

Ethics in Everyday Care



Editor's note: This is the first Q&A in a series highlighting themes from the newly published Code of Ethics for Nurses.

Q: The pandemic, from its earliest days in March 2020, exposed not only a health and healthcare crisis but also deep inequities in our society. Unequal care and outcomes—visibly evident at the time and subsequently substantiated by research—resulted from racism and other forms of bigotry, prejudicial bias, and various types of discrimination such as ableism, ageism, classism, heterosexism, and sexism. Even with a better understanding today of the corrosive effects of these issues, they still exist. In this context, what can an individual nurse do to uphold the values outlined in the revised *Code of Ethics for Nurses (Code)* as it relates to these harms?

A: As members of society, we hold ourselves to standards that embody the way we live, communicate, and support one another. From the adoption of this country's Constitution, inherent contradiction has existed between what we accept as a written standard and what we experience in reality.

In the 18th Century, for example, we claimed that all men were created equal;

yet this phrase was deeply exclusionary in practice. Women, people who were not white, people of the LGBTQIA+ community, and people with disabilities were seen as less than and systematically excluded from the powers and privileges of those who held prioritized identities.

Nursing, a practice that regards care and compassion for all as a core value, also has a set of written values that we adhere to: the *Code*. Your question asks how nurses can remain true to our stated values and reshape the historic contradictions that continue to marginalize segments of our society.

Nurses may experience difficulty addressing this issue both practically and morally. They may feel deeply bothered by systemic inequities and disparities but not know how to remedy them. These problems aren't just societal; they're also deeply interpersonal and connected to nursing practice because we spend so much time with our patients.

When a nurse works with a patient who's transgender and uses their preferred name and pronouns, that nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of that individual in their care,

as stated in the Code (Provision 1). When a nurse uses shift report as a time to end negative narratives about a particular patient or family so that those stereotypes don't affect care, that nurse takes an everyday moment to enable the patient or family to own and create their own narrative. This approach emphasizes that their worth isn't affected by life choices or circumstances, illness, ability, socioeconomic status, functional status, or proximity to death (Provision 1).

If you imagine nursing as a tree whose branches reach out to those who need shade, oxygen, fruit, or any other resource a tree provides, the *Code* is the root that grounds and connects us all to a common goal or purpose. When a nurse recognizes that patient interactions have ethical implications and appreciates these moments as a way to practice everyday ethics, they uphold the core values—the roots—of nursing practice. ■

— *Response by Shika Kalevor, MBE, BSN, RN, HEC-C, 2025 Code of Ethics Revision Panel contributor*

Do you have a question for the Ethics Inbox? Submit at ethics@ana.org.

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