ARE NURSING CODES OF PRACTICE ETHICAL?

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Abstract: This article provides a theoretical critique from a particular ‘ideal type’ ethical perspective of professional codes in general and the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) Code of professional conduct (reprinted on pp. 77–78) in particular.

Having outlined a specific ‘ideal type’ of what ethically informed and aware practice may be, the article examines the extent to which professional codes may be likely to elicit and engender such practice. Because of their terminological inexactitudes and confusions, their arbitrary values and principles, their lack of helpful ethical guidance, and their exclusion of ordinary moral experience, a number of contemporary professional codes in health and social care can be arraigned as ethically inadequate. The UKCC Code of professional conduct embodies many of these flaws, and others besides. Some of its weaknesses in this respect are anatomized before some tentative suggestions are offered for the reform of codes and the engendering of greater ethical awareness among professionals in the light of greater public ethical concerns and values.

Introduction

Professional codes of many kinds and fascinatingly different natures now abound in health and social care.1–3 In no profession do they have more prominence and importance than in nursing. Here, national and international codes have been formulated and revised since 1953.4,5 This article is not the place to undertake a review of nursing codes world-wide,6 or to evaluate all their aspects and effects. I simply want to pose the question: are professional codes of practice in general, and nursing codes of practice in particular, ethical? More specifically, I want to ask whether such codes are likely to foster and elicit ethical awareness and behaviour.

These matters may be of interest to nurses for two main reasons. First, rightly or wrongly, it is often assumed that codes of practice do or should provide specifically ethical educational resources and guidance.7 Thus the International Council of Nurses (ICN) Code used, until recently, to have as its subtitle, ‘Ethical concepts

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applied to nursing’, while the authoritative supplementary Guidelines for professional practice (United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC)) that accompany the Code of professional conduct for British nurses often mention the concept of ethics (although it is entirely lacking in the latter document itself). Secondly, the professional lives of nurses, like other health and social welfare professionals, are shot with ethically significant issues and dilemmas upon which they may appreciate education and guidance. If, then, professional codes do not elicit ethical awareness, competence and behaviours, or worse, militate against their emergence, questions arise about the use and status of these documents.

I will focus here on the UKCC Code of professional conduct, the latest edition of which was produced in 1992. However, it will be enriching to place this particular document in critical context by making some reference to the codes of other professional groups in Britain. While the British focus may seem parochial to an international readership, my working assumption is that ‘listening in’ to this analysis for readers from other countries will raise a number of useful points about the ethical status of their own codes. The analytical insights and perspectives offered should, to some extent, be transferable. I hope that this article will encourage nurses and others to think more carefully and widely about the nature, scope and content of their codes, as well as about training needs in relation to ethics.

It is probably helpful here to make two preliminary points. First, I am not a nurse or health care professional. I come to codes from a lay perspective that may be substantially different from that of many readers. Secondly, this article is a thought experiment in critique and evaluating the nature of codes, not a full analysis or prescription for changing them. Many of the assumptions that I make are controversial and contestable.

The meaning of ethics

Are professional, particularly nursing, codes ethical? Do they promote ethical behaviour and awareness? To the casual observer, these separate but related questions may seem misplaced. Some codes specifically describe themselves as having something to do with ethics, while others, such as the UKCC Code of professional conduct, clearly prescribe and proscribe particular moralities, actions and attitudes in professional practice in such a way that, at least in terms of common parlance, they must be recognized as in some sense ethical. The presumption must be that codes of practice generally aim to promote ethical behaviour and awareness, even when this is not a stated aim or self-description.

If ethics is commonsensically understood to be synonymous with the inculcation of a particular ethos, my questions are redundant. If, however, the realm of the ethical is understood to be larger and more critical than the laying down of particular rules or principles by a certain group that has an interest in promoting conformity among its own members for reasons that may be only partly ethical and moral, they become more significant. Their importance can best be assayed if I outline an ‘ideal type’ of what I take ethical behaviour and judgement to be. I will then look at some of the ethical limitations of professional codes.
An ‘ideal type’ of the ‘ethical practitioner’

The meaning and content of ethics is contested in the modern world, not least from the perspective of feminism. For better or worse, however, the majority of modern western philosophical tradition has put at its centre the notion of the individual person who has agency, reason, freewill and choice of action. The ethically responsible person is one who rationally assesses principles and courses of behaviour and action, having regard to the needs and interests of other morally significant beings. Such a person may adopt a utilitarian or a deontological stance in assessing choices and deciding on actions.

It is also possible that they may adopt some rules and basic principles found over time to be useful in structuring moral life. These may include seeking justice, equality and liberty for all, and respect for persons and their autonomy. Beneficence and nonmaleficence are also important principles that are often adopted in health and social welfare ethics. Whatever the principles selected, they should be freely chosen. Moral agents should also be able to provide a reasonable account for their adoption and application of principles. Within this perspective, the ‘ideal type’ ethical person is one who has regard to others’ interests, uses his or her own rational judgement, and voluntarily assents to and adopts a course of action, albeit that the choice may in fact conform to social rules and conventions if these are thought to promote well-being, good and the avoidance of harm.

Within this ‘ideal type’ perspective, an ‘ethical’ nurse, for example, would be someone who understood and took seriously the laws, rules and conventions governing society in general and nursing practice in particular. If these were sensible and promoted ‘human flourishing’, this person would be right to assent to them. However, one would also expect this nurse to have the capacity to make autonomous judgements about situations concerning the applicability of rules and conventions in particular situations. This hypothetical nurse would have regard not only to law, professional rules and conventions, but would also have an eye to the larger and more universal ethical principles applying to human existence and behaviour. Thus, if practice was being used to support or sustain abuse, harm or the violation of fundamental human rights, such persons would exercise their own judgement and autonomy to desist from the offending practice and actively to protest against it, perhaps by whistleblowing or some other action.

This ideal type of autonomous, responsible ethical practitioner posits a view of actively discerning persons who use reason to identify and pursue the good and to avoid doing harm. They use their own judgement freely to exercise choice in the light of reasonably universal ethical principles such as beneficence, nonmaleficence, respect for autonomy and justice. They act freely and autonomously, so they can be held responsible for their actions as moral agents.

It is perhaps this kind of thoughtful, autonomous ‘ethical’ practitioner who possesses independent critical judgement, practical wisdom and the capacity to act responsibly and with regard to the hinterland of wider human values and principles, who both professionals and consumers of services would hope to encounter in the care arena. However, do professional codes actually promote and support the existence of such people, or may they in some ways militate against their emergence and survival? What is worse, could it be that codes even pro-
mote institutionally unethical and immoral attitudes and practices among professionals? In what ways, then, may codes engender the ‘unethical’?

The ‘unethical’ in codes

It is my concern that many professional codes do little to develop or support the active independent critical judgement and discernment that is associated with good moral judgement and, indeed, good professionalism. They may, in fact, be in danger of engendering confusion, passivity, apathy and even immorality. This regrettable but important conclusion emerges from consideration of the cumulative effects of the inherent ethical defects of a number of codes.

Terminological confusions and ambiguities

All the professional codes that I have read can be described as ‘ethical’ in commonsense terms because, whether or not they contain the word ‘ethics’ or ‘ethical’ in their titles, they outline practical moralities that consist of certain practices, attitudes and behaviours that are to be adopted by practitioners. Thus, they aim to create a particular theoretical and practical ethos among a certain group of people. The codes unavoidably embody a basic moral orientation to practice.

Sometimes the ethical dimension is to the fore, as in the British Association for Social Workers (BASW) Code, which describes itself as a code of ethics although it also contains principles for practice. The British Association for Counselling (BAC) Code includes both ‘ethics’ and ‘practice’ in its title. The UKCC Code, on the other hand, omits the word ‘ethics’ from its title and indeed from its contents. This may lead one to think (in my view, rightly) that this document is not really concerned with ethics but more with giving clear rules for practice, which may, or may not, be consonant with wider moral considerations. However, it is quite clear from the guidance accompanying this work that it is concerned not just with professional obedience but also with ethics in a wider sense. The guidelines to the code, for example, invite comments to the ‘Professional Officer, Ethics’ (an official whose post no longer exists).

This arbitrary and unexplained use and scope of the concept ‘ethics’ in professional codes is a symptom of considerable confusion. It seems to be implied that everyone should understand what ethics is and in what sense the term applies to professional practice. However, there is a great deal of difference between a document that aims to support the emergence of independent, ‘ethical’ professionals of the ideal kind described above and one that aims to provide clear rules for action that form the basis of professional conformity and discipline. The latter, while they may be legitimate within the profession, are certainly not ‘ethical’ in the broader philosophical sense being commended here. There is nothing wrong with an employer or professional group demanding certain standards of employees or members. However, to imply that these are ‘ethical’ is to confer upon them an ambiguous meaning that may be very misleading.
Arbitrary values and principles

Potential ambiguity about the ethical nature and status of codes is further complicated because, whether deliberately or accidentally (the almost invariably anonymous code writers seldom reveal their reasoning), most codes do adopt at least some ‘high’ universal moral principles that would be widely recognized and accepted as such. However, these principles are given equal status with precepts that cannot be derived so directly from universal ethics.

Thus, the UKCC Code makes its first stipulation that nurses shall act at all times in such a manner as to ‘safeguard and promote the interests of individual patients and clients’. This duty may derive from the ethical principle of respecting the dignity and autonomy of service users, as perhaps does the second stipulation, which is ‘to serve the interests of society’, a requirement based on some kind of appeal to the principle of justice and equity. However, the next and final two foundational stipulations in this Code seem on the face of it to have little to do with fundamental ethical principles and everything to do with professional self-preservation. They are that nurses shall act at all times in such a manner as to ‘justify public trust and confidence’ and to ‘uphold and enhance the good standing of the reputation of the [nursing, midwifery and health visiting] professions’.

It is certainly possible to argue that maintaining the trust and confidence of the public and ensuring the good standing of the profession have some ethical value. Without such trust and reputation, the possibility of caring, helpful, trusting and professional relationships is probably not feasible. However, it is doubtful that such principles can be accorded the same sort of status as that of safeguarding and promoting the interests of individual patients and clients, especially from the perspective of members of the universal moral community (i.e. the potential patients and clients themselves). Exalting professional reputation and interest to parity with the principles of respect for patient well-being and concern for society allows too much significance to be attached to principles, which, if rigorously adhered to, may lead to self-serving behaviour at the cost of much more fundamental principles. The latter principles ought to be deprived of their implied primary ‘ethical principle’ status in the interests of promoting proper ethical judgement and behaviour.

There is an interesting variability in the ways that different health and social welfare professional codes adopt principles, ethical and other. For example, the BASW Code bases itself firmly on the totality of individual and social citizenship rights to be found in the Universal declaration of human rights, as near to a universally-agreed basis for ethics as has yet been formulated, while the BAC Code leans primarily upon the primacy of the principle of autonomy supported by the values of integrity, impartiality and respect.

There is not necessarily anything wrong with the individual principles that different codes and professional groups adopt. However, there seems to be a substantial degree of arbitrariness in their selection. Why should nurses not work within a code that promotes positive citizenship rights if social workers do? Why do counsellors apparently reject the importance of seeking to situate their work within a quest for corporate equity and justice, and why do none of these codes clearly and overtly enshrine the principle of honesty and truth telling as a basis for their practice?
for trust in helping relationships of all kinds? While the UKCC Code advocates ‘openness’ in relationships, it does not make these specific practices mandatory.

The advantage of basing all health and social welfare codes within the context of clear, common, universal principles would be to provide coherence of professional duties and client expectations. In some cases, these principles would allow a much-needed point of reference and critique that may challenge potentially self-interested professional behaviour and norms when moral issues and dilemmas arise. A broad, inclusive framework of moral principles that was recognized as important and acceptable by a general audience of citizens may be a useful addition to most codes if they are actually to promote ethical behaviour in professionals in its widest and most proper sense.

Lack of helpful ethical guidance

Issues with substantial ethical implications, together with real moral dilemmas, arise for many care professionals on a daily basis. Curiously, however, most professional codes stop short of giving the kind of detailed guidance on such issues or ethical approaches to them that would really be of practical use. Commentaries on codes, which are often not directly referred to in the codes themselves, do sometimes provide case studies and discussions that may help practitioners to translate their implications into practice and to develop processes of appropriate ethical reflection. However, even these often fail to be specific on what practitioners ought to do or what approaches they may adopt, in even the most common situations.

The UKCC Guidelines for professional practice, while often (like the UKCC Code of professional conduct) adopting an imperative tone about practice, eschew any claims to providing specific and authoritative guidance, claiming only to ‘provide a guide for reflection’ (p. 5) on the statements contained in the Code that must then be worked out in particular specific contexts. This would seem to leave the conscientious practitioner, who may ultimately be very specifically disciplined against the Code, high and dry in ethical terms. While nurses are instructed in the Code to ‘protect all confidential information concerning patients and clients obtained in the course of professional practice’ and to ‘refuse any gift, favour or hospitality from patients’ currently in their care, they are not helped to discern what may be the appropriate line of action or moral reasoning that would pertain to participating in, say, abortion or electroconvulsive treatment.

No code that I know gives guidance on the nature and place of conscience in moral decision making. Furthermore, none of the current British health and social welfare codes imposes on professionals any obligation to consider, audit and learn about the ethical issues that they confront and ways in which they may address them ethically. Ethical sensitivity, knowledge and ongoing development are not specified as professional competence. If case studies or examples were used as illustrations of applying principles and values, and pertinent specific questions were asked around them, together with providing a range of ‘virtuous’ responses, practitioners may be placed in a much better position to evaluate situations and the ethical methods and responses appropriate to them. Thus they may become more competent and autonomous ethicists as well as better interpreters of the professional code in practice. Instead, codes often exist at such an abstract and
general level that they are open to being either misinterpreted or ignored. Even at the level of abstract general principle, codes fail to provide the kind of critical interpretative apparatus that would be helpful. For example, it is clear that basic principles and values can contradict and be in tension with one another. For instance, the principle of putting individual patients first is, to some extent, in conflict with the principle of serving the interests of society and wider social groups. However, there is no indication which principle (if either) is to be given priority, or in what circumstances. Nor are readers of the codes helped to balance and assay the relative weight of each principle. Clues on how to interpret ‘high’ general principles of this kind in specific situations (i.e. in the art of practical casuistry) are also lacking.

There can also be conflicts between legal and ethical obligations so that what is legally required may be felt to be morally proscribed. Professionals need help to work through their relative responsibilities to law and ethics. They are unlikely to find this in their professional codes. The codes do not seem to feel it desirable to point readers in the direction of resources and commentaries for further deliberation on these matters. For example, many nurses are ignorant of the existence of the UKCC guidelines and they are not mentioned in the UKCC Code as a source for further help. Even if they were to obtain the guidelines and other ancillary advice attached to the Code, they would find little there that would help them develop their skills in moral reasoning and performance. A similar state prevails in other professional groups: counsellors would not be aware of Bond’s helpful but unofficial commentary on their code from the Code itself, yet without the commentary the code is ethically delphic and attenuated.

If professionals cannot make sense of or apply codes to ethical issues, there is a real danger that they will reject and neglect them altogether. They are then likely to revert to using their own moral judgement. While this may sometimes be a neglected source of wisdom and experience, there is clearly inconsistency and different levels of competence between individuals. Naive, instinctive, untutored, commonsense moral judgement, which may be no more than a set of unexamined prejudices and assumptions, cannot be the answer to helping professionals to behave in an ethically aware and responsive way.

The exclusion of ordinary moral experience

Codes do not merely fail to shape and inform ordinary moral experience, they largely ignore the experience and judgement that professionals bring with them from living and developing within the wider moral community that is society. This is, of course, the place from which people start, and from which any kind of ethics education also has to begin.

Edgar points out that implicit in most codes is the notion that the professional world is a different and very particular world into which professionals need to be socialized. This partly involves the acquisition of the conviction that the beliefs, values and experiences that one brings with one into professional life are of little or no relevance. They must be subordinated to the values and strictures embodied in the professional code.

The consequences of this kind of myopia can be personally disabling and morally disastrous. Quite apart from the fact that many people will find it
impossible to ‘forget’ what they know and think as ‘ordinary’ human beings with histories, identities and affiliations, if they do succeed in doing so, they may find themselves acting almost entirely unethically. Edgar cites evidence to show that most whistleblowers who attempt to expose real evils in health and social care are usually not members of professions that oblige them to follow a code of practice (e.g. they may be nursing assistants). He infers from this that faithful obedience to a code of practice may actually blunt ordinary moral sensibilities. For example, nurses following the UKCC Code may feel that their duties to patient welfare have been fulfilled if they have reported any abuse or ill-treatment of that person to the relevant managerial authority, while the relatives of the abused person may well feel that a properly moral response would be for any ordinary, decent citizen to intervene directly and prevent the abuse from happening at any cost. Professionals may, then, actually be less morally discerning and responsible as a result of adhering to codes than they would be if they simply followed their basic human instincts.

Specific problems with the UKCC Code

On the basis of what has been said so far about professional codes in general, it could fairly be concluded that, with the possible exception of the BASW Code, they are ambivalent and often unhelpful as a means of engendering ethical awareness and behaviour in practitioners. However, the UKCC Code in particular stands out almost as the apotheosis of a contra-ethical document. Many of its features are inimical to the development of ethical behaviour and awareness. I want to draw attention to a few of these here by way of providing a specific example of how not to write a code that promotes ethical awareness, discernment and behaviour.

The first problem with this Code is that it presents an unacknowledged ideal ontology of ‘the perfect nurse’, who, because of the code’s mandatory nature, has, in fact, to be every nurse. This ‘portrait of the practitioner needed in the profession’, as the code’s author describes it, requires and presupposes that nurses should be virtuous people at all times and in all places, within and outside work, from the moment that they join the Register: ‘A nurse . . . shall act, at all times, in such a way as to . . .’.

Several objections can be made to this starting point. First, it presupposes that nurses are already ontologically morally competent, thus militating against education and development. The idea of the ‘perfect’ or complete virtuous practitioner implicitly rules out the notion that ethics and ethical professional behaviour may consist more in learning and a commitment to the process of becoming more aware and responsible than in starting as a ‘virtuous’ person in the first place. Thus, education and process, the very things that an ethically-orientated code may most want to promote, are relegated to insignificance in the face of putative pre-existent virtue.

Secondly, the implication is that ‘virtuous’ practitioners will be able to interpret the Code competently and in ethically responsible ways. This is questionable. Unfortunately, the ideal promulgated does not allow for nurses to make mistakes or seek forgiveness in such a way that they may actually mature in their ethical discernment and behaviour. This is deeply antipathetic to learning and member-
ship of any kind of real moral community where imperfection and failure form part of the warp and weft of experience.

Thirdly, this virtuous ontology suggests a sense of total dedication and calling that perhaps harks back to nursing’s origins in religion.\textsuperscript{24,25} Although it may be desirable, and indeed morally admirable, for nurses to be virtuous at all times and in all places, it is doubtful that true virtue can be commanded or required of people in a modern occupational group even if it may be applauded when it is evident. By the same token, fourthly, it is doubtful that any professional group should be able to require virtuous attitudes and behaviour in its members in all parts of their life at all times, unless they have freely and consciously assented to this, as monks or nuns do. The virtuous life of a religious, if indeed it occurs, has moral value not because someone has commanded it, but because it is the product of a free rational choice that is a response to a perceived call and set of demands.

The UKCC Code’s appeal is to individual virtuous nurses who are ‘personally accountable for [their] practice’. This implies a further set of ethical problems for the implied personal ontology of the Code. The most important of these is that nurses are treated solely as atomized individuals who are uniquely responsible for the whole of their work rather than as members of moral communities and groups in which they may have some responsibility for parts of the work of nursing care. This mindset is a denial of the social construction and significance of personality and morality. It loads responsibility on the shoulders of individuals while denying the connective relationships between individuals and groups. Not only does this distort the complexity of everyday ethical reality, it fails to give guidance on how individuals should relate to group, organizational and managerial ethics, imperatives and responsibilities. It also leaves nurses isolated when it comes to considering choices and courses of action. It is not surprising that individual nurses often do not report or intervene to prevent abuses and wrongs.\textsuperscript{23} The Code omits to acknowledge that they are also members of groups, and that needs for social belonging and esteem form an important part of the personal ontology of any moral agent. This aspect of ethical existence needs to be acknowledged and managed, not subsumed beneath a shower of impossibly demanding and vague duties laid upon the individual. Ethics is, after all, basically the art of living well with other people in community, not an individual quest for salvation.

The whole style, tone and content of the UKCC Code is very unhelpful in developing ethical deliberation, awareness and responsibility. In the first place, as we have already seen, the Code promulgates ideal standards of behaviour and will not contemplate the possibility of people living below the ideal. Ideals can be crushing and painful for those who find themselves far away from them. If they are set too high, they may tempt practitioners to ignore them, to pretend that they live up to them when they are not doing so (thus engendering self-deception), or simply to give up on any kind of moral reflection at all. There is no mechanism for education or dealing with failure or providing forgiveness for those who fail to meet ideals. This, I would suggest, makes this particular code, among others, morally disabling. It shuts down people’s awareness and willingness to learn in and from experience rather than opening it up.

This process of ethical closure is abetted by the absolutist, imperative style of
the Code. If one wants to help people to learn, one must create a culture in which they can acknowledge their ignorance and shortcomings and in which they are invited to address questions, rather than to internalize commands. The imperative style of this particular code is wholly undialogical; there is no process of internal questioning in it, nor does it pose useful questions that may be susceptible to a number of different ethical responses from practitioners. It requires and models obedience rather than thought. Insofar as it is heteronomous (i.e. it imposes ways of thinking and acting upon people without engaging their rationality and free assent), it is quite simply unethical. Individual passivity before the majesty of the Code is amplified by numerous occasions on which nurses are invited simply to ‘report’ important concerns to others. Although individuals are held uniquely accountable for their life and practice, it seems that they are not to be encouraged to behave like autonomous persons taking direct responsibility for acting and intervening. Unfortunately, this overall approach precisely mirrors and reinforces the kind of blame culture that is all too common in British health service institutions. Blaming individuals, avoiding personal responsibility, and protecting the hierarchy can hardly be seen as an aid to promoting the kind of environment in which people together learn how to make ethically informed and responsible judgements. It may not be going too far to say that the Code is in fact ethically disempowering for the very people whom it is designed to help, particularly when they encounter circumstances that are complex and in which the ability to cope with confusion and ambivalence may be highly desirable.

This brings me to the uses of the Code. Many nurses see the Code primarily as a tool to be used to discipline them, or occasionally for them to use to resist such discipline. Whatever the pious hopes of those who formulated this document, it must be recognized that, far from being a positive lens, aid, vision or light that may help people to deliberate the ethical aspects of their work and behaviour, it actually performs the function of being an offensive or defensive weapon within quasi-legal debates about the performance or nonperformance of professional duties. This may not be problematic but for the fact that, while it has this quasi-legal binding and disciplinary function, it is not expressed in proper legal terms. Major terms such as professional misconduct are not defined, although people may be disciplined for this against the Code. Thus it fails to be either good law or regulation, or to be good ethics.

One further objection to this Code is that its authors and the manner of its compilation are hidden from view. The anonymous authors take no responsibility for its effects on individuals or groups, nor do they offer to support or help those who genuinely try to live within its idealized prescriptions if they want to learn more or to stand by the Code. The impression is given that the code makers load burdens on to individuals and then stand back to watch the effects on them without offering to help in any way. This apparent ‘responsibility-less’ prescription for others is poor modelling of shared ethical dialogue and facilitation and does little to give credibility to the Code. It is small wonder that many nurses do not have a sense of ‘ownership’ of the document and only resort to it in instances of disciplinary dispute. It is morally tragic, both for the individuals concerned and for the profession as a whole, when nurses try to uphold the Code’s precepts conscientiously and then find themselves disciplined and losing their job. Ethically, the least that the code makers owe their readers is a personal acknowledgement
of authorship, a rationale for what is proposed or legislated, some kind of account of the way in which the Code has been compiled and of its basic meanings and status, and some kind of promise of collegial support for people who may fall foul of the code when they are conscientiously trying to maintain either its letter or its spirit. If these elements are not present, I do not see why any practitioner should treat this document as having anything to do with ethics, even if it has much to do with professional collective self-preservation, control, conformity and obedience.

Reforming codes

If the UKCC Code is to be regarded as a contribution to developing professional ethical awareness and behaviour understood in the broad sense outlined at the beginning of this article, it is an experiment that has clearly failed. With its multiple purposes; idealized prescriptions; lack of commentaries and examples or any other kind of internal dialogical or interpretative apparatus; heteronomous and imperative style; and lack of support for practitioners, it cannot act as a tool of ethics education or standards. In addition, it may not even be a good disciplinary code. Like other codes, in attempting both too much and too little, it falls uncomfortably between two stools.

In these circumstances, two main ways lie open if the nurturing of ethically aware and responsible practitioners is to be facilitated. One is to try to make this, and other professional codes, more ethically coherent, critical, aware and sophisticated in themselves. This is the approach that has been adopted in the BASW Code, which is based on promoting basic human rights and requires of its practitioners autonomous ethical judgement and action. The Canadian Nurses’ Association Code of ethics for registered nurses also moves in a broader direction. It includes:

significant material on the nature of ethics and the way in which the code should be used to develop moral understanding and competence, but it also makes explicit that it serves as a guide for moral decision-making, a means of self-evaluation and a source for reflection on ethical matters (p. 161).

The second way may be to disaggregate ethics, discipline and regulation within codes, and to create different modes for promoting these important constituent aspects of professional practice.

It is perhaps a mistake to see the codes that presently exist as having much to do with ethics as I defined it at the beginning of this article. Many codes do not overtly claim to provide ethical guidance and teaching. Edgar suggests that the ICN Code’s purpose is ‘not, simply, to state the moral purposes of nursing, but rather to promote the professional status of nursing in the face of overt opposition, or at best mere insensitivity, from others’. Other writers, too, have noted the multiple purposes for which codes are created (e.g. to establish professional identity, and to avoid regulation and interference on disciplinary matters from outside the profession), and which they serve (e.g. as quasi-legal statements of expectations within managed organizations, or as disciplinary tools for use on the errant).
Instead of trying to extend or develop the functions of codes to become more ‘ethical’ in content, usage and effects, perhaps they should become more limited in scope and intent. What may be needed for the development of ethical competence and confidence may be quite other than new or modified codes along the lines of those that presently exist. It could be argued that, if codes are going to continue to exist, ‘ethics’ understood as moral awareness and behaviour, together with the skills of ethical consideration and discernment, should be left out of their purview altogether, reducing their scope and usage and ‘desacralising’ them as ethical vehicles altogether.

It may be possible to envisage a world in which there could exist a number of different kinds of document and material that could authoritatively address specific aspects of professional discipline and identity as well as wider public concerns and issues. One such document could be a corporate vision statement addressed to profession and public alike, setting out the ideals of the profession and its basic normative and aspirational values. This could be supplemented by further documents addressed to individual professionals. For example, a clear disciplinary code specifying duties along legal lines that define key concepts such as mandatory reporting and professional misconduct could be formulated. There could also be a clear statement of rules that practitioners must obey to retain professional membership, hopefully implying some sensitive and realistic commitment to wider social moral rules and values (e.g. commitment to promoting and protecting basic human rights). Beyond this, there would be scope for a short, clear statement of the public’s minimal expectations from professional members, which could be freely available to all users of services at the point of delivery.

This leaves the issue of how ethical discernment and responsibility are going to be developed. While this is not the place to suggest alternatives and supplements to codes in detail, it is appropriate to hint at some of the possibilities that could take proper ethical awareness, discernment and responsibility in care professions a little further. First, a stricture could be placed on professionals that it is part of their professional duty to engage actively in training in ethics and ethical reflection as part of their development as reflective practitioners. Secondly, a range of accessible teaching and learning opportunities relating ethics to professional issues could be made available. It would probably be helpful if such opportunities modelled an interrogative, critical style, as well as encouraging practitioners to assess case studies of ethical and unethical performance in practice. Practitioners could also be encouraged to engage as a matter of routine in ethical audit and self-assessment in dialogue with others, as well as in supervision. Steps could be taken to identify common values shared with other professionals and common means of developing professional ethical awareness, a useful expedient if the universal and the human are to be the ground of ethical activity within health and social care, rather than individual professional preferences. It may also be highly desirable to involve members of the public far more directly in shaping and defining professional ethics and disciplinary standards to ensure that these are consonant with contemporary ethical norms in the common domain. In these, and many other ways, the need for ethics education, awareness and responsibility can be gradually insinuated into the consciousness of reflective practitioners rather than ethical conformity being commanded by some kind of code. This is an important attitudinal point, because it seems to me that ethi-
cal awareness and behaviour worthy of the adjective in the sense that I have used it here can only be elicited and fostered. Like love, it cannot be commanded or totally programmed. It can, however, be convincingly commended and modelled as a necessary and stimulating aspect of professional practice that can enhance the lives of practitioners and those whom they seek to assist and work alongside.

Conclusion

Many current British professional codes are problematic from the ideal ethical point of view that was defined at the beginning of this article. Although the principles and language of ethics are often to be found in them, their view of ethics is often partial, narrow or essentially misleading. This can lead to consequences that can be positively harmful to practitioners and clients alike. The prospect seems limited of these codes engendering or promoting the emergence of ethically competent, responsive, responsible professionals who exercise autonomous, rational and critical judgement and choice in the light of universally important moral principles and concerns. This seems an unfortunate state of affairs, to say the least.

Much clarification of the purpose and contents of professional codes may need to be undertaken in the light of the concerns expressed above. While professionals themselves must have a major voice in constructing and implementing them, it is to be hoped that the lessons of the past can now be learned and that any revised codes will be more sensitive to wider public ethical concerns and values. The judgement and behaviour of professionals is far too important a matter to be left exclusively to professionals themselves. It is right that the public should assume some responsibility for assisting professionals in defining the ethical principles and methods that they seek to engender and by which they attempt to live. This may help codes to avoid the worst excesses of idealization and self-interest that presently make their content ethically dubious.

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