



COMITATO SAMMARINESE DI BIOETICA
National Bioethics Committee of Republic of San Marino
Comité National de Bioéthique de la République de Saint-Marin

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Il Vice Presidente

Deputy President

Le Vice-Président

In June 2016, the National Bioethics Committee of San Marino Republic (CSB) received from the Sammarinese Nursing Association (AIS) a request for support and collaboration to draft the AIS Ethical-Deontological Code, the first in the history of this important Association.

The CSB immediately welcomed the request, due to the importance of such a document in the history of San Marino Nurse profession, and as a key stage for the modernization process undertaken in 2004 (when AIS was born) and continued with the establishment of professional role-profiling in 2015.

In September 2016, the CSB invited AIS President and some representatives of its Executive Board, building at the same time a joint Task-Force that started working in October 2016.

This Task-Force, guided by the Vice-President and Dr. Nicolino Monachese, joined for CSB Prof. Carlo Bottari, Prof. Adriano Tagliabracci, Prof. Francesco Carinci, Mrs. Monica Tonelli, Dr. Salvatore D'Amato as external expert of CSB, and for AIS, President Ms. Lina Stefanelli, Dr. Lea Hukema and Dr. Marta Gasperoni.

The group worked intensively with close timetables, submitting a final draft to the CSB, which approved it in the plenary session of 13 March 2017.

This Code is not only the commitment of two organizations that worked enthusiastically on a collaborative path. It has been a stimulus for CSB to dedicate reflections on bioethical issues of nursing profession, starting from a document about "*Nursing Care in Pain Management: Bioethical Aspects*" approved by CSB in May 2017.

Deputy President
(Luisa Maria Borgia)



Rsm, 17/06/2016

Prot. N° 6/2016

Gent.mo presidente,

la nostra Associazione AIS (Associazione Infermieristica Sammarinese) nata nel 2004 con l'intento di salvaguardare i diritti morali e materiali della professione di Infermiere, nonché di tutelare gli interessi legittimi di questi e di promuovere la loro professione e difenderne l'etica e la dignità.

L'associazione si propone anche di offrire un'assistenza sanitaria eccellente a tutti i cittadini, di compiere ogni sforzo a sostegno dello sviluppo della professione a livello scientifico e pratico e promuoverla affinché sia al passo con gli sviluppi professionali internazionali nelle varie aree di specializzazione.

Nel nostro piccolo Stato è di recente emanazione il **PROFILO DI RUOLO** (23 Gennaio 2015) che segna il superamento del mansionario (abolizione lunga e sofferta) e della subordinazione, sancisce concetti, competenze specifiche e complesse oltre che "responsabilità dirette".

L'obiettivo attuale che stiamo perseguendo è la creazione **DELL'ORDINE PROFESSIONALE** con relativo **ALBO**, tutto questo perché siamo fermamente convinti ad essere riconosciuti ed equiparati allo standard professionale internazionale e soprattutto ai nostri colleghi della vicina Italia (vedi IPASVI).

Altro obiettivo, rivoluzionario per noi, nell'ambito e in riferimento ad un determinato contesto culturale, sociale e professionale, è quello di elaborare un **CODICE ETICO-DEONTOLOGICO**, che andrebbe a completare il mandato della nostra Associazione.

Il tema, necessariamente, finisce per confrontarsi con la tematica sempre più diffusa ed applicabile nel contesto sanitario della Bioetica.

Per questo motivo siamo a RICHIEDERE LA COLLABORAZIONE e, soprattutto il **SUPPORTO** del Vostro COMITATO di BIOETICA per la stesura di tale importante documento particolarmente significativo per la nostra Associazione.

Ringraziando per l'attenzione che vorrete accordare alla presente e in attesa di un vostro gradito riscontro e restando a disposizione per ulteriori informazioni ed approfondimenti inviamo **CORDIALI SALUTI**.

Presidente AIS
Lina Stefanelli

CONTATTI:

TEL.393 3649568 (Falasca Anna Maria Segreteria)

web: www.infermierisanmarino.com

mail: ais.segreteria@gmail.com



Codice deontologico dell'Infermiere

Nursing Code Of Ethics



2017

Si ringraziano il Comitato Sammarinese di Bioetica,
Salvatore D'Amato,
il presidente dell'Associazione Infermieristica Sammarinese Lina Stefanelli,
le infermiere Lea Hukema e Marta Gasperoni.

THE NURSE PROFESSION IN SAN MARINO

The approval of Nurses' code of ethics is one of the greatest moments in the nurse profession of the Republic of San Marino. The profession of nurse moved the first step back in the forties when this profession was only learned by working in the field, from the practical experience of doctors, religious personal and older nurses.

With the transformation of the learning activity in a more structured modern nursing school, the professional figure of the nurse, from the straight dependence of the physician figure, became more autonomous with specific duties in terms of patients' care and integration in the health system. The nurse is now part of the health team with specific and independent duties.

The development of the nurse figure and of its education made it necessary to have codes and regulations for this important profession.

During the Second World War the San Marino hospital treated a large number of patients; the nurses to work in the hospital were engaged among unmarried people in good health, people coming from good families and in possession of a good reputation (referenced among persons of greater social importance of the time). The work ranged from cleaning, management of kitchen and linen room up to the administration of the therapy to the sick.

During the following years the first nurses trained at the boarding school in Bologna arrived to the San Marino hospital. Thanks to them, a new organization of work and a greater awareness of the identity and role of the nurse profession, gradually began.

However, only in 1981, the whole nursing body conformed in a sole professional figure by an extraordinary retraining of the whole staff, that up to that time was a generic one.

In the '90s, finally, supported by the existing nursing schools, an academic course was established. It released a degree and, as a result of the reform of the university of the year 2000, an undergraduate three years course (followed by the closing of the old nursing schools) and a Bachelor of Science Degree course (for the training of researches, nursing executives and university professors).

In the same way, the fact that the so-called job description (a closed catalogue of duties assigned to nurses) was not any more compatible with a professional figure whose role had become more important. The nurse takes part in the process of care and assistance of the patient within a team, assumes decisions, as an expression of the professional vocation, and also the consequent responsibilities.

This change, for the nurse professionals of the Republic of San Marino, has been

definitely accomplished by the adoption of the so-called “role profile” that, supplanting the obsolete job descriptions, has projected the nurses towards the dimension – already acquired by their foreign colleagues – of practising a free profession.

Having reached this point, the adoption of its own Code of Ethics was inevitable for the nurse professionals. It is also hoped for the constitution of an own Nurse Professional Order that could ensure the compliance with the rules, binding on anyone intending to exercise the profession of nurse, and on the permanent professional training of its members.

These three elements are the essential and mandatory pillars for the enhancement of the professional itinerary, aimed to ensure that the nurses become professionals present at the side of the patient, ready to accompany him effectively in his encounter with the disease supporting him in his battle.

NURSING CODE OF ETHICS

Translated by Drenka Drezga Simetovic

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INTRODUCTION

During the history of the medical ethics the health professions were inspired and guided by the traditional ethical and deontological principles which nowadays are outlined in the Bioethics, together with the new principles emerging from the scientific progress and from the cultural evolution.

The health professionals, whose work is characterized by a personal relationship and a direct contact with the patient, need to anchor their activity to precise bioethical references that guarantee the legality of the behaviours and allow to verify the moral legitimacy of the same scientific procedures.

The bioethical context within which to place the present code of ethics and deontology consists of:

- Law 28 April 1989 n.43, Chart of the Rights and Duties of the sick
- International Deontological Nurses Code
- Universal Declarations and Conventions regarding bioethics: starting with European Convention on Human Rights and Biomedicine (Oviedo, 1997) and its additional protocols, Universal Declaration of Bioethics and Human Rights (UNESCO, 2006), all the Declarations of the AMM (known as the Helsinki Declaration), to the United Nations Convention on the rights of the disabled persons (UN, 2007)
- The Documents and the Opinions of the National Bioethics Committee of Republic of San Marino.

The principles which should inspire the professional activities of the nurse originate from this framework:

PROTECTION OF LIFE AND OF THE INTEGRITY OF THE PERSON

The respect for the physical integrity and the valorisation of human person are the prerequisites for each health professional operator that has to operate on assisted person according to a careful balance between risks and benefits of each intervention.

RESPECT FOR HUMAN DIGNITY AND CENTRALITY OF THE PATIENT

The relationship with the patient must take place in the full respect of human dignity, of human rights and of fundamental freedoms, in the awareness that the interests and welfare of the individual must prevail over the exclusive interests of science or of society.

RESPECT OF THE PATIENT'S POWER TO DECIDE AND THE EMPOWERMENT IN THE PROCESS OF CARE

The autonomy of each patient to follow the instructions provided and in receiving the treatments prescribed, must be respected. Special measures must be adopted for non-autonomous persons, for individuals and groups of particular vulnerability, through communication and information suited to their ability to understand, in order to protect their rights and interests. All this encourages the empowerment of the person involved in the process of the care, so that he can develop a larger participation in the decisions that concern him and increase the control over his own health.

INFORMATION AND CONSENT

Any medical intervention for the prevention purposes, diagnosis and treatment, must be carried out with the prior consent, explicit, free and informed to the patient, based on adequate information, provided personally by the professional. The consent can be revoked at any time.

PRIVACY AND CONFIDENTIALITY

The principle of respect for the privacy and the confidentiality of the personal data is one of the most recent and indispensable principles in the bioethics and, at the same time, one of the most difficult to fulfil, against the ease and speed with which technology can capture and transfer the personal data. Therefore, these data must not be used or disclosed for purposes other than that for which they were collected or for which there has been given the consent.

EQUALITY, JUSTICE AND FAIRNESS

To every assisted person must be recognized the fundamental equality in terms of dignity and rights, in order to ensure equal access to resources dedicated to prevention, care and assistance without distinction of race, gender, socio-economic conditions, religious belief.

Chapter I

THE NURSE AND THE HEALTH PROFESSION

- Art 1.** The nurse is the health professional responsible for nursing, that is meant as a service to the person, to the family and to the society.
- Art 2.** The nursing is realized through specific interventions carried out in autonomy and complementarily, and by its nature is intellectual, technical-scientific, managerial, relational and educational kind of work.
- Art 3.** The nurse acts in respect of the person in its entirety, in accordance with the principles of ethics and deontology of the profession and gives assistance in respect of the principles of beneficence/not harmfulness, autonomy and justice.
- Art 4.** In the exercise of its profession, the nurse takes account of the ethical, religious and cultural values, of gender and of social conditions of the assisted person.
- Art 5.** The nurse identifies health as a fundamental good of the person and as a collective interest.
- Art 6.** The nurse promotes healthy lifestyles, the value of the health culture and of the protection of the environment, through the information and education.
- Art 7.** The nurse, in relation to its competences, performs the function of the protection of the individual and of the community and participates in the activities of prevention, care, rehabilitation and palliation.

Chapter II

THE NATURE OF NURSING CARE

- Art 8.** The nurse ensures the quality of the assistance that is the result of an intellectual, relational, technical and educational process.
- Art 9.** The nurse is personally responsible for the nursing care; he assumes responsibility according to his level of competence.
- Art 10.** The nurse engages to collect and to share with other health operators all information related to the assisted that can be useful in the process of diagnosis and care; it is an active part in the process of information between health operators and assisted and vice versa, in order to ensure the continuity of the flow of information.
- Art 11.** The nurse, in order to program the needs of its assisted, listens to him, informs him, involves him in the programming of the assistance, keeps him updated on the results and together with him evaluates the plan of the nursing care and, where necessary, reschedules it.
- Art 12.** The nurse, during the assistance activity, draws up the nursing documentation which is the part of the integrated clinical record, to guarantee the assisted person and the activity level; shares, where possible, with the person or with his caregiver the main health needs and the plan of the nursing care.
- Art 13.** The nurse, in carrying out its competences, identifies the solutions to be adopted, taking account of the need for an equitable use of the resources at disposal.
- Art 14.** The nurse rejects every form of intervention that can directly or indirectly cause damage to the person.

Chapter III

THE NURSE AND THE ASSISTED PERSON

- Art 15.** The nurse, in the process of taking charge, considers the person in his integrity and responds to his physical, biological, psychological, social, cultural and religious needs with respect and competence.
- Art 16.** The assisted person is at the centre of all activities that relate to his state of health: he must be properly informed, supported, assisted and encouraged in his autonomy; thereto he must be guaranteed the right to choose or refuse treatment on the basis of an informed consent, expressed consciously.
- Art 17.** The nurse respects the conscious and explicit will of the person assisted of not to be informed on the state of his health, provided that the omitted information is not of danger to himself or to the community.
- Art 18.** The assisted person is protected during the diagnostic/therapeutic/care process: the nurse accompanies him, sustains him and ensures an adequate continuity of care.
- Art 19.** The recognition of the professional competence is the fundamental prerequisite to establish a relationship of trust between the nurse and the assisted person.
- Art 20.** The nurse adapts the communication according to the capacity of understanding of the assisted; he ascertains that the assisted person has fully understood what has been explained in order to make him consciously a sharer of his choices related to the nursing care.
- Art 21.** The nurse directs his efforts to the good of the assisted and strives in particular in all those situations that require a specific support (terminal illness, mourning, emergency situations- urgency).
- Art 22.** The respect for privacy and confidentiality must be constantly maintained by the nurse, in terms of respect and understanding of the person.
- Art 23.** The nurse shall endeavour in preventing, monitoring and alleviating the pain and the suffering of the person, by implementing all necessary health treatments, also in the context of a palliative care.

- Art 24.** The nurse takes into account the subjective perception of pain, i.e. the suffering of the person, that must be expressed freely, according to the convictions and the culture of the assisted person and accepted without prejudice of any kind by those who give assistance.
- Art 25.** The nurse recognizes pain even as a symptom to objectify in the clinical documentation as the fifth vital parameter, in order to ensure therapeutic continuity and foster the acceptance in a multidisciplinary context.
- Art 26.** The nurse recognizes that each patient needs, also with regard to his own painful experience and suffering, a different approach for different conditions linked to age, sex, disability or comorbidity that make each person unique.
- Art 27.** The nurse ensures that the network of supporting of the person can remain close to the assisted person, so he will be able to live the disease with the proper support.
- Art 28.** The nurse will endeavour to ensure that people with disabilities, children, elderly people not self-sufficient, can maintain their independence, their autonomy and can express themselves with dignity.
- Art 29.** The nurse strives to ensure that the use of restraint is considered an extraordinary event: he ensures that it is implemented only on medical prescription and for the time strictly necessary; alerts promptly the doctor when he considers that the conditions under which they have imposed the use, have failed.

Chapter IV

THE NURSE AND THE COLLEAGUES

- Art 30.** The nurse collaborates with all health operators involved in the process of assistance and care, offering his skills, but also making use of those of other professionals, if the situation requires it, in a context of responsible response to the needs of the assisted person.
- Art 31.** The nurse respects the skills and responsibilities of other professionals, recognizing and appreciating the specific contribution in the process of care.
- Art 32.** The nurse reports the behaviours that may put at risk the health of people assisted, of families and of society.
- Art 33.** The nurse recognizes the importance of learning from error and promotes the management of the clinical risk.
- Art 34.** The nurse, in front of a suspicion of deficiencies or inefficiencies, together with the other health operators, searches for the reasons that are at the origin.

Chapter V

THE NURSE AND THE SCIENTIFIC KNOWLEDGE

- Art 35.** The nurse has to participate in the life-long learning; has to keep updated his knowledge and skills: he plans, organizes and/or participates in the training activities.
- Art 36.** The nurse adopts procedures and performs assistance manoeuvres based on his level of competence and only after receiving appropriate training and information.
- Art 37.** The nurse takes an active role in the definition and application of acceptable standards of practice of nursing, management, research and nurse training.
- Art 38.** The nurse characterizes his work on an adequate knowledge of the subject, on the critical reflection, on the experience and on the results of the research (evidence based nursing).
- Art 39.** The nurse promotes and participates in the activities of research, in the development of guidelines, procedures and protocols and takes care of its spread.
- Art 40.** The nurse helps to guide the policies and the development of the health system.

Chapter VI

THE NURSE AND THE PROFESSIONAL CONDUCT

- Art 41.** The nurse, practicing his profession, is obliged to respect the ethical-deontological code.
- Art 42.** The personal conduct of the nurse honours the profession and improves the image and the confidence of the community in the nursing staff.
- Art 43.** The nurse is free from constraints that are not in the interest of the assisted person.
- Art 44.** The nurse uses the means of communication in a correct and responsible way.
- Art 45.** In all situations of emergency-urgency the nurse gives his service and is activated to provide the necessary assistance.
- Art 46.** In case of disasters the nurse puts himself at the disposal of the competent authority.

Chapter VII

THE NURSE AND THE END OF LIFE

- Art 47.** The nurse recognizes as ethical and deontological duty the control of the pain through an integrated management of the suffering of the patient and his family.
- Art 48.** The nurse recognizes the high bioethical value of the palliative care, the objective of which is to ensure the quality of life of the person assisted and to accompany him in his final stages by guaranteeing the dignity.
- Art 49.** Within the scope of the team of the palliative care, the nurse performs the first home visit together with the referring doctor, participates in the regular meetings of the staff, provides support to the family in the time of death and in the phase of mourning.
- Art 50.** The nurse does not apply and does not participate in interventions aimed at causing death.
- Art 51.** The nurse respects the option of conscience in all those cases provided for by the legal standards.
- Art 52.** In case of request for activities in contrast with personal and/or professional ethical principles, the nurse, in the context and within the limit of the regulations, may avail himself of the clause of conscience, informing those concerned; remains the obligation to provide the necessary assistance to ensure the safety and the life of the person assisted.