MALTESE CODE OF ETHICS FOR NURSES AND MIDWIVES

Issued by the Nursing and Midwifery Board
FOREWARD

The hallmark of any profession is its ability to regulate itself. The development of a Code of Ethics is an essential activity of a profession and provides one means for the exercise of professional self-regulation. A Code of Ethics indicates a profession's acceptance of the responsibility and trust with which it has been invested by society. Under the terms of the implicit contract between society and the nursing and midwifery professions, society grants these professions considerable autonomy and authority to function in the conduct of their affairs.

A code of Ethics makes explicit the primary goals and values of the profession. The statements of the code and their interpretation provide guidance for conduct and relationships in carrying out nursing/midwifery responsibilities consistent with the ethical obligations of the profession and with high quality of care.

This Code of Ethics has been brought to fruition thanks to various individuals who, over the years have been involved in its drafting.

Dr Anthony Vassallo, Chief Government Medical Officer made its publication possible.

The frontiers of care are constantly changing in the field of nursing and midwifery and it is hoped that the Board will adjourn its Code of Ethics to suit future developments.

I feel privileged that the first ever Maltese Code of Ethics for Nurses and Midwives is being published during my tenure as Chairman of the Nursing and Midwifery Board.

Dr Denis A. Soler
Chairman
29th May, 1997
The Maltese Code of Ethics for Nurses and Midwives is being published in accordance with provisions made under the Department of Health (Constitution) Ordinance Cap. 94 Part VII Section 34 (e) which provides that:—

"The Board will prescribe and maintain professional and ethical standards for nurses and Midwives".

The Board wishes it to be clearly understood that the following information does not constitute and is not intended to constitute, a complete enumeration of the professional offences which may entail disciplinary action; nothing in this information is to be held to limit the discretion of the Board in reaching a determination in any case in accordance with the facts brought before it.
Preamble

The Maltese Code of Ethics for Nurses and Midwives practising in Malta seeks to promote the highest level of care delivered by nurses and midwives to their patients/clients. High standards can be achieved not only through the academic and technical development of members of the professions, but also through compliance with a set of ethical standards and values which the profession freely imposes upon itself and its members as a sign of its commitment to society.

The Code of Ethics acknowledges the patient/client as a unique person who is to be treated with respect and dignity, irrespective of age, nationality, creed, gender orientation, political inclination or any other factor. It also acknowledges that nursing and midwifery are independent professions being complementary and not supplementary to other professions and other categories of health care workers. It, furthermore, provides a framework within which nurses and midwives practising in Malta can perform their duties and fulfil their obligations as true professionals. It also seeks to ensure that no action or omission by members of the professions, within their sphere of responsibility, would be detrimental to the interests, condition, or welfare of patients/clients.

Responsibilities towards patients/clients

Nurses and midwives should:

- at all times treat each patient/client as an individual person, respect his/her rights and act as his/her advocate in all situations;
- recognise and respect the uniqueness of every patient/client and adapt the care given according to the patient's/client's biological, psychological, social and spiritual status and needs;
• not discriminate amongst patients/clients on grounds of age, nationality, race, sex, gender orientation, religious beliefs, personal attributes, nature or origin of their health problem or any other factor;

• encourage patients/clients to participate in the planning and delivery of their own care and, if they so desire, involve their families and/or other identified persons of their trust;

• within their sphere of responsibilities, ensure that patients/clients are given adequate and correct information enabling them to make a free and informed choice as to the provision of their own care;

• safeguard and protect all information, including certification which he or she has obtained in the course of the professional relationship with the patient or client. A nurse or midwife cannot disclose such information without the consent preferably written, of the patient or client. Exemption to this rule exists only where required by local laws;

• acknowledge any limitations in their knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and skilled manner;

• refuse any gifts, favours, or hospitality from patients/clients which might be construed as attempts to exert influence to obtain preferential treatment.

**Professional responsibilities**

As members of the profession, nurses and midwives should:

• strive to uphold their own personal integrity and that of the nursing and midwifery professions as a whole;
• seek to maintain and improve their professional knowledge and competence especially in their field of practice and should take every reasonably opportunity to achieve this;

• participate in activities that contribute to the ongoing development of the professional body of knowledge, e.g., through research;

• recognise their responsibility to participate in activities that contribute to the ongoing development of their professions;

• work towards securing and maintaining working conditions and environments that contribute to the attainment of high quality nursing care.

**Responsibilities towards co-workers**

Nurses and midwives should:

• co-operate with each other and with other members of the health care team for the optimal delivery of care;

• take every opportunity to pass on their skills and knowledge to colleagues, junior staff and students and be responsible for the professional behaviour of those under their charge;

• be bound to report any willful malpractice/professional incompetence to the appropriate authorities as well as any circumstance where it appears that the health and safety of colleagues is at risk and may compromise standards of good practice and care.
**Responsibilities towards society**

- Nurses and midwives bear an obligation always to behave in such a way as to maintain public trust and confidence in nurses and midwives and the professions they represent;

- Professional nurses’ and midwives' organisations must recognise their responsibility to clarify, secure, and sustain ethical nursing and midwifery conduct;

- Nurses and midwives must retain a commitment to the welfare of patients/clients in all professional settings, including education, research, and administration;

- The welfare of patients/clients should be the first concern in circumstances where industrial action is planned and implemented;

- Nurses and midwives share with other citizens the responsibility for initiating and supporting action designed to maintain and improve the health and social needs of the public.

- Nurses and midwives should ensure that their professional status be not used in the promotion of commercial products or services. They should also ensure that their professional judgement is not influenced by any commercial consideration.
Explanatory note for Maltese Code of Ethics for Nurses and Midwives

1. Responsibilities towards patients or clients

1.1 Treating the patient or client as a person is based on the principle of 'respect for the person'. This implies that the individual is recognised as having an autonomous nature, that he/she is self-determining and self-governing. Nurses and midwives should accept the patient or client as he/she is and should respect his/her various rights.

Advocacy means that the carer acts and speaks on behalf of the patient or client when he/she is unable to do so for himself/herself because of his/her limitations. In advocacy, nurses and midwives have, first and foremost, to understand accurately the patient’s wishes and needs.

1.2 Each patient or client is a unique person having his/her specific problems and needs. For this reason, care should be adapted to the individual's needs. The very ill patient will need more intensive care than the not so ill patient. The patient has to be treated in his/her totality as a person and consideration has to be given to his/her physical, psychological, social and spiritual needs. Individualised patient care will help toward attaining these goals.

1.3 There should be no discrimination whatsoever in the provision of health care. All persons should treated as equals. This principle of equality in health care requires that any differences in treatment or care must be justifiable. The interests and values of the patient or client have to be respected at all times. When there is a conflict in values and interests, and the carer feels that he/she is unable to discharge his/her duties in the proper way, he/she has to notify his/her superior to make the necessary alternative arrangements.
1.4 Care should be adapted to the clients' needs, and it is important that the client participates in its planning and delivery. This will encourage him/her to take an active interest in his/her problem which will eventually lead him/her to a smoother recovery, or to accept the problem or situation. When the patient or client so desires, the family or other identified person should also be allowed to participate in the planning and delivery of care.

1.5 Nurses and midwives should, within their sphere of responsibility, give adequate information to the client in relation to his/her condition and to treatment options, in terms which he/she can understand. He/she should also be told the advantages or disadvantages of any care or form of treatment he/she is to undergo. The extent of information has to be adapted according to how much the individual patient wishes to know. Patients who wish not to be told certain things, and who prefer to leave everything in the hands of their carers whom they trust to do the best for them, should have their wishes respected.

1.6 In the caring professions, confidentiality is essential and is protected by section 257 of the Criminal Code which reads as follows:

"If any person who by reason of his calling or profession becomes the depository of any secret confided to him, shall, except when compelled by law to give information to the public authority, disclose such secret, he shall on conviction be liable to a fine (multa)".

Any conviction under this heading may also involve disciplinary action on the part of the Nursing and Midwifery Board.
While the very nature of the illness is in itself confidential the patient or client is often in a vulnerable position and in trusting the carer, may reveal his innermost secret. The patient's/client's informed and preferably written consent should be sought to pass on any confidential information. An exemption to this rule is made under the law in respect of notification/information to public authorities in respect of:-

(a) certain infectious disease and cancer and certain medical conditions (eg. addiction to drugs)

(b) occupational diseases

(c) grievous bodily harm

(d) any matter affecting public health.

The above notifications are by law required from medical practitioners. However midwives are bound by law to notify births as well as puerperal pyrexia in respect of clients they have attended.

Where it is deemed appropriate to share information obtained in the course of professional practice with other health or social work practitioners, the nurse of midwife who obtained the information must ensure, as far as is reasonable, before its release that is being imparted in strict professional confidence and for a specific purpose.

The patients’ notes or file should be kept in a safe place and only authorised persons should have access to them.

In carrying out research, anonymity, even to the researcher is to be ensured and when this cannot be guaranteed, written informed consent must be obtained.
1.7 This means that nurses and midwives are not in breach of the Code of Ethics if they accept a gift given as an unsolicited sign of gratitude, e.g., after a patient has left hospital. However, they may not accept it if the giver has obvious, or could have hidden, ulterior motives.

2. Professional responsibilities

2.1 This means that nurses and midwives must be, and be seen to be, exemplary upright citizens not only during the execution of their duties, but also generally in their public lives. They should consider themselves as ambassadors of their profession, as the public will judge nursing and midwifery by the behaviour of nurses and midwives.

2.2 In the rapidly changing world of science, medicine, nursing and midwifery, nurses and midwives must make reasonable attempts to keep themselves up to date, particularly in the area in which they are working. Thus, for example, there can be no excuse for a nurse or midwife not to read professional journals, or not to attend some form of in-service updates, though it will not be expected of all nurses to go abroad to further their studies.

2.3 All nurses and midwives should, first and foremost, acquaint themselves with the nature of research so that they may understand and appreciate its role in nursing and midwifery, and foster a positive attitude in themselves towards it. They can thus help their colleagues carrying out research by cooperating with the ongoing research in their area, or by giving up some of their time to be interviewed or to fill in questionnaires. Some can participate more directly by offering their services to persons doing research, e.g., by assisting with data collection.
2.4 Nurses and midwives should take an active interest in all that is related to nursing or midwifery. They should participate actively in as many educational and social nursing and midwifery activities as possible, whether organised by their associations, by nurse educators, or by the department. They should strive to ensure that nursing and midwifery interests are represented on all committees where such interests may be affected, and should see their role as including the vigorous representation of nursing and midwifery professional ethics. They could also make their contribution to the development of nursing and midwifery by sharing their knowledge, ideas, and opinion through their journals or newsletters. Since many public issues include health as a major component, involvement in civic activities, particularly those that address health care, may afford nurses and midwives the opportunity to further the objectives of nursing and midwifery as well as to fulfil their duties as citizens.

Professional nurses’ and midwives’ associations also have a role in representing the interests and perspectives of their professions before other bodies, including legislatures, employers, the professional organisations of other health disciplines, and the public media of communication.

3. Responsibilities towards co-workers

3.1 Optimal client care can only be achieved when, keeping the patient’s needs as their foremost interest, all health care workers trust and respect each other, and value each other’s contributions. Thus, nurses and midwives should strive to build excellent working relationships amongst themselves and with other categories of health care workers, both on a one-to-one basis and collectively through their associations.

In the health care area, there is no room for competition, but only for co-operation. Thus, nurses and midwives should avoid petty disputes amongst themselves and between other categories of health care workers.
If differences do occur which undermine the values and principles of their profession, they should attempt to resolve them through their associations in a civilized manner, so that a just solution acceptable to all may be found in a dignified manner.

3.2 Nurses and midwives should be ever ready to share their knowledge, competence, experience and resources with others, particularly with junior staff. Moreover, accurate performance appraisal is required by a concern for present and future clients and is essential to the advancement of nursing and midwifery. Nurse and midwife administrators and educators are morally obliged to provide timely and accurate feedback to nurses, midwives, and their supervisors, student nurses and midwives and their teachers.

3.3 Nurses and midwives are obliged to represent the ethics of their profession before colleagues and others, and they should also help each other maintain the ethical principles outlined in this Code of Ethics. If they see a colleague who breaches these principles, they are duty bound first of all to make him/her aware of the ethical implications of his/her actions. They should also offer this person their help and support in order that a change in behaviour may be achieved. However, if a person refuses help, or if a person deliberately behaves in such a way that is against the principles of this Code of Ethics, nurses and midwives are morally obliged to report that person in order to protect the interests of patients, and also those of the profession.

4. **Responsibilities towards the public and society**

4.1 In order to be seen by the public as trustworthy, nurses and midwives must always have, and be seen to have, the interests of their patients as their topmost priority. They must always be reliable that is, they must never promise what they cannot deliver, and they must always deliver what they promise.
They must also be truthful and never attempt to deceive or manipulate their patients or their relatives. They must also maintain confidentiality at all times.

4.2 Nurses’ and midwives’ professional organisations must take it upon themselves to ensure that nursing and midwifery are carried out within a framework of correct ethical conduct. They will need to set up the necessary structure to monitor the Code of Ethics and its implications on their members, and to interpret the code.

Changing circumstances may call for reconsideration and adaptation of this Code. Supplementation of the code may also be necessary in order to address special situations. Professional associations should consider the ethics of nursing and midwifery on a regular and continuing basis and be prepared to provide assistance to those concerned with its implementation.

Education in the ethical aspects of nursing and midwifery should be available to nurses and midwives throughout their careers. Nurses’ and Midwives’ associations should actively support or develop structures designed towards this end.

Nursing and Midwifery associations should also be empowered to sanction those members who commit wilful malpractice.

4.3 Whenever a course of action will affect patients, their welfare must always be the uppermost priority whether the action is the result of management, the educational system or research.

Thus, the conduct of research must conform to bioethical nursing practice. When patients or their notes are to be used as teaching or assessing resources, they must be used with great sensitivity. Management must ensure that although its decisions often only affect clients in groups, it must at all
times consider the impact of its decisions upon the patients as individuals.

In these contexts, the self-direction of clients takes on added importance. Above all, prior informed consent is required for participation in research or teaching, and all reasonable precautions should be taken to ensure that patients come to no harm.

4.4 Working conditions should contribute to high standards of care and to professional satisfaction. Nurses and midwives should work towards securing and maintaining working conditions and environments that satisfy these inter-related goals.

For example, they should consider how they can contribute to improving staffing levels, to obtain adequate supplies and equipment, to make the best use of available resources, and to maintain high standards of hygiene. Nurses should resist the introduction of roster or any other measure which may result in a lowering of standards of care. They should also strive to have the worth of their work appreciated and adequately remunerated.

4.5 In the final analysis, the improvement of conditions of nursing employment is often to the advantage of patients/clients. However, nurses and midwives bear an ethical responsibility to present, as well as to future, clients. Since over the short term, there is a danger that industrial action will work to the detriment of present clients, the welfare of these clients should be the first concern in circumstances of planning and implementing any such action. Individuals and groups of nurses and midwives participating in industrial actions share this ethical commitment to the welfare of patients/clients. Patients/clients/clients whose welfare requires ongoing or emergency nursing or midwifery care are entitled to have those needs satisfied throughout the duration of any industrial action. Individuals and groups of nurses and midwives
participating in industrial actions have a duty of co-ordination and communication to take steps reasonably designed to ensure the welfare of such patients/clients.

4.6 Where voluntary work is needed in relation to health care or to social work, nurses and midwives should be among the first to volunteer. There are several organisations offering a large choice of areas in which nurses and midwives can make valuable contributions. These include, among others, working with orphans, with single parent families or with battered wives, working with the handicapped or with the elderly, working with drug or alcohol abusers, with HIV carriers, or with people suffering from a terminal disease.

4.7 Nurses and midwives must ensure that their professional status is not used to advertise commercial products or services. They should, moreover, declare any financial or other interests in relevant organisations providing such goods or services, and ensure that their professional judgement is not influenced by any commercial considerations such as commission, gifts, etc.