

Ethical Aspects of Nursing in the EU

Responsibility and Professionalism

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This is a very complex issue, and needs to be understood in the light of historical developments in health care and nursing, including the publications of significant organisations and therefore how to prepare for future trends and changes. I therefore want to address in this session: -

- The history of our ethical framework for nursing practice
- Key elements of training and education
- Future trends in professionalism and autonomy in practice

Key Points in Nursing History 1



- › The most significant development for nurses concerning professional ethics and practice, was the writing of the first international code of nursing ethics by the ICN in 1953. This flowed from the Geneva Declaration of 1948, which addressed the unethical behaviour of health care staff in World War 2. The Code is regularly reviewed and revised in response to the realities of nursing and health care in a changing society. The Code makes it clear that inherent in nursing is respect for human rights, including the right to life, to dignity and to be treated with respect. It was last amended in 2006. The ICN Code of Ethics guides nurses in everyday choices and it supports their refusal to participate in activities that conflict with caring and healing. This final point underlines the fact that nurses cannot be forced to act against their conscience or to do something they believe is not in the best interests of the patient, no matter who instructs them to do so.

http://www.icn.ch/images/stories/documents/about/icncode_engl-ish.pdf

Key Points in Nursing History 2



- › The picture above is of Le Palais de l'Europe in Strasbourg – the Head Quarters of the Council of Europe, and historically, the scene of the next important development in European nursing. This time the focus was on education and training that was to influence the ethics of European nursing deeply. The Council of Europe is an international organisation promoting co-operation between all the countries of Europe in the areas of legal standards, human rights, democratic development, the rule of law, and cultural co-operation. It was founded in 1949 and has 47 member states with some 800 million citizens. Serbia joined in April 2003. The best known body of the Council of Europe is the European Court of Human Rights, which enforces the European Convention on Human Rights. This means that citizens of any member country can pursue a case of human rights beyond their own national boundaries when they believe that their own country is in breach of human rights. This can be of significance for nurses, especially in the fields of gender equality, and pay and conditions at work.

- › Most importantly for nurses, the Council of Europe published a report entitled, EUROPEAN AGREEMENT ON THE INSTRUCTION AND EDUCATION OF NURSES in 1967.
<http://conventions.coe.int/treaty/en/Treaties/Word/059.doc>
- › It identified the first two components of nurse education as :-
- › Professional orientation and ethics
- › General principles of health and nursing
- › This needs to be remembered when we come to consider subsequent decisions in what was then the European Community.

The EU Directives

- › First enacted in 1977 & 1979
- › Revisions to emphasise the balance of theory and practice
- › Complete revised Directive in 2005
- › New Directive in 2012

- › The European Community directives of 1977 and 1979 were the direct descendents of the Council of Europe Report. The Annex laying out the content of nurse training in the Council of Europe report was central to the development of these directives. Some reform of the directives was undertaken to establish what the proper balance of theory and practice was (at least half of the 4,600 hours stipulated in the directive must be practice in a clinical setting, under the supervision of a nurse trained to undertake such training and supervision). This was published by the EU in document XV/D/8501/98. The revision of the current Annex is central to the discussions about the reform of the directive occurring at present (October 2011)

Purpose of the EU Directives

Harmonisation

- › Level of pre-entry education
- › Content and duration of training
- › Nature of clinical teaching
- › Background of teachers

Mutual Recognition

- › Specialist programmes
- › Continuing professional development
- › Competent authorities

- › The current EU directive (2005/36) sets minimal standards for training which any country is free to exceed. It covers over 800 occupations but health care professions are central to the current revision because of the very special place they hold in society, and the impact of their practice and free movement. They are also the largest professional group covered by the directive. The directive has two main approaches, harmonisation and mutual recognition.
- › Harmonisation refers to agreement on a set of criteria which all countries agree to undertake. These include:-
- › -The level of education achieved before entry into training (currently 10-years of general education, or equivalent)
- › -Content and duration of training
- › -The nature of the clinical experience and teaching as described above
- › -Ensuring that while experts may contribute to the course (e.g. pharmacy, anatomy) that nurses, who have been taught to teach, teach the course. The motto to follow is that nurses must teach nursing.

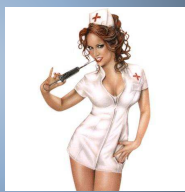
- › Mutual Recognition concerns the mechanisms for recognising individuals with specialist qualifications not covered by the Harmonisation process. Achievements in continuing professional training can be recognised in this way. It is done on an individual basis and no country can be forced to recognise a field of practice that does not already exist in that country. From this description of Harmonisation and Mutual Recognition it should be recognised that the Regulatory Body/Chamber has a very great responsibility when liaising with perhaps nearly 500 other Chambers across Europe and potentially many hundreds more elsewhere in the world. The role and function of a Chamber always needs to be reviewed when a country joins the EU to ensure that it has the legal powers and resources to undertake this work.

Professionalism of Nurses



- › Many nurses trace their professional origins to this woman, Florence Nightingale (1820-1910). It was her work during and after the Crimean War (1853-1856) that made nursing a respectable profession for women to follow. It led to the development of the training and education that has been addressed earlier. Central to this was the requirement for nurses to act and behave in a professionally ethical manner.
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- › Nightingale recognised the interrelationship of the health care professions. Today it is apparent that developments in medical practice require other health care professionals, especially nurses, to be more knowledgeable and competent. All health care professions have to develop their professional practice in conjunction with each other. High quality health care delivery needs people of equal status working together. The dominance of one or other of the health care professions is both inefficient and ineffective.
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- › Nightingale also recognised the influence of public opinion on the delivery of health care and used extensive lobbying techniques to achieve reform. Today, through the internet in particular, public expectations about availability and type of health care, and the private ambitions of health care professionals, continue to expand dramatically. Entry into the EU by Serbia will be another significant influence on these expectations and ambitions.

Social Expectation



- › Nursing is surrounded by contradictory social expectations. On one side it is expected that nurses will adhere to the highest standards of practice, education and training, and behaviour. This is demonstrated in the picture on the left where nurses in the UK carry the lamp in Westminster Abbey, London, every year to commemorate the life and work of Florence Nightingale. It reflects the symbols and concerns of the profession of nursing in a public and socially honourable manner. This is set against the quasi-pornographic representation of nurses so often used in the media. Nurses are a common symbol used to represent unbridled female sexuality. So while the highest standards of humane treatment are required from members of the profession, often being expected to be self-sacrificing and altruistic, to the point of not needing to be properly financially rewarded, such anti-feminine thinking undermines the significance of the role and importance of the contribution of nurses to society. This contradiction leads to a failure to recognise the value of nursing and the need to reward nurses properly in terms of income and access to development resources, especially higher education (university level in particular).

Social Framework

- › Increased expectations about health interventions and outcomes
- › Less money to pay for health care services
- › Shift from hospital to primary care
- › Increased demand from aging populations
- › Shrinkage of the available workforce

- › The above slide, describes the challenges being faced by every country in Europe. As health care professionals, it is important to recognise that these challenges face us all. Nurses in Europe therefore share a common agenda and benefit from developing shared responses.

NURSE RESPONSIBLE FOR GENERAL CARE

- › Nature and ethics of the profession
- › General principles of health and nursing
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- › The first two requirements of training

- › Given the history and social framework, the requirements for the training of general nurses as identified above in the directive raise some questions :-
- › - Given the duration of a nurse's career, do nurses have a sufficiently strong education in ethics and professional practice to prepare them to be life-long learners?
- › - Is nursing practice evidence-based and therefore open to review and development? For practice to be ethical and professional, this is required.
- › - Are nurses involved in lobbying about health care and the development of health care strategy? This is a consequence of seeking to provide an ethical service that incorporates the best elements of nursing practice. A motto to follow here is 'no strategy to apply to people who have not contributed to the strategy being agreed'

The Challenge of the Future



- › The Bethesda Hospital in Maryland is often said to be the 'best' hospital in the world in terms of outcomes of service. It is also one of the most expensive. The challenge of the future therefore is balancing costs against aspirations of perfection. This is perhaps the greatest of all ethical dilemmas and is faced by nurses every day.

Other European Issues

- › ECTS
- › EQF
- › Tuning
- › Bologna

- › A collection of letters like this is often referred to as 'alphabet soup! They are the major activities in education which surround the implementation of the directive 2005/36. ECTS is the European Credit Transfer System, a mechanism for evaluating the content and duration of education packages (modules/semesters etc). EQF is the European Qualification Framework and concerns a wide range of vocational qualifications that apply to the health care professions. Tuning (of different programmes to identify common content and competences) is a process to identify commonalities in course content and will be very important when addressing possible reforms of health care training programmes. The Bologna Agreement is the development most often referred to. It must be remembered that it is not an EU initiative, but is voluntary and has no legal standing in the EU. It is however, very widely adopted as a mechanism by universities to demonstrate achievement of a particular standard of course delivery. It must be remembered that Bologna Agreement must fit the directive and not the other way round.

Accession Process

- › A book of many chapters
- › Accession Treaty to be agreed by the Serbian people
- › Support from EC via TAIEX
- › Support from profession via EFN
- › Integration into international nurse networks

- › When a country applies to become an EU accession country, it agrees to transpose over 4,600 directives into its domestic legislation. This can be described as a book of many chapters, one of which concerns Free Movement. It is in that chapter that the directive concerning the training of health care professionals will be included. It also agrees that EU law supersedes national law. This is why there is always a referendum before a country joins the EU. In order to achieve the completion of this work, the European Commission has a facility called TAIEX which provides technical assistance through experts from other member states. Support is also available through the European Federation of Nurses (EFN). Through involvement in TAIEX initiatives and EFN, nurses in countries like Serbia achieve integration into international nurse networks.

Conclusion

- › The ethical practice of nursing does not stand as a subject on its own. It is part of the expectations that society has about nursing and health care, partly the result of developments in knowledge and skills in the practice of nursing and health care, but probably mostly from the quality of education and training provided to nurses in the practice of their profession. This is why the directive 2005/36 and its successor legislation when agreed in 2012 is so important. It gives to nurses the opportunity to establish a base-line of knowledge and practice that they can continue to develop through the rest of their careers.

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› Tom Keighley ©

› 31st October 2011