

Module 1: Resource

RESOURCES ON PROFESSIONAL CODES OF ETHICS



CODES OF ETHICS: Professional Associations of Nurses, Physicians, Community Health Workers, and Social Workers

I. Nursing Associations

American Nursing Association¹

The ANA Code of Ethics clarifies patients' rights to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment (statement 1.4), to examine the conflicts arising between their own personal and professional values (statement 2.2), and to retain their professional boundaries (statement 2.4). However, the Code also allows that:

“Nurses have a duty to remain consistent with both their personal and professional values and to accept compromise only to the degree that it remains an integrity-preserving compromise Where a particular treatment, intervention, activity, or practice is morally objectionable to the nurse, whether intrinsically so or because it is inappropriate for the specific patient, or where it may jeopardize both patients and nursing practice, the nurse is justified in refusing to participate on moral grounds” (statement 5.4).

An independent two-part guide to using the ANA Code of Ethics was published by Lachman (2009a, 2009b); however, the words abortion, pregnancy, and referral do not appear in this guide. In response to a brief telephone communication question about whether nurses are required to provide referrals for abortion, Laurie Badzek (2013), who directs the Center for Ethics and Human Rights at ANA, stated that she “thinks” so. In a follow up email framing the question the opposite way, her responses were still a bit indefinite; the only categorical reply was about nurses’ right to object to “participate”:

Q: Do nurses have a right to refuse to provide referrals for abortion?

A: Nurses can refuse “to participate” if they consciously object—there is much literature and the code supports this; however, patients have the right to make autonomous decisions and nurses must give patients all the necessary information. Nurses may not agree with every treatment option but patients have the right to know them.

Q: Must such referrals be provided with the same thoroughness and respect as referrals for other health services?

¹ American Nursing Association. *Code of Ethics. Revised 2001.* www.nursingworld.org/codeofethics. Accessed March 1, 2013.

A: I would say yes.

Q: *Does the conscientious objection clause apply to referrals?*

A: I don't think [*the conscientious objection clause*] applies to referrals in the sense the patient should be given all of the information to be informed and make their own choice. The nurse has no right to impose her personal beliefs on the patient.

Regarding the obligation to respect patients' autonomy in decision-making, Janiak (2012) reports on comments that providers may believe they know best what the client should do. Here again, nurses may understandably interpret the code in different ways. For example, Interpretive Statement 1.4: The right to self-determination, states:

“Respect for human dignity requires the recognition of specific patient rights, particularly, the right of self-determination. Self-determination, also known as autonomy, is the philosophical basis for informed consent in health care. Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment; to be assisted with weighing the benefits, burdens, and available options in their treatment, including the choice of no treatment; to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion, or penalty; and to be given necessary support throughout the decision-making and treatment process.”

Interpretive Statement 8.2 (Responsibilities to the public) states:

“The nurse also recognizes that health care is provided to culturally diverse populations in this country and in all parts of the world. In providing care, the nurse should avoid imposition of the nurse's own cultural values upon others.”

Similarly, Statement 8.3 includes the sentence:

“In situations where nurses' responsibilities include care for those whose personal attributes, condition, lifestyle or situation is stigmatized by the community and are personally unacceptable, the nurse still renders respectful and skilled care.”

On the other hand, Interpretive Statement 5.3 (Wholeness of character), also includes the following text:

“In situations where the patient requests a personal opinion from the nurse, the nurse is generally free to express an informed personal opinion as long as this preserves the voluntariness of the patient and maintains appropriate professional and moral boundaries. It is essential to be aware of the potential for undue influence attached to the nurse's professional role. Assisting patients to clarify their own values in reaching informed decisions may be helpful in avoiding unintended persuasion.”

Association of Women’s Health, Obstetric and Neonatal Nurses (revised 1999):

“Nurses have the right, under responsible procedures, to refuse to assist in [. . .] abortion or sterilization procedures, in keeping with their personal moral, ethical, or religious beliefs. Nurses have the professional responsibility to provide high quality, impartial nursing care to all patients in *emergency situation*,² regardless of the nurses’ personal beliefs [. . .] and to provide nonjudgmental nursing care to all patients, either directly or through appropriate and timely referrals” [italics added] (cited in ROE Pregnancy Options Counseling Power Point, slide 25).

The National Organization of Nurse Practitioner Faculties (2006):

“Acknowledges the need to prevent personal biases from interfering with the delivery of quality care to persons of differing beliefs and lifestyles” (cited in ROE Pregnancy Options Counseling Power Point, slide 25).

The American College of Nurse Midwives has within its core competencies:

“ . . . a list of 16 ‘Hallmarks of Midwifery,’ two of which presume midwives will offer objective counseling. The sixth hallmark, ‘empowerment of women as partners in healthcare,’” and the eleventh hallmark, ‘advocacy for informed choice, shared decision-making, and the right to self-determination,’ require separation of personal and professional values when offering assistance to women grappling with an unplanned pregnancy” (cited in Singer 2004, 236).

A number of authors have sought to reinforce the understanding that nurses have responsibility to counsel and refer for abortion. In 2011, McLemore and Levi conducted a literature review of articles addressing nurses’ role in abortion care; this review found three subthemes: (a) the right of nurses to determine their own moral and ethical participation (or not) in providing care to women seeking abortion; (b) explanation of current abortion law; and (c) workplace issues caused by the provision of abortion care. Other authors have published commentaries in nursing journals similarly referencing nurses’ professional responsibility to counsel and refer nonjudgmentally for unintended pregnancy (O’Reilly 2009; Levi et al 2009; Simmonds and Likis 2011; Taylor and James 2011). Most of these articles reference public health and nursing frameworks, although Taft (2000) writes within the formal domain of ethics.

Beyond an individual provider’s referral-behavior is the matter of the protocols and culture of the provider’s workplace. This is not only a matter of stigma the referring provider may face or the lack of well-maintained referral systems; there is also the question of whether and how a provider should properly respond when a co-worker fails to refer as guided by the professional association norms (or workplace protocols). There is a basis to suggest that nurses have not only the right, but the obligation to address questionable practices. For

² “Emergency situation” is not defined here; it may be spelled out elsewhere.

example, the ANA Ethics Code Interpretive Statement 3.5 (Acting on questionable practice) states [underline added]:

“The nurse’s primary commitment is to the health, well-being, and safety of the patient across the life span and in all settings in which health care needs are addressed. As an advocate for the patient, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, illegal, or impaired practice by any member of the health care team or the health care system or any action on the part of others that places the rights or best interests of the patient in jeopardy. To function effectively in this role, nurses must be knowledgeable about the Code of Ethics, standards of practice of the profession, relevant federal, state and local laws and regulations, and the employing organization’s policies and procedures.”

“When the nurse is aware of inappropriate or questionable practice in the provision or denial of health care, concern should be expressed to the person carrying out the questionable practice. Attention should be called to the possible detrimental affect upon the patient’s well-being or best interests as well as the integrity of nursing practice. When factors in the health care delivery system or health care organization threaten the welfare of the patient, similar action should be directed to the responsible administrator. If indicated, the problem should be reported to an appropriate higher authority within the institution or agency, or to an appropriate external authority.”

“There should be established processes for reporting and handling incompetent, unethical, illegal, or impaired practice within the employment setting so that such reporting can go through official channels, thereby reducing the risk of reprisal against the reporting nurse. All nurses have a responsibility to assist those who identify potentially questionable practice.”

II. Physicians

American College of Obstetricians and Gynecologists Committee Opinion (2007) issued a Committee Opinion entitled *The Limits of Conscientious Refusal in Reproductive Medicine, which states that:*

“... physicians and other health care providers have the duty to refer patients in a timely manner to other providers if they do not feel that they can in conscience provide the standard reproductive services that patients request” (cited in Dodge et al 2012).

According to *Provide* options counseling training materials, a separate 2009 Committee Opinion further reinforced that ACOG “. . . supports education in family planning and abortion for both medical students and residents and abortion training among residents.” In addition, ACOG supports availability of reproductive health services for all women,

including strategies to reduce unintended pregnancy and to improve access to safe abortion services. According to Dodge et al (2012), there is no explicit recommendation from ACOG about the referring responsibilities of frontline staff who work with the physicians.

Dodge (2012) reports a recent study in which Rasinski *et al.* examined the opinions of 1800 OB/GYN physicians regarding these recommendations and found physician support for providing referrals. Using a vignette where an OB/GYN physician refused a requested induced abortion, the authors found that while 70% of respondents rated the vignette doctor as acting appropriately when a referral was made, only 12% believed the doctor acted appropriately when the doctor disclosed personal objections to abortion and refused to provide a referral.

The American Academy of Pediatrics Committee on Adolescence (1998) issued a paper on counseling adolescents about pregnancy that repeatedly calls for pediatricians not to impose their own values on adolescents and to refer in a timely and helpful way.

The American Academy of Family Physicians (AAFP) (2008) endorsed a revised set of “Recommended Curriculum Guidelines for Family Medicine Residents: Medical Ethics.” This document provides a set of competencies that family medicine residents should achieve at the completion of their residency training, including to:

- Provide care that is sensitive to the belief systems of the patient;
- Act as an effective patient advocate;
- Demonstrate personal ethical standards . . . Understand and avoid potential ethical conflicts . . . in personal conduct with patients, staff and colleagues.

Attitudes required of family medicine providers include:

- An understanding of cultural, social and religious customs and beliefs that may differ from his or her own.
- An understanding of individual, cultural, institutional and societal biases that may affect ethical decision-making.
- A commitment to ethical medicine in every patient encounter.
- Selfless work on behalf of every patient’s well-being.
- A self-awareness regarding personal ethical strengths and vulnerabilities as they affect one’s own professional practice.

Knowledge that residents should be able to apply are:

- Principles of ethics
 - Autonomy—patients’ rights and physicians’ rights
 - Responsibilities and duties of patients and physicians
 - Beneficence—acting in the best interest of patients
- Informed consent
- Application of ethical principles, government laws and regulations to specific patient care scenarios (including but not limited to the following

cited examples)

- Consent and decision-making: Withholding or withdrawal of treatment; Informed consent and right to refuse; Adolescents and emancipated minors (consent to treat)
- Human reproductive issues: Contraception and abortion; Perinatal ethics; Sterilization

It is noted that these Guidelines also emphasize the role of the family medicine provider in addressing and helping to resolve complicated situations. While the competencies below presumably are not intended to address abortion, anti-abortion providers might seek to draw on them to justify inappropriate interference in a patient's decision. These are cited below:

Competency:

Provide counseling that reflects an understanding of ethical principles regarding decisions that have potential and ethical implications.

Attitudes:

An appreciation for the value and dignity of human life.

Knowledge:

2. *Analysis and decision-making:* a) Identification of the ethical issues in a case and the underlying opposing components

3. *Principles of ethics:*

- d) Non-maleficence—to do no harm (or the least harm possible)
- e) Honesty as an absolute vs. situational good—when withholding information is appropriate in the context of culture, patient emotional and cognitive status, etc.
- h) Patient competency and capacity:
 - Competence is a legal state, not a medical one. Competence refers to the degree of mental soundness necessary to make decisions about a specific issue or to carry out a specific act. All adults are presumed to be competent unless adjudicated otherwise by a court.
 - Capacity is defined as an individual's ability to make an informed decision.
 - Any licensed physician may make a determination of capacity.
- i) Medical reasonableness as a factor in whether to offer or withhold treatment
- j) Best interests of patient vs. autonomy (e.g., a patient chooses discharge to home when nursing home would be advisable)
- k) Principle of double effect— it is acceptable to perform an action that is good in itself that has two effects (an intended good effect that is otherwise not reasonably attainable in another way, and an undesirable negative effect) provided there is a due proportion between the intended good and the permitted negative effect (e.g., it is acceptable to treat pain with narcotics even if that will hasten

death in a patient who has a terminal illness)

Skills

Present differing priorities and options to the patient and his or her support group (e.g., family, legal guardian) when dealing with conflicting ethical issues.

III. Community Health Workers³

The Code of Ethics approved by the American Association of Community Health Workers in 2008 includes the following language that may bear upon abortion referral:

The Code of Ethics is based upon commonly understood principals that apply to all professionals within the health and social service fields (e.g. promotion of social justice, positive health, and dignity).

1.4 Quality of Care: Community Health Workers strive to provide high quality service to individuals, families, and communities. They do this through continued education, training, and an obligation to ensure the information they provide is up to date and accurate.

2.1 Cultural Humility: Community Health Workers possess expertise in the communities in which they serve. They maintain a high degree of humility and respect for the cultural diversity within each community.

2.3 Respect for Human Rights: Community Health Workers respect the human rights of those they serve, advance principles of self-determination, and promote equitable relationships with all communities.

3.2 Conduct: Community Health Workers promote integrity in the delivery of health and social services. They respect the rights, dignity, and worth of all people and have an ethical obligation to report any inappropriate behavior (e.g. sexual harassment, racial discrimination, etc.) to the proper authority.

4.1 Continuing Education: Community Health Workers should remain up-to-date on any developments that substantially affect their ability to competently render services.

4.3 Enhancing Community Capacity: Community Health Workers help individuals and communities move toward self-sufficiency in order to

³ American Association of Community Health Workers (2008). American Association of Community Health Workers (2008) Code of Ethics for Community Health Workers. <machw.org/documents/CodeofEthics_approvedfinalJune2008.doc> Accessed March 21, 2013.

promote the creation of opportunities and resources that support their autonomy.

4.4 Wellness and Safety: Community Health Workers are sensitive to their own personal well-being (physical, mental, and spiritual health) and strive to maintain a safe environment for themselves and the communities they serve.

IV. Social Workers

The National Association of Social Workers Code of Ethics⁴ includes a number of items that address client autonomy and rights. These include:

Regarding to expand choice and opportunity, and to end social injustice

- Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. [from Preamble]
- (b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups. [from Ethical Standard 6.04/ Social Action]

Regarding the primary responsibility and goal of the social worker:

- Social workers' primary goal is to help people in need and to address social problems. [from Ethical Principles/ Value: Service]
- Social workers' primary responsibility is to promote the wellbeing of clients. [Ethical Standard 1.01]

Regarding Self-Determination

- Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people. [from Ethical Principle: Value/ Social Justice]
- Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. [from Ethical Principle: Value/Dignity and Worth of the Person]
- Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. [from Ethical Standard 1.02]

⁴ *National Association of Social Workers Code of Ethics*, 1996, revised 2008. Washington DC: NASW Press. <http://www.socialworkers.org/pubs/code/code.asp>. Accessed March 12, 2013.

However, it should be noted that the Code also states:

- Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others. [from Ethical Standard 1.02]

Regarding Informed Consent:

- Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. [from Ethical Standard 1.03]

Regarding the responsibility to update knowledge and not participate in dishonesty:

- Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception. [from Dishonesty, Fraud, and Deception: 4.04 (b)]
- Competence: (b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. (c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.
- Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker's employing agency. [From Misrepresentation 4.06 (a)]

Regarding handling of conflicts of interest:

- (a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. (b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests. [From Conflicts of Interest 1.06 (a) and (b)]

- Instances may arise when social workers' ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this Code. [From Purpose Statement]

However, it should be noted that the language in the Purpose Statement continues as follows:

- If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision. [From Purpose Statement]

Regarding respect for colleagues:

- Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues. [From 2.01/ Respect (a)]
- Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability. [From 2.01/Respect (b)]
- Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients. [From 2.01/ Respect (c)]

Regarding the responsibility to intervene with conduct by colleagues⁵

- Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues. [From 2.11 Unethical Conduct of Colleagues (a)]
- Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. [from 2.11 Unethical Conduct of Colleagues (b)]
- Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive. [from 2.11 Unethical Conduct of Colleagues (c)]
- Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action. [From Incompetence among colleagues (a)]

⁵ The NASW Code of Ethics has additional language on responsibilities and rights to intervene.

- Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations. [From Incompetence among colleagues (a)]
- Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the *NASW Code of Ethics*. [From 3.07 Administration (d)]

