Code for Nurses With Interpretive Statements

Introduction

The development of a code of ethics is an essential characteristic of a profession and provides one means for the exercise of professional self-regulation. A code indicates a profession's acceptance of the responsibility and trust with which it has been invested by society. Upon entering the profession of nursing, each person inherits a measure of the responsibility and trust that has accrued to nursing over the years and the corresponding obligation to adhere to the profession's code of conduct and relationships for ethical practice.

The Code for Nurses, adopted by the American Nurses' Association in 1950 and periodically revised, serves to inform both the nurse and society of the profession's expectations and requirements in ethical matters. The Code and the Interpretive Statements together provide a framework for the nurse to make ethical decisions and discharge responsibilities to the public, to other members of the health team, and to the profession. While it is impossible to anticipate in a code every type of situation that may be encountered in professional practice, the direction and suggestions provided here are widely applicable.

The Code for Nurses and the Interpretive Statements are both directed toward present-day practice. Previous Codes have been more prescriptive, identifying codes of both personal and professional behavior, describing appropriate relationships with physicians and other health professionals, and identifying certain responsibilities of the nurse as a citizen, an employee, and a person. The present Code, while remaining prescriptive, depends more on the nurse's accountability to the client, and, in that sense, represents a change to an ethical code.

The requirements of the Code may often exceed, but are never less than those of the law. While violations of the law may subject the nurse to civil or criminal liability, the constituent associations may reprimand, censure, suspend, or expel ANA members from the Association for violations of the Code. The possible loss of the respect and confidence of society and one's colleagues are serious sanctions which may result from violation of the Code. Each nurse has a personal obligation to uphold and adhere to the Code and to insure that nursing colleagues do likewise. Guidance and assistance in implementing the Code in local situations may be obtained from the American Nurses Association or its state constituents.

Preamble

The Code for Nurses is based on belief about the nature of individuals, nursing, health, and society. Recipients and providers of nursing services are viewed as individuals and groups who possess basic rights and responsibilities, and whose values and circumstances command respect at all times. Nursing encompasses the promotion and restoration of health, the prevention of illness, and the alleviation of suffering. The statements of the Code and their interpretation provide guidance for conduct and relationships in carrying out nursing responsibilities consistent with the ethical obligations of the profession and quality in nursing care.

CODE FOR NURSES

1. The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2. The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

3. The nurse acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.

4. The nurse assumes responsibility and accountability for individual nursing judgments and actions.

5. The nurse maintains competence in nursing.
acceptance by others. The nurse's readiness to accord respect to clients and to render or obtain needed services should not be limited by the setting, whether nursing care is given in an acute care hospital, nursing home, drug or alcoholic treatment center, prison, patient's home, or other setting.

1.6 THE DYING PERSON
As the concept of death and ways of dealing with it changes, the basic human values remain. The ethical problems posed, however, and the decision-making responsibilities of the patient, family, and professional are increased.

The nurse seeks ways to protect these values while working with the client and others to arrive at the best decisions dictated by the circumstances, the client's rights and wishes, and the highest standards of care. The measures used to provide assistance should enable the client to live with as much comfort, dignity, and freedom from anxiety and pain as possible. The client's nursing care will determine to a great degree how this final human experience is lived and the peace and dignity with which death is approached.

2. The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

2.1 DISCLOSURE TO THE HEALTH TEAM
It is an accepted standard of nursing practice that data about the health status of clients be accessible, communicated, and recorded. Provision of quality health services requires that such data be available to all members of the health team. When knowledge gained in confidence is relevant or essential to others involved in planning or implementing the client's care, professional judgment is used in sharing it. Only information pertinent to a client's treatment and welfare is disclosed and only to those directly concerned with the client's care. The rights, well-being, and safety of the individual client should be the determining factors in arriving at this decision.

2.2 DISCLOSURE FOR QUALITY Assurance PURPOSES
Patient information required to document the appropriateness, necessity, and quality of care that is required for peer review, third party payment, and other quality assurance mechanisms must be disclosed only under rigidly defined policies, mandates, or protocols. These written guidelines must assure that the confidentiality of client information is maintained.

2.3 DISCLOSURE TO OTHERS NOT INVOLVED IN THE CLIENT'S CARE
The right of privacy is an inalienable right of all persons, and the nurse has a clear obligation to safeguard any confidential information about the client acquired from any source. The nurse-client relationship is built on trust. This relationship could be destroyed and the clients' welfare and reputation jeopardized by injudicious disclosure of information provided in confidence. Since the concept of confidentiality has legal as well as ethical implications, an inappropriate breach of confidentiality may also expose the nurse to liability.

2.4 DISCLOSURE IN A COURT OF LAW
Occasionally, the nurse may be obligated to give testimony in a court of law in relation to confidential information about a client. This should be done only under proper authorization or legal compulsion. Privilege in relation to the disclosure of such information is a legal right that only the patient or his representative may claim or waive. The statutes governing privilege and the exceptions to them vary from state to state, and the nurse may wish to consult legal counsel before testifying in court to be fully informed about professional rights and responsibilities.

2.5 ACCESS TO RECORDS
If, in the course of providing care, there is need for access to the records of persons not under the nurse's care, as may be the case in relation to the records of the mother of a newborn, the person should be notified and permission first obtained whenever possible. Although records belong to the agency where collected, the individual maintains the right of control over the information provided by him, his family, and his environment. Similarly, professionals may exercise the right of control over information generated by them in the course of health care.

If the nurse wishes to use a client's treatment record for research or non-clinical purposes in which confidential information may be identified, the client's consent must first be obtained. Ethically, this insures the client's right to privacy; legally, it serves to protect the client against unlawful invasion of privacy and the nurse against liability for such action.

3. The nurse acts to safeguard the client and the public when health care and safety are affected by incompetent, unethical, or illegal practice of any person.

3.1 ROLE OF ADVOCATE
The nurse's primary commitment is to the client's care and safety. Hence, in the role of client advocate, the nurse must be alert to and take appropriate
action regarding any instances of incompetent, unethical, or illegal practice(s) by any member of the health care team or the health care system itself, or any action on the part of others that is prejudicial to the client's best interests. To function effectively in the role, the nurse should be fully aware of the state laws governing practice in the health care field and the employing institution's policies and procedures in relation to incompetent, unethical, or illegal practice.

3.2 INITIAL ACTION
When the nurse is aware of inappropriate or questionable conduct in the provision of health care, concern should be expressed to the person carrying out the questionable practice and attention called to the possible detrimental effect upon the client's welfare. When factors in the health care delivery system threaten the welfare of the client, similar action should be directed to the responsible administrative person. If indicated, the practice should then be reported to the appropriate authority within the institution, agency, or larger system. There should be an established mechanism for the reporting and handling of incompetent, unethical, or illegal practice within the employment setting so that such reporting can go through official channels and be done without fear of reprisal. The nurse should be knowledgeable about the mechanism and be prepared to utilize it if necessary. When questions are raised about the appropriateness of behaviors of individual practitioners or practices of health care systems, documentation of the observed behavior or practice must be provided in writing to the appropriate authorities. Local units of the professional association should be prepared to provide assistance and support in reporting procedures.

3.3 FOLLOW-UP ACTION
When incompetent, unethical, or illegal practice on the part of anyone concerned with the client's care is not corrected within the employment setting and continues to jeopardize the client's care and safety, additional steps need to be taken. The problem should be reported to other appropriate authorities such as the practice committees of the appropriate professional organizations or the legally constituted bodies concerned with licensing of specific categories of health workers or professional practitioners. Some situations may warrant the concern and involvement of all these groups. Reporting should be both factual and objective.

3.4 PEER REVIEW
In addition to the role of advocate, the nurse should participate in the planning, establishment, and implementation of other activities or procedures which serve to safeguard clients. Duly constituted peer review activities in employment agencies directed toward the improvement of practice are one example. This ongoing method of review is based on objective criteria, it includes a mechanism for making recommendations to administrators for correction of deficiencies, it facilitates the improvement of delivery services, and it promotes the health, welfare, and safety of clients.

4. The nurse assumes responsibility and accountability for individual nursing judgments and actions.

4.1 ACCEPTANCE OF RESPONSIBILITY AND ACCOUNTABILITY
The recipients of professional nursing services are entitled to high quality nursing care. Individual professional licensure is the protective mechanism legislated by the public to ensure basic and minimum competencies of the professional nurse. Beyond that, society has accorded to the nursing profession the right to regulate its own practice. The regulation and control of nursing practice by nurses demands that individual professional practitioners of nursing bear primary responsibility for the nursing care clients receive and be individually accountable for their practice.

4.2 RESPONSIBILITY
Responsibility refers to the scope of functions and duties associated with a particular role assumed by the nurse. As nursing assumes functions, these functions become part of the responsibilities or expectations of performance of nurses. Areas of responsibilities expected of nurses include: data collection and assessment of the health status of the client; determination of the nursing care plan directed toward designated goals; evaluation of the effectiveness of nursing care in achieving the goals of care; and subsequent reassessment and revision of the nursing care plan as defined in the ANA Standards of Nursing Practice. By assuming these responsibilities, the nurse is held accountable for them.

4.3 ACCOUNTABILITY
Accountability refers to being answerable to someone for something one has done. It means providing an explanation to self, to the client, to the employing agency, and to the nursing profession. Over and above the obligations such accountability imposes on the individual nurse, there is also a liability dimension to accountability. The nurse may be called to account to be held legally responsible for judgments exercised and actions taken in the course of nursing practice. Neither physician's prescriptions nor the employing agency's policies relieve the nurse of ethical or legal accountability for actions taken and judgments made. Accountability, therefore, requires evaluation of the effectiveness of one's performance of nursing responsibilities.

4.4 EVALUATION OF PERFORMANCE
Self-evaluation. The nurse engages in ongoing evaluation of individual clinical competence, decision-making abilities, and professional judgments. The nurse engages in ongoing evaluation of individual nursing practice by nurses demands that individual professional practitioners of nursing bear primary responsibility for the nursing care clients receive and be individually accountable for their practice.
6. The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.

7. The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.

8. The nurse participates in the profession's efforts to implement and improve standards of nursing.

9. The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high quality nursing care.

10. The nurse participates in the profession's effort to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.

11. The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

CODE FOR NURSES WITH INTERPRETIVE STATEMENTS

1. The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

1.1 SELF-DETERMINATION OF CLIENTS
Whenever possible, clients should be fully involved in the planning and implementation of their own health care. Each client has the moral right to determine what will be done with his/her person; to be given the information necessary for making informed judgments; to be told the possible effects of care; and to accept, refuse, or terminate treatment. These same rights apply to minors and others not legally qualified and must be respected to the fullest degree permissible under the law. The law in these areas may differ from state to state; each nurse has an obligation to be knowledgeable about and to protect and support the moral and legal rights of all clients under state laws and applicable federal laws, such as the 1974 Privacy Act.

The nurse must also recognize those situations in which individual rights to self-determination in health care may temporarily be altered for the common good. The many variables involved make it imperative that each case be considered with full awareness of the need to provide for informed judgments while preserving the rights of clients.

1.2 SOCIAL AND ECONOMIC STATUS OF CLIENTS
The need for nursing care is universal, cutting across all national, ethnic, religious, cultural, political, and economic differences, as does nursing's responses to this fundamental need. Nursing care should be determined solely by human need, irrespective of background, circumstances, or other indices of individual social and economic status.

1.3 PERSONAL ATTRIBUTES OF CLIENTS
Age, sex, race, color, personality, or other personal attributes, as well as individual differences in background, customs, attitudes, and beliefs, influence nursing practice only insofar as they represent factors the nurse must understand, consider, and respect in tailoring care to personal needs and in maintaining the individual's self-respect and dignity. Consideration of individual value systems and lifestyles should be included in the planning of health care for each client.

1.4 THE NATURE OF HEALTH PROBLEMS
The nurse's respect for the worth and dignity of the individual human being applies irrespective of the nature of the health problem. It is reflected in the care given the person who is disabled as well as the normal; the patient with the long-term illness as well as the one with the acute illness, or the recovering patient as well as the one who is terminally ill or dying. It extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, and the alleviation of suffering.

The nurse's concern for human dignity and the provision of quality nursing care is not limited by personal attitudes or beliefs. If personally opposed to the delivery of care in a particular case because of the nature of the health problem or the procedures to be used, the nurse is justified in refusing to participate. Such refusal should be made known in advance and in time for other appropriate arrangements to be made for the client's nursing care. If the nurse must knowingly enter such a case under emergency circumstances or enters unknowingly, the obligation to provide the best possible care is observed. The nurse withdraws from this type of situation only when assured that alternative sources of nursing care are available to the client. If a client requests information or counsel in an area that is legally sanctioned but contrary to the nurse's personal beliefs, the nurse may refuse to provide these services but must advise the client of sources where such service is available.

1.5 THE SETTING FOR HEALTH CARE
The nurse adheres to the principle of non-discriminatory, non-prejudicial care in every employment setting or situation and endeavors to promote its
The nurse also engages in activities that will improve current practice. Self-evaluation carries with it the responsibility for the continuous improvement of one's nursing practice.

Evaluation by peers. Evaluation of one's performance by peers is a hallmark of professionalism, and it is primarily through this mechanism that the profession is held accountable to society. The nurse must be willing to have practice reviewed and evaluated by peers. Guidelines for evaluating the appropriateness, effectiveness, and efficiency of nursing practice are emerging in the form of revised and updated nurse practice acts, ANA's Standards of Nursing Practice, and the increasing complexity of nursing responsibilities. The nurse, in the development of objective criteria for evaluation that provide valid and reliable data is the responsibility of each nurse.

5. The nurse maintains competence in nursing.

5.1 PERSONAL RESPONSIBILITY FOR COMPETENCE
Nursing is concerned with the welfare of human beings, and the nature of nursing is such that inadequate or incompetent practice may jeopardize the client. Therefore, it is the personal responsibility and must be the personal commitment of each individual nurse to maintain competence in practice throughout a professional career. This represents one way in which the nurse fulfills accountability to clients.

5.2 MEASUREMENT OF COMPETENCE IN NURSING PRACTICE
Competence is a relative term, and an individual's competence in any field may be diminished or otherwise affected by the passage of time and the emergence of new knowledge. This means that for the client's optimum well-being and for the nurse's own professional development, nursing care should reflect and incorporate new techniques and knowledge in health care as these develop and especially as they relate to the nurse's particular field of practice.

Measures of competence are developing; they include peer review criteria, outcome criteria, and ANA's program for certification.

5.3 CONTINUING EDUCATION FOR CONTINUING COMPETENCE
Nursing knowledge, like that in the other health disciplines, is rendered rapidly obsolete by mounting technological advances and scientific discoveries, changing concepts and patterns in the provision of health services, and the increasing complexity of nursing responsibilities. The nurse, therefore, should be aware of the need for continuous updating and expansion of the body of knowledge on which practice is based and should keep knowledge and skills current. The nurse should assess personal learning needs, should be active in finding appropriate resources, and should be skilled in self-directed learning. Such continuing education is the key to maintenance of individual competence.

5.4 INTRAPERSONAL RESPONSIBILITY FOR COMPETENCE IN NURSING CARE
All nurses, be they practitioners, educators, administrators, or researchers, share responsibility for quality nursing care. Therefore all nurses need thorough knowledge of the current scope of professional nursing practice. Advances in theory and practice made by one professional must be disseminated to colleagues. Since individual competencies vary in relation to educational preparation, experience, client population and setting, when necessary, nurses should refer clients to and/or consult with other nurses with expertise and recognized competencies, e.g. certified nurses and clinical specialists.

6. The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.

6.1 CHANGING FUNCTIONS
Because of the increased complexity of health care, changing patterns in the delivery of health services, continuing shortages in skilled health manpower, and the development and acceptance of evolving nursing roles, nurses are being requested or expected to carry out functions that have formerly been performed by physicians. In turn, nurses are assigning some nursing functions to variously prepared ancillary personnel. In this gradual shift of functions, as the scope of practice of each profession changes, the nurse must exercise judgment in seeking consultation, accepting responsibilities, and assigning responsibilities to others to ensure that clients receive quality care at all times.

6.2 JOINT POLICY STATEMENTS
Nurse practice acts are usually expressed in broad and general language in order to provide the necessary freedom for interpretation of the law so that future developments, new knowledge, and changing roles will not necessitate constant revision of the law. The nurse must not engage in practice prohibited by law or delegate to others activities prohibited by practice acts of other health care personnel or by other laws. Recognition by nurses of the need for a more definitive delineation of roles and responsibilities, however, has resulted in collaborative efforts to develop joint policy statements. These statements may involve other health care providers or associations and usually specify the functions that are agreed upon as appropriate and proper for the nurse to perform. Such statements represent a body of expert judgment that can be used as authority where responsibilities are not definitively outlined by legal statute.
6.3 SEEKING CONSULTATION

The provision of health and illness care to clients is a complex process that requires a wide range of knowledge and skills. Interdisciplinary team effort with shared responsibility is the most effective approach to provision of total health services. Nurses, whether practicing in clearly defined or new and emerging roles, must be aware of their own individual competencies. When the needs of the client are beyond the qualifications and competencies of the nurse, consultation must be sought from qualified nurses or other appropriate sources.

Discretion must be exercised by the nurse before intervening in diagnostic or therapeutic matters that are not recognized by the nursing profession as established nursing practice. Such discretion should be based on education, experience, legal parameters, and professional guidelines and policies.

6.4 ACCEPTING RESPONSIBILITIES OR DELEGATING ACTIVITIES

The nurse should look to mutually agreed upon policy statements for guidance and direction; but even where such statements exist, personal competence should be carefully assessed before accepting responsibility or delegating activities. Decisions in this area call for knowledge of and adherence to joint policy statements and the laws regulating medical and nursing practice as well as for the exercise of informed nursing judgments.

6.5 ACCEPTING RESPONSIBILITY

If the nurse does not feel personally competent or adequately prepared to carry out a specific function, the nurse has the right and responsibility to refuse. In so doing, both the client and the nurse are protected. The reverse is also true. The nurse should not accept delegated responsibilities that do not utilize nursing skill or competencies or that prevent the provision of needed nursing care to clients. Inasmuch as the nurse is responsible for the client's total nursing care, the nurse must also assess individual competence in assigning selected components of that care to other nursing service personnel. The nurse should not delegate to any member of the nursing team a function for which that person is not prepared or qualified to perform.

7. The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.

7.1 THE NURSE AND RESEARCH

Every profession must engage in systematic inquiry to identify, verify, and continually enlarge the body of knowledge which forms the foundations for its practice. A unique body of verified knowledge provides both framework and direction for the profession in all of its activities and for the practitioner in the provision of nursing care. The accrual of knowledge promotes the advancement of practice and with it the well-being of the profession's clients. Ongoing research is thus indispensable to the full discharge of a profession's obligations to society. Each nurse has a role in this area of professional activity, whether involved as an investigator in the furthering of knowledge, as a participant in research, or as a user of research results.

7.2 GENERAL GUIDELINES FOR PARTICIPATING IN RESEARCH

Before participating in research the nurse has an obligation:

1. To ascertain that the study design has been approved by an appropriate body.
2. To obtain information about the intent and the nature of the research.
3. To determine whether the research is consistent with professional goals.

Research involving human subjects should be conducted only by scientifically qualified persons or under such supervision. The nurse who participates in research in any capacity should be fully informed about both nurse and client rights and responsibilities as set forth in the publication Human Rights Guidelines for Nurses in Clinical and Other Research prepared by the ANA Commission on Nursing Research.

7.3 THE PROTECTION OF HUMAN RIGHTS IN RESEARCH

The individual rights valued by society and by the nursing profession have been fully outlined and discussed in Human Rights Guidelines for Nurses in Clinical and Other Research; namely, the right to freedom from intrinsic risks of injury and the rights of privacy and dignity. Inherent in these rights is respect for each individual to exercise self-determination, to choose to participate, to have full information, to terminate participation without penalty.

It is the duty of both the investigator and the nurse participating in research to maintain vigilance in protecting the life, health, and privacy of human subjects from unanticipated as well as anticipated risks. The subjects' integrity, privacy, and rights must be especially safeguarded if they are unable to protect themselves because of incapacity or because they are in a dependent relationship to the investigator. The investigation should be discontinued if its continuance might be harmful to the subject.

7.4 THE PRACTITIONER'S RIGHTS AND RESPONSIBILITIES IN RESEARCH

Practitioners of nursing providing care to clients who serve as human subjects for research have a special need to clearly understand in advance how the research can be expected to affect treatment and their own moral and legal responsibilities to clients. Here, as in other problematic situations, the practitioner has the right not to participate or to withdraw under the cir-
8. The nurse participates in the profession’s efforts to implement and improve standards of nursing.

8.1 RESPONSIBILITY TO THE PUBLIC

Nursing has the responsibility to admit to the profession only those who have demonstrated a capacity for those competencies believed essential to the practice of nursing. Areas of concern for nursing competence should include adequate performance of nursing skills, academic achievement, humanitarian concern for others, acceptance of responsibility for individual actions, and the desire to improve nursing practice. Nurses involved in the evaluation of student attainment carry a primary responsibility for ensuring that the profession’s obligation to the public relative to entry qualifications for practice are met.

The nursing profession exists to give assistance to those persons needing nursing care. Standards of nursing practice provide guidance for the delivery of quality nursing care and are a means for evaluating that care received by clients. The nurse has a responsibility to the public for personally implementing and maintaining optimal standards.

8.2 RESPONSIBILITY TO THE DISCIPLINE

The professional practice of nursing is founded on an understanding and application of a body of knowledge reflected in its standards. As the profession’s organization for nurses, ANA has adopted standards for nursing practice, nursing service, and nursing education. The nurse has the responsibility to monitor these standards in everyday practice and through voluntary participation in the profession’s ongoing efforts to implement and improve standards at the national, state, and local levels.

8.3 RESPONSIBILITY TO NURSING STUDENTS

The future of nursing rests with new recruits to the profession. Nursing has a responsibility to maintain optimal standards of nursing practice and education in schools of nursing and/or wherever students engage in learning activity. This places a particular responsibility on all nurses whose services are concerned with the educational process.

9. The nurse participates in the profession’s efforts to establish and maintain conditions of employment conducive to high quality nursing care.

9.1 RESPONSIBILITY FOR CONDITIONS OF EMPLOYMENT

The nurse must be concerned with conditions of economic and general welfare within the profession. These are important determinants in the recruitment and retention of well-qualified personnel and in assuring that each practitioner has the opportunity to function optimally.

The provision of high quality nursing care is the responsibility of both the individual nurse and the nursing profession. Professional autonomy and self-regulation in the control of conditions of practice are necessary to implement standards of practice as established by organized nursing.

9.2 COLLECTIVE ACTION

Defining and controlling the quality of nursing care provided to the client is most effectively accomplished through collective action. Collective action may include assistance and representation from the professional association in negotiations with employers to achieve employment conditions in which the professional standards of practice can be implemented and which are commensurate with the qualifications, functions, and responsibilities of the nurse. The Economic and General Welfare program of the professional association is the appropriate channel through which the nurse can work constructively, ethically, and with professional dignity. This program, encompassing commitment to the principle of collective bargaining, promotes the right and responsibility of the individual nurse to participate in determining the terms and conditions of employment conducive to high quality nursing practice.

9.3 INDIVIDUAL ACTION

A nurse may enter into an agreement with individuals or organizations to provide health care, provided that the agreement is in accordance with the Standards of Nursing Practice of the American Nurses’ Association and the nurse practice law of the state and provided that the agreement does not permit or compel practices which are in violation of this Code.

10. The nurse participates in the profession’s effort to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.

10.1 ADVERTISING SERVICES

A nurse may make factual statements that indicate availability of services through means that are in dignified form, such as:
A professional card identifying the nurse by name and title, giving address, telephone number, and other pertinent data.

Listing name, title, and brief biography in reputable directories and reputable professional publications. Such published data may include the following: Name, address, phone, field of practice or concentrates; date and place of birth; schools attended, with dates of graduation, degrees, and other scholastic distinctions; offices held; public or professional honors; teaching positions; publications; memberships and activities in professional societies; licenses; names and addresses of references.

A nurse shall not use any form of public or professional communication to make self-laudatory statements or claims that are false, fraudulent, misleading, deceptive, or unfair.

10.2 USE OF TITLES AND SYMBOLS
The right to use the title “Registered Nurse” is granted by state governments through licensure by examination for the protection of the public. Use of that title carries with it the responsibility to act in the public interest. The nurse may use the title “R.N.” and symbols of academic degrees or other earned or honorary professional symbols of recognition in all ways that are legal and appropriate. The title and other symbols of the profession should not be used, however, for personal benefit by the nurse or by those who may seek to exploit them for other purposes.

10.3 ENDORSEMENT OF COMMERCIAL PRODUCTS OR SERVICES
The nurse does not give or imply endorsement to advertising, promotion, or sale of commercial products or services because this may be interpreted as reflecting the opinion or judgment of the profession as a whole. Since it is a nursing responsibility to engage in health teaching and to advise clients on matters relating to their health, it is not unethical for the nurse to utilize knowledge of specific services and/or products in advising individual clients. In the course of providing information or education to clients or other practitioners about commercial products or services, however, a variety of similar products or services should be offered or described so that the client or practitioner can make an informed choice.

10.4 PROTECTING THE CLIENT FROM HARMFUL PRODUCTS
It is the responsibility of the nurse to advise clients against the use of dangerous products. This is seen as discharge of nursing functions when undertaken in the best interest of the client.

10.5 REPORTING INFRINGEMENTS
Not only should the nurse personally adhere to the above principles, but alertness to any instances of their violation by others should be maintained. The nurse should report promptly, through appropriate channels, any advertisement or commercial which involves a nurse, implies involvement, or in any way suggests nursing endorsement of a commercial product, service, or enterprise. The nurse who knowingly becomes involved in such unethical activities negates professional responsibility for personal gain, and jeopardizes the public confidence and trust in the nursing profession that have been created by generations of nurses working together in the public interest.

11. The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

11.1 QUALITY HEALTH CARE AS A RIGHT
Quality health care is mandated as a right to all citizens. Availability and accessibility to quality health services for all citizens require collaborative planning by health providers and consumers at both the local and national level. Nursing care is an integral part of quality health care, and nurses have a responsibility to help ensure that citizens' rights to health care are met.

11.2 RESPONSIBILITY TO THE CONSUMER OF HEALTH CARE
The nurse is a member of the largest group of health providers, and therefore the philosophies and goals of the nursing profession should have a significant impact on the consumer of health care. An effective way of ensuring that nurses' views regarding health care and nursing service are properly represented is by involvement of nurses in political decision making.

11.3 RELATIONSHIPS WITH OTHER DISCIPLINES
The complexity of the delivery of health care service demands an interdisciplinary approach to delivery of health services as well as strong support from allied health occupations. The nurse should actively seek to promote collaboration needed for ensuring the quality of health services to all persons.

11.4 RELATIONSHIP WITH MEDICINE
The interdependent relationship of the nursing and medical professions requires collaboration around the need of the client. The evolving role of the nurse in the health delivery system requires joint practice as collaborators.
deliberations in determining functional relationships, and differentiating areas of practice between the two professions.

11.5 CONFLICT OF INTEREST

Nurses who provide public service and who have financial or other interests in health care facilities or services avoid a conflict of interest by refraining from casting a vote on any deliberation affecting the public's health care needs in those areas.

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