



Ethical and Procedural Responsibilities of Registered Nurses in Canada

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Introduction

According to the Canadian Nursing Association, while ensuring the provision of patient-centered care required in Canada’s healthcare system, registered nurses are expected to demonstrate professional leadership as advocates for their patients. This leadership is explicitly described, in the “Framework for the practice of registered nurses in Canada,” as involving “critical thinking, action and advocacy” (19).¹ In the simplest of terms, nurses are not merely employees paid to follow instructions—on the contrary, nurses are self-regulated healthcare professionals who are required to exercise autonomous decision-making based on their specialized knowledge, skills, and capacity.

Leadership in nursing is particularly important when there is a noticeable and significant difference between established ethical policy and practice. More specifically, leadership is of paramount importance when the ethical and procedural integrity of the practice of medicine is in crisis—when nurses know the right thing to do but consistently encounter obstacles in their workplace that make it difficult or impossible to carry out their duties in accordance with their profession’s ethical codes and standards of practice.

One of the most vital responsibilities of registered nurses is to exercise autonomous decision-making in their provision of patient care. During the declared pandemic, when registered nurses were presented with the mandated COVID-19 policy and treatment protocols, they had the professional responsibility to determine whether these COVID-19 policies and procedures were consistent with the nursing profession’s established ethical codes and standards of practice. Many nurses refused to be vaccinated because they determined that sufficient information was not provided for their informed consent. They also refused to promote the mRNA COVID-19 genetic vaccines because, as registered nurses, they knew they were prohibited from promoting any pharmaceutical product whatsoever. The refusal to accept for themselves, or to promote for others the mRNA COVID-19 genetic vaccine injection was not an instance of Canadian nurses acting

¹ Canadian Nursing Association (2015). Framework for the practice of registered nurses in Canada. (p.19) https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/Framework for the Pracice of Registered Nurses in Canada_1_.pdf



heedlessly. On the contrary, such evaluation of policy and treatment protocols is an essential task that nurses are required to complete in fulfilling their duties as nursing professionals.

The purpose of this paper is, first, to clear away a common but unnecessary confusion regarding the decision-making role and responsibilities of nursing professionals within Canadian healthcare and, second, to draw attention to the very difficult position Canadian nurses were in throughout the declared pandemic when they sought to practice their profession in accordance with its long-established code of ethics and procedural standards.

It is often mistakenly assumed that nurses' responsibilities are limited to carrying out physicians' orders or to following hospital protocol. To remedy this misunderstanding, the following paper will answer a question that has been frequently asked in recent years, and most acutely in relation to COVID-19 policies imposed during the declared pandemic: "What are the professional responsibilities of nurses when it comes to making decisions, approving decisions, and following physicians' recommendations while providing care to patients within Canada's healthcare system?" In answering this question, this paper will also consider the significant repercussions experienced by Canadian nurses whose treatment decisions conflict with current public health treatment recommendations, particularly when these institutional recommendations contradict the long-established code of ethics and procedural standards of the Canadian nursing profession.

Nursing Ethics in Practice in the Canadian Medical System

Canada's medical system is based on principles of informed consent and individualized care. Consistent with Canada's consent-based, personalized medical system, the Canadian nursing profession's code of ethics and standards of practice reflect the following text-book assumption regarding health promotion and patient autonomy: "All people, no matter how marginalized, can determine their own needs, find their own answers, and solve their own problems".² In other words, within Canada's patient-centered-care model of practice, it is the healthcare provider's responsibility to support patients and, as far as possible, to empower them to make informed decisions regarding their medical treatment and personal health promotion.

As with all healthcare providers in Canada, registered nurses are bound by a code of ethics designed to ensure their ethical conduct is consistent with established principles of medical ethics—beneficence, to act for the good of the patient; non-maleficence, to do no harm to the patient; autonomy, to enable the patient's self-determination; and justice, to ensure the patient receives fair treatment.³ When registered nurses collaborate with other healthcare professionals, the commonly shared medical code of ethics ensures safe patient care. Fundamental to medical

² Doane, H, Varcoe, C., (2005). Family Nursing as Relational Inquiry: Developing Health-Promoting Practice. Philadelphia-Lippincott Williams and Wilkins.(p. 32).

³ <https://www.healthcareethicsandlaw.co.uk/intro-healthcare-ethics-law/principlesofbiomedethic>



ethics and the Canadian model of patient-centered healthcare is the principle of and the right to informed consent which includes both patients' rights to refuse treatment, and patients' right to withdraw consent without punishment.

In addition to the commonly shared principles of medical ethics, there are specific standards of practice—outlined by the professional regulating body in each of the provinces and territories—to which Canadian registered nurses must adhere. To cite just one provincial example, the mandate of the British Columbia College of Nurses and Midwives (BCCNM) is: “To ensure that all individuals seeking entry to practice and maintaining registration are competent and ethical professionals.”⁴

Every year, the British Columbia College of Nurses and Midwives requires that nurses develop, implement and evaluate a learning plan as evidence that they are maintaining their competency in accordance with the nursing profession's four standards of practice: “Professional responsibility and accountability”; “Knowledge based practice”; “Client-focused provision of service”; and “Ethical practice”.⁵ When BCCNM nurses write out their learning plan, they must consider each one of these standards of practice in relation to one of the four distinct areas of competency, specific to the domain in which they are working—clinical practice, education, administration, and research.

The following synopsis provides a brief overview of the four standards of practice central to the BC nurses' yearly learning plan:

- Standard One of the BCCNM standards of practice involves “Professional responsibility and accountability”, requiring that nurses “promote the provision of safe, appropriate and ethical care to clients” and also that nurses maintain their “own physical, psychological and emotional fitness to practice”.
- Standard Two involves “Knowledge based practice”, requiring that a nurse “[b]ases practice on current evidence from nursing science and other sciences and humanities”.
- Standard Three involves “Client-focused provision of service”, requiring that a nurse “[p]articipates in changes that improve client care and nursing practice.”

⁴ British Columbia College of Nurses and Midwives (2024). About BCCNM. <https://www.bccnm.ca/BCCNM/Pages/Default.aspx>

⁵ British Columbia College of Nurses and Midwives (2024). Professional standards for registered nurses and nurse practitioners. <https://www.bccnm.ca/RN/ProfessionalStandards/Pages/Default.aspx>



- Standard Four comprises “Ethical practice”, requiring that a nurse “[p]rotects client privacy and confidentiality, recognizes, respects and promotes the client’s right to be informed and make informed choices.”⁶

These are the four standards of practice that inform and guide BC nursing practice. To be “fit for practice,” BC nurses are required to know and adhere to these standards as outlined in the detailed provisions of their provincial college’s Professional Standards Guide.

The Canadian Nurses Association defines registered nurses as “self-regulated health-care professionals who work autonomously and in collaboration with others to enable individuals, families, groups, communities and populations to achieve their optimal levels of health”.⁷ Being self-regulated, nurses design their own individual self-care routines consistent with their standards of practice *and* the philosophy of health promotion that underpins Canada’s patient-centered-care model of practice. Indeed, when they are fit for practice, nurses are not only expected to assess their clients’ needs and to enable health promotion in others but also to model self-care and to exercise informed choice about their own personal health promotion.

Exercising Ethical Leadership Means Thinking Critically

Ethical codes and procedural guidelines are not always followed in practice. To be meaningful in the workplace, the ethical codes and standards of practice that exist as paper policy must be implemented, enacted, and enforced. And this is most effectively achieved as a collective responsibility.

In its “Framework for the Practice of Registered Nurses in Canada 2015,” the Canadian Nurses Association urges nurses to demonstrate leadership in “all roles and domains of nursing practice” after clearly specifying that “[n]ursing leadership is about critical thinking, action and advocacy” (19). In sum, registered nurses are expected to show leadership in relation to any one of the four areas of competency—clinical practice, education, administration, and research—by taking responsibility for the implementation, enactment, and enforcement of professional ethics and standards of practice as the need arises.

⁶ British Columbia College of Nurses and Midwives (2024). Professional standards for registered nurses and nurse practitioners. <https://www.bccnm.ca/RN/ProfessionalStandards/Pages/Default.aspx>

⁷ Canadian Nursing Association (2015). Framework for the practice of registered nurses in Canada. (p. 5) [https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e4a40-45ca-863c-5ebf0a138d5e/UploadedImages/Framework for the Practice of Registered Nurses in Canada 1 .pdf](https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e4a40-45ca-863c-5ebf0a138d5e/UploadedImages/Framework%20for%20the%20Practice%20of%20Registered%20Nurses%20in%20Canada%201%20.pdf)



Nurses fulfill their professional duties in dependent, interdependent, and independent roles. Even in their dependent role—when they are following directives from medical doctors, or from other healthcare providers whose diagnosis of disease and prescription of medications or other treatments lies outside the scope of nursing practice—registered nurses must still exercise autonomous decision-making as both healthcare providers and patient advocates.⁸

When a medical doctor diagnoses a patient's condition and then prescribes a treatment that a registered nurse is called upon to administer, this does not mean that the registered nurse is required to blindly follow the doctor's directive. On the contrary, when called to administer treatments, registered nurses are *required* to think critically about the clinical decision in question using up-to-date, evidence-based research. Ultimately, they must determine whether to follow through with the treatment directive. If nurses determine that treatment directives are inappropriate, then they are required to articulate the basis for their refusal and seek further instruction from the treating or prescribing physicians. In this manner, nurses' ethical obligations, serve to *enhance* patient safety and offer crucial support to physicians in carrying out their responsibilities.

Facing Crises in Ethical and Procedural Integrity within the Nursing Profession

When registered nurses face barriers that prevent them from adhering to established standards of ethical practice, the consequence is moral distress manifesting in feelings of anger, frustration, and guilt, among others. Working in this state—particularly when coupled with fear of coercion and punishment—can result in significant and potentially long-term psychological harm for healthcare workers. It should go without saying that no healthcare provider should work in conditions that result in trauma—moral or otherwise. In the case of Canadian nurses who either refused to be vaccinated or to promote the mRNA COVID-19 genetic vaccine during the declared pandemic, many have been openly discriminated against at their workplace and the cost they have paid for their conscientious refusal has been very high. Many have lost their employment, have been refused the right to collect employment insurance, and have been abandoned by their union which has chosen not to represent their interests and rights against their government employer.

Openly dissenting nurses, however, are not the only ones who have suffered because of coercive pandemic policy. Those nurses who chose to be vaccinated and to remain working within the healthcare system have also been subject to considerable psychological hardship. Indeed, the extremity of this hardship has been illustrated by two recent surveys, conducted by Claudia

⁸ Canadian Nursing Association (2024). Overview/definition of advocacy. <https://www.cna-aicc.ca/en/policy-advocacy/advocacy-priorities>



Chaufan, Natalie Hemsing, and Rachael Moncrieffe. Conducted in both Ontario and British Columbia, these surveys were designed and carried out to gather the “views of [healthcare workers] about mandated vaccination and about its impact on patient care”⁹ and “how the policy [of vaccination mandates] affects the capacity and quality of the healthcare system.”¹⁰ While these cross-sectional surveys are not representative or generalizable to the population of healthcare workers as a whole, they do provide the basis for descriptive statistical analyses that address a significant gap in our knowledge about the lived experiences of healthcare workers during the declared pandemic.

The results of these two surveys paint a sobering picture of the predicament in which Canada’s nurses and other healthcare workers have found themselves while attempting to provide patient care in accordance with their profession’s established ethical and procedural standards. Given both the gravity and the experiential nature of their findings, these surveys merit quotation at some length:

[Among those surveyed] *“regardless of vaccination status, most respondents reported safety concerns with vaccination and felt unfree to make their own vaccination choices..., [most] also reported experiencing anxiety or depression, with about one fourth considering suicide, as a result of mandates... [W]ithin the minority of vaccinated respondents, most reported being dissatisfied with their vaccination decisions, as well as having experienced mild to serious post vaccine adverse events, with over half within this group reporting having been coerced into taking further doses, under threat of termination, despite these events. Further, a large minority of all respondents reported having witnessed underreporting or dismissal by hospital management of adverse events post vaccination among patients, worse treatment of unvaccinated patients, and concerning changes in practice protocols.”*

The researchers conducting this survey concluded that their findings suggest healthcare workers “experienced both [moral distress and moral injury] when recommending or administering vaccines against their own personal convictions.”¹¹

No healthcare provider should work in conditions that result in trauma–moral or otherwise. Nevertheless, it is precisely when such terrible conditions are an unavoidable reality–when the ethical and procedural integrity of patient-centered care is threatened–that exemplary leadership is most needed from registered nurses. As advocates, nurses are responsible for ensuring that patients can determine their own needs and make their own healthcare decisions free of coercion. In accordance with the established ethical and procedural standards of the nursing profession, to fulfill their responsibility, to be truly “fit-for-practice”, nurses must be ready and willing to challenge the factors that threaten the ethical integrity of both their profession and the greater body of patient-centered care that constitutes Canada’s consent-based personalized medical system. All of this is true, and yet, for their integrity, those Canadian nurses who challenged pandemic policy, which they determined to be contrary to medical ethics and to their standards of practice, have been made to suffer terribly.

⁹ <https://jphpe.amegroups.org/article/view/10313/html> COVID-19 vaccination decisions and impacts of vaccine mandates: a cross-sectional survey of healthcare workers in Ontario, Canada

¹⁰ <https://www.medrxiv.org/content/10.1101/2024.12.09.24318733v1> Covid-19 vaccination decisions and impacts of vaccine mandates: A cross-sectional survey of healthcare workers in British Columbia, Canada

¹¹ <https://www.medrxiv.org/content/10.1101/2024.12.09.24318733v1.full-text>



Canadian nurses who challenged COVID-19 pandemic policy have suffered discrimination in the workplace, vilification in the media, loss of livelihood and absence of legal remedy. In addition to all of this, as one of BC's terminated nurses recently put it: "nursing professionals have had their professional belief system dismantled. They have, quite simply, lost the comfortable belief that, as healthcare professionals, they are operating in an ethical environment." For these disenchanted nurses, as well as for a great many of their vaccinated co-workers, it is no longer possible to believe either that patients and patient care are the priority of healthcare or that there will be either valid scientific bases or ethical guidelines for the tasks with which nurses are commissioned within the healthcare setting.

Conclusion

During the declared pandemic, dissenting registered nurses exhibited leadership by evaluating COVID-19 policy and treatment protocols and then by refusing to comply in their administration. When, upon critical examination, these nurses determined COVID-19 policies and procedures were inconsistent with the nursing profession's ethical codes and standards of practice, it became their professional responsibility to refuse to comply *and* to challenge the legitimacy of these policies and procedures. As elaborated in the "Framework for the Practice of Registered Nurses in Canada 2015", registered nurses' leadership is exhibited in critical thinking, action, and advocacy. Indeed, it was and is their professional responsibility to exercise autonomous decision-making in advocating for the rights of both their patients and themselves. Unfortunately, because of their commitment to fulfill their ethical and procedural responsibilities, these registered nurses have paid a high price.

The processes set in motion during the declared pandemic have undermined the confidence of nurses to engage in the informed, autonomous decision-making their profession requires. In a work environment where medical ethics and procedural standards have been greatly diminished, nurses have been consistently shown that their professional opinion and conduct are institutionally irrelevant, that contrary to their training and procedural standards, they will be required by their employer to do what they are told as employees regardless of whether this compromises their value system, and regardless of whether this compromises patient safety and autonomy.

Throughout the declared pandemic, Canadian nurses were repeatedly and consistently punished for championing informed consent, together with patient safety and autonomy. As a result, Canada's nurses have been significantly hampered in their ability to make the decisions and assume the responsibilities required to maintain the ethical and procedural integrity of their profession. In many instances, the policy and practice introduced during the declared pandemic cannot be reconciled with the long-established ethics and procedural standards of the nursing profession. Consistent with the principle that every treatment decision has consequences which affect not only those for whom it is being made but the decision-makers themselves, Canada's nurses have been improperly forced to balance the rights of patients to informed consent and



personalized treatment against their own need to retain gainful employment. It remains to be seen how remedy may be sought and achieved for both the terminated nurses and those who continue to practice while suffering unacceptable levels of duress.