ethical matters, serves as a means for self-evaluation and self-reflection regarding ethical nursing practice and provides a basis for feedback and peer review. The code delineates what licensed nurses must know about their ethical responsibilities, informs other health care professionals and members of the public about the ethical commitments of nurses and upholds the responsibilities of being a self-regulating profession. This code serves as an ethical basis from which to advocate for quality practice environments with the potential to impact the delivery of safe, competent and ethical nursing care.

While codes of ethics can serve to guide practice, it takes more than knowledge of general rules to ensure ethical practice. Sensitivity and receptivity to ethical questions must be part of nurses' basic education and should evolve as nurses develop their professional practice. Nursing practice involves attention to ethics at various levels; the individual person, the health care agency or program, the community, society and internationally.

ELEMENTS OF THE CODE

The elements of this documents include:-

- A preamble highlighting changes influencing nursing practice;
 - A description of the nature of ethics in nursing;
- (1) In this document the terms moral and ethical are used interchangeably based upon consultation with nurse-ethicists and philosophers, while acknowledging that not everyone share this usage.
- (2) In this document, nursing practice refers to all nurses' professional activities, inclusive of nursing education, administration, research and clinical or public health practice.
- A definition of values and the importance of relationship for ethical practice;
 - A description of the eight values of the code;
 - Explanatory responsibility statements based upon each value;
 - Glossary;
 - Specific applications of the code (Appendix A)
 - Ethics reading resources.

CONTEXT OF THE CODE

The Cayman Islands Nursing and Midwifery Council (CNWC) code of ethics reflects changes in social values and conditions that affect the health care system and create both new challenges and opportunities for the ethical practice of nursing. Examples of such challenges and opportunities are briefly below.

- (3) Nurses have become more autonomous in their practice as a function of the development of nursing knowledge and research and changing patterns of care. For example, day surgeries and shortened lengths of stays have led to nurses caring for people with complex care needs across acute, continuing, community and home care settings. With less direct supervision, greater individual accountability for safe, competent and ethical care is needed.
- Nurses have greater opportunities to provide benefit to people and communities through integrated teamwork. Effective teamwork requires clear and respectful communication which is essential to providing quality care. This goal has been difficult to achieve due to fiscal and systemic constraints.
 - Traditionally nurses have been leaders in health promotion and primary health care, often in remote areas, and now increasingly in the community. These roles have become more important in the evolving climate of health care reform. Further, the emergence of communicable diseases, once thought-conquered, and new infectious diseases have created serious public health challenges and reinforces the reality of the global community.
 - The biological/genetic revolution, as well as other emerging technologies, raise profound changes in the human capacity to control disease and human reproduction as well as to govern access to health information. Comparable philosophical development in considering the ethics of these advances is, as yet, limited. The public needs knowledge and ethical guidance to make well-informed choices about the appropriate use of many of these advances.
 - The adoption of a business approach to health care reform involves values of efficiency guided by outcome measures and often a re-orientation of priorities. Many have concerns that the values inherent in an industrial and/or for-profit approach could replace fundamental values underlying health care in the Cayman Islands, such as provision for the care of vulnerable persons (e.g. elderly), enhancing quality of life and solidarity in community. This might reflect a shift in public values.

THE NATURE OF ETHICS IN NURSING

The ability nurses to engage in ethical practice in everyday work and to deal with ethical situations, problems and concerns can be the result of decisions made at a variety of levels – individual, organizational, regional, provincial, national and international. Differing responsibilities, capabilities and ways of working toward change also exist at these various levels. For all contexts and levels of decision-

making, the code offers guidance for providing care that is congruent with ethical practice and for actively influencing and participating in policy development, review and revision.

The complex issues in nursing practice have both legal and ethical dimensions. An ideal system of law would be compatible with ethics, in that adherence to the law should never require the violation of ethics. There may be situations in which nurses need to take collective action to change a law that is incompatible with ethics. Still, the domains of the law and ethics remain distinct, and the code addresses ethical responsibilities only.

The Code is not, and cannot be, exhaustive. Its statements are general in nature, to be interpreted and applied in particular situations. Specific ethical issues such as abortion, transplantation and euthanasia are not mentioned. These can be described in several ways. Description allows nurses to name their source of discomfort, a first step in addressing these ethical situations.

Everyday ethics: the way nurses approach their practice and reflect on their ethical commitment to the people they serve. It involves the nurses' attention to common ethical events such as protecting a person's physical privacy.

Ethical violations: neglecting fundamental nursing obligations in a situation where the nurse knows that the action or lack of action is not appropriate.

Ethical dilemmas: situations arising when equally compelling ethical reasons both for and against a particular course of action are recognized and a decision must be made, for example, caring for a young teenager who is refusing treatment.

Ethical distress: situations in which nurses cannot fulfil their ethical obligations and commitments (i.e. their moral agency), or they fail to pursue what they believe to be the right course of action, or fail to live up to their own expectation of ethical practice, for one or more of the following reasons: error in judgement, insufficient personal resolve or other circumstances truly beyond their control (Webster & Baylis, 2000). They may feel guilt, concern or distaste as a result.

- (3) In this document the terms 'people they serve', 'person' or 'individual' refers to the patient, the client, the individual, family, group or community for whom care and/or health promotion assistance is provided.

MORAL DISTRESS

The term moral distress originated when a **philosopher, Andrew** Jameton recognized that nurses' stories of "moral dilemmas" did not meet the criteria for "dilemma."

Jameton concluded that nurses were compelled to tell these stories because of their profound suffering and their beliefs about importance of the situations (1993). Jameton initially defined moral distress as follows:- “Moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action” (1984, p. 6). Based upon Jameton’s work, Wilkinson (1987-88) further stipulated that nurses experience moral distress when their actions violate personal beliefs. Jameton (1993) agreed with Wilkinson’s stipulation, saying that in cases of moral distress, nurses participate in the action which they have judged to be morally wrong.

Refining the definitions of offering examples for clarification, nearly every subsequent source relies on either Jameton’s or Wilkinson’s definitions. Following are some examples: Fenton writes, “Moral distress is the disturbing emotional response which arises when one is required to act in a manner which violates personal beliefs and values about right and wrong” (1988, p. 8). Others create definitions through example-sometimes substituting the terms dilemma or stress for moral distress. Davies et. Al. (1996) describe nurses’ experiences with children dying of terminal illness as follows,” ... they struggled with the dilemma [moral distress] between their obligation to follow.

Moral Residue: “... that which each of us carries with us from those times in our lives when in the face of ethical distress we have seriously compromised ourselves or allowed ourselves to be compromised” (Webster & Baylis, 2002, p. 218). Moral residue may, for example, be an outcome for some nurses who are required to implement behaviour modification strategies in the treatment of mentally ill persons (Mitchell, 20012).

Ethical uncertainty: arises when one is unsure what ethical principles or values to apply or even what the moral problem is (Jameton, 1984). Nurses may experience ethical situations differently. Regardless of this, the code provides guidelines for reflection and guides to action, and is intended to assist nurses through these experiences. Naming situations can be a turning point from which nurses can begin to address difficult situations, for example, dealing with ethical distress and moral residue can often lead to “defining moments” in one’s career (e.g., if the nurse determines that this specific situation shall not occur again), thus allowing for positive outcomes to emerge from a difficult experience.

ETHICAL DECISION-MAKING

The Code of Ethics for Registered Nurses is structured around eight primary values that are central to ethical nursing practice:

- Safe, competent and ethical care
- Health and well-being

- Choice
- Dignity
- Confidentiality
- Justice
- Accountability
- Quality practice environments

With each value, specific responsibility statements are provided. Ethical reflection, which begins with a review of one's own ethics, and judgment are required to determine how a particular value or responsibility applies in a particular nursing context. There is room within the profession for disagreement among nurses about the relative weight of different ethical values and principles. More than one proposed intervention may be ethical and reflective of good practice. Discussion and questioning are extremely helpful in the resolution of ethical issues. As appropriate, persons in care, colleagues in nursing and other disciplines, professional nurses' association, colleges, ethics committees and other experts should be included in discussions about ethical problems. In addition legislation, standards of practice, policies and guidelines of professional nurses' associations, colleges and nurses' unions may also assist in problem-solving.

VALUES

A value is a belief or attitude about the importance of a goal, an object, a principle or a behaviour. People may hold conflicting values and often may not be aware of their own values. Values refer to ideals that are desirable in themselves and not simply as a means to get something else. The values articulated in his code are grounded in the professional nursing relationship with individuals and indicate what nurses care about in that relationship. For example, to identify health and well-being as a value is to say that nurses care for and about the health and well-being of the people they serve. This relationship presupposes a certain measure of trust on the part of the person served. Care and trust complement one another in professional nursing relationships. Both hinge on the values identified in the code. By upholding these values in practice, nurses earn and maintain the trust of those in their care. For each of the values, the scope of responsibilities identified extends beyond individuals to include families, communities and society.

It should be noted that nurses' responsibilities to enact the values of the code cannot be separated from the responsibilities for other health care providers, health care agencies and policy makers at national and international levels to foster health care delivery environments supporting ethical practice. While the code cannot enforce responsibilities outside of nursing, it can provide a powerful instrument for nurses when they are concerned about being able to practice ethically.

NURSING VALUES DEFINED

Excellent care (Safe, competent and ethical)

Nurses value the ability to provide safe, competent and ethical care that allows them to fulfil their ethical and professional obligations to the people they serve.

Health and well-being

Nurses value health promotion, education and well-being and assisting persons to achieve their optimum level of health in situations of normal health, illness, injury, disability or at the end of life.

Choice

Nurses respect and promote the autonomy of persons and help them to express their health needs and values and also to obtain desired information and services so they can make informed decisions.

Dignity

Nurses recognize and respect the inherent worth of each person and advocate for respectful treatment of all persons.

Confidentiality

Nurses safeguard information learned in the context of a professional relationship, and ensure it is shared outside the health care team only with the person's informed consent, or as may be legally required, or where the failure to disclose would cause significant harm.

Justice

Nurses uphold principles of equity and fairness to assist persons in receiving a share of health services and resources proportionate to their needs and in promoting social justice.

Accountability

Nurses are answerable for their practice, and they act in a manner consistent with their professional responsibilities and standards of practice.

Quality Practice Environments

Nurses' value and advocate for practice environments that have the organizational structures and resources necessary to ensure safety, support and respect for all persons in the work setting.

NURSING VALUES AND RESPONSIBILITY STATEMENTS

Safe, Competent and Ethical Care

Nurses value the ability to provide safe, competent and ethical care that allows them to fulfil their ethical and professional obligations to the people they serve.

1. Nurses must strive for the highest quality of care achievable.
2. Nurses must recognize that they have the ability to engage in determining and expressing their own moral choices. Their normal choices may be influenced by external factors (e.g. institutional values and constraints).
3. Nurses should be sufficiently clear and reflective about their personal values to recognize potential value conflicts.
4. Nurses must maintain an acceptable level of health and well-being in order to provide a competent level of service/care for the people they serve.
5. Nurses must base their practice on relevant research findings and acquire new skills and knowledge in their area of practice throughout their career.
6. Nurses must practice within their own level of competence. When aspects of care are beyond their level of competence, they must seek additional information or knowledge, seek help from their supervisor or a competent practitioner and/or request a different work assignment. In the meantime, nurses must provide care until another nurse is available to do so.
7. Nurses seeking professional employment must accurately state their area(s) of competence. They should seek reasonable assurance that

employment conditions will permit care consistent with the values and responsibilities of the code.

8. Nurses must admit mistakes and take all necessary actions to prevent or minimize harm arising from an adverse event.
9. Nurses must strive to prevent and minimize adverse events in collaboration with colleagues on the health care team. When adverse events occur, nurses should utilize opportunities to improve the system and prevent harm.
10. All nurses must contribute to safe and supportive environments.
11. Nurse leaders have a particular obligation to strive for safe practice environments that support ethical practice
12. Nurses should advocate for ongoing research designed to identify best nursing practices and for the collection and interpretation of nursing care data at a national level.

Health and Well-being

Nurses value health promotion and well-being and assisting persons to achieve their optimum level of health in situations of normal health, illness, injury, disability or at the end of life.

1. Nurses must provide care directed first and foremost toward the health and well-being of the person, family or community in their care.
2. Nurses must recognize that health is more than the absence of disease or infirmity and must work in partnership with people to achieve their goals of maximum health and well-being.
3. Nurses should provide care addressing the well-being of the person in the context of that person's relationship with their family and community.
4. Nurses must foster comfort and well-being when persons are terminally ill and dying to alleviate suffering and support a dignified and peaceful death.
5. Nurses should provide the best care that circumstances permit even when the need arises in an emergency outside an employment situation.

6. Nurses should respect and value the knowledge, skills and perspectives of the persons in their care and must recognise, value and respect these while planning for and implementing care.
7. In providing care, nurses should also respect and value the knowledge and perspectives of other health providers. They should actively collaborate and where possible seek appropriate consultations and referrals to other health team members in order to maximum health benefits to people.
8. Nurses should recognize the need to address organizational, social, economic and political factors influencing health. They should participate with their colleagues, professional associations, colleges and other groups to present nursing views in ways that are consistent with their professional role, responsibilities and capabilities and which are in the interests of the public.
9. Nurses should recognize the need for a full continuum of accessible health services, including health promotion and disease prevention initiatives, as well as diagnostic, restorative, rehabilitative and palliative care services.
10. Nurses should seek ways to improve access to health care that enhances, not replaces, care by utilizing new research based technologies.
11. Nurses should continue to contribute to and support procedurally and ethically rigorous research and other activities that foster the ongoing development of nursing knowledge.
12. Nurses who conduct or assist in the conduct of research must observe the nursing profession's guidelines, as well as other guidelines, for ethical research.

Choice

Nurses respect and promote the autonomy of persons and help them to express their health needs and values and also to obtain desired information and services so that they can make informed decisions.

1. Nurses must be committed to building trusting relations as the foundation of meaningful communication, recognizing that building this relationship takes effort. Such relationships are critical to ensure that a person's choice is understood, expressed and advocated.

2. Nurses should provide the desired information and support required so people are enabled to act on their own behalf in meeting their health and health care needs to the greatest extent possible.
3. Nurses should be active in assisting person's to obtain the best current knowledge about their health condition.
4. Nurses must respect the wishes of those who refuse, or are not ready, to receive information about their health condition. They should be sensitive to the timing of information given and how the information is presented.
5. Nurses must ensure that nursing care is provided with the person's informed consent. Nurses must also recognize that persons have the right to refuse or withdraw consent for care or treatment at any time.
6. Nurses must respect the informed choices of those with decisional capacity to be independent, to choose lifestyles not conducive to good health and to direct their own care as they see fit. However nurses are not obligated to comply with a person's wishes when this is contrary to the law.
7. Nurses must continue to provide opportunities for people to make choices and maintain their capacity to make decisions, even when illness or other factors reduce the person's capacity for self-determination. Nurses should seek assent of the person when consent is not possible.
8. If nursing care is requested that is contrary to the nurse's personal values, the nurse must provide appropriate care until alternative care arrangements are in place to meet the person's desires.
9. Nurses must be sensitive to their position of relative power in professional relationships with persons. Nurses must also identify and minimize (and discuss with the health team) sources of coercion.
10. Nurses must respect a person's advance directives about present and future health care choices that have been given or written by a person prior to loss of decisional capacity.
11. When a person lacks decisional capacity, nurses must obtain consent for nursing care from a substitute decision-maker, subject to the laws in their jurisdiction. When prior wishes for treatment and care of an incompetent person are not known or are unclear, nurses' decisions must be made based on what the person would have wanted as far as is known, or failing that, decisions must be made in the best interest of

the person in consultation with the family and other health care providers.

12. Nurses should respect a person's method of decision-making, recognizing that different cultures place different weight on individualism and often choose to defer to family and community values in decision-making. However, nurses should also advocate for the individual if that person's well-being is compromised by family, community or other health professionals.

Dignity

Nurses recognize and respect the inherent worth of each person and advocate for respectful treatment of all persons.

1. Nurses must relate to all persons receiving care as persons worthy of respect and endeavour in all their actions to preserve and demonstrate respect for the dignity and rights of each individual.
2. Nurses must be sensitive to an individual's needs, values and choices. Nurses should take into account the biological, psychological, social, cultural and spiritual needs of persons in health care.
3. Nurses must recognise the vulnerability of persons and must not exploit their vulnerabilities for the nurse's own interest or in a way that might compromise the therapeutic relationship. Nurses must maintain professional boundaries to ensure their professional relationships are for the benefit of the person they serve. For example, they must avoid sexual intimacy with patients, avoid exploiting the trust and dependency of persons in their care and must not use their professional relationships for personal or financial gain.
4. Nurses must respect the physical privacy of persons when care is given, by providing care in a discreet manner and by minimizing unwanted intrusions.
5. Nurses must intervene if others fail to respect the dignity of persons in care.
6. Nurses must advocate for appropriate use of interventions in order to minimize unnecessary and unwanted procedures that they increase suffering.
7. Nurses must seek out and honour persons' wishes regarding how they want to live the remainder of their life. Decision-making about life sustaining treatment is guided by these considerations.

8. Nurses should advocate for health and social conditions that allow persons to live and die with dignity.
9. Nurses must avoid engaging in any form of punishment, unusual treatment or action that is inhuman or degrading towards the persons in their care and must avoid complicity in such behaviours.

Confidentiality

Nurses safeguard information learned in the context of a professional relationship and ensure it is shared outside the health care team only with the person's informed consent, or as may be legally required, or where the failure to disclose would cause significant harm.

1. Nurses must respect the right of each person to informational privacy, that is, the individual's control over the use, access, disclosure and collection of their information.
2. Nurses must advocate for persons requesting access to their health record subject to legal requirements.
3. Nurses must protect the confidentiality of all information gained in the context of the professional relationship, and practice within relevant laws governing privacy and confidentiality of personal health information.
4. Nurses must intervene if other participants in the health care delivery system fail to maintain their duty of confidentiality.
5. Nurses must disclose a person's health information only as authorised by that person, unless there is substantial risk of serious harm to the person or persons or a legal obligation to disclose. Where disclosure is warranted, information provided must be limited to the minimum amount of information necessary to accomplish the purpose for which it has been disclosed. Further the number of people informed must be restricted to the minimum necessary.
6. Nurses should inform the persons in their care that their health information will be shared with the health care team for the purposes of providing care. In some circumstances nurses are legally required to disclose confidential information without consent. When this occurs

nurses should attempt to inform individuals about what information will be disclosed, to whom and for what reason(s).

7. When nurses are required to disclose health information about persons, with or without the person's informed consent, they must do so in ways that do not stigmatise individuals, families or communities. They must provide information in a way that minimizes identification as much as possible.
8. Nurses must advocate for and respect policies and safeguards to protect and preserve the person's privacy.

Justice

Nurses uphold principles of equity and fairness to assist persons in receiving a share of health services and resources proportionate to their needs and promoting social justice.

1. Nurses must not discriminate in the provision of nursing care based on a person's race, ethnicity, culture, spiritual beliefs, social or marital status, sex, sexual orientation, age, health status, lifestyle, mental or physical disability and/or ability to pay.
2. Nurses must strive to make fair decisions about the allocation of resources under their control based upon the individual needs of persons in their care.
3. Nurses should put forward, and advocate for, the interests of all persons in their care. This includes helping individuals and groups gain access to appropriate health care that is of their choosing.
4. Nurses should promote appropriate and ethical care at the organizational/agency and community levels by participating in the development, implementation and ongoing review of policies and procedures designed to provide the best care for persons with the best use of available resources given current knowledge and research.
5. Nurses should advocate for health policies and decision-making procedures that are consistent with current knowledge and practice.
6. Nurses should advocate for fairness and inclusiveness in health resource allocation, including policies and programs addressing

determinants of health, along with research based technology and palliative approaches to health care.

7. Nurses should be aware of broader health concerns such as environmental pollution, violations of human rights, world hunger, homelessness, violence, etc. and are encouraged to the extent possible in their personal circumstances to work individually as citizens or collectively for policies and procedures to bring about social change, keeping in mind the needs of future generations.

Accountability

Nurses are answerable for their practice, and they act in a manner consistent with their professional responsibilities and standards of practice.

1. Nurses must respect and practice according to the values and responsibilities in this Code of Ethics for licensed nurses and in keeping with the professional standards, laws and regulations supporting ethical practice. They should use opportunities to help nursing colleagues be aware of this code and other professional standards.
2. Nurses have the responsibility to conduct themselves with honesty and to protect their own integrity in all of their professional interactions.
3. Nurses, in clinical, administrative, research or educational practice, have professional responsibilities and accountabilities toward safeguarding the quality of nursing care persons receive. These responsibilities vary, but all must be oriented to the expected outcome or safe, competent and ethical nursing practice.
4. Nurses should share their knowledge and provide mentorship and guidance for the professional development of nursing students and other colleagues/health care team members.
5. Nurse educators, to the extent possible, must ensure that students will possess the required knowledge, skills and competencies in order to graduate from nursing program.
6. Nurse administrators/managers, to the extent possible, must ensure that only those nurses possessing the required knowledge, skills and competencies work in their practice areas.

7. Nurses should provide timely and accurate feedback to other nurses and colleagues in other disciplines and students about their practice, so as to support and recognize safe and competent practice, contribute to ongoing learning and improve care.
8. If nurses determine that they do not have the necessary physical, mental or emotional well-being to provide safe and competent care to persons, they may withdraw from the provision of care or decline to engage in care. However, they must first give reasonable notice to the employer, or if self-employed to their patients, and take reasonable action to ensure that appropriate action has been taken to replace them (RNABC, 2001).
9. Nurses planning to participate in job action or who practice in environments where job action occurs, must take steps (see Appendix A) to safeguard the health and safety of people during the course of the job action.
10. Nurses must give primary consideration to the welfare of the people they serve and to any possibility of harm in future care situations when they are pondering taking action with regard to suspected unethical conduct or incompetent or unsafe care. When nurses have reasonable grounds for concern about the behaviour of colleagues or about the safety of conditions in the care setting, they must carefully review the situation and take steps, individually or in partnership with others, to resolve the problem (see Appendix A).
11. Nurses should advocate for discussion of ethical issues among health team members, patients and families.
12. Nurses should advocate for changes to policy, legislation or regulations in concert with other colleagues and their professional associations, colleges, when there is agreement that these directives are unethical.

Quality Practice Environments

Nurses value and advocate for quality practice environments that have the organizational structures and resources necessary to ensure safety, support and respect for all persons in the work setting.

1. Nurses must advocate, to the extent possible within the circumstances, for sufficient human and material resources to provide safe and competent care.

2. Nurses individually or in partnership with others, must take preventive as well as corrective action to protect persons from incompetent, unethical or unsafe care.
3. If working short staffed, nurses must set priorities reflecting the allocation of resources. In such cases, nurses must endeavour to keep patients, families and employers informed about potential and actual changes to usual routines.
4. Nurses must support a climate of trust that sponsors openness, encourages questioning the status quo and supports those who speak out publicly in good faith (e.g. whistle blowing). It is expected that nurses who engage in responsible reporting of incompetent, unsafe or unethical care or circumstances will be supported by their professional association.
5. Nurses must advocate for work environments in which nurses and other health workers were treated with respect and support when they raise questions or intervene to address unsafe or incompetent practice.
6. Nurses must seek constructive and collaborative approaches to resolve differences impacting upon care amongst members of the health care team and commit to compromise and conflict resolution.
7. Nurses are justified in using reasonable means to protect against violence when, following an informed assessment, they anticipate acts of violence toward themselves, others or property. In times when violence cannot be prevented or anticipated nurses are justified in taking self-protective action.
8. Nurse managers/administrators must strive to provide adequate staff to meet the requirements for nursing care as part of their fundamental responsibility to promote practice environments where fitness to practice and safe care can be maintained. With their staff, they should work towards the development of a moral community.
9. As part of a moral community, nurses acknowledge their responsibility in contributing to quality practice settings that are positive, healthy working environments.
10. Nurses should collaborate with nursing colleagues and other members of the health team to advocate for health care environments conducive to ethical practice and to the health and well-being of clients and others in the setting. They do this in ways that are consistent with their professional role and responsibilities.

Glossary

Accountability: the state of being answerable to someone for something one has done (Burkhardt & Nathaniel, 2002).

Advance Directives: a person's written wishes about life-sustaining treatment meant to assist with decisions about withholding or withdrawing treatment (Storch, Rodney & Starzomski, 2002). Also called living wills or anticipatory health plans.

Assent: the agreement by a child or incapacitated person to a therapeutic procedure or involvement in research following the receipt of good information. Assent from the individual affected is encouraged in addition to informed consent from the guardian or parent.

Autonomy: self-determination; and individual's right to make choices about one's own course of action (AARN, 1996).

Belief: a conviction that something is true (AARN, 1996).

Confidentiality: means the duty to preserve a person's privacy.

Consent: see informed consent.

Ethical. A formal process for making logical and consistent decisions based upon ethical values.

Ethical Commitment: ethical obligations health providers have to those they serve.

Ethical/Moral Uncertainty: arises when one is unsure what ethical principles or values to apply or even what the ethical problem is (Jameton, 1984).

Fair: equalizing people's opportunities to participate in and enjoy life, given their circumstances and capacities (Caplan, Light & Daniels, 1999).

Health Care Team: a number of health care providers from different disciplines working in collaboration to provide care for individuals, families or the community.

Informational Privacy: is the right of persons to control the use, access, disclosure and collection of their information.

Informed Consent: a legal doctrine based on respect for the principle of autonomy of an individual's right to information required to make decisions.

Justice: a principle focusing on fair treatment of individuals and groups within society. Justice is a broader concept than fairness; one example of its application is the just allocation of resources at a societal level.

Moral Agent/Agency: The concept of moral agency reflects a notion of individuals engaging in self-determining or self-expressive ethical choice. Moral agency designates nurses enacting their professional responsibility and accountability through relationships in particular contexts. A moral agent is the individual involved in fulfilling moral agency (Rodney & Starzomski, 1993).

Moral Community: is a community in which there is coherence between what a healthcare organization publicly professes to be, i.e. a helping, healing, caring environment that embraces values intrinsic to the practice of healthcare, and what employees, patients and others both witness and participate in (Webster & Baylis, 2000).

Moral Residue: ... that which each of us carries from those times in our lives when in the face of ethical distress we have seriously compromised ourselves or allowed ourselves to be compromised" "(Webster and Baylis, 2000, p.218).

Nurse: Refers to all legally credentialed nurses.

Physical privacy: refers to withdrawing or being protected from public view, particularly applicable to protecting persons from exposure while providing body care.

Social justice: involves attention to those who are most vulnerable in society, e.g. those who have been excluded or forgotten due to handicap, limited education or failing health.

Co-worker: Other nurses and other health and non-health related workers and professionals.

Co-operative relationship: A professional relationship based on collegial and reciprocal actions, and behaviour that aim to achieve certain goals.

Family: A social unit composed of members connected through blood, kinship, emotional or legal relationships.

Nurse shares with society: nurse, as a health professional and a citizen, initiates and supports appropriate action to meet the health and social needs of the public.

Professional health: Mental, physical, social and spiritual wellbeing of the nurse.

Personal information: Information obtained during professional contact that is private to an individual or family, and which, when disclosed, may violate the right to privacy, cause inconvenience, embarrassment or harm to the individual or family.

Related groups: Other nurses, health care workers or other professionals providing service to an individual, family or community and working toward desired goals.

Appendix A

Suggestions for Application of the Code in Selected Circumstances

1. Steps to address incompetent, unsafe and unethical care

- Gather the facts about the situation and ascertain the risks and undertake to resolve the problem;
- Review relevant legislation and policies, guidelines and procedures for reporting incidents or suspected incompetent or unethical care and report, as required, any legally reportable offence;
- Seek relevant information directly from the colleague whose behaviour or practice has raised concerns, when this is feasible;
- Consult, as appropriate, with all colleagues, other members of the team, professional nurses' associations, colleges or others able to assist in resolving the problem;
- Undertake to resolve the problem as directly as possible consistent with the good of all parties;
- Advise the appropriate parties regarding unresolved concerns and, when feasible, inform the colleague in question of the reasons for your action;
- Refuse to participate in efforts to deceive or mislead persons about the cause of alleged harm or injury resulting from unethical or incompetent conduct.

2. Nurse managers/administrators, professional associations and client safety

- Nurse managers/administrators seek to ensure that available resources and competencies of personnel are used effectively;
- Nurse managers/administrators intervene to minimize the present danger and to prevent future harm when persons safety is threatened due to inadequate resources or for some other reason;
- Professional nurses' associations support individual nurses and groups of nurses in promoting fairness and inclusiveness in health resource allocation. They do so in ways that are consistent with their role and functions.

3. Considerations in student-teacher-client relationships

- Student-teacher and student-client encounters are essential elements of nursing education and are conducted in accordance with ethical nursing practices;

- Persons are informed of the student status of the care giver and consent for care is obtained in compliance with accepted standards;
- Students of nursing are treated with respect and honesty by nurses and are given appropriate guidance for the development of nursing competencies;
- Students are acquainted with and comply with the provisions of the code.

4. Considerations in taking job action

- Job action by nurses is often directed toward securing conditions of employment that enable safe and ethical care of current and future patients. However, action directed toward such improvements could work to the detriment of patients in the short term.
- Individual nurses and groups of nurses safeguard patients in planning and implementing any job action.
- Individuals and groups of nurses participating in job action, or affected by job action, share the ethical commitment to person's safety. Their particular responsibilities may lead them to express this commitment in different but equally appropriate ways.
- Persons whose safety requires ongoing or emergency nursing care are entitled to have those needs satisfied throughout any job action.
- Members of the public are entitled to information about the steps taken to ensure the safety of persons during any job action.

APPENDIX B

A Code of Ethics History

- April 18th, 1991 The Health Practitioners Board which licensed **all** healthcare practitioners in the Islands adopted the Code of Ethics of the Cayman Islands Medical Dental Society.
- June 2004 the Nursing and Midwifery Council was established and it also adopted the Code of Ethics of the Medical Dental Society until the completion of a professional appropriate Code could be produced.

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