## From your ANA President



## Look to the *Code of Ethics* to help you with nursing practice challenges.

As REGISTERED NURSES, we adhere to policies and procedures, rules and regulations, standards and processes. But what's central to our practice is ethics. It's what drives us to advocate, helps shape our decision-making, and allows us to stay true to our profession.

Nurses are facing more ethical challenges than ever, so it's not surprising that some of you may feel uncertain at times when faced with a dilemma. ANA has resources to help you—most importantly, a newly revised document that is foundational to our nursing practice, the Code of Ethics for Nurses with Interpretive Statements.

The Code is designed to be a living, breathing document. As the steward of the Code since its formal adoption in 1950, ANA has updated it periodicallymost recently, with the crucial input of more than 3,000 nurses from around the country. As always, the goal has been to ensure that the Code is applicable and relevant to nursing practice, from extreme cases to the everyday.

During the past few months, the Code has been vitally important in helping us address several issues that arose from nurses providing effective care to patients who have, or possibly have, contracted Ebola while keeping themselves safe. Using the Code, ANA maintained that while nurses are obligated to care for patients in a nondiscriminatory manner, they also have the right to refuse an assignment if they do not feel they are adequately prepared or have the necessary equipment—in this case, personal protective equipment, rigorous training, and stronger protocols—to keep themselves or their patients safe. This point is articulated in Provision 5 of the Code: "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety."

ANA also has advocated on behalf of a Navy nurse who refused to force-feed detainees engaging in a hunger strike at Guantanamo Bay Detention Camp in Cuba. Again, we turned to the Code, which clearly supports a nurse's right to make an independent, ethical judgment about participating in this type of activity. Also as outlined in Provision 5, the Code requires RNs to protect and advocate for all patients while acting in a way that preserves their own moral integrity.

Then there are the ethical situations that nurses encounter more commonly but that also can be morally distressing. For example, what about a nurse who witnesses a care team pressuring a patient to consent to the use of an experimental drug? Under Provision 1 of the Code, the patient has a right to accept or refuse treatment "without deceit, undue influence, duress, coercion, or prejudice."

At ANA, we know that nurses must not only better understand what the Code says, but also know how to apply it as they practice in these complex times. That's why we have dedicated 2015 as the "Year of Ethics." As part of our work, we are developing webinars and other tools that can help guide your practice.

We also participated in a national nursing ethics summit last summer, led by nursing professor Dr. Cynda Rushton, professor of Clinical Ethics at the Berman Institute of Bioethics at Johns Hopkins University. Last November, the ANA Board of Directors endorsed the summit's vision, which, in part, asks nurse leaders to work together to safeguard nurses' professional values by changing and strengthening the culture so they are able to practice ethically. Nurses unencumbered by moral distress can better address the increasing pressures of today's healthcare system, which requires a balance between meeting individuals' and society's needs in a resource-constrained environment.

At ANA, we are committed to that vision, and we are also bound by the Code, which calls on us all to do our part to create an environment where morals and ethics are not just theoretical but fully practiced.

> Jamela J Cipriano Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN President, American Nurses Association