

2008

Australian Nursing & Midwifery Council

Codes of Professional Conduct & Ethics

for Nurses & Midwives

in Australia



The Nurses Board of South Australia endorsed the four ANMC codes for implementation by all registered nurses, midwives and enrolled nurses in South Australia **effective from Monday 3 November 2008**.

- *Code of Professional Ethics for Nurses in Australia*
- *Code of Professional Conduct for Nurses in Australia*
- *Code of Professional Ethics for Midwives in Australia*
- *Code of Professional Conduct for Midwives in Australia*

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Australian Nursing & Midwifery Council

Code of Professional Ethics for Nurses

in Australia

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ISBN 978-0-9775108-7-0

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The *Code of Ethics for Nurses in Australia* was first published in July 1993. Revised in 2002. Reprinted in February 2005.

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Introduction

This *Code of Ethics for Nurses in Australia* has been developed for the nursing profession in Australia. It is relevant to all nurses at all levels and areas of practice including those encompassing clinical, management, education and research domains.¹ This Code is framed by the principles and standards set forth in the United Nations *Universal Declaration of Human Rights*, *International Covenant of Economic, Social and Cultural Rights* and *International Covenant on Civil and Political Rights*; the World Health Organization's Constitution and publication series entitled *Health and Human Rights*; and the United Nations Development Programme *Human Development Report 2004: Cultural liberty in today's diverse world*.²

In considering this Code and its companion, the *Code of Professional Conduct for Nurses in Australia*, it should be borne in mind that they are designed for multiple audiences: nurses; nursing students; people requiring or receiving nursing care; the community generally; employers of nurses; nursing regulatory authorities; and consumer protection agencies. It is also noteworthy that the concepts of 'ethics' and 'morality' are substantially the same and have been used interchangeably throughout this Code.

This Code outlines the nursing profession's commitment to respect, promote, protect and uphold the fundamental rights of people who are both the recipients and providers of nursing and health care. It is supported by, and should be read in conjunction with, the *Code of Conduct for Nurses in Australia* and the Australian Nursing and Midwifery Council *National Competency Standards for the Registered Nurse*, *National Competency Standards for the Enrolled Nurse* and *National Competency Standards for the Nurse Practitioner*. These three documents, together with other published practice standards (eg decision-making frameworks, guidelines and position statements), provide a framework for accountable and responsible nursing practice in all clinical, management, education and research areas. This Code is complementary to the International Council of Nurses (ICN) *Code of Ethics for Nurses* and is intended to be interpreted in conjunction with that code and related ICN position statements.³ It is further intended that the Code be read in conjunction with other ethical standards and guidelines developed by state and territory professional nursing organisations and nurse regulatory authorities.

Code of Ethics for Nurses

- 1 Nurses value quality nursing care for all people.
- 2 Nurses value respect and kindness for self and others.
- 3 Nurses value the diversity of people.
- 4 Nurses value access to quality nursing and health care for all people.
- 5 Nurses value informed decision making.
- 6 Nurses value a culture of safety in nursing and health care.
- 7 Nurses value ethical management of information.
- 8 Nurses value a socially, economically and ecologically sustainable environment promoting health and wellbeing.

Purpose

The purpose of the *Code of Ethics for Nurses in Australia* is to:

- identify the fundamental ethical standards and values to which the nursing profession is committed, and that are incorporated in other endorsed professional nursing guidelines and standards of conduct
- provide nurses with a reference point from which to reflect on the conduct of themselves and others
- guide ethical decision making and practice
- indicate to the community the human rights standards and ethical values it can expect nurses to uphold.

Human Rights and the Nursing Profession

The nursing profession recognises the universal human rights of people and the moral responsibility to safeguard the inherent dignity and equal worth of everyone.⁴ This includes recognising, respecting and, where possible, protecting the wide range of civil, cultural, economic, political and social rights that apply to all human beings.⁵

The nursing profession acknowledges and accepts the critical relationship between health and human rights and ‘the powerful contribution that human rights can make in improving health outcomes’.⁶ Accordingly, the profession recognises that accepting the principles and standards of human rights in health care domains involves recognising, respecting, actively promoting and safeguarding the right of all people to the highest attainable standard of health as a fundamental human right, and that ‘violations or lack of attention to human rights can have serious health consequences’.⁷

In recognising the linkages and operational relationships that exist between health and human rights, the nursing profession respects the human rights of Australia’s Aboriginal and Torres Strait Islander peoples as the traditional owners of this land, who have ownership of and live a distinct and viable culture that shapes their world view and influences their daily decision making. Nurses recognise that the process of reconciliation between Aboriginal and Torres Strait Islander and non-indigenous Australians is rightly shared and owned across the Australian community. For Aboriginal and Torres Strait Islander people, while physical, emotional, spiritual and cultural wellbeing are distinct, they also form the expected whole of the Aboriginal and Torres Strait Islander model of care.

The nursing profession also acknowledges the diversity of people constituting Australian society, including immigrants, asylum seekers, refugees and detainees, and the responsibility of nurses to provide just, compassionate, culturally competent and culturally responsive care to every person requiring or receiving nursing care.⁸

Guiding Framework

This Code contains eight value statements. Nurses and students of nursing are encouraged to use the statements as a guide when reflecting on the degree to which their clinical, managerial, educational or research practice⁹ demonstrates and upholds those values.

The explanations accompanying each of the eight value statements are organised into four categories: self, person (health consumer), colleagues and community.

- **Self:** refers to the nurse, registered or enrolled, who is employed in that capacity. It also refers to students of nursing.
- **Person (health consumer):** refers to the person requiring or receiving health care, treatment, advice, information or other related services. It includes the full range of alternative terms such as client, resident and patient. This term may include the family, friends, relatives and other members of a person’s nominated social network, and people who are associated with the person who is the recipient of care.¹⁰
- **Colleagues:** includes other nurses, students, other health care workers, staff and others lawfully involved in the care of the person.
- **Community:** refers to Australian society as a whole regardless of geographic location and any specific group the individual receiving nursing care defines as community, including those identifying as culturally connected through ethnicity, shared history, religion, gender and age.

The explanation accompanying each value statement is not intended to cover all issues that a nurse should take into account when faced with ethical problems. Ethical practice can pose challenges for nurses and may lead to conflict with colleagues and authorities. This Code does not provide a formula for the resolution of ethical issues, nor can it adequately address the definition and exploration of terms, concepts and practical issues that are part of the broader study of nursing, ethics and human rights. Nurses have a responsibility to develop their knowledge and understanding of ethics and human rights in order to clarify issues relevant to their practice and to inform their response to the issues identified.

Nurses also have a responsibility to promote the *Code of Ethics for Nurses in Australia* in nursing and health care domains.

Value Statement 1

Nurses value quality nursing care for all people

Explanation

Valuing quality nursing care involves nurses accepting accountability for the standard of nursing care they provide, helping to raise the standard of nursing care, and taking action when they consider, on reasonable grounds, the standard of nursing care to be unacceptable. This includes a responsibility to question and report what they consider, on reasonable grounds, to be unethical behaviour and treatment.

- 1 Self:** Nurses who value quality nursing care recognise that they are accountable for the decisions they make regarding a person's care; accept their moral and legal responsibilities for ensuring they have the knowledge, skills and experience necessary to provide safe and competent nursing care; and practice within the boundaries of their professional role. Nurses who value quality nursing care ensure the professional roles they undertake are in accordance with the agreed practice standards of the profession. Nurses are also entitled to conscientiously refuse to participate in care and treatment they believe on religious or moral grounds to be unacceptable ('conscientious objection').
- 2 Person (health consumer):** Nurses recognise that people are entitled to quality nursing care, and will strive to secure for them the best available nursing care. In pursuit of this aim, nurses are entitled to participate in decisions regarding a person's nursing care and are obliged to question nursing care they regard as potentially unethical or illegal. Nurses actively participate in minimising risks for individuals and supporting quality practice environments. Nurses also question, and where necessary report to an appropriate authority, nursing and health care they consider on reasonable grounds to be unethical, unsafe, incompetent or illegal.
- 3 Colleagues:** Nurses take steps to ensure that not only they, but also their colleagues, provide quality nursing care. In keeping with approved reporting processes,¹¹ this may involve reporting, to an appropriate authority, cases of unsafe, incompetent, unethical or illegal practice. Nurses also support colleagues whom they reasonably consider are complying with this expectation.

- 4 Community:** Nurses, individually and collectively, participate in creating and maintaining ethical, equitable, culturally and socially responsive, clinically appropriate and economically sustainable nursing and health care services for all people living in Australia. Nurses value their role in providing health counselling and education in the broader community. Nurses, individually and collectively, encourage professional and public participation in shaping social policies and institutions; advocate for policies and legislation that promote social justice, improved social conditions and a fair sharing of community resources; and acknowledge the role and expertise of community groups in providing care and support for people. This includes protecting cultural practices beneficial to all people, and acting to mitigate harmful cultural practices.¹²

Value Statement 2

Nurses value respect and kindness for self and others

Explanation

Valuing respect for self and others encompasses valuing the moral worth and dignity of oneself and others. It includes respecting the individual ethical values people might have in the context of health care. Kindness is the demonstration of simple acts of gentleness, consideration and care. The practise of kindness as a committed and everyday approach to care reduces the power imbalance between a person requiring or receiving care and a nurse, by placing the nurse at the person's service, which is the appropriate relationship.

- 1 Self:** Respecting oneself involves recognising one's own intrinsic worth as a person and is reflected in all aspects of personal identity. Self-respect enables nurses to foster their sense of personal wellbeing and act in ways that increase their own sense of self-worth. This involves nurses maintaining their own health, acknowledging their physical and psychological strengths and limitations, and developing personal qualities that promote effective professional relationships and practices.
- 2 Person (health consumer):** Respect for people who are health consumers recognises their capacity for active and informed participation in their own health care. Nurses actively preserve the dignity of people through practiced kindness and by recognising the vulnerability and powerlessness of people in their care. Significant vulnerability and powerlessness arises from the experience of illness and the need to engage with the health care system. The power relationships between a person and a nurse can be significant, particularly where the person has limited knowledge; experiences pain, illness and fear; needs assistance with personal care; or experiences an unfamiliar loss of self-determination. This vulnerability creates a power differential in the relationship between nurses and people in their care that must be recognised and managed.¹³

3 Colleagues: Respect for colleagues involves acknowledging and respecting their knowledge, experience, expertise and insights. It includes practising kindness and modelling consideration and care towards each other; adopting collaborative approaches to person-centred care; and, taking into account the informed views, feelings, preferences and attitudes of colleagues. Dismissiveness, indifference, manipulateness and bullying are intrinsically disrespectful and ethically unacceptable. Nurses who respect their colleagues support them in their efforts to realise the mutual goal of providing safe and quality care to people within a positive practice environment. Nurses supporting and mentoring students provide positive role models for future practice.

4 Community: Respect for the community requires nurses to recognise and be responsive to the just moral claims of society and the fundamental human rights underpinning them. This involves responding to the needs and concerns of communities and responding, where possible, to relevant community initiatives aimed at promoting and protecting peoples' fundamental human rights to health and health care. It also involves nurses being responsible members of the community and fulfilling their civic responsibilities, such as participation in community affairs and in political life, and acting where possible to promote social justice.

Value Statement 3

Nurses value the diversity of people

Explanation

Valuing the diversity of people requires nurses to appreciate how different cultural backgrounds and languages may influence both the provision and receipt of nursing and health care.

1 Self: Valuing diversity requires acknowledgment of one's own cultural similarities to and differences from others. It involves nurses recognising and valuing their own unique identity and experiences, including thoughts, beliefs, attitudes and perceptions.

2 Person (health consumer): Valuing the diversity of people involves acknowledging and responding to each person as a unique individual, and to their culture. It requires nurses to develop cultural knowledge and awareness and greater responsiveness to the languages spoken¹⁴ enabling them to better understand and respond effectively to the cultural and communication needs of people in their care, their families and communities during a health care encounter.

3 Colleagues: Nurses value and accept diversity among their colleagues and acknowledge the need for non-discriminatory interpersonal and interprofessional relationships. They respect each other's knowledge, skills and experience and regard these as a valuable resource.

4 Community: Nurses recognise and accept the diversity of people constituting the Australian community and that different groups may live their lives in ways informed by different cultural values, beliefs, practices and experiences. Nurses seek to eliminate disparities in nursing and health care, especially among population groups in society that are considered most vulnerable, including Aboriginal and Torres Strait Islander populations; asylum seekers, refugees and migrants; and ethnic, religious, national and racial minorities. Nurses work to reduce the adverse effects power imbalances and prejudicial attitudes and practices have on social and institutional justice, and on the just and humane provision and delivery of nursing and health care. In particular, they work to ensure people are not disadvantaged or harmed because of their appearance, language, culture,¹⁵ religion, age, sexuality, national or social origin, economic or political status, physical or mental disability, health status,¹⁶ or any other characteristics that may be used by others to reduce the equal enjoyment or exercise of the right to health.

Value Statement 4

Nurses value access to quality nursing and health care for all people

Explanation

Valuing nursing and health care for all people requires nurses to uphold the principles and standards of the right to nursing and health care as measured by the availability, accessibility, acceptability, quality and safety of nursing and health care services. Specifically, access refers to the extent to which a person or community can obtain health care services. This includes knowledge of when it is appropriate to seek health care, the ability to travel to and the means to pay for health care. Access does not mean the ability to provide all services imaginable for everyone, but rather the ability to reasonably and equitably provide services based on need, irrespective of geography, social standing, ethnicity, age, race, level of income, gender or sexuality.

- 1 Self:** Nurses value and accept responsibility for self-care. This involves maintaining their own health, acknowledging their physical and psychological strengths and limitations, and developing personal qualities that promote effective professional relationships and practices. This includes nurses maintaining and improving their knowledge, skills and attitudes so that they can perform their professional duties effectively in the respective domains in which they may practise. When caring for one's self calls into question participation in particular practices (whether in a research, educational, managerial or clinical domain),¹⁷ nurses act in accordance with the statements contained in this Code regarding conscientious objection.
- 2 Person (health consumer):** Nurses valuing non-harmful, non-discriminatory care provide nursing care appropriate to the individual that recognises their particular needs and rights. They seek to eliminate prejudicial attitudes concerning personal characteristics such as race, ethnicity, culture, gender, sexuality, religion, spirituality, disability, age and economic, social or health status. These commitments also apply when care is extended to members of the person's family, their partners, friends and other members of a person's nominated social network.
- 3 Colleagues:** Nurses value the health of colleagues and foster supportive and constructive relationships, recognising that their colleagues also have physical and psychological strengths and limitations, and respecting their need for self-care.

- 4 Community:** Valuing the availability, accessibility, acceptability, quality and safety of nursing and health care services for the community requires nurses to be informed and knowledgeable about the provision of ethical and culturally competent care. Nurses promote the provision of quality nursing and health care to all members of the community and oppose stigmatising or harmful discriminatory beliefs or actions. Nurses uphold and comply with policies and agreements existing in Australia regarding the ethical media representation of health consumers and health-related matters.

Value Statement 5

Nurses value informed decision making

Explanation

Nurses value people's interests in making free and informed decisions. This includes people having the opportunity to verify the meaning and implication of information being given to them when making decisions about their nursing and health care. Nurses also recognise that making decisions is sometimes constrained by circumstances beyond individual control and that there may be circumstances where informed decision making cannot always be fully realised.

- 1 Self:** Nurses make informed decisions in relation to their practice within the constraints of their professional role and in accordance with ethical and legal requirements. Nurses are entitled to do this without undue pressure or coercion of any kind. Nurses are responsible for ensuring their decision making is based on contemporary, relevant and well-founded knowledge and information.
- 2 Person (health consumer):** Nurses value the legal and moral right of people, including children, to participate whenever possible in decision making concerning their nursing and health care and treatment, and assist them to determine their care on the basis of informed decision making. This may involve ensuring people who do not speak English have access to a qualified health interpreter. Nurses recognise and respect the rights of people to engage in shared decision making when consenting to care and treatment. Nurses also value the contribution made by persons whose decision making may be restricted because of incapacity, disability or other factors, including legal constraints. Nurses are knowledgeable about such circumstances and in facilitating the role of family members, partners, friends and others in contributing to decision-making processes.

3 Colleagues: Nurses respect the rights of colleagues and members of other disciplines to participate in informed decision making. Making these collaborative and informed decisions includes involving the person requiring or receiving nursing care (or their representative) in decisions relating to their nursing or health care, without being subject to coercion of any kind.

4 Community: Nurses value the contribution made by the community to nursing and health care decision making through a range of activities, including consumer groups, advocacy and membership of health-related committees. Nurses also assist in keeping the community accurately informed on nursing and health-related issues.

Value Statement 6

Nurses value a culture of safety in nursing and health care

Explanation

Valuing a culture of safety involves nurses actively engaging in the development of shared knowledge and understanding of the crucial importance of safety in contemporary health care. Nurses who value a culture of safety appreciate that safety is everyone's responsibility.

Nurses support the development of risk management processes and a practice environment designed to reduce the incidence and impact of preventable adverse events in health care. Nurses also support the open disclosure of any adverse events to any person affected during the course of their care.¹⁸

1 Self: Nurses value safe practice and a safe working environment; practise within the limitations of their knowledge and skills; and recognise and avoid situations where their ability to deliver quality care may be impaired. Nurses have a moral and legal right to practise in a safe environment, without fear for their own safety or that of others, and they seek remedies through accepted channels, including legal action, when this is not the case. Nurses value the maintenance of competence in contributing to a safe care and practice environment.

2 Person (health consumer): Nurses recognise that people are vulnerable to injuries and illnesses as a result of preventable human error and adverse events while in health care settings. Nurses play a key role in the detection and prevention of errors and adverse events in health care settings, and support and participate in systems to identify circumstances where people are at risk of harm. Nurses act to prevent or control such risks through prevention, monitoring, early identification and early management of adverse events. Nurses contribute to the confidential reporting of adverse events and errors, and to organisational processes for the open disclosure of these events to persons affected during the course of their care.

3 Colleagues: Nurses work with their colleagues to create a culture of safety. Nurses support the development of safer health care systems through non-punitive human error, adverse event management and related education. Nurses value the critical relationship between consumer safety and interprofessional competencies, including trustful communication, teamwork and situation awareness. Nurses view the detection of their own errors and risks or those of their colleagues as opportunities for achieving a safer health care system.

4 Community: Nurses, acting through their professional and industrial organisations and other appropriate authorities, participate in developing and improving the safety and quality of health care services for all people. This includes actively promoting the provision of equitable, just and culturally and socially responsive health care services for all people living, or seeking residence or asylum, in Australia. It also involves raising public awareness about the nature and importance of consumer safety programs in health care services.

Value Statement 7

Nurses value ethical management of information

Explanation

The generation and management of information (including health care records and other documents) are performed with professionalism and integrity. This requires the information being recorded to be accurate, non-judgemental and relevant to the health, care and treatment of a person. All health documentation is a record that cannot be changed or altered other than by the addition of further information. A notation in a record or a document used for health care communication can have a powerful positive or negative impact on the quality of care received by a person.

These effects can be long-lasting, either through ensuring the provision of quality care, or through enshrining stigma, stereotyping and judgement in health care decision making and health care provision experienced by a person.¹⁹

The ethical management of information involves respecting people's privacy and confidentiality without compromising health or safety. This applies to all types of data, including clinical and research data, irrespective of the medium in which the information occurs or is stored.²⁰ Personal information may only be shared with the consent of the individual or with lawful authorisation.

- 1 Self:** Nurses are entitled to the same moral, professional and legal safeguards as any other person in relation to their personal information.²¹ Nurses have a right to expect that their personal information will not be shared with another person without their approval or lawful authorisation.
- 2 Person (health consumer):** Nurses are aware of, and comply with, the conditions under which information about individuals – including children, people who are incapacitated or disabled or who do not speak or read English – may or may not be shared with others. Nurses respect each person's wishes about with whom information may be shared and preserve each person's privacy to the extent this does not significantly compromise or disadvantage the health or safety of the person or others. Nurses comply with mandated reporting requirements and conform to relevant privacy and other legislation. Ethical information management also requires nurses to maintain information and records needed in order to provide quality nursing care. Nurses do not divulge information about any particular person to anyone not authorised to have that information.²²

- 3 Colleagues:** Nurses value the ethical management of information and recognise that their colleagues enjoy the same protections as other people with regard to personal information.²³ This does not override the responsibility nurses may have in reporting aspects of a colleague's professional practice giving reasonable cause for concern. Nurses ensure colleagues are given reliable information about the risks posed by people to whom they are providing or planning to provide care, subject to approved policies and relevant privacy and other legislation.
- 4 Community:** Nurses comply with systems of information management meeting the standards and expectations of the community, including measures which protect the privacy and confidentiality rights, relating to the health care of all people living or seeking residency or asylum in Australia. Nurses are sensitive to, and respect, special requirements that may apply to the communication or sharing of information having cultural significance.

Value Statement 8

Nurses value a socially, economically and ecologically sustainable environment promoting health and wellbeing

Explanation

Nurses value strategies aimed at preventing, minimising and overcoming the harmful effects of economic, social or ecological factors on the health of individuals and communities. Commitment to a healthy environment involves the conservation and efficient use of resources such as energy, water and fuel, as well as clinical and other materials.

- 1 Self:** Nurses use all resources efficiently and comply with strategies aimed at the sustainable use of resources (including safe re-use, recycling and conservation) in the course of their practice. Nurses may also contribute to the development, implementation and monitoring of relevant policies and procedures.
- 2 Person (health consumer):** Nurses are sensitive to, and informed about, the social and environmental factors that may contribute to a person's ill health and that may play a part in their recovery. Nurses take into account the economic and domestic circumstances of people where these impact, positively or adversely, upon their needs and health.
- 3 Colleagues:** Nurses help bring to the attention of their colleagues and employers the adverse effects of environmentally harmful processes and practices, and collaborate to minimise these as they occur in health care settings. Nurses work cooperatively with colleagues to improve the conservation, efficient use and safe recycling of resources in the workplace.
- 4 Community:** Nurses recognise and understand the contribution economic, social and ecological factors, such as poor education, social exclusion and prejudice, crime, poverty, inadequate housing, inadequate community infrastructure and services and environmental pollution and degradation, may make to ill health in the community. Nurses value and contribute towards strategies aimed at preventing and overcoming these problems and at minimising their harmful effects.

Acknowledgments

The impetus for the development of the Code came from the Australasian Nurse Registering Authorities Conference (ANRAC) in 1990, when the research arising from the ANRAC Nursing Competencies Assessment Project indicated there was not a clear focus on the ethical standards expected and required of nurses practising in the cultural context of Australia.

The Code of Ethics for Nurses in Australia was first developed in 1993 under the auspices of the then Australian Nursing Council Inc. (now the Australian Nursing and Midwifery Council), Royal College of Nursing, Australia and the Australian Nursing Federation. In 2000 and 2006 respectively these peak organisations agreed to undertake a joint project to review the Code. It is recognised that the Code could not have been realised without the participation of nurses and nursing organisations in Australia, whose many submissions and comments informed the revision of the Code. These contributions are acknowledged and appreciated.

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- 1 This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
- 2 United Nations 1978; World Health Organization 1948, 2001a, 2001b, 2003, 2005; Fukuda-Parr (ed.) 2004.
- 3 International Council of Nurses 1999–2006 (Position statements: eg *Nurses and human rights* (2006); *Cultural and linguistic competence* (in press), *Mental health* (2002); *Abuse and violence against nursing personnel* (2006); *Rights of children* (2000); *Health services for migrants, refugees and displaced persons* (2006); *Nurses role in the care of detainees and prisoners* (2006); *Nurses role in providing care to dying patients and their families* (2006); *Prevention of disability and the care of people with disabilities* (2000); *Torture, death penalty and participation by nurses in executions* (2006); *Health information: protecting patient rights* (2000); *Patient safety* (2002); *Medical waste: role of nurses and nursing* (2004); *Reducing environmental and lifestyle-related health hazards* (1999).
- 4 United Nations 1978.
- 5 WHO 2001b
- 6 WHO 2005.
- 7 WHO 2001b
- 8 Advice provided by a Torres Strait Islander academic.
- 9 This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
- 10 The most appropriate term for people who are recipients of care remains controversial. The project team conducting the review of the codes found that:

Arguably one of the most significant issues to emerge from the data was the use of the term 'client' in the Code and the suggestion that this term should be replaced by a more appropriate term, for example: patient; consumer; human being; person(s) and/or people. This stance was strongly supported by the Expert Panel, with one panel member pointing out that there was a trend toward reinstating the use of the term 'patient' in Australia. It is acknowledged that this trend is not universal, and the Canadian Nurses Association (2002) for example, uses the term 'people' or 'person' in its Code of Ethics.

The use of the term 'patient' is consistent with the nomenclature used in other jurisdictions, however. For example, the UK's Nursing and Midwifery Council (2002) Code refers to both 'patient' and 'client'. The International Council of Nurses repeatedly uses the term 'patient' in its Position Statements (ICN, 2000a, 2002, 2006b), and the American Nurses Association (ANA)(2001) also uses the term 'patient' in its Code of Ethics for Nurses.

The term 'patient' entails a special ethical and legal relationship to the nurse or midwife, and to others in the context of professional health care, which does not apply to other 'persons', and is established in ethical discourse in phrases such as 'patient autonomy', 'patient care', 'patient advocacy' and so on. The Project Team has therefore opted for its use in the Codes of Ethics, and proposed that the term 'patient' be defined as 'the recipient of health care services – whether the recipient is an individual, a family, a group or the community'. The Project Team also believes that it is appropriate to use this terminology in the Codes because it 'makes clear that nurses care for groups as well as individuals' and because the term 'patient' can be defined as to include the full range of alternative terms that might be used in different contexts, such as 'client', 'resident' and 'consumer', as well as family, friends, relatives and others associated with the patient where appropriate.

Holmes, Thompson et al. 2007) *Review of the Code of Professional Conduct for Nurses in Australia; and the Code of Ethics for Nurses in Australia; and the development of a Code of Professional Conduct for Midwives in Australia and a Code of Ethics for Midwives in Australia - Final Report*, Townsville, James Cook University RMIT University.

An alternative viewpoint expressed by people who are recipients of health care and health services is that the nomenclature of 'patient' is most inappropriate in 2007. If we ask the 'what are we here for' question about nursing, it is about providing high quality, safe care to people. The very word 'patient' is heavily weighted with notions of paternalism. The language that paints the context of people who are the recipients of health care abounds with terms laden with passivity, compliance, endurance, power imbalance and control. We need to be aware of just how much the language affects our views of the world.

The importance of language and who controls it has been widely recognised and articulated by the feminist movement. Dale Spender talks of 'man made language' as defining and controlling the world that women live in. Nurses and midwives object strongly to the 'medicalisation' of health language. However, we could nearly identify a health service provider language as controlling a health consumer's environment.

A leading national organisation for recipients of health care is the Consumer Health Forum of Australia. The language of people who have organised in any way to represent the recipients of health services and care have generally called themselves 'health consumers' and identify as 'people' or as an individual 'person'. The continuing use of 'patient' is rejected by these groups and their very strong grounds for this rejection should be respected by nurses.

- 11 See for example, World Alliance for Patient Safety (2005). Many organisations have guidelines relating to reporting procedures that can be followed in such circumstances. A number of jurisdictions in Australia also have legislation designed to protect people who are whistleblowers. Whistleblowing is defined as the disclosure of information to protect public interest. It is usually disclosure of information: by former or current employees of an organisation; about misconduct, illegal, unethical or illegitimate practices that are within the control of their employers; to persons or an organisation that have the authority or power to take action. The person or organisation to which the disclosure is made may be outside the normal internal reporting systems of the organisation where the person is or was employed. See the Australian Nursing Federation (and some branches) guidelines on whistle blowing.

- 12 According to Johnstone M (in press): A less well recognised yet equally critical core component of the right to health, is cultural liberty and the right that all people have to maintain their 'ethnic, linguistic, and religious identities' -otherwise referred to as 'cultural rights' (Fukuda-Parr 2004). Cultural rights claims entail respect for cultural difference as an active component of human rights and development (Marks 2002). Central to the notion of cultural rights is the recognition that culture is not a static process encompassing a frozen set of values, beliefs and practices. Rather it is a process that is 'constantly recreated as people question, adapt and redefine their values and practices to changing realities and exchanges of idea' (Fukuda-Parr 2004, 4). Thus, claims to cultural liberty are not about 'preserving values and practices as an end in itself with blind allegiance to tradition'; they are fundamentally concerned with expanding individual choice and the 'capability of people to live and be what they choose, with adequate opportunity to consider other options' (Fukuda-Parr 2004, 4).
- 13 This part of the explanatory statement also appears in the *Code of Professional Conduct for Nurses in Australia* and as it goes to the ethical conduct of nurses it has been included in the Code of Ethics as well. The power of nurses comes from their capacity to ration or withhold as well as provide comfort, pain relief, personal care and nurturance. People experience abusive power from nurses where they feel themselves required to plead, express gratitude or feel at the mercy of a nurse caring for them. The preceding comments and the commentary in the explanation were made in a response from the Health Consumers Council WA. It was the view of the Health Consumers' Council that kindness is irrefutably a professional quality required of nurses. It is their view that the demonstration of kindness diminishes the discrepancy in power between a nurse and a person in their care, and fosters safety and respect. Although the power relationship issue is addressed in the previous draft of the document, the Council found there was no offering to nurses on how the power differential can be managed. The Council went on to say that one of the greatest areas of complaint about nursing conduct is the absence of compassion or kindness. Conversely, people are most impressed and touched by nurses who are able to demonstrate simple acts of kindness and consideration.
- 14 There is a need for nurses to develop skills and capacity to respond to people speaking languages other than English, especially when they are working in health services where particular cultural groups speaking other languages are a substantial proportion of the local population.
- 15 According to Johnstone (in press) A less well recognised yet equally critical core component of the right to health, is cultural liberty and the right that all people have to maintain their 'ethnic, linguistic, and religious identities' otherwise referred to as 'cultural rights' (Fukuda-Parr 2004). Cultural rights claims involve respect for cultural difference as an active component of human rights and development (Marks 2002). Central to the notion of cultural rights is the recognition that culture is not a static process encompassing a frozen set of values, beliefs and practices. Rather it is a process that is 'constantly recreated as people question, adapt and redefine their values and practices to changing realities and exchanges of idea' (Fukuda-Parr 2004, 4). Thus, claims to cultural liberty are not about 'preserving values and practices as an end in itself with blind allegiance to tradition'; they are fundamentally concerned with expanding individual choice and the 'capability of people to live and be what they choose, with adequate opportunity to consider other options' (Fukuda-Parr 2004, 4).
- 16 Health status includes living with conditions such as HIV/AIDS and mental disorders.
- 17 This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
- 18 For example, as outlined in Australian Council for Safety and Quality in Health Care and Standards Australia (2003).
- 19 Response from the Health Consumers Council WA. The Council notes that it has seen some extreme and severe impacts for medical and mental health consumers from unprofessional notations in medical records. Nurses must be aware that an attempt to convey an impression about a health consumer to fellow workers during a particular episode of care can have ramifications for the consumer for many years to follow. Consumers can now access their records and can read and interpret the notes written about them. Consumers integrate their own recollections with the notes and develop a perception about the quality and professionalism of the care they received.
- 20 This includes oral, written, statistical, digital and computerised data and other information.
- 21 Including information kept in personnel files.
- 22 Nurses should also uphold and comply with policies and agreements that exist in Australia regarding the ethical media representation of health consumers and health-related matters.
- 23 Including information kept in personnel files.

2008

Australian Nursing & Midwifery Council

Code of Professional Conduct for Nurses in Australia

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ISBN 978-0-9775108-5-6

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The Code of Professional Conduct for Nurses *in Australia* was first published in July 1990. Revised in 2003 and 2006.

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Introduction

Professional conduct refers to the manner in which a person behaves while acting in a professional capacity. It is generally accepted that when performing their duties and conducting their affairs professionals will uphold exemplary standards of conduct, commonly taken to mean standards not generally expected of lay people or the 'ordinary person in the street'.¹

The *Code of Professional Conduct for Nurses in Australia* is supported by the *Code of Ethics for Nurses in Australia*. This *Code of Professional Conduct for Nurses* sets the minimum standards for practice a professional person is expected to uphold both within and outside of professional domains in order to ensure the 'good standing' of the nursing profession. These two companion Codes, together with other published practice standards (eg competency standards, decision-making frameworks, guidelines and position statements), provide a framework for legally and professionally accountable and responsible nursing practice in all clinical, management, education and research domains.²

The support and assistance of Royal College of Nursing, *Australia* and the Australian Nursing Federation in developing this edition of the *Code of Professional Conduct for Nurses in Australia* is acknowledged.

In considering this Code and the *Code of Ethics for Nurses in Australia*, it should be borne in mind that they are designed for multiple audiences: nurses; nursing students; people requiring or receiving nursing care; other health workers; the community generally; employers of nurses; nursing regulatory authorities; and consumer protection agencies.

Code of Professional Conduct for Nurses

- 1 Nurses practise in a safe and competent manner.
- 2 Nurses practise in accordance with the standards of the profession and broader health system.
- 3 Nurses practise and conduct themselves in accordance with laws relevant to the profession and practice of nursing.
- 4 Nurses respect the dignity, culture, ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues.
- 5 Nurses treat personal information obtained in a professional capacity as private and confidential.
- 6 Nurses provide impartial, honest and accurate information in relation to nursing care and health care products.
- 7 Nurses support the health, wellbeing and informed decision making of people requiring or receiving care.
- 8 Nurses promote and preserve the trust and privilege inherent in the relationship between nurses and people receiving care.
- 9 Nurses maintain and build on the community's trust and confidence in the nursing profession.
- 10 Nurses practise nursing reflectively and ethically.

Purpose

The purpose of the *Code of Professional Conduct for Nurses in Australia* is to:

- outline a set of minimum national standards of conduct members of the nursing profession are expected to uphold
- inform the community of the standards of professional conduct it can expect nurses in Australia to uphold
- provide consumer, regulatory, employing and professional bodies with a basis for evaluating the professional conduct of nurses.

The Code is not intended to give detailed professional advice on specific issues and areas of practice. In keeping with national competency standards, nurses have a responsibility to ensure their knowledge and understanding of professional conduct issues is up to date. While mandatory language such as 'must', 'shall' and 'will' is not used throughout this Code, it is important for nurses to understand that there is a presumption the conduct discussed is mandatory and therefore not discretionary for nurses practising nursing.

A breach of the Code may constitute either professional misconduct or unprofessional conduct. For the purposes of this Code, **professional misconduct** refers to 'the wrong, bad or erroneous conduct of a nurse outside of the domain of his or her practice; conduct unbecoming a nurse' (eg sexual assault, theft, or drunk and disorderly conduct in a public place).

Unprofessional conduct refers to 'conduct that is contrary to the accepted and agreed practice standards of the profession' (eg breaching the principles of asepsis; violating confidentiality in the relationship between persons receiving care and nurses).³

The nursing profession expects nurses will conduct themselves personally and professionally in a way that maintains public trust and confidence in the profession. Nurses have a responsibility to the people to whom they provide care, society and each other to provide safe, quality and competent nursing care.

Conduct Statement 1

Nurses practise in a safe and competent manner

Explanation

- 1 Nurses are personally accountable for the provision of safe and competent nursing care. It is the responsibility of each nurse to maintain the competence necessary for current practice. Maintenance of competence includes participation in ongoing professional development to maintain and improve knowledge, skills and attitudes relevant to practice in a clinical, management, education or research setting.⁴
- 2 Nurses are aware that undertaking activities not within their scopes of practice may compromise the safety of persons in their care. These scopes of practice are based on each nurse's education, knowledge, competency, extent of experience and lawful authority.
- 3 Nurses, reasonably and in good faith, advise their immediate supervisors or employers of the scopes of their practice including any limitations.⁵
- 4 When an aspect of care is delegated, nurses ensure the delegation does not compromise the safety or quality of care of people.
- 5 Nurses practise in a safe and competent manner that is not compromised by personal health limitations, including the use of alcohol or other substances that may alter a nurse's capacity to practise safely at all times. Nurses whose health threatens their capacity to practise safely and competently have a responsibility to seek assistance to redress their health needs. This may include making a confidential report to an appropriate authority.

Conduct Statement 2

Nurses practise in accordance with the standards of the profession and broader health system

Explanation

- 1 Nurses are responsible for ensuring the standard of their practice conforms to professional standards developed and agreed by the profession, with the object of enhancing the safety of people in their care as well as their partners, family members and other members of the person's nominated network. This responsibility also applies to the nurses' colleagues.
- 2 Nurses practise in accordance with wider standards relating to safety and quality in health care and accountability for a safe health system, such as those relating to health documentation and information management, incident reporting and participation in adverse event analysis and formal open disclosure procedures.⁶
- 3 Nurses' primary responsibility is to provide safe and competent nursing care. Any circumstance that may compromise professional standards, or any observation of questionable, unethical or unlawful practice, should be made known to an appropriate person or authority. If the concern is not resolved and continues to compromise safe and competent care, nurses must intervene to safeguard the individual and, after exhausting internal processes, may notify an appropriate authority external to their employer organisation.
- 4 Nurses recognise their professional position and do not accept gifts or benefits that could be viewed as a means of securing the nurses' influence or favour.⁷

Conduct Statement 3

Nurses practise and conduct themselves in accordance with laws relevant to the profession and practice of nursing

Explanation

- 1 Nurses are familiar with relevant laws⁸ and ensure they do not engage in clinical or other practices prohibited by such laws or delegate to others activities prohibited by those laws.
- 2 Nurses witnessing the unlawful conduct of colleagues and other co-workers, whether in clinical, management, education or research areas of practice,⁹ have both a responsibility and an obligation to report such conduct to an appropriate authority and take other appropriate action as necessary to safeguard people and the public interest.
- 3 Where nurses make a report of unlawful or otherwise unacceptable conduct to their employers, and that report has failed to produce an appropriate response from the employers, nurses are entitled and obliged to take the matter to an appropriate external authority.¹⁰
- 4 Nurses respect the possessions and property of persons in their care and those of their colleagues, and are stewards of the resources of their employing organisations.

Conduct Statement 4

Nurses respect the dignity, culture, ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues

Explanation

- 1 In planning and providing effective nursing care, nurses uphold the standards of culturally informed and competent care. This includes according due respect and consideration to the cultural knowledge, values, beliefs, personal wishes and decisions of the persons being cared for as well as their partners, family members and other members of their nominated social network. Nurses acknowledge the changing nature of families and recognise families can be constituted in a variety of ways.
- 2 Nurses promote and protect the interests of people receiving treatment and care. This includes taking appropriate action to ensure the safety and quality of their care is not compromised because of harmful prejudicial attitudes about race, culture, ethnicity, gender, sexuality, age, religion, spirituality, political, social or health status, lifestyle or other human factors.
- 3 Nurses refrain from expressing racist, sexist, homophobic, ageist and other prejudicial and discriminatory attitudes and behaviours toward colleagues, co-workers, persons in their care and their partners, family and friends. Nurses take appropriate action when observing any such prejudicial and discriminatory attitudes and behaviours, whether by staff, people receiving treatment and care or visitors, in nursing and related areas of health and aged care.
- 4 In making professional judgements in relation to a person's interests and rights, nurses do not contravene the law or breach the human rights of any person, including those deemed stateless such as refugees, asylum seekers and detainees.

Conduct Statement 5

Nurses treat personal information obtained in a professional capacity as private and confidential

Explanation

The treatment of personal information should be considered in conjunction with the *Guidelines to the National Privacy Principles 2001, which support the Privacy Act 1988 (Cwth)*.¹¹ Many jurisdictions also have legislation and policies relating to privacy and confidentiality of personal health information including health care records.

- 1 Nurses have ethical and legal obligations to protect the privacy of people requiring and receiving care. This encompasses treating as confidential information gained in the course of the relationship between those persons and nurses and restricting the use of the information gathered for professional purposes only.
- 2 Nurses, where relevant, inform a person that in order to provide competent care, it is necessary to disclose information that may be important to the clinical decision making by other members of a health care team or a nominated carer.
- 3 Nurses where practicable, seek consent from the persons requiring or receiving care or their representatives before disclosing information. In the absence of consent, nurses use professional judgement regarding the necessity to disclose particular details, giving due consideration to the interests, wellbeing, health and safety of the person in their care. Nurses recognise that they may be required by law to disclose certain information for professional purposes.

Conduct Statement 6

Nurses provide impartial, honest and accurate information in relation to nursing care and health care products

Explanation

- 1 When nurses provide advice about any care or product, they fully explain the advantages and disadvantages of alternative care or products so individuals can make informed choices. Nurses refrain from engaging in exploitation, misinformation or misrepresentation with regard to health care products and nursing care.
- 2 Nurses accurately represent the nature of their services or the care they intend to provide.
- 3 Where a specific care or a specific product is advised, nurses ensure their advice is based on adequate knowledge and not on commercial or other forms of gain. Deceptive endorsement of products or services or receipt of remuneration for products or services primarily for personal gain, other than remuneration in the course of a proper commercial relationship, is improper.¹²

Conduct Statement 7

Nurses support the health, wellbeing and informed decision making of people requiring or receiving care

Explanation

- 1 Nurses inform the person requiring nursing care and, where that person wishes, their nominated family members, partners, friends or health interpreter, of the nature and purpose of recommended nursing care, and assist the person to make informed decisions about that care.
- 2 In situations where a person is unable or unwilling to decide or speak independently, nurses endeavour to ensure their perspective is represented by an appropriate advocate, including when the person is a child.

Conduct Statement 8

Nurses promote and preserve the trust and privilege inherent in the relationship between nurses and people receiving care

Explanation

- 1 An inherent power imbalance exists within the relationship between people receiving care and nurses that may make the persons in their care vulnerable and open to exploitation. Nurses actively preserve the dignity of people through practiced kindness and respect for the vulnerability and powerlessness of people in their care. Significant vulnerability and powerlessness can arise from the experience of illness and the need to engage with the health care system. The power relativities between a person and a nurse can be significant, particularly where the person has limited knowledge; experiences pain and illness; needs assistance with personal care; belongs to a marginalised group; or experiences an unfamiliar loss of self-determination. This vulnerability creates a power differential in the relationship between nurses and persons in their care that must be recognised and managed.¹³
- 2 Nurses take reasonable measures to establish a sense of trust in people receiving care that their physical, psychological, emotional, social and cultural wellbeing will be protected when receiving care. Nurses recognise that vulnerable people, including children, people with disabilities, people with mental illness and frail older people in the community, must be protected from sexual exploitation and physical harm.
- 3 Nurses have a responsibility to maintain a professional boundary between themselves and the person being cared for, and between themselves and others, such as the person's partner and family and other people nominated by the person to be involved in their care.
- 4 Nurses fulfil roles outside the professional role, including those as family members, friends and community members. Nurses are aware that dual relationships may compromise care outcomes and always conduct professional relationships with the primary intent of benefit for the person receiving care. Nurses take care when giving professional advice to people with whom they have a dual relationship (eg a family member or friend) and advise them to seek independent advice due to the existence of actual or potential conflicts of interest.
- 5 Sexual relationships between nurses and persons with whom they have previously entered into a professional relationship are inappropriate in most circumstances. Such relationships automatically raise questions of integrity in relation to nurses exploiting the vulnerability of persons who are or who have been in their care. Consent is not an acceptable defence in the case of sexual or intimate behaviour within such relationships.
- 6 Nurses should not be required to provide nursing care to persons with whom they have a pre-existing non-professional relationship, reassignment of the persons to other nurses for care should be sought where possible.
- 7 Nurses take all reasonable steps to ensure the safety and security of the possessions and property of persons requiring and receiving care.

Conduct Statement 9

Nurses maintain and build on the community's trust and confidence in the nursing profession

Explanation

- 1 The conduct of nurses maintains and builds public trust and confidence in the profession at all times.
- 2 The unlawful and unethical actions of nurses in their personal lives risk adversely affecting both their own and the profession's good reputation and standing in the eyes of the public. If the good standing of either individual nurses or the profession were to diminish, this might jeopardise the inherent trust between the nursing profession and the public necessary for effective therapeutic relationships and the effective delivery of nursing care.
- 3 Nurses consider the ethical interests of the nursing profession and the community when exercising their right to freedom of speech and participating in public, political and academic debate, including publication.

Conduct Statement 10

Nurses practise nursing reflectively and ethically

Explanation

- 1 Nurses practise nursing reflectively and ethically, in accordance with the *Code of Ethics for Nurses in Australia*, in order to learn from experience and contribute to personal and professional practice.
- 2 Nurses develop and maintain appropriate and current quality nursing advice, support and care for each person requiring and receiving care and their partners, families and other members of their nominated social network. This responsibility also applies to colleagues of nurses.
- 3 Nurses evaluate their conduct and competency according to the standards of the nursing profession.
- 4 Nurses contribute to the professional development of students and colleagues.
- 5 Nurses participating in research do so in accordance with recognised research guidelines and do not violate their duty of care to persons receiving nursing care.
- 6 Nurses advise employers and any persons in their care of any reduction in their capacity to practise due to health, social or other factors, while they seek ways of redressing the problem.

Glossary of terms

Adverse event

is an unintended injury or complication resulting in temporary or permanent disability, death or prolonged hospital stay and is caused by health care management rather than the person's disease.

Colleagues

includes health care workers, co-workers, staff and others lawfully involved in the care of people.

Ethics and morality

the concepts of 'ethics' and 'morality' are substantially the same and have been used interchangeably throughout this Code.

Nominated partners, family and friends

include people in consensual relationship with the person receiving nursing care and others who play an important role in the life of that person.

Nurse

means a registered or enrolled nurse authorised to practise in a state or territory of Australia. For the purposes of this Code, it may also refer to students of nursing.

Persons or people requiring or receiving care

includes the full range of alternative terms such as patient, client, resident and consumer and is employed for the sake of respect and simplicity.

Professional boundaries

are the limits of a relationship between a nurse and an individual or the individual's significant other. These limits facilitate safe and therapeutic practice and result in safe and effective care. Limits of a relationship may include under-or over-involvement in the provision of care.

Representative of a person requiring or receiving care

is a person legitimately entitled to act on behalf of another person.

Unsatisfactory professional conduct

is professional conduct below the standard reasonably expected of a nurse with an equivalent level of training or experience. This includes conduct that demonstrates incompetence, compromises care and/or discredits the nursing profession.

Professional standards include:

- this *Code of Professional Conduct for Nurses in Australia*,
- the *Code of Ethics for Nurses in Australia*,
- the *ICN Code of Ethics for Nurses*,
- the *ANMC Competency Standards for Nurse Practitioners, Registered Nurses and Enrolled Nurses*,
- the *ANMC National Framework for the Development of Decision-Making Tools for Nursing and Midwifery Practice*,
- other endorsed standards or guidelines published by the state and territory nursing and midwifery regulatory authorities,
- standards developed by professional nursing organisations.

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Endnotes

- 1 Johnstone M and Kanitsaki O 2001.
- 2 This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
- 3 Johnstone M and Kanitsaki O 2001.
- 4 This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
- 5 See the work being conducted around the development of the national framework for the development of decision-making tools for nursing and midwifery practice and associated documents and guidelines at:
www.anmc.org.au/professional_standards/index.php
- 6 For example, as outlined in Australian Council for Safety and Quality in Health Care and Standards Australia (2003).
- 7 Nurses do not allow the offer of any gift or benefits to change the way they work or make decisions, working on the general presumption that they do not accept any gifts or benefits. Recognising the reality of people wishing to demonstrate their appreciation for care by providing an acknowledgement in the form of a gift or benefit, the following guidelines apply:
 - Nurses may accept token or inexpensive gifts offered as a gesture of appreciation, and not to secure favour. They do not accept gifts that are more than a token; nor do they accept gifts of cash, other than a negotiated fee for service when in private practice.
 - Nurses in employment report the acceptance of the gift to their supervisors and seek their agreement to retain the gift.
 - Nurses take all reasonable steps to ensure that neither they nor their immediate family members accept gifts or benefits an impartial observer could view as a means of securing the nurse's influence or favour.

Further specific guidance may be obtained from the Codes of Conduct of the relevant government agencies in the jurisdiction responsible for the conduct of health services and employees of health services, ethical and fair trading, anti-corruption; as well as private health service providers; and professional associations.
- 8 'Relevant laws' include the legislation and common law specific to nursing and the health system such as those regulating the conduct of nurses and poisons and therapeutic goods; but also include the many other general laws regulating areas including criminal conduct (such as assault and murder), privacy and negligence.
- 9 This also includes nurses involved in other aspects of health and nursing such as planning, policy development, project management and regulatory activities.
- 10 See, for example, World Alliance for Patient Safety (2005). Many organisations will have guidelines relating to reporting procedures that can be followed in such circumstances. A number of jurisdictions in Australia also have legislation designed to protect people who are whistleblowers. Whistleblowing is defined as the disclosure of information to protect the public interest. It is usually disclosure of information by former or current employees of an organisation; about misconduct, illegal, unethical or illegitimate practices that are within the control of their employers; to a person or an organisation that has the authority or power to take action. The person or organisation to which the disclosure is made may be outside the normal internal reporting systems of the organisation where the person is or was employed. See the Australian Nursing Federation (and some branches) guidelines on whistleblowing.
- 11 Under review by the Australian Law Reform Commission at the time of writing.
- 12 Guidelines prepared by the Australian Competition and Consumer Commission and the Council of Health Care Complaints Commissioners in Australia outline the issues in relation to professional conduct in this area of practice (Australian Competition and Consumer Commission and Health Care Complaints Commission (NSW) 2000).
- 13 This statement also appears in the Code of Ethics for Nurses in Australia and as it goes to the professional conduct of nurses it has been included in the Code of Professional Conduct as well. The power of nurses comes from their capacity to ration or withhold as well as provide comfort, pain relief, personal care and nurturance. People experience abusive power from nurses where they feel themselves required to plead, express gratitude or feel at the mercy of a nurse caring for them. These comments and the commentary in the explanation were made in a response from the Health Consumers' Council WA. It was the view of the Council that kindness is irrefutably a professional quality required of nurses. It is their view that the demonstration of kindness diminishes the discrepancy in power between a nurse and a person in their care, and fosters safety and respect. Although the power relationship issue is addressed in the previous draft of the document, the Council found there was no offering to nurses on how the power differential can be managed. The Council went on to say that one of the greatest areas of complaint about nursing conduct is the absence of compassion or kindness. Conversely, people are most impressed and touched by nurses who are able to demonstrate simple acts of kindness and consideration.

2008

Australian Nursing & Midwifery Council

Code of Professional Ethics for Midwives in Australia

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ISBN 978-0-9775108-6-3

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The *Code of Ethics for Midwives in Australia* was first published in 2008.

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Definition of the Midwife

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

The midwife is recognised as a responsible and accountable professional who works in partnership with each woman to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to each woman's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units. Adopted by the International Confederation of Midwives Council meeting, 19 July 2005, Brisbane, Australia; supersedes the ICM *Definition of the Midwife* 1972 and its amendments of 1990.

Introduction

This *Code of Ethics for Midwives in Australia* has been developed for the midwifery profession in Australia. It is relevant to all midwives in all areas of maternity services including those encompassing the midwifery practice, management, education and research domains.¹

Midwives have a responsibility to promote this Code in midwifery and maternity services, participating in policy at all levels of governance, and developing their knowledge and understanding of ethics and midwifery in order to respond effectively to issues arising from their practice.

In considering this Code and its companion, the *Code of Professional Conduct for Midwives in Australia*, it should be borne in mind that they are designed for multiple audiences: midwives; midwifery students; women receiving midwifery care and their families; the community generally; employers of midwives; midwifery regulatory authorities; and consumer protection agencies. It is also noteworthy that the concepts of 'ethics' and 'morality' are substantially the same and have been used interchangeably throughout this Code.

This Code reflects the Australian College of Midwives *Philosophy Statement* (2004) and the midwifery profession's commitment to respect, promote, protect and uphold the rights of women and their infants, in both the receipt and provision of midwifery care and maternity services. It is also framed in part by the principles and standards set forth in the United Nations *Universal Declaration of Human Rights*, *International Covenant of Economic, Social and Cultural Rights* and *International Covenant on Civil and Political Rights*; the World Health Organization's Constitution and publication series entitled *Health and Human Rights*; and the United Nations Development Programme *Human Development Report 2004: Cultural liberty in today's diverse world*.²

This Code is also complementary to the International Confederation of *Midwives Code of Ethics* (2005) and is intended to be interpreted in conjunction with that code, as well as other ethical standards and guidelines developed by Australian state and territory professional midwifery organisations and nursing and midwifery regulatory authorities. The Code is supported by the *Code of Professional Conduct for Midwives in Australia*. *The National Competency Standards for the Midwife in Australia* (2006) flow from these Codes and have strong linkages and identifiable common subject matter. Whereas this Code sets out certain values for guiding the ethical orientation and behaviour of midwives in practice domains, the *Code of Professional Conduct for Midwives in Australia* sets out certain practice requirements.

Code of Ethics for Midwives

- 1 Midwives value quality midwifery care for each woman and her infant(s).
- 2 Midwives value respect and kindness for self and others.
- 3 Midwives value the diversity of people.
- 4 Midwives value access to quality midwifery care for each woman and her infant(s).
- 5 Midwives value informed decision making.
- 6 Midwives value a culture of safety in midwifery care.
- 7 Midwives value ethical management of information.
- 8 Midwives value a socially, economically and ecologically sustainable environment promoting health and wellbeing.

Purpose

The purpose of the *Code of Ethics for Midwives in Australia* is to:

- identify the fundamental ethical standards and values to which the midwifery profession is committed, and that are incorporated in other professional midwifery codes and standards for woman-centred midwifery practice
- provide midwives with a reference point from which to reflect on the conduct of themselves and others
- indicate to each woman receiving midwifery care and her family, colleagues from other professions, and the Australian community generally the human rights standards and ethical values they can expect midwives to uphold
- guide ethical decision making and midwifery practice.

Woman-Centred Midwifery and Human Rights

The midwife's primary professional responsibility is toward each woman and her infant(s) requiring or receiving midwifery care, in particular the individual woman-midwife partnership, while recognising and respecting the role of partners, family and friends in the woman's life. Midwives assist women in pregnancy, childbirth and early parenting, and support them to maintain, restore or improve their health and that of their infants.

The midwifery profession recognises the universal human rights of people, and in particular of each woman and her infant(s); and the moral responsibility to safeguard the inherent dignity and equal worth of everyone.³ This includes recognising, respecting, actively promoting and safeguarding the right of each woman and her infant(s) to the highest attainable standard of midwifery care as a fundamental human right, and that 'violations or lack of attention to human rights can have serious health consequences'.⁴

In recognising the linkages and operational relationships that exist between childbirth and human rights, the midwifery profession respects the human rights of Australia's Aboriginal and Torres Strait Islander peoples as the traditional owners of this land, who have ownership of, and live a distinct and viable culture that shapes their world view and influences their daily decision making. Midwives recognise that the process of reconciliation between Aboriginal and Torres Strait Islander and non-indigenous Australians is rightly shared and owned across the Australian community. For Aboriginal and Torres Strait Islander people, while physical, emotional, spiritual and cultural wellbeing are distinct, they also form the expected whole of the Aboriginal and Torres Strait Islander model of care.⁵

The midwifery profession also acknowledges the diversity of people constituting Australian society, including immigrants, asylum seekers, refugees and detainees, and the responsibility of midwives to provide just, compassionate, culturally competent and culturally responsive midwifery care to each childbearing woman and her infant(s).

Guiding Framework

The guiding framework of this Code is woman-centred midwifery. While the Code speaks to individuals, it signals the standards and values of the profession (not of individuals) that midwives are expected to uphold whether in direct midwifery care or managerial, educational or research practice.⁶

This Code contains eight value statements. The explanations accompanying the value statements are organised into five categories: self, the woman and her infant(s), partner and family, colleagues and community.

- **Self:** refers to a midwife, registered or endorsed, who is employed in that capacity. It also refers to students of midwifery.
- **The woman and her infant(s):** refers to the childbearing woman, during pregnancy, labour, birth, early parenting and at any other stage when she seeks and receives maternity services; infant(s) includes the unborn baby and newborn baby, alive or dead, and in the event of multiple births refers to each infant.
- **Partner and family:** refers to a woman's partner and immediate family as defined or described by the woman. Note that this term is used for the sake of simplicity. It is to be read to include the full range of forms the contemporary Australian family takes, and may include fathers (of the infants), husbands, partners, other children, siblings, parents and/or grandparents. It can sometimes include friends, relatives and others associated with the woman. It may include some family members who are not in Australia.
- **Colleagues:** includes other midwives, midwifery and other students, health care providers and others legitimately involved in the care of the woman and her infant(s).
- **Community:** refers to Australian society as a whole regardless of geographic location and any specific group the woman defines as her community, including those identifying as culturally connected through ethnicity, shared history, religion, gender, age and other ways.

This Code and the explanations are not intended to provide a formula for the resolution of ethical problems, nor can they adequately address the definitions and exploration of terms, concepts and practical issues that are part of the broader study of midwifery and ethics.

It is intended that this Code and the explanations:

- guide ethical relationships between the childbearing woman and the midwife, and the midwife and others such as colleagues and the woman's partner and family
- assist further exploration and consideration of ethical matters in midwifery.

In addition to the social context in which it takes place, midwifery care may be affected by government policies, laws, resource constraints, institutional policies, management decisions, Aboriginal and Torres Strait Islander community protocols and practices and the practice of other health care providers.

Value Statement 1

Midwives value quality midwifery care for each woman and her infant(s)

Explanation

At the heart of valuing quality midwifery care is valuing each woman, the process of childbirth, the woman-midwife partnership, and the mother-baby relationship. This involves midwives assisting each woman during pregnancy, birth and the early postnatal period, providing support, advice and care according to individual needs. The woman-midwife partnership focuses on the health and midwifery needs of the woman, her infant(s) and her partner and family. Midwives have a responsibility not to interfere with the normal process of pregnancy and childbirth⁷ unless it is necessary for the safety of the women and infant(s).⁸ Quality midwifery care also necessitates midwives being accountable for the standard of care they provide; helping to raise the standard; and taking action when they consider, on reasonable grounds,⁹ the standard to be unacceptable.

This includes a responsibility to question and report unethical behaviour or treatment.¹⁰

- 1 **Self:** Self-care involves acknowledging one's own strengths and limitations and developing personal qualities that promote professional practices. This includes midwives improving their knowledge, skills and attitudes in order to provide evidence-based, safe, quality support, advice and care in their midwifery practice and maximising the woman's capacity to enjoy and be in control of their pregnancy, birth and parenting. Midwives are entitled to conscientiously refuse to participate in midwifery care they believe on religious or moral grounds to be unacceptable ('conscientious objection'). Midwives account for their midwifery decisions, accept their moral and legal responsibilities, and practise within the boundaries of their professional role, avoiding situations that may impair quality midwifery care.

- 2 The woman and her infant(s):** A midwife's primary responsibility is to the woman and her infant(s).¹¹ Midwives strive to secure for each woman and her infant(s) the best available support during pregnancy, labour, birth, the postnatal period and at any other time they require midwifery care. To achieve this, midwives recognise the validity of the woman's knowledge of self during pregnancy, labour, birth and early parenting; and the need for each woman to have freedom to make choices about her care, informed decision making, and a trusting, supportive and protective environment. Midwives also strive to ensure that the infant's health needs are met, including promoting a safe birth and the establishment of breastfeeding.
- 3 Partner and family:** Midwives value the importance of the supportive role of the woman's partner and family in her life, from the time of the infant's conception, development and birth into the existing family and social network. This involves knowing the woman, her partner and family, and respecting individuality and difference within families.
- 4 Colleagues:** Midwives collaborate with colleagues working in partnership with the woman, advocating for her needs while supporting and sustaining each other in their professional roles. Midwives acknowledge the role and expertise of other health professionals providing care and support for each childbearing woman. Midwives take steps to ensure that not only they, but also their colleagues, provide quality maternity care. This may involve reporting to an appropriate authority, cases of unsafe, incompetent, unethical or illegal practice. Midwives support colleagues whom they reasonably consider are complying with this expectation.
- 5 Community:** Midwives value their role in providing health counselling and education in the broader community as well as for the woman and within the family. Midwives individually and collectively, encourage professional and public participation in shaping social policies and institutions; advocate for policies and legislation that promote social justice, improved social conditions and a fair sharing of community resources; and acknowledge the role and expertise of community groups in providing care and support for each childbearing woman. This includes protecting cultural practices beneficial to each woman, her infant(s), partners and families, and acting to mitigate harmful cultural practices.¹²

Value Statement 2

Midwives value respect and kindness for self and others

Explanation

Valuing respect for self and others encompasses valuing the moral worth and dignity of oneself and others. It includes respecting the individual ethical values people might have in the context of midwifery care. Kindness is the demonstration of simple acts of gentleness, consideration and care. The practise of kindness as a committed and everyday approach to midwifery care reduces the power imbalance between a midwife and the woman and her infant(s) receiving care, by placing the midwife at the service of the woman and her infant(s), which is the appropriate relationship.

- 1 Self:** Respecting oneself recognises one's own intrinsic worth as a person, and is reflected in personal identity and kindness toward oneself. Self-respect enables midwives to foster their sense of personal wellbeing, and act in ways that increase their own sense of self-worth. This involves midwives maintaining their own health, acknowledging their physical and psychological strengths and limitations and developing personal qualities that promote effective professional relationships and practices.
- 2 The woman and her infant(s):** Midwives work in partnership with the woman in childbearing and parenting, and help others including the woman and her infant(s), in order to promote a healthy experience and prevent or reduce possible harm. Midwives actively preserve the dignity of the woman and her infant(s) through practiced kindness and by recognising the potential for vulnerability and powerlessness of women in their care. The power relativities between a woman and a midwife may be significant, where the woman may have limited knowledge, experiences pain and fear, needs assistance with personal care, or experiences an unfamiliar loss of self-determination. This vulnerability creates a consequential power differential in the relationship between midwife and the woman in their care that must be recognised and managed.¹³

- 3 **Partner and family:** Respecting the woman's partner and family recognises the need they may have for support and protection in maintaining their active involvement during pregnancy, childbirth and early parenting, while recognising the woman's right to self determination.
- 4 **Colleagues:** Respect for colleagues involves acknowledging and respecting their knowledge, experience, expertise and insights. It includes practising kindness and modelling consideration and care towards each other; adopting a collaborative approach to maternity services; and taking into account their opinions, feelings, preferences and attitudes. Dismissiveness, indifference, manipulateness and bullying are intrinsically disrespectful and ethically unacceptable. Qualified midwives supporting and mentoring students provide positive role models for future midwifery practice.
- 5 **Community:** Respect for the community requires midwives to recognise the moral claims of society, their impact on childbirth and midwifery practice, and the fundamental human rights underpinning them. Midwives respond to community needs and concerns, promote health, participate in community affairs and political life, and respond to the diversity of Australian society. Midwives, individually and collectively, create and maintain equitable and culturally and socially responsive maternity services for each woman and her infant(s) living in Australia.

Value Statement 3

Midwives value the diversity of people

Explanation

Valuing the diversity of people requires midwives to appreciate how different cultural backgrounds and languages may influence both the provision and receipt of midwifery care.¹⁴

- 1 **Self:** Valuing diversity requires acknowledgment of one's own cultural similarities to and differences from others. It involves midwives recognising and valuing their own unique identity and experiences, including thoughts, beliefs, attitudes and perceptions.
- 2 **The woman and her infant(s):** Valuing the diversity of each woman involves acknowledging and responding to each woman as a unique individual and to her culture. It requires midwives to develop cultural knowledge and awareness and greater responsiveness to the languages spoken¹⁵ enabling them to better understand and respond effectively to the cultural and communication needs of each woman during midwifery care.
- 3 **Partner and family:** Valuing the diversity of families involves acknowledging and responding to them as unique individuals and to their culture. It requires midwives to develop cultural knowledge and awareness and greater responsiveness to the languages spoken so that they can better understand and respond effectively to the cultural and communication needs of partners and families.
- 4 **Colleagues:** Midwives value and accept diversity among their colleagues and acknowledge the need for non-discriminatory interpersonal and interprofessional relationships. They respect each other's knowledge, skills and experience and regard these as a valuable resource.
- 5 **Community:** Midwives recognise and accept the diversity of people constituting Australian society, and that different groups may live their lives in ways informed by different cultural values, beliefs, practices and experiences. Midwives seek to eliminate disparities and inequities in midwifery care, especially among population groups in society that are considered most vulnerable, including Aboriginal and Torres Strait Islander populations; asylum seekers, refugees and migrants; and ethnic, religious, national and racial minorities. Midwives do this by ensuring each woman and her infant(s) are not disadvantaged or harmed because of their appearance, language, culture,¹⁶ religion, thinking, beliefs, values, perceptions, sex and gender roles, sexual orientation, national or social origin, economic or political status, physical or mental disability, health status,¹⁷ or any other characteristics that may be used by others to nullify or impair the equal enjoyment or exercise of the right to midwifery care.

Value Statement 4

Midwives value access to quality midwifery care for each woman and her infant(s)

Explanation

Valuing midwifery care for each woman and her infant(s) requires midwives to uphold the principles and standards of the right to midwifery care as measured by its availability, accessibility, acceptability, quality and safety.¹⁸ Specifically, access refers to the extent to which a woman and her infant(s) or a community can obtain midwifery services. This includes knowledge of when it is appropriate to seek midwifery care, and the ability to travel to and the means to pay for midwifery care. Access does not mean the ability to provide all services imaginable for everyone, but rather the ability to reasonably and equitably provide services based on need, irrespective of geography, social standing, ethnicity, age, race, sexuality or level of income.

- 1 Self:** Midwives value and accept responsibility for self-care. This involves maintaining their own health, acknowledging their physical and psychological strengths and limitations, and developing personal qualities that promote effective professional relationships and practices. This includes midwives maintaining and improving their knowledge, skills and attitudes so that they can perform their professional roles effectively in the respective domains in which they may work. When caring for one's self calls into question participation in particular practices (whether in a research, educational, managerial, or clinical domain¹⁹), midwives act in accordance with the statements contained in this Code concerning conscientious objection.
- 2 The woman and her infant(s):** Midwives promote and practise non-harmful, non-discriminatory midwifery care for each woman and her infant(s). They seek to eliminate prejudicial attitudes regarding race, ethnicity, culture, gender, sexuality, religion, spirituality, disability, age and economic, social or health status. Midwives promote effective communication and value the decisions and contributions made by each woman, including those women whose decision making is restricted because of incapacity, language or legal circumstances.
- 3 Partner and family:** The commitment of midwives to the woman and her infant(s) extends to the woman's partner and family members and other members of her nominated social network.
- 4 Colleagues:** Midwives foster supportive and constructive relationships with colleagues, recognising their strengths and limitations and respecting their need for self-care.

- 5 Community:** Midwives promote quality midwifery care for each woman and her infant(s), opposing stigma and harmful discrimination. This requires midwives to be informed about culturally appropriate and competent care. Midwives uphold and comply with policies and agreements existing in Australia regarding the ethical media representation of women and their infants as health consumers and in matters of maternity care.

Value Statement 5

Midwives value informed decision making

Explanation

Midwives value people's interests in making free and informed decisions. This includes each woman having the opportunity to verify the meaning and implication of information being given to her when making decisions about her maternity care and childbirth experience. Midwives also recognise that making decisions is sometimes constrained by circumstances beyond individual control and that there may be circumstances where informed decision making cannot always be fully realised.²⁰

- 1 Self:** Midwives make informed decisions in relation to their practice within the constraints of their professional role and in accordance with ethical and legal requirements. Midwives ensure their decision making is based on contemporary, relevant and well-founded knowledge and practice, which includes the woman's knowledge of herself and her infant(s).
- 2 The woman and her infant(s):** Midwives value the woman's legal and moral right (in all but exceptional circumstances)²¹ to self-determination during pregnancy, labour, birth and early parenting on basis of informed decision making. Midwives promote effective communication and value the decisions and contributions made by each woman including those women whose decision making is restricted because of incapacity, language or legal circumstances.
- 3 Partner and family:** Midwives recognise the important supportive role partners and families can fulfil during childbearing and early parenting, and the role of partners, family members, friends and others in contributing to decision making. Midwives facilitate partner and family members supporting the woman's legal and moral right to self-determination during pregnancy, labour, birth and early parenting on the basis of informed choice.
- 4 Colleagues:** Midwives respect the rights of colleagues and members of other disciplines to participate in informed decision making, in making well-founded decisions including those using the woman's knowledge of herself and infant(s). This involves making decisions without being subject to coercion of any kind.

5 Community: Midwives value the contribution made by the community to decision making in relation to maternity services and midwifery care through a range of activities, including consumer groups, advocacy and membership of health-related committees. Midwives assist in keeping the community accurately informed about midwifery-related issues.

Value Statement 6

Midwives value a culture of safety in midwifery care

Explanation

Valuing a culture of safety involves midwives actively engaging in the development of shared knowledge and understanding of the importance of safety – physical, emotional, social and spiritual – as a crucial component of contemporary midwifery care. Midwives who value a culture of safety support reasonable measures, processes and reporting systems designed to reduce the incidence and impact of preventable adverse events in the provision of midwifery care. They also support the open disclosure to women of any adverse events affecting them or their infants during the course of their care.²²

- 1 Self:** Midwives value safe practice and a safe working environment, practising within the limitations of their knowledge and skills and appreciating that safety is everyone's responsibility. Midwives have a moral and legal right to practise in a safe environment, without fear for their own safety or that of others, and they seek remedies through accepted channels, including legal action, when this is not the case. Midwives value the maintenance of competence in contributing to a safe care and practice environment.
- 2 The woman and her infant(s):** Every woman and midwife is entitled to question the care, behaviour and decisions made by others that they regard as potentially unethical, unsafe or illegal, and to object and refuse to participate in those they consider, on reasonable grounds, are unethical or illegal. Midwives take action when they identify a woman and her infant(s) are at risk, reporting this to relevant authorities.
- 3 Partner and family:** Midwives recognise and respect the important supportive role partners and families can fulfil during childbearing and early parenting, as negotiated by the woman herself, while striving to ensure the environment is safe for all.
- 4 Colleagues:** Midwives value interpersonal competencies such as trustful communication, teamwork and situation awareness, and support non-punitive management processes aligned with a systems approach to reducing the incidence and impact of preventable adverse events and human error.

5 Community: Midwives, individually and collectively, participate in developing and improving equitable, culturally and socially responsive and economically sustainable midwifery care and maternity services for each woman living in Australia.

Value Statement 7

Midwives value ethical management of information

Explanation

The generation and management of information (including midwifery care records and other documents) are performed with professionalism and integrity. This requires the information being recorded to be accurate, non-judgemental and relevant to the midwifery care of the woman and her infant(s). All midwifery documentation is a record that cannot be changed or altered other than by the addition of further information. A notation in a record or a document used for midwifery care communication can have a powerful positive or negative impact on the quality of care received by a woman and her infant(s). These effects can be long-lasting, either through ensuring the provision of quality care, or through enshrining stigma, stereotyping and judgement in maternity care decision making and maternity care provision experienced by a woman and her infant(s).²³

The ethical management of information involves respecting people's privacy and confidentiality without compromising health or safety. This applies to all types of data, including clinical and research data, irrespective of the medium in which the information occurs or is stored.²⁴ Personal information may only be shared with the consent of the individual or with lawful authorisation.

- 1 Self:** Midwives are entitled to the same moral, professional and legal safeguards as any other person in relation to their personal information.²⁵ They have a right to expect that their personal information will not be shared with another person without their approval or lawful authorisation.
- 2 The woman and her infant(s):** Midwives respect the conditions under which information about the woman and her infant(s) may or may not be shared with others. Midwives also respect the woman's preferences regarding herself and her infant(s). Maintaining confidentiality of information involves preserving each woman's privacy to the extent that it does not compromise the health or safety of the woman, her infant(s) or others. Midwives comply with mandated reporting requirements, and conform to relevant privacy and other legislation. Ethical information management also requires midwives to maintain information and records needed in order to provide quality midwifery care. They do not divulge information about any particular person to anyone not authorised to have that information.²⁶

- 3 **Partner and family:** Midwives respect the conditions under which information about the woman's partner or family may or may not be shared with others. This involves preserving their privacy to the extent that it does not significantly compromise the health or safety of the woman, her infant(s) or others.
- 4 **Colleagues:** Midwives recognise that their colleagues enjoy the same protections as other people with regard to personal information.²⁷ This does not override the responsibility midwives may have in reporting aspects of a colleague's professional practice giving cause for concern. Midwives ensure colleagues are given reliable information about any risks posed by a woman or her infant(s) to whom they are providing, or planning to provide, midwifery care, subject to approved policies and relevant privacy and other legislation.
- 5 **Community:** Midwives comply with systems of information management meeting the standards and expectations of Australian society. Midwives respect the privacy and confidentiality rights relating to childbearing and early parenting for each woman and her infant(s) living in or entering Australia regardless of their visa status.

Value Statement 8

Midwives value a socially, economically and ecologically sustainable environment, promoting health and wellbeing

Explanation

Midwives value strategies aimed at preventing, minimising and overcoming the harmful effects of economic, social or ecological factors on the health of each woman, her infant(s), family and community. Commitment to a healthy environment involves the conservation and efficient use of resources such as energy, water and fuel, as well as clinical and other materials.²⁸

- 1 **Self:** Midwives use all resources efficiently and comply with strategies aimed at the sustainable use of resources (including safe re-use, recycling and conservation) in the course of their work. They may also contribute to the development, implementation and monitoring of relevant policies and procedures.
- 2 **The woman and her infant(s):** Midwives are sensitive to, and informed about, the social and environmental factors that may contribute to the health and wellbeing of each woman and her infant(s) and that may play a part in their midwifery care. Midwives take into account the economic and domestic circumstances of each woman and her infant(s) where these impact, positively or adversely, upon their maternity care needs and health.
- 3 **Partner and family:** Midwives support alerting partners and families to environmental factors and economic and domestic conditions that may impact on the health and wellbeing of the woman and her infant(s).
- 4 **Colleagues:** Midwives support alerting colleagues and employers to the adverse effects of environmentally harmful processes and practices, and collaborate to minimise these as they occur in maternity settings. This includes working cooperatively with colleagues to improve the conservation, efficient use and safe recycling of resources in the workplace.
- 5 **Community:** Midwives value, contribute to and support strategies preventing or minimising the harmful effects of economic, social and ecological factors such as crime, poverty, poor housing, inadequate infrastructure and services, and environmental pollution and degradation that may lead to problems in childbearing and ill health in the community.

Acknowledgments and Background

The commission to develop a code of ethics that defines the moral context of midwifery care in meeting the needs of each woman and her infant(s), and provides a national approach to the regulation of the midwifery profession, came from the Australian Nursing and Midwifery Council (ANMC), the Australian College of Midwives (ACM) and the Australian Nursing Federation (ANF). The development of the *Code of Ethics for Midwives in Australia* and a review of the *Code of Ethics for Nurses in Australia* were undertaken concurrently and separately and while a similar format was adopted for both codes, the orientation and content of the separate codes maintain the professional integrity of the respective disciplines.

A brief history of the process of development of the *Code of Ethics for Midwives in Australia* may help the reader to understand more fully why specific values and concepts were included while others were not.

The Code was drafted in consultation with midwives, consumers, midwifery organisations and nursing organisations, using written submissions, electronically administered questionnaires and public discussion forums, between March and October 2006. The first draft of the Code was reviewed by a selected panel of professionals with expertise in ethics, midwifery, professional codes, rural and remote area practice, childbirth and midwifery in Aboriginal and Torres Strait Islander communities and other cultures, and/or health care, on 23 and 24 October 2006.

The final draft was submitted to the ANMC, the ACM and the ANF in November 2006 for presentation to their reference panel and a selected panel of international professionals with expertise in ethics, midwifery, professional codes and/or health care. This was followed by further consultation during 2007 through focus groups and web-based opportunities to comment on the draft prepared in 2006.

Code development began with a review of contemporary literature on ethics and a review of code development in midwifery and nursing. This was followed by an analysis of the values inherent in the ICM *Definition of the Midwife* (2005); the ACM *Philosophy Statement* (2004) and *Code of Ethics* (2001); the ANMC *National Competency Standards for the Midwife* (2006); the ACM *Standards for the Accreditation of Bachelor of Midwifery Education Programs Leading to the Initial Registration as a Midwife in Australia* (2006); ethical codes and standards developed by Australian state and territory professional midwifery organisations; and codes from other countries such as the New Zealand College of Midwives (Inc.) *Code of Ethics* (2002) and UK Nursing and Midwifery Council *Code of Professional Conduct: Standards for conduct, performance and ethics* (2004).

Concern for clarity, use of plain English language, culturally informed wording and inclusion, and the national nature of a *Code of Ethics for Midwives in Australia* guided both its format and focus. It was also considered important that the Code speak to individuals and provide guidance on moral character and virtues, ethical values, and professional and moral obligations: that is, when we enter a profession we take on the values of that profession. It is also vital that the Code meet the needs of other audiences who need to be informed of the moral standards of midwifery care including the community, regulators, educators, students and researchers.

The *Code of Ethics for Midwives in Australia* is intended to be a contemporary document, and therefore your comments and suggestions for enhancing the understanding and usefulness of this document over the years are welcomed.

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- 1 This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
- 2 United Nations 1978; World Health Organization 1948, 2001a, 2001b, 2003, 2005; Fukuda-Parr (ed.) 2004.
- 3 United Nations 1978.
- 4 World Health Organization 2001b.
- 5 Advice provided by a Torres Strait Islander academic and midwife.
- 6 This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
- 7 New Zealand College of Midwives 1999.
- 8 Informed by legal advice.
- 9 Informed by legal advice.
- 10 International Confederation of Midwives 1999 and 1999–2002 (Position statements: *The Professional Accountability of a Midwife* (1999), *Basic and Ongoing Education for Midwives* (1999).
- 11 Gilliland and Pairman 1995; Thompson 2004.
- 12 According to Johnstone (in press): A less well recognised yet equally critical core component of the right to health, is cultural liberty and the right that all people have to maintain their 'ethnic, linguistic, and religious identities' – otherwise referred to as 'cultural rights' (Fukuda-Parr 2004). Cultural rights claims entail respect for cultural difference as an active component of human rights and development (Marks 2002). Central to the notion of cultural rights is the recognition that culture is not a static process encompassing a frozen set of values, beliefs and practices. Rather it is a process that is 'constantly recreated as people question, adapt and redefne their values and practices to changing realities and exchanges of ideas' (Fukuda-Parr 2004, 4). Thus, claims to cultural liberty are not about 'preserving values and practices as an end in itself with blind allegiance to tradition'; they are fundamentally concerned with expanding individual choice and the 'capability of people to live and be what they choose, with adequate opportunity to consider other options' (Fukuda-Parr 2004, 4).

- 13 This part of the explanatory statement also appears in the *Code of Professional Conduct for Midwives in Australia* and as it goes to the ethical conduct of midwives it has been included in this Code of Ethics as well. The power of midwives comes from their capacity to ration or withhold as well as provide comfort, pain relief, personal care and nurturance. People experience abusive power from midwives where they feel themselves required to plead, express gratitude or feel at the mercy of a midwife caring for them. The preceding comments and the commentary in the explanation were made in a response from the Health Consumers Council WA. It was the Council's view that kindness is irrefutably a professional quality required of midwives. It is their view that the demonstration of kindness diminishes the discrepancy in power between a midwife and a woman in their care, and fosters safety and respect. Although the power relationship issue is addressed in the previous draft of the document, the Council found there was no offering to midwives on how the power differential can be managed. The Council went on to say that one of the greatest areas of complaint about midwifery conduct is the absence of compassion or kindness. Conversely, people are most impressed and touched by midwives who are able to demonstrate simple acts of kindness and consideration.
- 14 International Confederation of Midwives 1999 and 1999–2002 (Position statements; *Ethical Recruitment of Midwives* (2002); *Protecting the Heritage of Indigenous People (Cultural Safety)* (1999); *Women, Children and Midwives in Situations of War and Civil Unrest* (1999); *Female Genital Mutilation* (1999); Kai., Spencer, Wilkes and Gill 1999; National Health and Medical Research Council 2006.
- 15 There is a need for midwives to develop skills and capacity to respond to people speaking languages other than English, especially when they are working with women and their partners and families in communities where particular cultural groups speaking other languages are a substantial proportion of the local population.
- 16 Johnstone M in press.
- 17 Health status includes living with conditions such as HIV/AIDS and mental disorders.
- 18 International Confederation of Midwives 1999 and 1999–2002 (Position statement: *Development of and Resource Allocation for Midwifery and Reproductive Health* (1999).
- 19 This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
- 20 World Health Organization health and human rights publication series (available at www.who.int).
- 21 Informed by legal advice.
- 22 For example, as outlined in Australian Council for Safety and Quality in Health Care and Standards Australia (2003).
- 23 Response from the Health Consumers Council WA. The Council notes that it has seen some extreme and severe impacts for women and their infant(s) from unprofessional notations in midwifery records. Midwives must be aware that an attempt to convey an impression about a woman and her infant(s) to fellow workers during midwifery care can have ramifications for them for many years to follow. Women can now access their records and can read and interpret the notes written about them. Women may integrate their own recollections with the notes and develop a perception about the quality and professionalism of the care they received.
- 24 This includes oral, written, statistical, digital and computerised data and other information.
- 25 Including information kept in personnel files.
- 26 Midwives should also uphold and comply with policies and agreements that exist in Australia regarding the ethical media representation of health consumers and health-related matters.
- 27 Including information kept in personnel files.
- 28 International Confederation of Midwives 1999 and 1999–2002 (Position statements: *Positive Action to Reduce Smoking and Passive Smoking in Pregnancy* (2002), *Breastfeeding* (1999).
- 29 Thompson F 2004.

2008

Australian Nursing & Midwifery Council

Code of Professional Conduct for Midwives in Australia

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ISBN 978-0-9775108-8-7

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The *Code of Professional Conduct for Midwives in Australia* was first published in 2008.

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Definition of the Midwife

A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units.

Adopted by the International Confederation of Midwives Council meeting, 19th July 2005, Brisbane, Australia; supersedes the ICM Definition of the Midwife 1972 and its amendments of 1990.

Introduction

The *Code of Professional Conduct for Midwives in Australia* is a set of expected national standards of professional conduct for midwives in Australia. It is supported by, and should be read in conjunction with its companion code, the *Code of Ethics for Midwives in Australia* and the Australian Nursing and Midwifery Council *National Competency Standards for the Midwife*. These three documents, together with other published practice standards (eg decision-making frameworks, guidelines and position statements), provide a framework for accountable and responsible midwifery practice in all clinical, management, education and research domains.¹

The support and assistance of the Australian College of Midwives and the Australian Nursing Federation in developing this edition of the *Code of Professional Conduct for Midwives in Australia* is acknowledged.

Professional conduct refers to the manner in which a person behaves while acting in a professional capacity. It is generally accepted that when performing their duties and conducting their affairs professionals will uphold exemplary standards of conduct, commonly taken to mean standards not generally expected of lay people or the 'ordinary person in the street'.²

In considering this *Code and the Code of Ethics for Midwives in Australia*, it should be borne in mind that they are designed for multiple audiences: midwives; midwifery students; women receiving midwifery care and their families; other health care workers; the community generally; employers of midwives; midwifery regulatory authorities; and consumer protection agencies.

This Code contains 10 conduct statements providing guidance in relation to the minimum standards of conduct. These statements have been developed under the following three broad principles:

- 1 Midwives practise competently in accordance with legislation, standards and professional practice.
- 2 Midwives practise within a woman-centred framework.
- 3 Midwives practise midwifery reflectively and ethically.

There is some overlap and some repetition in the concepts and subject matter in the conduct statements, reflecting the reality that the issues are not distinct and discrete. Nor are these concepts and the information static. The *Code of Professional Conduct for Midwives in Australia* is intended to be a contemporary document, and therefore, comments and suggestions for enhancing the understanding and usefulness of this document are welcomed.

Code of Professional Conduct for Midwives

Midwives practise competently in accordance with legislation, standards and professional practice

- 1 Midwives practise in a safe and competent manner.
- 2 Midwives practise in accordance with the standards of the profession and broader health system.
- 3 Midwives practise and conduct themselves in accordance with laws relevant to the profession and practice of midwifery.
- 4 Midwives respect the dignity, culture, values and beliefs of each woman and her infant(s) in their care and the woman's partner and family, and of colleagues.
- 5 Midwives treat personal information obtained in a professional capacity as private and confidential.
- 6 Midwives provide impartial, honest and accurate information in relation to midwifery care and health care products.

Midwives practise within a woman-centred framework

- 7 Midwives focus on a woman's health needs, her expectations and aspirations, supporting the informed decision making of each woman.
- 8 Midwives promote and preserve the trust and privilege inherent in the relationship between midwives and each woman and her infant(s).
- 9 Midwives maintain and build on the community's trust and confidence in the midwifery profession.

Midwives practise midwifery reflectively and ethically

- 10 Midwives practise midwifery reflectively and ethically.

Purpose

The purpose of the *Code of Professional Conduct for Midwives in Australia* is to:

- outline a set of minimum national standards of conduct for midwives
- inform the community of the standards of professional conduct it can expect midwives in Australia to uphold (as supported by the Australian Nursing and Midwifery Council *National Competency Standards for the Midwife*, and stated in the International Confederation of Midwives *Definition of the Midwife*)
- provide each woman, their families, and regulatory, employing and professional bodies, with a basis for evaluating the professional conduct of midwives.

The Code is not intended to give detailed professional advice on specific issues and areas of practice. Rather, it identifies the minimum requirements for conduct in the midwifery profession. In keeping with national competency standards, midwives have a responsibility to ensure their knowledge and understanding of professional conduct issues is up to date. While mandatory language such as 'must', 'shall' and 'will' is not used throughout this Code, it is important for midwives to understand that there is a presumption the conduct discussed is mandatory and therefore not discretionary for midwives practising midwifery.

A breach of the Code may constitute either professional misconduct or unprofessional conduct. For the purposes of this Code these terms are defined similarly to those for nurses. **Professional misconduct** refers to 'the wrong, bad or erroneous conduct of a (midwife) outside of the domain of his or her practice; conduct unbecoming a (midwife)¹³ (eg sexual assault, theft or drunk and disorderly conduct in a public place).

Unprofessional conduct refers to 'conduct that is contrary to the accepted and agreed practice standards of the profession¹⁴ (eg violating confidentiality in the woman-midwife relationship).

The midwifery profession expects midwives will conduct themselves personally and professionally in a way that maintains public trust and confidence in the profession. Midwives have a responsibility to the individual woman, her infant(s) and family, colleagues, society and the profession, to provide safe and competent midwifery care responsive to individual, group and community needs and the profession.

Midwives practise competently in accordance with legislation, standards and professional practice

Conduct Statement 1

Midwives practise in a safe and competent manner

Explanation

- 1 Midwives are personally accountable to the woman and her infant(s); their employer and their profession for the provision of safe and competent midwifery care. It is the responsibility of each midwife to maintain the competence necessary for current practice. Maintenance of competence includes participation in ongoing professional development to maintain and improve knowledge, skills and attitudes relevant to practice in a clinical, management, education or research setting.⁵
- 2 Midwives practise in a manner that recognises the woman's right to receive accurate information; be protected against foreseeable risk of harm to themselves and their infant(s); and have freedom to make choices in relation to their care.
- 3 Midwives practise within the scope of midwifery, according to the International Confederation of Midwives *Definition of the Midwife* (2005).
- 4 When an aspect of care is delegated, midwives ensure the delegation does not compromise the safety or quality of care of the woman and her infant(s).⁶
- 5 If midwives are unable or unwilling to attend a labour or birth (eg because of a strongly held personal belief or professional judgement), they take all reasonable steps to ensure each woman is attended by an appropriate professional.
- 6 Midwives make known to an appropriate person or authority any circumstance that may compromise professional standards, or any observation of questionable, unethical or unlawful practice, and intervene to safeguard the individual if the concern is unresolved.
- 7 Midwives practise in a safe and competent manner that is not compromised by personal health limitations, including the use of alcohol or other substances that may alter a midwife's capacity to practise safely at all times. Midwives whose health threatens their capacity to practise safely and competently have a responsibility to seek assistance to address their health needs. This may include making a confidential report to an appropriate authority.

Conduct Statement 2

Midwives practise in accordance with the standards of the profession and broader health system

Explanation

- 1 Midwives practise in partnership with the woman, and in accordance with the standards of the profession (eg the Australian Nursing and Midwifery Council *National Competency Standards for the Midwife* (2006), to provide safe and effective midwifery care.
- 2 Midwives practise in accordance with wider standards relating to safety and quality in midwifery care and accountability for a safe health system, such as those relating to health documentation and information management, incident reporting and participation in adverse event analysis and formal open disclosure procedures.⁷
- 3 Midwives make midwifery judgements based on the woman's capacity and with regard to her sense of security and physical, social, emotional and mental safety.
- 4 Midwives are guided by the profession's guidelines for consultation, referral and transfer – the *National Midwifery Guidelines for Consultation and Referral*.⁸
- 5 Midwives recognise their professional position and do not accept gifts or benefits that could be viewed as a means of securing their influence or favour.⁹

Conduct Statement 3

Midwives practise and conduct themselves in accordance with laws relevant to the profession and practice of midwifery

Explanation

- 1 Midwives are familiar with relevant laws¹⁰ and ensure they do not engage in practices prohibited by such laws or delegate to others activities prohibited by those laws.
- 2 Midwives practise in accordance with laws relevant to the midwife's area of practice.
- 3 Midwives witnessing the unlawful conduct of colleagues and other co-workers, whether in midwifery practice, management, education or research, have both a responsibility and an obligation to report such conduct to an appropriate authority and take other action as necessary to safeguard people and the public interest.
- 4 Where midwives who are employees make a report of unlawful or otherwise unacceptable conduct to their employers and that report fails to produce an appropriate response from the employers, midwives may take the matter to an appropriate external authority.¹¹

- 5 Midwives respect both the person and property of the childbearing woman; her infant(s), partner and family. This responsibility also applies to the colleagues of midwives.

- 6 Midwives who are employees support the responsible use of the resources of their employing organisations.

Conduct Statement 4

Midwives respect the dignity, culture, values and beliefs of each woman and her infant(s) in their care, and the woman's partner and family, and of colleagues

Explanation

- 1 Midwives respect both the person and capacity of each woman and her infant(s), and defend the right to dignity and culture of each woman, her infant(s), and any other person who is significant in their life.
- 2 Midwives interact with colleagues in an honest and respectful manner.
- 3 Midwives practise in a non-discriminatory way. This includes taking appropriate action to ensure the safety and quality of their midwifery care is not compromised because of harmful prejudicial attitudes about culture, ethnicity, gender, sexuality, age, religion, spirituality, political, social or health status, lifestyle, or other human factors.
- 4 In planning and providing effective midwifery care, midwives uphold the standards of culturally safe and competent care. This includes according due respect and consideration to the cultural knowledge, values, beliefs, personal wishes and decisions of each woman and her infant(s), including partners and their family. Midwives acknowledge the changing nature of families and recognise that families can be constituted in a variety of ways.
- 5 Midwives refrain from expressing racist, sexist, homophobic, ageist and other prejudicial and discriminatory attitudes and behaviours toward each woman and her infant(s) in their care, partners and families and colleagues. Midwives take appropriate action when observing any such prejudicial and discriminatory attitudes and behaviours.
- 6 In making professional judgements in relation to a person's interests and rights, midwives do not contravene law or breach the human rights of any person, including those deemed stateless such as refugees, asylum seekers and detainees.

Conduct Statement 5

Midwives treat personal information obtained in a professional capacity as private and confidential

Explanation

The treatment of personal information should be considered in conjunction with the *Guidelines to the National Privacy Principles 2001*, which support the *Privacy Act 1988* (Cwth).¹² Many jurisdictions also have legislation and policies relating to privacy and confidentiality of personal health information including midwifery care records.

- 1 Midwives have ethical and legal obligations to treat personal information obtained in a professional capacity as confidential. Midwives protect the privacy of each woman, her infant(s) and family by treating the information gained in the relationship as confidential, restricting its use to professional purposes only.
- 2 Midwives where relevant, inform a woman that in order to provide competent midwifery care, it is necessary for the midwife to disclose to collaborating colleagues information that may be important to their professional decision making.
- 3 Midwives where practicable, seek consent from each woman or her representatives before disclosing information. In the absence of consent, midwives use professional judgement regarding the necessity to disclose particular details, giving due consideration to the interests, wellbeing, health and safety of each woman and her infant(s). Midwives recognise they may be required by law to disclose certain information for professional purposes.

Conduct Statement 6

Midwives provide impartial, honest and accurate information in relation to midwifery care and health care products

Explanation

- 1 When midwives provide advice about any care or product, they fully explain the advantages and disadvantages of alternative products or care so individuals can make informed choices. Midwives refrain from engaging in exploitation, misinformation or misrepresentation with regard to health care products and midwifery care.
- 2 Midwives accurately represent the nature of the midwifery care they intend to provide.
- 3 Where specific care or a specific product is advised, midwives ensure their advice is based on adequate knowledge and not on commercial or other forms of gain. Midwives refrain from the deceptive endorsement of services or products.¹³

Midwives practise within a woman-centred framework

Conduct Statement 7

Midwives focus on a woman's health needs, her expectations and aspirations, supporting the informed decision making of each woman

Explanation

- 1 Midwives ensure the mother and her infant(s) are the primary focus of midwifery care.
- 2 Midwives support the health and wellbeing of each woman and her infant(s), promoting and preserving practices that contribute to the woman's self-confidence and the wellbeing of the woman and her infant(s).
- 3 Midwives communicate in a way the woman and her family can understand so they may fully participate in the childbearing experience.
- 4 Midwives support informed decision making by advising the woman and, where the woman wishes, her partner, family, friends or health interpreter, of the nature and purpose of the midwifery care, and assist the woman to make informed decisions about that care.
- 5 In situations where a woman is unable or unwilling to decide or speak independently, midwives endeavour to ensure the perspective of the woman is represented by an appropriate advocate, preferably of the woman's choice.
- 6 Midwives advocate for the protection of the rights of each woman, her infant(s), partner, family and community in relation to midwifery care.

Conduct Statement 8

Midwives promote and preserve the trust and privilege inherent in the relationship between midwives and each woman and her infant(s)

Explanation

- 1 Midwives promote and preserve the trust inherent in the woman- midwife partnership.
- 2 An inherent power imbalance exists within the relationship between each woman and midwives that may make the woman and her infant(s) in their care vulnerable and open to exploitation. Midwives actively preserve the dignity of people through practiced kindness and by recognising the potential vulnerability and powerlessness of each woman being cared for by midwives. The power relativities between a woman and a midwife can be significant, particularly where the woman has limited knowledge, experiences fear or pain, needs assistance with personal care, or experiences an unfamiliar loss of self-determination. This vulnerability creates a power differential in the relationship between midwives and each woman in their care that must be recognised and managed.¹⁴
- 3 Midwives take reasonable measures to establish a sense of trust to protect the physical, psychological, emotional, social and cultural wellbeing of each woman and her infant(s) in the course of midwifery care. Midwives protect women who are vulnerable, including but not limited to women with disabilities and women with mental illness, from exploitation and physical harm.
- 4 Midwives have a responsibility to maintain professional boundaries between themselves and each woman and her infant(s) being cared for, and between themselves and other persons, such as fathers [of the infant(s)], partners, family and friends, nominated by the woman to be involved in her care.
- 5 Midwives fulfil roles outside the professional role, including those as family members, friends and community members. Midwives are aware that dual relationships may compromise midwifery care outcomes and always conduct professional relationships with the primary intent of benefit for the woman and her infant(s). Midwives take care when giving professional advice to a woman, her partner or another person with whom they have a dual relationship (eg a family member or friend) and advise them to seek independent advice due to the existence of actual or potential conflicts of interest.

- 6 Sexual relationships between a midwife and a woman, her partner or members of the woman's family with whom they have entered into a professional relationship are inappropriate in most circumstances. Such relationships automatically raise questions of integrity in relation to midwives exploiting the vulnerability of a woman who is or who has been in their care. Consent is not an acceptable defence in the case of sexual or intimate behaviour within professional relationships.
- 7 Midwives should not be required to provide midwifery care to a woman with whom they have a pre-existing non-professional relationship. Reassignment of the woman to other midwives for care should be sought where appropriate.
- 8 Midwives take all reasonable steps to ensure the safety and security of the possessions and property of each woman in their care and those of her family.

Conduct Statement 9

Midwives maintain and build on the community's trust and confidence in the midwifery profession

Explanation

- 1 The conduct of midwives maintains and builds public trust and confidence in the profession at all times.
- 2 The unlawful and unethical actions of midwives in their personal lives risk adversely affecting both their own and the profession's good reputation and standing in the eyes of the public. If the good standing of either individual midwives or the profession were to diminish, this might jeopardise the inherent trust between the midwifery profession and women, as well as the community more generally, necessary for effective relationships and the effective delivery of midwifery care.
- 3 Midwives consider the ethical interests of the midwifery profession when exercising their right to freedom of speech and participating in public, political and academic debate, including publication.

Midwives practise midwifery reflectively and ethically

Conduct Statement 10

Midwives practise midwifery reflectively and ethically

Explanation

- 1 Midwives practise midwifery reflectively and ethically, practising in accordance with the *Code of Ethics for Midwives in Australia*, in order to learn from experience and contribute to personal development and professional practice.
- 2 Midwives develop and maintain appropriate and current midwifery advice, support and care for each woman in their care and her infant(s) and family.
- 3 Midwives evaluate their conduct and competency according to the standards of the midwifery profession.
- 4 Midwives contribute to the professional development of students and colleagues.
- 5 Midwives participating in research do so in accordance with recognised research guidelines and do not violate their duty of care to the woman and her infant(s).
- 6 Midwives advise each woman in their care and employers (if relevant) of any reduction in their capacity to practise due to health, social or other factors, while they seek ways of addressing the problem.

Glossary of terms

Colleagues

includes other midwives, midwifery and other students, health care providers and others legitimately involved in the care of the woman and her infant(s).

Ethics and morality

the concepts of 'ethics' and 'morality' are substantially the same and have been used interchangeably throughout this Code.

Nominated family, partner, friends

refers to the woman's immediate partner and family as defined or described by the woman and is used in this Code for the sake of simplicity. It is to be read to include the full range of forms the contemporary Australian family takes, and may include fathers [of the infant(s)], husbands, partners, other children, siblings, parents and/or grandparents. It can sometimes include friends, relatives and others associated with the woman. It may include some family members who are not in Australia. It includes people in a consensual relationship with each woman and her infant(s) receiving midwifery care, and who play an important role in their lives. Midwife – is a legally protected title in Australia and means a registered midwife who is authorised to practise in a state or territory of Australia. For the purposes of this Code, it also refers to students of midwifery.

Professional boundaries

are the limits of a relationship between a midwife and the woman and her infant(s) and any of the woman's significant other persons. These limits facilitate safe and appropriate practice and result in safe and effective midwifery care. Limits of a relationship may include under-or over-involvement in the provision of midwifery care.

Representative of a woman or her infant(s) receiving midwifery care

is a person legitimately entitled to act on behalf of the woman or her infant(s).

Unsatisfactory professional conduct

is professional conduct below the standard reasonably expected of a midwife with an equivalent level of training or experience. This includes conduct that demonstrates incompetence, compromises care and/or discredits the midwifery profession.

Professional standards include:

- this *Code of Professional Conduct for Midwives in Australia*,
- the *Code of Ethics for Midwives in Australia*,
- the ANMC *National Competency Standards for the Midwife*,
- the ANMC *National Framework for the Development of Decision-Making Tools for Nursing and Midwifery Practice*,
- other endorsed standards or guidelines published by the state and territory midwifery regulatory authorities,
- standards developed by professional midwifery organisations.

Acknowledgments and Background

The commission to develop a code of professional conduct that sets an expected minimum standard of conduct for midwives; protects the welfare of each woman and her infant(s), individual midwives and the integrity of the profession; and provides a national approach to the regulation of the midwifery profession, came from the Australian Nursing and Midwifery Council (ANMC), the Australian College of Midwives (ACM), and the Australian Nursing Federation (ANF). Development of the ANMC *Code of Professional Conduct for Midwives in Australia* and a review of the ANMC *Code of Professional Conduct for Nurses in Australia* were undertaken concurrently and separately, and while a similar format was adopted for both codes, the orientation and content of the separate codes maintains the professional integrity of the respective disciplines.

A brief history of the process of development of the ANMC *Code of Professional Conduct for Midwives in Australia* may help the reader to understand more fully why specific practice requirements were included while others were not. Code development began with a review of contemporary literature on professional conduct and a review of code development in midwifery and nursing. This was followed by an analysis of the practice requirements inherent in the ICM *Definition of the Midwife* (2005); the ACM *Philosophy Statement* (2004) and *Code of Practice* (1999); the ANMC *National Competency Standards for the Midwife* (2006); the ACM *Standards for the Accreditation of Bachelor of Midwifery Education Programs Leading to the Initial Registration as a Midwife in Australia* (2006); codes of professional standards developed by Australian state and territory professional midwifery organisations; and codes from other countries such as the New Zealand College of Midwives (Inc.) *Code of Ethics* (2002) and UK Nursing and Midwifery Council *Code of Professional Conduct: Standards for conduct, performance and ethics* (2004).

The first draft of the Code was produced in consultation with midwives, consumers, midwifery and nursing organisations. The consultation process called for written submissions from consumer groups and midwifery and nursing organisations between March and July 2006. In-depth focus group discussions were conducted with invited midwives, consumers and representatives from ACM, ANF and nursing and midwifery regulatory authorities, in each state and territory of Australia between May and July 2006. A framework for the code was based on these discussions and, during August 2006, midwives were invited to respond to a questionnaire on the completeness and relevancy of the proposed framework. All this information, together with current literature and comments from midwives who attended open public discussion forums in each state and territory of Australia between August and September 2006, was considered when drafting the Code.

The first draft of the newly developed *Code of Professional Conduct for Midwives in Australia* was reviewed by a selected panel of professionals with expertise in midwifery, professional codes, the law and policy, rural and remote area practice, childbirth and midwifery practice in Aboriginal and Torres Strait Islander communities and other cultures, and/or health care, on 23 and 24 October 2006. A second draft was submitted to the ANMC in November 2006, for review by its reference panel and a selected panel of international professionals with expertise in midwifery, professional codes, the law and policy, and/or health care.

Failure to reach agreement on the Code led to a subsequent round of consultation which raised questions about whether the Code was adequately robust and explicit to meet the needs of all audiences. Concern for clarity, accessibility, culturally sensitive wording and inclusion, and the national nature of professional conduct for midwives in Australia guided both the Code's format and focus. It was also considered important that while the Code speaks to individuals it also notes the responsibility of institutions and organisations to provide an environment in which the midwife's conduct can meet the requirements in this Code.

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Endnotes

- 1 This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
 - 2 Johnstone and Kanitsaki 2001.
 - 3 Ibid.
 - 4 Ibid.
 - 5 This also includes midwives involved in other aspects of health and midwifery such as planning, policy development, project management and regulatory activities.
 - 6 See the work being conducted around the development of the national framework for the development of decision-making tools for nursing and midwifery practice and associated documents and guidelines at: www.anmc.org.au/professional_standards/index.php.
 - 7 For example, as outlined in Australian Council for Safety and Quality in Health Care and Standards Australia (2003).
 - 8 Australian College of Midwives 2004.
 - 9 Midwives do not allow the offer of any gift or benefits to change the way they work or the decisions they make, working on the general presumption that they do not accept any gifts or benefits. Recognising the reality of people wishing to demonstrate their appreciation for care by providing an acknowledgement in the form of a gift or benefit, the following guidelines apply:
 - Midwives may accept token or inexpensive gifts offered as a gesture of appreciation, and not to secure favour. They do not accept gifts that are more than a token; nor do they accept gifts of cash, other than a negotiated fee for service when in private practice.
 - Midwives in employment report the acceptance of a gift to their supervisors and seek their agreement to retain the gift.
 - Midwives take all reasonable steps to ensure that neither they nor their immediate family members accept gifts or benefits an impartial observer could view as a means of securing their influence or favour.
- Further guidance can be obtained from the codes of conduct of the relevant government agencies in their jurisdiction responsible for the conduct of health services and employees of health services, ethical and fair trading, and anti-corruption; as well as private health service providers and professional associations.
- 10 'Relevant laws' include the legislation and common law specific to midwifery and the health system such as those regulating the conduct of midwives and poisons and therapeutic goods; but also include the many other general laws regulating areas including criminal conduct (such as assault and murder), privacy and negligence.
 - 11 See, for example, World Alliance for Patient Safety (2005). Many organisations will have guidelines relating to reporting procedures that can be followed in such circumstances. A number of jurisdictions in Australia also have legislation designed to protect people who are whistleblowers. Whistleblowing is defined as the disclosure of information to protect the public interest. It is usually disclosure of information by former or current employees of an organisation; about misconduct, illegal, unethical or illegitimate practices that are within the control of their employers; to a person or an organisation that has the authority or power to take action. The person or organisation to which the disclosure is made may be outside the normal internal reporting systems of the organisation where the person is or was employed. See the Australian Nursing Federation (and some branches) guidelines on whistleblowing.
 - 12 Under review by the Australian Law Reform Commission at the time of writing.
 - 13 Guidelines prepared by the Australian Competition and Consumer Commission and the Council of Health Care Complaints Commissioners in Australia outline the issues in relation to professional conduct in this area of practice (Australian Competition and Consumer Commission and Health Care Complaints Commission (NSW) 2000).
 - 14 This statement has been included in the Code of Professional Conduct in that the power of midwives comes from their capacity to ration or withhold care as well as provide comfort, pain relief, personal care and nurturance. People experience abusive power from midwives where they feel themselves required to plead, express gratitude or feel at the mercy of a midwife caring for them. These comments and the commentary in the explanation were made in a response from the Health Consumers' Council WA. It was the view of the Council that kindness is irrefutably a professional quality required of midwives. It is their view that the demonstration of kindness diminishes the discrepancy in power between a midwife and a woman in their care, and fosters safety and respect. Although the power relationship issue is addressed in the previous draft of the document, the Council found there was no offering to midwives on how the power differential can be managed. The Council went on to say that one of the greatest areas of complaint about midwifery conduct is the absence of compassion or kindness. Conversely, people are most impressed and touched by midwives who are able to demonstrate simple acts of kindness and consideration.

