

Position Statement

THE NURSE'S ROLE IN ETHICS AND HUMAN RIGHTS: PROTECTING AND PROMOTING INDIVIDUAL WORTH, DIGNITY, AND HUMAN RIGHTS IN PRACTICE SETTINGS

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Status: Revised Position Statement

Originated By: Center for Ethics and Human Rights Advisory Board

Adopted By: ANA Board of Directors

Related Past Action ANA Position Statement (1991): *Ethics and Human Rights*

Purpose : This position statement brings the topic of human rights to the forefront and provides nurses with specific actions to protect and promote human rights in every practice setting. It describes the relationship between nurses' ethical obligations, the concept of human rights and professional nursing practice.

Statement of ANA Position: Respect for the inherent worth, dignity, and human rights of every individual is a fundamental principle that underlies all nursing practice. "Nurses take into account the needs and values of all persons in all professional relationships" (American Nurses Association [ANA], 2001, p. 7). This statement on ethics and human rights provides the foundation and context for all other position statements related to the practice of nursing. The protection and promotion of human rights related to health and health care is a fundamental function of the American Nurses Association.

History/Previous Position Statement: This statement updates and supersedes the ANA position statement *Ethics and Human Rights* of September 5, 1991, originated by the Center for Ethics and Human Rights and adopted by the ANA Board of Directors, (ANA,

1991). The primary drivers for the 1991 statement were the nursing shortage, informed consent for research participants, access to healthcare and whistle-blowing. That original statement has proven valuable for nurses as they confronted unsafe staffing conditions and expanded their roles in research. Ten years later, an updated version of the *Code of Ethics for Nurses* was published (ANA, 2001). It included multiple approaches to ethics that were relevant for nurses, broadening/widening global health concerns, diverse practice settings, and increasingly complex roles. A greater awareness of the changes that underlie health care and its societal context has been emerging over the course of the first decade of this new century. These changes pose difficult challenges but they are not insurmountable. Clearly articulated ethical positions, astute understanding of human rights, careful discernment of human rights violations and bold acceptance of responsibility converge to provide a backdrop for all nursing activities.

Supportive Material: Ethics and human rights have previously been discussed in *Code of Ethics for Nurses with Interpretive Statements* (ANA, 1985, 2001), the ANA Ethics and Human Rights Position Statement (1991), *Public Health Nursing: Scope and Standards of Practice* (ANA, 2007), *Nursing Administration: Scope and Standards of Practice* (ANA, 2009) and *Nursing's Social Policy Statement* (ANA, 2003, 2010). These documents delineate and uphold the role of the nurse in promoting and maintaining ethical practice through the preservation of human rights. The progression of how ethics and human rights are conceptualized as going beyond the individual patient's rights to the rights of the nurse, vulnerable populations, health care colleagues, and the global community is evident in these documents.

The Universality of Human Rights

The current articulation and modern interpretation of human rights emerged from the Universal Declaration of Human Rights (UDHR) adopted by the United Nations (UN) General Assembly in 1948. Article 25 has specific importance for those in health care. It states in part that everybody has the right to a standard of living adequate for the health and well being of their family, including food, clothing, housing, and medical care (UN,

1948). Annas (2005) suggests that the UDHR is much more powerful now than it was in 1948 because “both our global interdependence and human equality are better recognized today” (p. 24).

Human Rights and the Code of Ethics of Nurses

Benatar (2003) suggests that we must go “beyond the rhetoric of universal human rights to include attention to duties, social justice, and interdependence.” (p.108). *The Code of Ethics for Nurses* (The Code) does just that. The Code addresses attention to duty, social justice, and interdependence in Provision 4: “The nurse is responsible and accountable for individual nursing practice.... (ANA, 2001, p. 16)” and Provision 8: “The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs” (ANA, 2001, p. 23). The major tenets underlying Provision 8 include both feminist and communitarian social ethical theories (Silva, 2008). Ethics and human rights have roots in many of the same core values (Mann, 1997). Examples include respect for autonomy, beneficence, nonmaleficence, and justice.

Justice has many forms, all of them relevant for nurses. Distributive justice is the sharing of benefits and burdens and social justice envisions a healthy tension between individual freedom and communal well-being (Brannigan, 2003). Nurses practice using a professional code of ethics while remaining cognizant of the societal influences and consequences of their care. Nursing as a profession has achieved clarity about ethical obligations in the Code of Ethics for Nurses.

Nursing and the Ethic of Just Care

The principles of justice and caring are points at which issues of ethics and human rights converge. These two perspectives on ethics in nursing appear to have been in tension due to competing philosophical orientations. Falk-Rafael (2006) easily resolves this seeming dichotomy with one statement, “Nursing’s fundamental responsibilities to promote health, prevent disease, and alleviate suffering call for the expression of caring for humanity and environment through political activism at local, national, and international levels...” (p. 2). Human rights have historically been interpreted as involving relationships of objectivity,

independence, autonomy and non interference. Caring, on the other hand, originates in relationships of shared human experience, interdependence, subjectivity, and contextual influences. Both perspectives are vital for the ethical practice of nursing as it exists today (Bandman & Bandman, 2002). Nursing may best be understood as an “ethic of just care” (Liaschenko, 1999).

Human Rights and Health

The International Council of Nurses (ICN) also addresses the nurse’s four-fold responsibility to promote health, to prevent illness, and to restore health and to alleviate suffering. Fundamental to nursing is to respect human rights and dignity, and to be treated with respect (ICN, 2005). The ICN Position Statement on Nurses and Human Rights is consistent with Article 25 of the UDHR when it states that the ICN “views health care as a right of all individuals ... including the right to chose or decline care, the right to accept or refuse treatment or nourishment ... and the right to die with dignity” (ICN, 2006, p. 1).

The rights of those providing care are also included. Some nurses choose to leave poorer countries of origin and migrate to another, richer country to practice. In doing so these nurses exercise their own rights, but may create problems by leaving the home community at a disadvantage. Dwyer (2007) says, “solving these problems requires balancing social needs against individual rights and studying the relationship of social justice to international justice” (p. 36).

Claims to human rights and issues related to undesirable limitations of human rights are addressed by Mann (1997). He describes three scenarios where there is interaction between human rights and health. The first is the potential burden on health from health policies, programs, and practices, for example, inadvertent discrimination. Nurses are especially well positioned to minimize the perception of a confrontation when implementing strategies that limit or infringe on individual rights. A second scenario occurs when violating human rights has an impact on health of individuals, families, and communities sometimes affecting many generations. Examples include the use of excessive force on those imprisoned, and limited dissemination of information when risk or danger is imminent.

A third scenario is the protection and promotion of human rights while simultaneously protecting and promoting health, for example when protecting women's reproductive rights results in healthier infants. Mann suggests that nurses must respect the balance between honoring the cultural and societal prescription of human rights, while maintaining the focus on individual human freedom within a relational context.

Ethical Obligation and the Just Provision of Care

Where there are rights, there are also obligations to fulfill claims to rights. For example, the right to fair and equal treatment in health care requires that nurses provide fair and equal treatment to all patients. Nurses are obligated by the Code of Ethics to provide fair and equal treatment that respects the "inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of the health problem" (ANA, 2001, p. 7). Further, the just provision of care requires that these factors are to be considered, as they influence the need for care and the allocation of health care resources. Zoloth (2007) cautions that looking at "autonomy simply as 'dignity' reduces the call for 'respect for persons' to autonomy without justice" (p. 208). *Claim rights*, or rights that are due to the right-holder by another, are fulfilled when health care policies are developed that require individual and group differences be considered in the delivery of care to fulfill patients' health care needs (U.S. DHHS, 2010). Such care is aimed at reducing the unfair burden of illness, suffering, and premature death of vulnerable populations resulting from social inequities and institutionalized patterns of social discrimination. Health care that is congruent with the patient's needs and within available resources can be said to be both just and caring.

Emerging Issues in Social Values and Social Environments

Emerging approaches to human rights place their emphasis on relational principles of inclusiveness and the need for changes in social structures that create or sustain unequal treatment of human beings. Previous approaches have been traditionally based on concepts of individual self-interest and independence without consideration of how these might have an impact on others in the social environment (Young, 2005). Institutionalized racism, environmental disparities, class discrimination, sexism, ageism, heterosexism,

homophobia, and discrimination based on physical or mental disability are some of the more obvious examples of violations of human rights. Insight into the experiences of those affected may be developed by using our moral imagination, defined as the ability of individuals and communities to empathize with others (Benatar, 2006). “Moral imagination and solidarity with others are required to avoid constant infractions of justice” (Benner, 2005 p 152). Gostin and Archer (2007) cite a failure of moral imagination in explaining that what is missing in global health is a robust framework for determining international responsibilities. He also reminds us that “the power of ethical values and notions of human solidarity should not be underestimated” (p 532). These actions truly enable caring beyond the intimate circle of family, friends, colleagues and patients.

With rapid globalization of commerce and culture, the global community is now faced with the inadequacy of the current model of human rights within culturally and politically different environments that have neither the resources nor the infrastructure to enforce them (An-Na'im, 2005). As a result, the language of human rights is changing from something that is “given” to something that is evolving from the needs of people. In many cases, the rhetoric of human rights remains just that. Most cultures, however, regard people as human beings who deserve to be treated with dignity (Sarat & Kearns, 2005). Nonetheless, in a world burdened with political tension and social structures that place limited social value on some and greater social value on others, there is motivation and opportunity for violations of ethical standards and human rights. Nurses can and should engage in open discussion and public debate to seek resolution in situations where violations of human rights are evident. Human trafficking is an often hidden example of violating human rights. It occurs when vulnerable persons are exploited in sex industries or labor markets. Nurses are in a perfect position to intervene and advocate for these victims when they encounter them in clinics, emergency rooms or community health centers. (Trossman, 2008). Gross (2004) discusses human rights in the context of war. Nurses, as non-combatants, are governed by the Geneva Conventions of 1949 and 1977 (ICRC, 2009). In spite of this guidance, dilemmas arise in care-giving and non-care-giving roles. Patient autonomy, neutrality in providing care, and the uses and consequences of unconventional weapons are just a few examples (Gross, 2007).

Advocacy in Health Care Settings

Ethics and human rights issues emerge in health care settings where individuals are unable to assert their rights. Individuals in critical care units, psychiatric settings, or who are incarcerated might have diminished capacity for decision-making and asserting their rights. This is also true of children or individuals who are not considered to be competent in the legal sense (Goldhagen, 2003; Committee on Bioethics, 2006). It is in these circumstances that human rights are vulnerable to violation and that ethical issues will emerge. Refusal to provide reasonable and necessary care also violates a patient's human rights when he or she has a just claim to care. Examples of this would be ignoring the complaints of a patient based on a personal characteristic such as ethnicity, or a situational one such as being incarcerated. Such examples not only violate ethical standards of nursing, they are not congruent with a relational model of human caring that provides the framework for nursing.

Nurses must be fully aware of patients' rights in all settings, ages, and developmental abilities, and be willing to advocate for them and to collaborate with others in finding solutions to ethical issues.

RECOMMENDATIONS

The American Nurses Association recommends that:

1. All nurses advocate for human rights of patients, colleagues, and communities.
2. Nurses advocate for the ethical and just practice of nursing by creating and sustaining environments that support accepted standards of professional practice, since the practice environment and rights of nurses influence the practice and moral context of nursing.
3. Nurses strengthen practice environments by refusing to practice in ways that would create a negative impact on the quality of care.

4. Where such conditions exist, nurses enlist the assistance of their professional organizations to assist in improving conditions of nursing practice (ANA, 2001).
5. Health care agencies pay close attention to potential for human rights violations as they relate to patients, nurses, health care workers and others within their institutions.
6. Health care agencies support policies and practices that actively maintain environments that assure ethical nursing practice, and the upholding of human rights and methods for reporting violations and taking action to prevent it from happening again.
7. Nurses in every practice setting serve on ethics committees, work to promote the discussion of ethics and human rights among colleagues and engage in political action to clarify and promote health policy that increases access to and equality of care.
8. Nurses attend to and are aware of conflicts of dual loyalty to patients, health care institutions, employers, and agencies that provide payment for services (ANA, 2001).
9. Nurses work collaboratively within the profession and with other health care professionals to create moral communities that promote, protect, and sustain ethical practice and the human rights of all patients and professional constituents (ANA, 2003).
10. Nurse educators embrace the concepts of justice and caring as guiding principles in teaching students about ethics and human rights within the provision of health care everywhere from local communities to the greater global community.
11. Nurse educators provide teaching and learning opportunities that address ethical and human rights issues and their relationship to social action for addressing current health care concerns. (ICN, 2000; ANA, 2001).

12. Nurse educators set the standard as an exemplary model of caring and justice, ethical practice, and human rights advocate for patients, students, and colleagues.
13. Nurse researchers assure that human rights are fulfilled through the process of ongoing informed consent, continual assessment of risk versus benefit for research participants and the prevention of harm.
14. Nurse researchers conduct research that is relevant to communities of interest and guided by participation of these communities in identifying research problems, and that strives to benefit to patients, society, and professional practice.
15. Nurse administrators incorporate ethics and human rights principles into practice by monitoring the practice environment for actual or potential human rights violations of patients, nurses, and other workers in the health care environment.
16. Nurse administrators assess policy and practice and identify risks for reduced quality of care that may occur as a result of unacknowledged violations of human rights.
17. Nurse administrators actively promote a caring, just, inclusive and collaborative environment.
18. Nurse administrators look beyond the immediate environment to the wider community for opportunities to contribute or participate in efforts to promote health and human rights.

SUMMARY

This Statement on ethics and human rights provides the foundation and context for all other position statements related to the practice of nursing. The protection and promotion of human rights related to health and health care is a fundamental function of the ANA.

Ethics, human rights, and nursing interface within professional practice in the context of

human relationships. In a caring context, nurses advocate for patients' rights, especially those whose rights may be more easily violated or not fulfilled. The human rights of patients, self, colleagues and both local and global communities are of concern to nurses and require action designed to assure that they are protected and promoted. Without exception, all nursing practice, in all settings is grounded in respect for the inherent worth, dignity, and human rights of every individual. (ANA, 2001).

One of the purposes of the ANA is to recognize and work with other organizations that have similar missions and philosophies. This document, then, also identifies various organizations and their web addresses that have as their purpose the protection of human rights. (See appendix that follows the list of references.) These resources will be useful to nurses as advocates for human rights and ethical standards of nursing practice.

Supersedes

This Statement updates the Ethics and Human Rights Position Statement of September 5, 1991, originated by the Center for Ethics and Human Rights and adopted by the ANA Board of Directors.

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APPENDIX. RELATED HUMAN RIGHTS ORGANIZATIONS

All URLs were retrieved on April 29, 2010.

American Nurses Association Center for Ethics and Human Rights is committed to addressing the complex ethical and human rights issues confronting nurses and designing activities and programs to increase the ethical competence and human rights sensitivity of nurses. [_http://www.nursingworld.org/ethics](http://www.nursingworld.org/ethics)

Amnesty International undertakes action and research focused on preventing grave abuses of the rights to physical and mental integrity, freedom of conscience and expression, and freedom from discrimination within the context of its work to promote all human rights.

<http://www.amnestyusa.org>

The Carter Center has adopted a broad conceptual perspective on human rights. The Carter Center has an abundance of health related programs throughout the world.

<http://www.cartercenter.org>

The Center for Human Rights and Humanitarian Law works with students and faculty and the international legal community to provide scholarship and support for human rights initiatives around the world. <http://www.wcl.american.edu/humright/center>

Human Rights Watch is dedicated to protecting the human rights of people around the world.

<http://www.hrw.org>

Physicians for Human Rights promotes health by protecting human rights.

<http://www.phrusa.org>

The United Nations is an international organization that describes itself as a global association of governments facilitating cooperation in international law, international security, economic development, and social equity. <http://www.un.org/en>

<http://www.nursingworld.org/position/ethics/ethics.aspx> (ethics and human rights position state URL)

