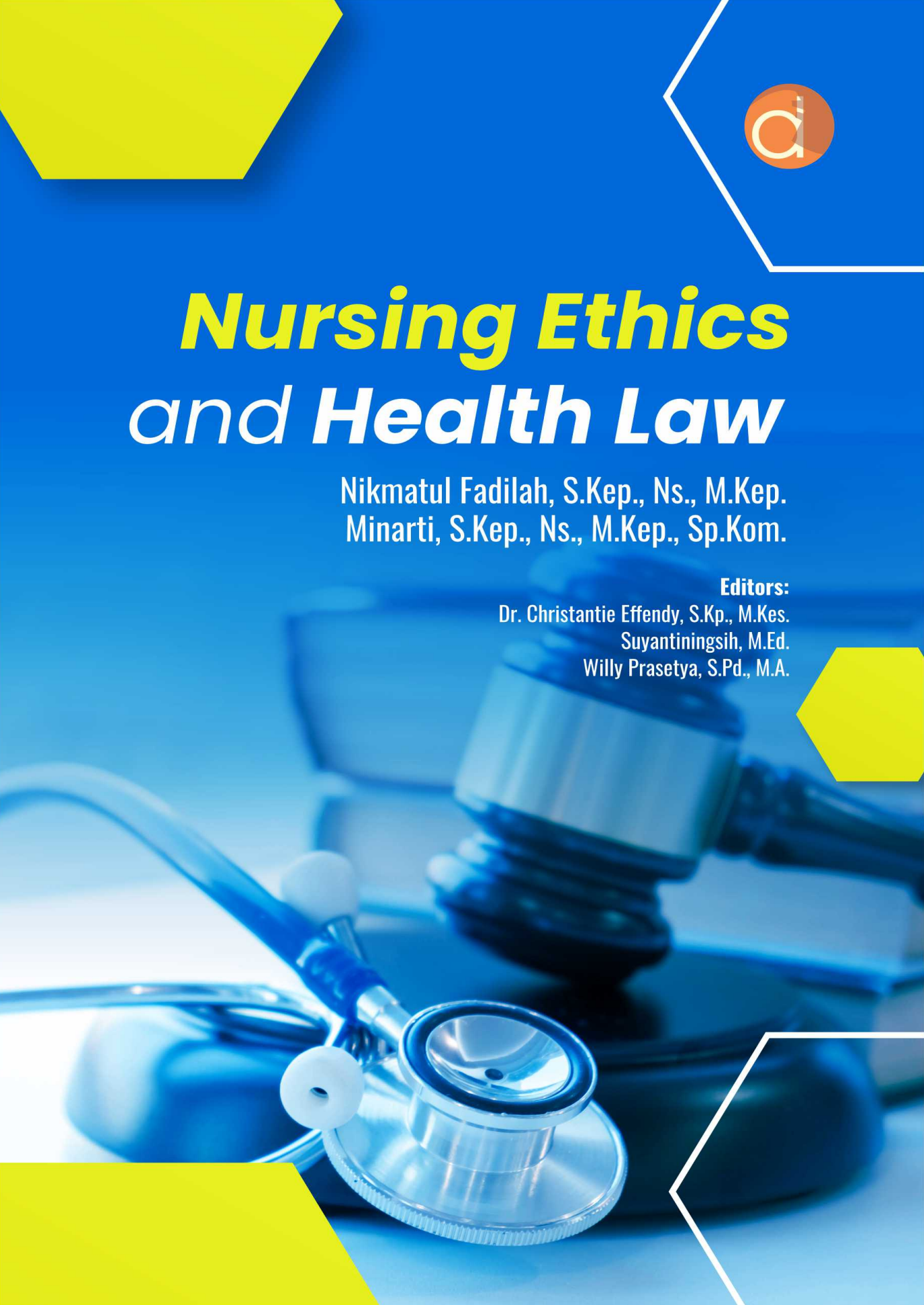# *Nursing Ethics* and *Health Law*

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Nursing Ethics and
Health Law

UU No 28 tahun 2014 tentang Hak Cipta

Fungsi dan sifat hak cipta Pasal 4

Hak Cipta sebagaimana dimaksud dalam Pasal 3 huruf a merupakan hak eksklusif yang terdiri atas hak moral dan hak ekonomi.

Pembatasan Pelindungan Pasal 26

Ketentuan sebagaimana dimaksud dalam Pasal 23, Pasal 24, dan Pasal 25 tidak berlaku terhadap:

i. Penggunaan kutipan singkat Ciptaan dan/atau produk Hak Terkait untuk pelaporan peristiwa aktual yang ditujukan hanya untuk keperluan penyediaan informasi aktual;

ii. Penggandaan Ciptaan dan/atau produk Hak Terkait hanya untuk kepentingan penelitian ilmu pengetahuan;

iii. Penggandaan Ciptaan dan/atau produk Hak Terkait hanya untuk keperluan pengajaran, kecuali pertunjukan dan Fonogram yang telah dilakukan Pengumuman sebagai bahan ajar; dan

iv. Penggunaan untuk kepentingan pendidikan dan pengembangan ilmu pengetahuan yang memungkinkan suatu Ciptaan dan/atau produk Hak Terkait dapat digunakan tanpa izin Pelaku Pertunjukan, Produser Fonogram, atau Lembaga Penyiaran.

Sanksi Pelanggaran Pasal 113

1. Setiap Orang yang dengan tanpa hak melakukan pelanggaran hak ekonomi sebagaimana dimaksud dalam Pasal 9 ayat (1) huruf i untuk Penggunaan Secara Komersial dipidana dengan pidana penjara paling lama 1 (satu) tahun dan/atau pidana denda paling banyak Rp100.000.000 (seratus juta rupiah).

2. Setiap Orang yang dengan tanpa hak dan/atau tanpa izin Pencipta atau pemegang Hak Cipta melakukan pelanggaran hak ekonomi Pencipta sebagaimana dimaksud dalam Pasal 9 ayat (1) huruf c, huruf d, huruf f, dan/atau huruf h untuk Penggunaan Secara Komersial dipidana dengan pidana penjara paling lama 3 (tiga) tahun dan/atau pidana denda paling banyak Rp500.000.000,00 (lima ratus juta rupiah).

Nursing Ethics and Health Law

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NURSING ETHICS AND HEALTH LAW

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FOREWORD

We offer praise and gratitude for God's presence and guidance so that this Nursing Ethics and Health Law textbook can be completed. This textbook was compiled by a team of Health Polytechnic Lecturers at the Ministry of Health with editors from Gajah Mada University Indonesia, Yogyakarta State University Indonesia, and Indonesia Islamic University. This textbook can be used as material learning for lecturers and students at The Health Polytechnic of the Ministry of Health, the Department of Nursing, especially in International Classes.

This textbook is part of basic nursing and will become the base of applied caring. Material of ethics nursing and the law of health will used in each step of care nursing. This textbook is also crucial for making professional nurses' attitudes.

We want to say many thanks to the Directorate General of Health Workers Indonesia, the World Health Organization representative of Indonesia, Semarang Health Training Center in particular Salaman campus, Director of Health Polytechnic Ministry of Health of Yogyakarta; Surabaya; Medan; and Pontianak, above all his support in finishing this textbook. We realize this textbook has limitations and shortcomings, so suggestions and input from various parties are highly expected for improvement and practicality of this textbook.

DAFTAR ISI

INTRODUCTION

A.   Overview

Nurses are one of the health professions that are required to provide quality services in carrying out nursing care. To become a professional staff, a nurse is required to have good knowledge, attitudes, and skills in the field of nursing (Valizadeh et al., 2019; Fukada, 2018; Karami et al., 2017; Rizany et al., 2017). One important thing that needs to be understood by nurses is the importance of understanding nursing ethics as a support for the professional attitude of nurses in providing nursing care. You can imagine what if a nurse who will perform nursing actions does not maintain the privacy of her patient. This of course shows an unethical action. Patients feel uncomfortable and nurses are considered unprofessional. The basics of nursing ethics must be understood and internalized by a nurse so that this profession can always be balanced with a good attitude and in harmony with the values in nursing ethics.

Every day, nurses draw upon ethical nursing principles to make patient care decisions. As a nurse serving the community, she will face ethical issues requiring her to make decisions according to her authority and responsibility. Therefore, you must understand more about the current ethical issues in nursing and how to deal with them.

Professional nurses are required to be able to provide quality nursing care to patients based on the legal aspects of nursing and follow the ethical code of the nursing profession. Nurses' understanding of laws and regulations is expected to stimulate new ways of thinking critically about policies and legal aspects of professional nursing practice. Applying this regulation aims to protect patients and the public from unsafe and comfortable practices.

This textbook discusses Nursing Ethics and Health Law. After studying this textbook, students are expected to have the following abilities:

1. Demonstrate a responsible attitude towards work in their field of expertise independently
2. Be able to be accountable for professional practice includes the ability to accept accountability for professional decisions and actions by the scope of practice under their responsibility, and laws/statutory regulations
3. Able to carry out nursing practice with ethical and culturally sensitive principles by the Indonesian Nurse Code of Ethics
4. Have an attitude of respecting the right to privacy, cultural values adopted, and the dignity of the client, respecting the right of the client to choose and determine for themselves the nursing and health care provided, and be responsible for the confidentiality and security of verbal and electronic written information obtained in a capacity according to the scope responsibility
5. Master the Indonesian Nurse Code of Ethics, factual knowledge of the law in nursing, principles, autonomy, malpractice, and biotics, related to nursing services.

These skills are essential for all nurses in clinical settings (hospitals/public health centers/independent clinics), nursing education institutions, and research institutions. Nursing practice based on professional ethics and a code of ethics, and by applicable laws/regulations, will ensure the implementation of quality and safe services for patients and nurses.

To be able to master the abilities mentioned above, this teaching material will present discussions and exercises in item descriptions in three units as follows:

Unit 1. Ethics and nursing code of ethics
Unit 2. Trends and ethical principles in nursing care
Unit 3. Legal aspect in professional nursing practice

B.   Learning Guideline

This learning material will help students achieve their learning targets well by following instructions as follows:

1.   Read the introductory part of this teaching material carefully until they understand the content and purpose of studying this module

2.   Skim through section by section and find keywords and words that are considered new, then search for and read the meanings of keywords in the list of difficult words in this teaching material or an existing dictionary.

3.   Capture understanding after understanding the contents of this teaching material through their knowledge and exchanging ideas with other students, lecturers, and your lecturer/tutor.

4.   Apply ethics, etiquette, morals, and laws/regulations imaginary (in their minds) and in limited situations through peer group simulations during learning/guidance.

5.   Confirm their understanding through discussions about simulation experiences in small or classical groups during guidance or tutorials.

UNIT 1.

ETHICS AND NURSING CODE OF ETHICS

A.   Learning Objectives

The learning objectives in first chapter are:

1.   Students can distinguish the concepts of values, norms, ethics, and morals
2.   Students can express differences in religious backgrounds; culture; social interaction between client and nurse, and cultural sensitivity in practice
3.   Students can relate the roles of religion, morals, and ethics in nursing and health services
4.   Students can express nursing ethics
5.   Students can simulate the Indonesian nursing code of ethics

B.   General Ethics

Ethics contains many meanings. Regarding etymology (word origin), the term ethics comes from the Latin word "*Ethicos*", which means habit. Thus, according to the original understanding, what is said to be good is if it is by the customs of society. Then gradually, this understanding changed that ethics is a science that talks about the problems of human actions or behavior, which can be considered reasonable and which can be considered harmful. Ethics is also called normative science, so by itself, it contains provisions (norms) and values that can be used in everyday life.

Ethics is a branch of philosophy that studies views and issues related to moral issues, and sometimes people use ethical philosophy, moral philosophy, or moral philosophy. Thus, it can be said ethics is a

philosophical investigation of human obligations and things that are good and bad. Ethics is the philosophical investigation of the moral field. Ethics does not discuss the human condition but how humans should act rightly. Ethics is also a philosophy of human praxis. Ethics is a branch of axiology, namely the science of values, which focuses on the search for right and wrong in another sense of morality. Markose (2016) stated that "Ethics" is concerned with studying and/or building up a coherent set of "rules" or principles by which people ought to live. It is the social value which binds the society by uniform opinion/consideration and enables the society to decide what is wrong and what is right. It is the science of morale concerning principle of human duty in the society.

Ethics can be divided into three types (Maxim, 2014):

1. Ethics as a science, a collection of virtues, about evaluating one's actions,
2. Ethics in the sense of action, namely acts of virtue. For example, someone is considered ethical if that person has done well, and
3. Ethics is a philosophy that studies views and issues related to decency issues.

We also often hear ethic in many the terms are descriptive, normative, and philosophical ethics (Chadha-Sridhar, 2023), as follow:

1. Descriptive ethics is a description or painting of ethics,
2. Normative ethics are certain norms about ethics so that a person can be said to be moral, and
3. Philosophy ethics is ethics as a philosophy that investigates the truth.

Ethics as a philosophy means seeking correct information and excellent and sinister standards for human behavior. As well as looking for norms, which measures are social, and which actions are considered the best. In philosophy, the problem of good and evil is discussed in ethics. Ethics must strive for what is good and what is said to be wrong. Meanwhile, the purpose of ethics is that every human knows and carries out behavior because good behavior is not only for himself but also crucial for others, society, nation, and state, and most importantly, for God Almighty.

In the sizeable Indonesian dictionary published by the Ministry of Education, Culture, Research and Technology (2016), meaning of ethics is "the science of what is good and what is bad and of moral rights and obligations (*akhlak*)". Bertens argues that the order of the three meanings is less relevant, it is better if the third meaning is placed at the front because it is more essential than the first, and the formulation can also be sharpened again. Thus, according to Bertens (2013), the three meanings of ethics can be formulated as follow:

1. Ethics is the values or norms that a person or a group holds in governing their behavior. This meaning is also known as the "value system" in individual human or social life-for example, Javanese and Buddhist ethics.
2. Ethics is used in the sense of a collection of principles or moral values. What is meant here is a code of ethics. For example, the Indonesian Advocate Code of Ethics.
3. Ethics is used in the science of good and evil. The meaning of ethics here is the same as moral philosophy.

The definition of ethics was also put forward by Sumaryono (1995); according to him, ethics comes from the Greek term ethos, which means good customs or habits. Starting from this understanding, ethics develops into the study of human behavior based on agreements according to different spaces and times, which describes human behavior in human life in general. In addition, ethics has also developed into the study of truth and untruth based on human nature, which is manifested through human will.

In the life of society, we know personal ethics and social ethics. To find out personal ethics and social ethics, the following examples are given:

1. Personal Ethics. For example, someone successful in business (self-employed) becomes rich (millionaire). He is so busy with his business that he forgets about himself as a servant of God. He uses it for things that are not commendable in the eyes of society (drunkenness, likes to disturb the peace of other people's families). In terms of business, he succeeded in developing his

company to become a millionaire, but he was unsuccessful in developing his ethics.

2. Social Ethics. State-owned money comes from the people and for the people. For example, a government official (State) manages state money. It turned out that this official had embezzled state funds for his interests and could not be held accountable for the money he used for the government. The officer's actions are actions that undermine social ethics.

Ethical give benefit in human life. The benefits are: 1) Can help an establishment with a variety of views and morals, 2) It can help distinguish which ones cannot be changed and which ones may be changed so that in serving our guests; we can still accept those worthy of acceptance and those rejected to take a responsible attitude, 3) Can help someone able to determine opinions, and 4) Can bridge all the dimensions or values brought by guests and those that have been adhered to by officers.

1. **Ethics and etiquette**

The two terms, namely Ethics and Etiquette, are sometimes interpreted the same in everyday life and are used interchangeably. The two terms have almost the same meaning but are not the same in terms of the emphasis on their application or implementation, one being broader than the other. The term etiquette comes from the French word etiquette, which means an invitation card commonly used by French kings when holding parties. In subsequent developments, the term etiquette changed, no longer meaning the invitation cards used by kings in having parties. Today the term etiquette focuses more on polite ways of speaking, how to dress, how to receive guests at home or work, and other manners. So, Etiquette is the rule of courtesy in the association.

In social life, Etiquette is good manners and manners in language and behavior. Etiquette is a set of unwritten rules of politeness, but it is essential to be known by everyone who wants to succeed in a life of competition. Etiquette is also a conventional rule through individual behavior in civilized society; it is a formal procedure or outward manner to regulate interpersonal relations according to the social status of

everyone. Etiquette is supported by various values, including; 1). Public interest values, 2) The values of honesty, openness, and kindness, 3) Welfare values. 4) The values of modesty, value-appreciate, and 5) Complete discretion (discretion: consideration). Able to distinguish something that should be kept secret and may be said or not kept confidential.

It was said above that Etiquette is a collection of ways and characteristics of actions that are more physical or outward. Etiquette is also often called manners, namely politeness habits agreed upon in the local human interaction environment. Tata means customs, rules, norms, and regulations. At the same time, krama means manners, polite habits, or manners. At the same time, ethics shows all human attitudes, both physical and spiritual. Human awareness of good and lousy is called ethical or moral awareness.

Some definitions of Etiquette are as follows:
a. Etiquette is a collection of good manners and attitudes in civilized human relations.
b. Etiquette is manners or rules approved by specific communities and become norms and role models in behavior.
c. Etiquette is an order of social rules approved by a specific community and becomes the norm and role model in the behavior of community members.

From the three definitions above, it can be concluded that the meaning of Etiquette is social rules that are approved by specific communities and become norms and role models in behavior for community members. Etiquette is an unwritten provision that regulates human actions and movements related to:
a. Attitude and behavior, namely how you behave and behave in the face of a situation,
b. Facial expressions, namely how the face you should show in dealing with a situation, for example, in serving guests,
c. Appearance, namely politeness regarding how you present yourself, for example: how to sit, how to stand is reasonable and not contrived, and so on.

d. How to dress, namely how to regulate your manners in wearing clothes, both regarding the style of clothing, the color arrangement, the harmony of models that are not flashy, and others,

e. Way of speaking, namely your manners/manners in speaking well directly or indirectly, and

f. Gestures, namely politeness in body movements in talking directly to guests.

From the description above, regarding the differences in ethics and Etiquette, it can be concluded as follows:

Table 1. Differences in Ethics and Etiquette

Ethics	Etiquette
Method: In serving his guests, the secretary must be polite and friendly, showing a sweet face. If this is not complied with, then the secretary is considered to have violated etiquette.	Intention: Secretary who gives data truthfully, but is carried out with a sullen face, then the secretary does not violate ethics but violates etiquette.
Formality: The secretary must dress neatly and politely. He is considered to violate etiquette when serving guests wearing a singlet or sandals.	Conscience: Secretaries who commit dishonest acts, even though they are neatly dressed, but ethics are ignored.
Relative: You must use a spoon if your boss invites you to eat together. But if done casually, then the rule does not apply.	Absolute: The provisions that say do not manipulate and play with data are anywhere, anytime, and for anyone.
Outwardly: Only visible form and appearance. Example: how to speak.	Inner: It concerns the inner nature and conscience—for example, honesty, etc.

From the description of the differences in ethics and etiquette, ethics is the main and fundamental for forming attitudes and behavior. Henceforth, if supported by good etiquette experience, these attitudes

and behaviors will be perfect. If you have good ethics but are not supported by etiquette also good, then you will fail because outwardly, you are less liked, respected, or valued by others. But on the contrary, if we only practice good etiquette without being supported by ethics, then in a short time, we will appear successful because we have succeeded in manipulating our conscience, our inner self with a convincing outward appearance, so that we will be valued, respected, and liked. For us to be always respected and admired by others, we must be able to practice ethics and etiquette together.

The benefit of etiquette is to establish a good relationship with guests. If we apply etiquette in serving guests, guests will feel cared for and valued. In this way, mutual respect will be established, and good relations will be fostered, including: 1) Cultivate friendship so that we are accepted in society, 2) To please and satisfy others, 3) Not to offend and hurt others, 4) To foster and maintain good relations, and 5) Persuading and retaining old clients.

2. **Ethics and morals**

Moral is the knowledge that concerns civilized human behavior. Moral also means the teachings of good and bad deeds and conduct (morals). Moralization means description (views, teachings) about good acts and conduct. Demoralization means moral damage. According to the origin of the word "moral," comes from the word mores in Latin, then translated into "decency rules." In everyday language, what is meant by decency is not mores but instructions for a life of character and not being obscene. So, morals are the rules of etiquette, which include all the norms of behavior and acts of good conduct. The word smile comes from Sanskrit; "*su*" means "better," and "*sila*" means "basics," principles or rules of life. So, a smile means better management of energy.

The notion of morality is distinguished from a convention, even though the two meanings in daily life are not demarcated. Habits are good habits without much thought that are considered good, proper,

polite, etiquette, etc. So, custom is the norms followed without thinking and felt suitable, based on business or tradition.

Moral can also be divided into two kinds, namely:

1. Pure morals, namely morals that exist in every human being, as an embodiment of divine radiance. Pure morality is also called conscience, and

2. Applied morals are derived from the teachings of various philosophies, religions, and customs governing human development.

After we know about ethics and morals, what is the relationship between ethics and morals? Moral is an understanding of what is good and what is not good. At the same time, ethics is human mental and physical behavior regarding simple things. Ethics is a philosophical investigation of human obligations and what is good and what is not good. This field is, from now on, referred to as the moral field. The object of ethics is moral statements. Therefore, ethics can also be said as a philosophy of morals. Ethics does not question the human condition but how humans should act.

Sumaryono (2012) suggests three determinants of the morality of human actions, namely:

a. Motivation

Motivation is what the perpetrators of the action want, intending to achieve the intended goal. So, the reason is consciously desired, so it determines the level of morality of actions. An example is the case of murder in the family:

1) What the killer wanted was the property owner's death with the status of them,

2) The target to be achieved is the ruler of the inheritance, and

3) The morality of action is wrong and evil.

b. The goal

The final goal (goal) is realizing the action he freely wants. The morality of action is in the will. The action becomes the object of voluntary attention, meaning that the doer desires it. For example, is the case in the family murder mentioned above:

1) The act that is freely desired (without coercion) is to kill,
2) The realization of this action can be seen in the consequences that the perpetrator wants, namely the death of the property owner (heir), and
3) The morality of action is the free will to do evil and wrong deeds.

c. Environment of action

The environment of action is everything that accidentally surrounds or colors the action. Included in the definition of the environment of action are the following: 1) Visible human, 2) Quality and quantity of deeds, 3) Manner, time, place of action, and 4) Frequency of action.

Human action is said to be good if the motivation, the end goal, and the environment are also good. If one of the determining factors is not good, then all human actions will be wrong. These things can be calculated in advance or willed in actions done consciously. This environment determines the level of morality of activities, namely good or evil, right or wrong.

Morality is the quality of human actions, so actions are said to be good or bad, right, or wrong. The determination of good or bad, right, or wrong, is based on norms. Sumaryono (2012) classifies morality into two groups, namely:

a. Objective morality

Objective morality is seen in actions as they are, regardless of the form of modification of the free will of the doer. This morality is expressed from all the special subjective conditions of the doer. For example, emotional needs that might cause the culprit to get out of control. Whether the action is desired or not, objective morality as a norm relates to all inherently good or e actions, right or wrong. For example: Helping fellow human beings is a good deed, like stealing, raping, and killing are evil deeds. But situations, stealing or killing is an act that can be justified to maintain life or self-defense. So, morality lies in efforts to defend life or self-defense (the right to life is a human right).

b. Subjective morality

Subjective morality sees actions influenced by the knowledge and attention of the perpetrator, background, emotional stability, and other personal treatment. This morality questions whether the act is by the perpetrator's conscience. Subjective morality as a norm relates to all actions that are colored by the perpetrator's intentions, good intentions, or bad intentions. In a fire accident, for example, many people help save the victim's property; this is a good intention. But if the end goal is to steal property because no one is watching, then the act is evil. So, the morality lies in the intention of the doer.

Morality can be either intrinsic or extrinsic. Innate morality determines whether an action is right or wrong based on its essence, regardless of positive legal influences. Choosing right or wrong actions does not depend on positive legal orders or prohibitions. For example: 1) Mutual assistance (gotong royong) cleaning the neighborhood, 2) Do not bother other people, and 3) Give your best.

Even though the law does not regulate these actions intrinsically, in essence, they are good and right. Extrinsic morality determines whether an action is right or wrong according to its nature as a command or prohibition in the form of positive law. For example: Prohibition of abortion and Must report bad agreement. These actions are regulated by law (KUHP). If someone has an abortion or there is an evil consensus, it means that it was a wrong act.

In modern times, actions related to morality have begun to appear, which were previously prohibited but are now justified. For example: 1) Euthanasia to avoid prolonged suffering, 2) Abortion to save pregnant women, and 3) Renting another woman's uterus to raise an IVF fetus.

The issue of morality is only relevant when it is associated with the whole person. A complete human being is a human being who has personal values, and self-awareness and can determine himself from every aspect of humanity (Carden, 2022). Not all human actions can be categorized as moral actions. An act has a moral value if it contains

the awareness and freedom of the will of the doer. Consciousness is conscience and free will is based on consciousness.

Ethics is the science of morale concerning the principle of human duty in society (Markose et al., 2016). Based on this meaning development, ethics can be distinguished between temperament ethics and moral ethics (Smyth, 2022).

a. Ethics of temperament

Behavior ethics are customs or habits that describe human behavior in social life in certain areas at certain times. Ethical behavior is recognized and applied because it is agreed upon by the community based on the results of a behavioral assessment. Examples of ethical behavior are customary dress, youth association, seminal marriage, and traditional ceremonies

b. Moral Ethics

Moral ethics is concerned with behaving properly and correctly based on human nature. This habit comes from human nature, which is called righteousness. If this ethics is violated, crime arises, namely actions that are not good or right. Examples of moral ethics are: says and act honestly, respect the rights of others, respect parents and teachers, and defends truth and justice, and support orphans.

This moral ethics is manifested in the form of human will be based on consciousness, and awareness is the voice of conscience. Humans are always desired with good and evil, between right and wrong. Thus, he is responsible for the choice he has made. Freedom of will direct humans to do good and right. If a human violates moral ethics, he intends to commit a crime and automatically wants to be punished. In social and state life, moral values are used as the basis for favorable laws made by the authorities.

3. **Ethics, religion, and value**

Definition of Religion: a system or principle of belief in the existence of extraordinary regulatory powers that contain norms or regulations that govern how humans relate to God and how humans

live continuously until after humans die. There are ethics and religion similarities and differences:

a. The Equality of Ethics and Religion; can be divided based on, namely:
   1) Based on the target
      Ethics and Religion aim to lay the foundation of moral teachings so humans can distinguish between good and bad actions.
   2) Based on its nature
      Ethics and Religion are both exemplary and non-coercive.

b. Difference between Ethics and Religion
   1) In terms of principles
      Religion is a belief in devotion/servitude based on the terms and methods regulated by the religion to its God, while ethics is not a belief that contains devotion.
   2) From the source
      Religion (Islam) comes from one God source, while Ethics comes from various types of sources; among others, the source comes from human thought (rational argumentation) by their respective schools.
   3) In the area being taught
      Religion teaches humans in several realms (world, grave, hereafter), while ethics only questions human moral life in this world/mortal realm.
   4) Religious teachings are only open to those who profess them, while Ethics is open to everyone from all religions and worldviews.

Based on this, it can be concluded that between ethics and Religion, there are several things that must be considered:
a. Ethics cannot replace Religion and does not conflict with Religion,
b. Ethics is required by Religion,
c. Religion not only gives moral instructions but also teaches ethical principles, and

d. Religion is the right thing to provide a moral orientation, where adherents of Religion find the basic orientation of life in their Religion.

However, religion requires ethics skills to provide that orientation. Reasons why ethics is needed religion;
a. Religious people expect their religious teachings to be rational,
b. The moral teachings in religious revelations often allow for different interpretations,
c. How Religion should behave towards moral issues not touched upon in His revelation, for example, abortion, IVF, and others,
d. Ethics allows dialogue between religions, where ethics can be the basis for cooperation between religions, and
e. Ethics allows dialogue between religions with world views.

There is no denying that Religion has a close relationship with morality. Every Religion contains moral teaching. Moral teachings hidden in a religion can be studied critically, methodically, and systematically by staying in that religion's context. The moral instructions contained in faith include two kinds of rules. On the one hand, various regulations are sometimes quite detailed regarding unclean food, fasting, worship, and so on. Rules like that are often different from different religions.

When religion talks about ethical topics, it generally preaches, meaning it tries to provide motivation and inspiration. So that people adhere to the values and norms that have been accepted based on faith. On the other hand, there are more general ethical rules that go beyond the interests of certain religions, such as: do not kill, do not lie, do not commit adultery, do not steal.

4. Ethics, morals, and law

Morals relate to humans as individuals, while law (customs, manners) refers to humans as social beings. Between law and morals, there are differences in purpose, content, and origin of how to guarantee its implementation and effectiveness (Xhemajli, 2021; Bakti, 2023).
a. The difference between morals and laws in terms of goals:
1) The moral goal is to perfect humans as individuals, and

2) The purpose of the law is public order.
b. The difference between morals and law in terms of content:
1) Morals that aim at perfecting humans contain or provide regulations and inner rules (addressed to external attitudes), and
2) The law gave rules for outward behavior.

Emanuel Kant first put forward the difference above. The boundaries of these differences should not be seen too sharply because the law does not solely (absolutely) pay attention to outward actions, and morality does not only pay attention to inner behavior. Likewise, the law gives consequences to activities carried out in good faith. That is if there is an error. Even then, it is still distinguished whether there are gaps or omissions. If the person's outward actions comply with the law, then no one will be asked about his inner self. The law is satisfied with external behavior by legal regulations. If someone acts contrary to the law, his inner attitude will also be considered. Actions will be determined by motives (reasons) (Johnson, 2022).

Morals, on the other hand, always ask about inner attitudes and are not satisfied with external perspectives. If what is considered is only actions that meet legal requirements, then there is a sharp difference between law and morals. Meet. In the case of unlawful acts, morals and laws meet each other. Here morals and law have a common field. The difference between law and morals here is that the path to the common area is in the opposite direction, that is, for law from the outside (from external actions) to the inside (to the heart), for morale from the inside out.

This view is a little too far. The meeting between morals and law can also occur outside of acts against the law. Often the law must punish actions arising from motives justified by morality. This results from the difference in purpose between law and morals because the character of humans determines

the conditions for a better life and the good ones as individuals. Example: killing on the commander's orders; oath instead of a promise.

c. The difference between morals and law in terms of their origin: According to Kant, there are two of them (Johnson, 2022).:
   1) Moral is autonomous, and
   2) Law is heteronomous (objective or positive moral).

In law, there is external power (outside "I"), namely the people who impose their will. We are subject to laws beyond our will. The law binds us unconditionally. On the other hand, the inner order (moral) is a requirement determined by the man himself. Morals bind us by our will.

The law aims at orderly order of life together. This goal can only be achieved when, above and beyond individual humans, an impartial power regulates how they should act toward each other. Morals aim at the perfection of humans. Each can only determine this goal for himself. Many deny the autonomous nature of morals. Besides objective morals or positive morals (habits, manners), there are independent morals. The latter is the real moral.

5. The Role of Ethics in the Modern World

Technological developments that occur in human life, such as revolutions, provide many changes to how humans think, both in solving problems, planning, and making decisions. Cognitive science experts have found that when technology takes over human mental functions. At the same time, there is a loss caused by the loss of these functions from human mental work. As an example, with the emergence of computer technology, humans who should benefit from the functioning of memory traces due to brain and cognitive operations such as thinking, calculating, and planning things must "lose" these traces because some of their tasks have been "taken over" by computers.

On the other hand, several opinions suggest that the convenience computers offer creates human dependence on technology. Several studies have shown that automation technology has reduced situation

awareness in pilots. The habit of relying on the computer makes his mental functions gradually not sharpen.

Changes that occur in the way of thinking of humans as a result of these technological developments, more or less, will affect the implementation and perspective of humans toward ethics and norms in their lives. People who usually interact physically with each other communicate directly with other people; because of the development of the Internet and e-mail technology, this interaction has decreased. They must sit in front of the computer, press a few keyboard keys, and send and receive emails to communicate. Sending reports to superiors is enough to do from the front of the computer. Between friends in one company, they prefer to communicate using chat instead of having to meet and chat. These tendencies eventually bring about changes in the implementation of ethics that have previously been agreed upon in the community where they live.

Technology is just a tool humans use to answer life's challenges. So, the human factor in technology is significant. When humans allow themselves to be controlled by technology, other humans will beat them. Technology is developed to assist humans in carrying out their activities. That's because humans do have limitations. The technology must then cover this limitation. However, control over the use of technology remains entirely in human hands. Therefore, humane education, including implementing human norms and ethics, must still be ranked first, not only worshiping high technology.

If we look at the ethical situation in the modern world, three main features stand out. First, we witness the existence of moral pluralism. In different societies, different values and norms are often seen. Even the same organization can be marked by moral pluralism. Second, there are now many new ethical problems that were unexpected. Third, it is becoming increasingly evident in the modern world that there is a universal moral concern. Let's look at these three characteristics in more detail.

Moral pluralism is especially felt because now we live in an era of communication. That said, when Christopher Columbus discovered

the Americas (1492), his boss in Europe – the king of Spain – only heard about the incident after five months. When the President of the United States, Abraham Lincoln, was assassinated (1865), the news only reached Europe after 12 days. Now, through modern communication media, information from the whole world directly enters our homes and events in our society, which are immediately broadcast to all corners of the world. In this case, the latest development is the Internet. Like it or not, along with receiving that much information, we also become acquainted with the norms and values of other societies, which are not always in line with the standards and values adopted in our community. As is well known, several communist countries, which have tried to close themselves off from all outside influences since World War II, have only been partially successful in this matter.

Moreover, modern means of transportation, such as airplanes, trains, and motorized vehicles, have resulted in mobility that has never been witnessed in the history of humanity. Hundreds of millions of people every year cross the borders of their countries. And we see they go farther and farther because the means of transportation are getting faster and tourism services are improving. Tourism has become an industry deliberately encouraged to attract as much foreign exchange as possible. The business world also barely recognizes national borders, so many managers, consultants, and technicians travel from one country to another as employees of a multinational corporation. Or let us see how many Indonesians have studied or are currently studying abroad. Undeniably, our society, which has always been characterized by "diversity", now encounters a plurality of norms and values like almost all societies in the world. This plurality concerns values and standards in business practices, for example, but also in different fields, such as sexuality and marriage. We see some societies are more liberal and permissive than other societies about sexual relations before weddings, homosexual relations, pornography, and so on.

Another feature that characterizes the ethical situation in our time is the emergence of new ethical problems, mainly due to the rapid developments in science and technology, particularly the biomedical

sciences. Among the most pressing issues, one might mention: what should we think about genetic manipulation, especially manipulation with human genes; what can be said about artificial reproduction such as in vitro fertilization, whether with a donor or without a donor, whether the mother "rents out" her uterus or not; Is it possible to accept experiments with embryonic tissue to cure Alzheimer's disease—for example, whether the tissue is obtained by intentional abortion or spontaneous abortion?

The third feature is an ethical concern that is seen around the world across national borders. Globalization is not only a phenomenon in the economic field but also in the moral field. We witness the existence of active moral struggle movements at the international level. It could be in the form of cooperation between non-governmental organizations; it could also be in the form of cooperation between the parliaments of several countries or labor unions, and so on. More important is an unorganized but pervasive universal moral consciousness. Organized expressions of ethical concern are impossible without this universal moral awareness as a background. The most striking symptom of the ethical problem is the Universal Declaration of Human Rights promulgated by the United Nations on December 10, 1948. This proclamation has been called the most critical honest event of the 20th century. The declaration is not the first statement of rights in history, but it is the first one accepted globally because all UN members recognize it. And regardless of the content, this is already an extraordinary phenomenon. The same ethical concerns also appear in universal forms, for many of the new ethical problems are marked universality; that is, they apply to the whole world. Here are mainly ethical issues related to the development of science and technology, such as the environment.

At first glance, this symptom of universal ethical concern seems somewhat contradictory to this moral pluralism. For some, this contradiction does exist and becomes a kind of implicit contradiction often found at the social level. But for some others, moral pluralism and ethical concern are not contradictory because they involve two different spheres. Moral pluralism is primarily concerned with the personal

sphere. How two people who agree want to live their homosexuality can be left to the personal decision of the people themselves because it does not interfere with the life of society. Here no other people's rights are violated. But universal ethical concerns are primarily of the general sphere, those that cannot be left to a personal decision. For example, torturing a defendant suspected of being involved in a criminal act can never be accepted as a method of police interrogation because it involves a general moral sphere that cannot be left to the police's personal preferences. There are always victims whose rights are violated.

C.   Ethics of the Nursing Profession
1.   Ethics and profession

Nursing is a profession that has a field of work on human welfare, namely by assisting individuals who are healthy or sick to carry out the functions of daily life (ICN, 2002). Because nursing is human, a rule is needed to organize the relationship between nurses and clients, from the assessment stage to evaluation. One of the rules governing the nurse-client relationship is ethics. The terms ethics and morals are often used interchangeably.

Ethically and morally, there is no difference in philosophy. The difference between ethics and morals lies only in their linguistic basis (Weinstein, 2018). Ethics comes from the Greek word ethos, which means customs or habits, while morality comes from the Latin word, which also means customs or traditions. Other sources state that morals mean behavior demands and societal obligations, while ethics means the principles behind these requirements (Genethique, 2017).

Ethics and morals are a source in formulating standards and become principles that guide behavior and make decisions to protect human rights. According to the Oxford advance learner's Dictionary of Current English, AS Hornby defines ethics as a system of moral principles or rules of conduct. Meanwhile, moral means principles relating to good and bad actions. Curtin puts forward a more precise definition. Namely, ethics is a discipline that begins with identifying, organizing, analyzing, and deciding human behavior by applying principles to determine good

behavior towards the situation encountered. Related to ethics and morals, there is also the term etiquette which is a polite way or rules in social relations. Meanwhile, professional etiquette means the expected behavior for every professional member to act professionally (Haddad & Geiger, 2022; Ananomo, 2018).

Ethics comes from the Greek word "*Ethicos*", which means arising from habit. The main branch of philosophy studies values or qualities, which is the study of moral standards and judgments. Ethics includes the analysis and application of concepts such as right, wrong, good, bad, and responsibility. Ethics is a study of good conduct, character, and motives and emphasizes determining what is good and valuable for everyone. Ethics concern right and wrong, good, and bad, in relationships with others. Ethics is required by all professions, including nursing, which underlies the principles of a job and is reflected in professional practice standards (Ethics Sage, 2010).

In general, the terminology of ethics and morals is the same. Ethics has a language that differs from morals if the term ethics directs its vocabulary to a philosophical investigation or study of a particular problem or dilemma. Moral describes a specific group of people or groups' actual behavior, habits, and beliefs. Ethics can also be used to express a pattern or way of life so that ethics reflects a person's nature, principles, and standards that influence professional behavior. Nurses' moral way of life has been described as an ethic of care.

Based on the description above, it can be concluded that ethics is a term used to reflect how humans should behave and what a person should do to others. Ethics are rules or norms that can be used as a reference for a person's behavior related to good and bad actions committed by a person and constitute a moral obligation and responsibility.

There are two ethical characteristics as follow (Parker, 2009):

a. Non-empirical Philosophy is classified as a non-empirical science. Empirical science is science based on facts or concrete. But philosophy is not like that; philosophy tries to go beyond the concrete by asking what is behind the concrete phenomena,

likewise with ethics. Ethics does not only stop at what is concretely done but questions about what should or should not be done.

b. Practical The branches of philosophy talk about something "that exists." For example, legal philosophy studies what law is. However, ethics is not limited to that but asks about "what should be done." Thus, ethics as a branch of philosophy is practical because it is directly related to what humans may and may not do. But remember that ethics is not applicable in serving ready-made recipes. Ethics is not technical but reflective. Ethics only analyzes basic themes such as conscience, freedom, rights and obligations, and so on, while looking at past ethical theories to investigate their strengths and weaknesses. It is hoped that we will be able to compile arguments that stand up to the test.

The difference between Ethics and Etiquette is that Ethics concerns how carried out and giant gives the act itself is (Desmon, 2009). For example, taking other people's things without permission is forbidden because taking other people's stuff without permission is tantamount to stealing. "Do not steal" is an ethical norm. Whether the thief stole with his right or left-hand does not matter. Meanwhile, etiquette only applies when we are not alone (other people are around us). If there are no other people around us or are no eyewitnesses, then etiquette does not apply. For example, if I eat with friends while putting my feet on the dining table, I am considered to have violated etiquette. But if I am eating alone (no one else is around), then I am not breaking etiquette if I eat that way.

Many people have understood the term profession as a matter related to a field heavily influenced by education and expertise, so many work people remain appropriate. But with the expertise obtained from vocational education, it is not enough to be called a profession. But it needs mastery of the systematic theory that underlies the practice of implementation and the relationship between theory and application in practice. Several professional terms apply to fields of work such as medicine, teaching, military, lawyers, etc. Still, it includes fields such as managers, journalists, painters, singers, artists, secretaries, etc.

A person who pursues a particular job is called a professional. In contrast, professional itself has a meaning that refers to the designation of a person who holds a career and a title of a person's appearance in realizing performance by his work. The profession is a job that performs its duties, requires, or demands expertise, uses scientific techniques, and requires high dedication. The domain is work carried out primarily to earn a living and relies on expertise. The expertise obtained from educational institutions is intended for that with an accountable curriculum.

Table 2. Difference between Profession and Professional

Profession	Professional
• Relying on a particular skill or expertise. • Implemented as a job or main activity (full-time). • Implemented as the primary source of livelihood. • Implemented with deep personal involvement.	• People who know their expertise and skills. • Spending all of his time on that job or activity. • Living from work • Proud of his job

In general, several characteristics or traits are permanently attached to the profession as follow:

a. The existence of special knowledge is usually the expertise and skills possessed by years of education, training, and experience.

b. There are very high rules and moral standards. This is usually any offender the profession bases its activities on a professional code of ethics.

c. Serving the interests of society, meaning that every practitioner of the profession must placing personal interests below the interests of the community.

d. There is a special permit to carry out a profession. Every profession will always be related to the interests of society, where human values are in the form of safety, security, survival, and so on, so to carry out a profession, a special permit must first be obtained.

e. Professionals are usually members of a profession.

By looking at the general characteristics of the profession above, we can conclude that professionals have above-average behavior benchmarks.

There are two kinds of ethics that we must understand together in determining good and bad human behavior, include:

a. Descriptive Ethics, namely ethics, seeks to examine critically and rationally human attitudes and behavior and what humans pursue in this life as something of value. Descriptive ethics provide facts as a basis for making decisions about behavior or attitude.

b. Normative Ethics, namely ethics, seeks to establish various ideal attitudes and patterns of behavior that humans should have in this life as something of value. Normative ethics provides an assessment and norms as a basis and framework for deciding action.

Ethics can be divided into two dimensions as follow:

a. General Ethics,
    General ethics discuss about the primary conditions of how humans act ethically, make ethical decisions, ethical theories, and basic moral principles that guide humans in performing and benchmarks in assessing the good or bad of an action. General ethics can be analogous to science, which discusses general understanding and theories.

b. Special Ethics
    Special ethics is the application of fundamental moral principles in specific areas of life. This application can be in the form of How I make decisions and act in the areas of life and particular activities that I do, which are based on methods, theories, and basic moral principles. However, this application can also take the form of: How do I evaluate my behavior and that of other people in specific areas of activity and life which are motivated by conditions that enable humans to act ethically: how humans make decisions or not, and the fundamental moral theories and principles that lie behind them.

Special Ethics is further divided into two parts as follow:
1) Individual ethics, namely concerning obligations and human attitudes towards himself.
2) Social ethics, namely talking about obligations, attitudes, and patterns of human behavior as members of the human race.

It should be noted that individual and social ethics cannot be separated sharply because human obligations to oneself and as members of humanity are interrelated. Social ethics concerns human relations with humans directly and institutionally (family, society, state), a critical attitude towards worldviews and ideologies, and human responsibility for the environment.

Ethical assessment system includes:
a. The assessment of ethics as a science focuses on good or evil actions, immoral or immoral.
b. The actions or behavior of a person that has become characteristic of him or has been ingrained; that is what is called morals or character. Budi grows in the soul; it is called character when it is born in action. So, a character, the base of the assessment, is from within the soul, from when it is still in the form of dreams, aspirations, and intentions of the heart until it is born out in actual deeds.
c. The action is assessed at three levels:
1) The first level, before it was born, is an act, so it is still in the form of a plan in the heart, an intention.
2) The second level, after birth, becomes a real action, namely character.
3) The third level, the result or result of the act, is excellent or bad.

From the discussion above, professional ethics is a particular or applied field of ethics that is a product of social ethics. Words of the heart or intentions are also commonly called intention or will, will, will. And the contents of this intention will be realized by action. In terms of learning this, there are four variables that occur:
a. A good goal but a lousy way to achieve it,

b. The goal is not good, how to achieve it looks good,

c. The goal is not good, and the means of achieving it are also unsuitable, and

d. The goal is good, and the way to achieve it looks good too.

2. Ethics in nursing practice

Codes of ethics are norms or principles accepted by a particular group as the basis for daily behavior in society and the workplace. According to Law Number 8 of 1974 on Principles of Human Resources, the professional code of ethics is a guideline for attitudes, behavior, and actions in carrying out tasks and in everyday life. The professional code of ethics is nothing new. Attempts have long been made to regulate the moral behavior of a particular group in society using written provisions that the whole group is expected to uphold. One of the oldest examples is The Hippocratic Oath, which is seen as the first code of ethics for the medical profession.

Hippocrates was an ancient Greek doctor who was considered as The Father of Medicine. He lived in the 5th century BC. According to historians, it was not sure whether this oath came from Hippocrates himself. Still, at least it came from among his students and continued the professional spirit inherited from this Greek doctor. Even though it has a long history of existence, never before has a code of ethics become a phenomenon that is so widely practiced and spread so widely as it is today. As a profession is a moral community that has shared ideals and values, a professional code of ethics can balance the negative aspects of a job. So, a code of ethics is like a compass that shows the moral direction for a profession and at the same time guarantees the moral quality of that profession among society.

A code of ethics can be seen as a product of applied ethics because it results from applying ethical thinking to a particular area or profession. Once a code of ethics is in place, ethical thinking does not stop. Code of ethics ensures that a professional will work correctly. A code of ethics will not be effective if it comes from other parties like government agencies because it will not represent the ideals and values within

profession. Other parties can recommend making a code of ethics and perhaps assist in formulating it. Still, the making of a code of ethics itself must be carried out by the profession concerned. To function correctly, the code of ethics itself must be the product of the self-regulation of the work. A code of ethics determines appropriateness in a profession as a realization of essential moral of value within that profession. It can never be forced from the outside. Only a code of ethics which contains the values and ideals accepted by particular profession can be ingrained with that profession and become the foundation for that profession to be carried out diligently and consistently. Another requirement that must be met for a code of ethics to work correctly is that its implementation is continuously monitored. In general, the code of ethics will contain sanctions imposed on violators of the code of ethics.

Nurses who violate the code of ethics will receive sanctions as follow:
   a. Moral sanction, and
   b. Sanctions removed from the organization.

Because its aim is to prevent unethical behavior, a code of ethics often contains professional provisions, such as the obligation to report if a colleague is found to have violated the code of ethics. These provisions are a logical result of self-regulation embodied in the regulation of ethics; just as the code originates from the profession's intention to regulate itself, the profession's willingness to exercise control over violators is also expected. Cases of code of ethics violations will be prosecuted and assessed by an honorary council or commission specially formed for that purpose.

However, in daily practice, this control does not run smoothly because a sense of solidarity is deeply ingrained in the profession; a professional quickly feels reluctant to report a colleague who commits a violation. But with such behavior, solidarity between colleagues is placed above the professional code of ethics. Thus, the professional code of ethics is not achieved because the real goal is to establish professional ethics above other considerations. Furthermore, each professional must fully understand the purpose of the professional code of ethics to be able to implement it. The professional code of ethics is part of professional

ethics. The professional code of ethics continues the more general norms discussed and formulated in professional ethics. A code of ethics further clarifies, emphasizes, and details the models in a perfect form, even though these norms are already implied in professional ethics. Thus, the professional code of ethics is a system of standards or rules written clearly and unequivocally and in detail about what is good and not good, what is right and wrong, and what actions a professional can and cannot do.

The purposes of the professional code of ethics are:
a. To uphold the dignity of the profession,
b. To maintain and maintain the welfare of the members,
c. To increase the dedication of members of the profession,
d. To improve the quality of the profession,
e. To improve the quality of professional organizations,
f. To raise service above personal gain,
g. To Have a strong and closely intertwined professional organization, and
h. To Determine its standards.

The functions of the professional code of ethics are:
a. To provide guidelines for each professional member regarding the professionalism principles outlined,
b. To act as a means of social control for the community over the profession, and
c. To prevent interference from parties outside professional organizations regarding ethical relations in professional membership. Professional ethics is needed in various fields.

There are various codes of ethics in Indonesian society. Generally, the owners of the principle of ethics are national social organizations, for example, Indonesian Publishers Association, Indonesian Legal Advisors Association, the Indonesian Journalistic, the Indonesian Advocacy, and others. There are about thirty social organizations that already have codes of ethics. A recent phenomenon is that private companies now tend to make their code of ethics. It feels like they want to show off their

ethical quality while increasing their credibility and, in principle, should be assessed positively.

Principles of the Code of Ethics include 3 points:

a. Respect human rights and dignity,
b. Improve an individual's status, and
c. Support the growth and development of life.

There are three functions of the Code of Ethics as follow:

d. a. The function of the code of ethics for a particular profession

1) Maintaining a good name and uphold the image of the profession
   a) Becoming a role model,
   b) Having good appearance,
   c) Not discriminating rank, position, and class,
   d) Maintaining service quality,
   e) Not seeking personal gain, and
   f) Wearing official clothes and equipment while on duty.

2) Developing yourself continuously
   a) Developing skills in practice,
   b) Following formal education, and
   c) Following continuing education.

3) Participating in research activities and similar activities that can improve the quality and image of the profession
   a) Helping make a group research plan,
   b) Helping carry out group research,
   c) Helping to process the results of group research,
   d) Help make group research reports,
   e) Caring out independent research,
   f) Processing research results, and
   g) Making a research report.

e. The functions against individuals

1) Maintaining health: carrying out duties properly
2) Increasing knowledge and technology:
   a) Reading books, professional/health magazines, newspapers,
   b) Participating in training, upgrading, seminars, others,

c) Conducting exercises, stimulation, and demonstrations,

d) Bringing in resource persons, and

e) Conducting comparative studies/visit.

f. c. The functions of the organization

1) The functions towards colleagues

Establishing good relations with colleagues, for example: helping and supporting each other

2) The functions for other health workers

Applying mutual respect, for example: helping each other when there are difficulties, compensation for consultation

3) The functions to clients

a) Upholding, living up to, and practicing the oath of office in the task of:

(1) Carrying out tasks based on the duties and functions of nurses,

(2) Providing optimal service,

(3) Maintaining office secrets, and

(4) Giving testimony when necessary.

b) Upholding the dignity of the client:

(1) Showing a humane attitude, and

(2) Providing adequate professional service

D.   Nursing Code of Ethics

1.   International code of nursing ethics

An international code of ethics for nurses was first adopted by the International Council of Nurses (ICN) in 1953. It has been revised and reaffirmed at various times since, most recently with this review and revision completed in 2021. The ICN Code of Ethics for Nurses is a statement of the ethical values, responsibilities and professional accountabilities of nurses and nursing students that defines and guides ethical nursing practice within the different roles nurses assume. It is not a code of conduct but can serve as a framework for ethical nursing practice and decision-making to meet professional standards set by regulatory bodies.

The ICN Code of Ethics for Nurses provides ethical guidance in relation to nurses' roles, duties, responsibilities, behaviours, professional judgement and relationships with patients, other people who are receiving nursing care or services, co-workers and allied professionals. The Code is foundational and to be built upon in combination with the laws, regulations and professional standards of countries that govern nursing practice. The values and obligations expressed in this Code apply to nurses in all settings, roles and domains of practice.

The ICN Code of Ethics for Nurses has four principal elements that provide a framework for ethical conduct: nurses and patients or other people requiring care or services, nurses and practice, nurses and the profession, and nurses and global health.

a. Nurses and Patients or Other People Requiring Care or Service

1) Nurses' primary professional responsibility is to people requiring nursing care and services now or in the future, whether individuals, families, communities or populations (hereinafter referred to as either 'patients' or 'people requiring care').

2) Nurses promote an environment in which the human rights, values, customs, religious and spiritual beliefs of the individual, families and communities are acknowledged and respected by everyone. Nurses' rights are included under human rights and should be upheld and protected.

3) Nurses ensure that the individual and family receive understandable, accurate, sufficient and timely information in a manner appropriate to the patient's culture, linguistic, cognitive and physical needs, and psychological state on which to base consent for care and related treatment.

4) Nurses hold in confidence personal information and respect the privacy, confidentiality and interests of patients in the lawful collection, use, access, transmission, storage and disclosure of personal information.

5) Nurses respect the privacy and confidentiality of colleagues and people requiring care and uphold the integrity of the nursing profession in person and in all media, including social media.

6) Nurses share with society the responsibility for initiating and supporting action to meet the health and social needs of all people.

7) Nurses advocate for equity and social justice in resource allocation, access to health care and other social and economic services.

8) Nurses demonstrate professional values such as respect, justice, responsiveness, caring, compassion, empathy, trustworthiness and integrity. They support and respect the dignity and universal rights of all people, including patients, colleagues and families.

9) Nurses facilitate a culture of safety in health care environments, recognising and addressing threats to people and safe care in health practices, services and settings.

10) Nurses provide evidence-informed, person-centred care, recognising and using the values and principles of primary health care and health promotion across the lifespan.

11) Nurses ensure that the use of technology and scientific advances are compatible with the safety, dignity and rights of people. In the case of artificial intelligence or devices, such as care robots or drones, nurses ensure that care remains person-centred and that such devices support and do not replace human relationships.

b. Nurses and Practice

1) Nurses carry personal responsibility and accountability for ethical nursing practice, and for maintaining competence by engaging in continuous professional development and lifelong learning.

2) Nurses maintain fitness to practice so as not to compromise their ability to provide quality, safe care.

Nursing Ethics and Health Law

3) Nurses practise within the limits of their individual competence and regulated or authorised scope of practice and use professional judgement when accepting and delegating responsibility.

4) Nurses value their own dignity, well-being and health. To achieve this requires positive practice environments, characterised by professional recognition, education, reflection, support structures, adequate resourcing, sound management practices and occupational health and safety.

5) Nurses maintain standards of personal conduct at all times. They reflect well on the profession and enhance its image and public confidence. In their professional role, nurses recognise and maintain personal relationship boundaries.

6) Nurses share their knowledge and expertise and provide feedback, mentoring and supporting the professional development of student nurses, novice nurses, colleagues and other health care providers.

7) Nurses are patient advocates, and they maintain a practice culture that promotes ethical behaviour and open dialogue.

8) Nurses may conscientiously object to participating in particular procedures or nursing or health-related research but must facilitate respectful and timely action to ensure that people receive care appropriate to their individual needs.

9) Nurses maintain a person's right to give and withdraw consent to access their personal, health and genetic information. They protect the use, privacy and confidentiality of genetic information and human genome technologies.

10) Nurses take appropriate actions to safeguard individuals, families, communities and populations when their health is endangered by a co-worker, any other person, policy, practice or misuse of technology.

11) Nurses are active participants in the promotion of patient safety. They promote ethical conduct when errors or near misses occur, speak up when patient safety is threatened,

advocate for transparency, and work with others to reduce the potential of errors.

c. Nurses and the Profession

1) Nurses assume the major leadership role in determining and implementing evidence-informed, acceptable standards of clinical nursing practice, management, research and education.

2) Nurses and nursing scholars are active in expanding research-based, current professional knowledge that supports evidence-informed practice.

3) Nurses are active in developing and sustaining a core of professional values

4) Nurses, through their professional organisations, participate in creating a positive and constructive practice environment where practice encompasses clinical care, education, research, management and leadership. This includes environments which facilitate a nurse's ability to practice to their optimal scope of practice and to deliver safe, effective and timely health care, in working conditions which are safe as well as socially and economically equitable for nurses.

5) Nurses contribute to positive and ethical organisational environments and challenge unethical practices and settings. Nurses collaborate with nursing colleagues, other (health) disciplines and relevant communities to engage in the ethical creation, conduct and dissemination of peer reviewed and ethically responsible research and practice development as they relate to patient care, nursing and health.

6) Nurses engage in the creation, dissemination and application of research that improves outcomes for individuals, families and communities.

7) Nurses prepare for and respond to emergencies, disasters, conflicts, epidemics, pandemics, social crises and conditions of scarce resources. The safety of those who receive care and services is a responsibility shared by individual nurses and the leaders of health systems and organisations. This involves

assessing risks and developing, implementing and resourcing plans to mitigate these.

d. Nurses and the Global Health
1) Nurses value health care as a human right, affirming the right to universal access to health care for all.
2) Nurses uphold the dignity, freedom and worth of all human beings and oppose all forms of exploitation, such as human trafficking and child labour.
3) Nurses lead or contribute to sound health policy development.
4) Nurses contribute to population health and work towards the achievement of the United Nations Sustainable Development Goals (SDGs).
5) Nurses recognise the significance of the social determinants of health. They contribute to, and advocate for, policies and programmes that address them.
6) Nurses collaborate and practise to preserve, sustain and protect the natural environment and are aware of the health consequences of environmental degradation, e.g., climate change. They advocate for initiatives that reduce environmentally harmful practices to promote health and well-being.
7) Nurses collaborate with other health and social care professions and the public to uphold principles of justice by promoting responsibility in human rights, equity and fairness and by promoting the public good and a healthy planet.
8) Nurses collaborate across countries to develop and maintain global health and to ensure policies and principles for this.

2. **Indonesia code of nursing ethics and other countries**

A code of ethics Is a statement of professional standards used as a guide for behavior and become a framework for making decisions. The rules that apply to an Indonesian nurse in implementing the duties/functions of nurses are the Indonesian national code of ethics for nurses, in which a nurse always adhere to the principle of ethics to

avoid violations of ethics. Indonesian Nursing Code of Ethics, American Nurses Association Code of Ethics, and Nurses Code of Ethics in Qatar are present as follow:

    a. Indonesian Nursing Code of Ethics (2016)

        1) Nurses and Clients

            a) In providing nursing services, a nurse respects the dignity, and the uniqueness of the client and does not being differentiate clients by considering nationality, ethnicity, skin color, age, gender, political beliefs, religion adhered to, and social position.

            b) In providing nursing services, a nurse always maintains the environmental atmosphere that respects the client's cultural values, customs, and spiritual survival.

            c) The primary responsibility of a nurse is to those in need of nursing care.

            d) A Nurse is obliged to keep secret everything that is desired in connection with the tasks entrusted to him/his unless required by the authority by applicable legal provisions.

        2) Nurses and practices

            a) Nurses maintain and improve competence in the field of nursing through continuous learning

            b) Nurses always maintain a high quality of nursing services accompanied by professional honesty that applies knowledge as well nursing skills according to client needs.

            c) Nurses in making decisions based on accurate information and consider abilities as well as qualifications somebody when conducting consultations, receiving delegations, and giving delegations to others

            d) Nurses always uphold the good name of the nursing profession with always exhibit professional behavior.

        3) Nurses and society

           The Nurse shares the responsibility with the community to initiate and support various activities in meeting needs and health public.

4) Nurses and colleagues
   a) Nurses always maintain good relations with fellow nurses as well as with other health workers and in maintaining compatibility the atmosphere of the work environment and in achieving service goals overall health.
   b) Nurses act to protect the client from the health workers who provide it incompetent, unethical, and illegal health services.
5) Nurses and Professions
   a) Nurses have a significant role in determining educational standards and nursing services and apply them in service activities and nursing education
   b) Nurses play an active role in various professional development activities nursing
   c) Nurses actively participate in the profession's efforts to build and maintain working conditions conducive to the realization of care high-quality nursing.
b. American Nurses Association Code of Ethics (2015)
   1) The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
   2) The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
   3) The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
   4) The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
   5) The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain

competence, and to continue personal and professional growth.

6) The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7) The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

8) The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

9) The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

c. Nurses Code of Ethics in Qatar (2011)

Code of Professional Behavior and Ethics for Nurses and Midwives in Qatar declare by Hamad Medical Corporation on 2011. Twenty-four standards, grouped around four elements, form the framework for the Code. The four elements of the Code of Professional Behavior and Ethics for Nurses and Midwives are:

1) Nurses and Midwives and People

a) The first concern of the nurse is to care for people, treating them as individuals and respecting their dignity. You must direct care towards the prevention and relief of pain and suffering as well as the patients' other needs and concerns. You must share with society the responsibility for initiating and supporting actions which meet the health and social needs of the public, in particular those of vulnerable populations.

b) You must provide care that promotes an environment in which the human rights, values, customs and spiritual beliefs

of the individual, their family and the larger community are respected.

c) You should do no harm. It is the responsibility of the nurse and/or midwife to ensure that the environment in which care is delivered is safe, clean, secure and free from hazard.

d) It is essential that informed consent is taken from a patient prior to any procedure; it is the patient's right to refuse care. You should provide impartial, truthful and correct information to the patient in a professional and integrated manner.

e) You should collaborate with those in your care. This includes:

   (1) Listening to the people in your care and responding to their concerns and preferences.

   (2) Supporting people in caring for themselves to improve and maintain their health.

   (3) Understanding and respecting the contribution that people make to their own care and wellbeing.

   (4) Making arrangements to meet people's language and communication needs.

   (5) Sharing information that people wish to know in a way they can understand.

f) You must respect confidentiality:

   (1) Inform people how and why information is shared by those involved in providing their care.

   (2) You should only disclose confidential information to another authority if you believe that, without such disclosure, someone may be at risk of harm, and only in line with the laws of Qatar.

g) You must treat patients, their families, employees and others with respect, dignity and fairness:

   (1) You must treat people kindly and considerately as individuals and respect their dignity.

   (2) You must not discriminate in any way against those in your care. A nurse/midwife will work with diversity and

will not discriminate on the basis of nationality, age, gender, disability, occupation, ethnicity, race, religion, spiritual and cultural beliefs, politics, socio-economic status, lifestyle, or any other aspect of individualism.

(3) You must act as an advocate for those in your care, helping them to access relevant healthcare.

h) You have a responsibility to promote trust through your professional conduct and personal behavior by acting with honesty, compassion and integrity in all your dealings with people.

This trust is essential to promote safe, appropriate and competent standards of care that encompass best practice for the health and wellbeing of the patient; assist the patient to make informed choices by providing impartial, honest and correct information regarding their care and acting as a responsible advocate to protect vulnerable populations.

2) Nurses and Midwives and Practice

a) You are personally and professionally accountable for your actions – and any omissions in your practice – and must always be able to justify your decisions.

b) You must be able to recognize and work within the limits of your competency in order to be able to practice safely with autonomy. You have a responsibility and obligation to report unsafe and unlawful conduct in colleagues and other health providers in order to safeguard people and protect the public interest.

c) You have a responsibility to conduct yourself within the standards, laws and regulations of the profession by practicing reflectively, ethically and safely. This includes following international laws and the laws and policies that are specific to the State of Qatar and your place of employment. You must not be compromised by personal health limitations that affect your fitness to practice.

d) You must keep clear and accurate records of the discussions you have, the assessments you make and the treatments and medicines you provide. You must also keep clear and accurate records outlining the effectiveness of provided treatments and medicines, encompassing all the requirements of effective communication of care between health professionals:

(1) You must complete records as soon as possible after an event has occurred.

(2) You must not tamper with original records in any way.

(3) You must ensure any entries you make in paper records are clearly and legibly signed, dated and timed.

(4) You must ensure any entries you make in electronic records are clearly attributable to you.

(5) You must ensure all records – including electronic records – are kept confidential and secure.

e) You must take responsibility for addressing problems:

(1) You must give a constructive and honest response to anyone who complains about the care they have received.

(2) You must not allow someone's complaint to prejudice the care you provide.

(3) You must act immediately to put matters right if someone in your care has suffered harm for any reason.

(4) You must explain fully and promptly to the person(s) affected what has happened and the likely effects.

(5) You must co-operate fully with any internal or external investigation.

3) Nurses and Midwives and the Profession

a) You must assume a major role in determining acceptable standards of nursing and midwifery practice, management, research and education.

b) You should participate in creating a positive practice environment which maintains safe, equitable, social and economic working conditions for nursing and midwifery.

c) You must practice to sustain and protect the natural environment and be aware of its consequences on health.

d) You must provide a high standard of nursing and midwifery care at all times:

(1) You must deliver care that is based on the best available evidence or best practice.

(2) If you are suggesting healthcare products or services, you must ensure any advice you give is evidence based.

(3) You must ensure that the use of complementary therapies is safe and in the best interest of those in your care.

e) You must be accountable for your professional development to maintain safe and effective practice:

(1) You must have the knowledge and skills for safe and effective practice when working without direct supervision.

(2) You must recognize and work within the limits of your competence.

(3) You must keep your knowledge and skills up to date throughout your working life.

(4) You must take part in appropriate learning and practice activities that maintain and develop your competence and performance.

f) You must act with integrity at all times:

(1) You must inform the regulatory body* if you have been cautioned, charged or found guilty of a criminal offence.

(2) You must inform your employer if your fitness to practice is impaired or is called into question.

g) You must be open, honest and maintain clear professional boundaries:

(1) You must refuse any gifts, favors or hospitality that might be interpreted as an attempt to gain preferential treatment or business advantage from a supplier.

(2) You must not ask for, or accept, loans from anyone in your care or from anyone close to persons in your care.

(3) You must establish and actively maintain clear professional boundaries at all times with people in your care, their families and caregivers.

4) Nurses and Midwives and Co-workers

   a) You must work with others to protect and promote the health and wellbeing of those in your care, their families and caregivers and the wider community.

   b) You must delegate effectively to the right person, confirm that the outcome meets the required standards and support and supervise every one responsible to you.

   c) You must provide compassionate, high quality, cost effective and comprehensive nursing and midwifery care in collaboration with other members of the healthcare team, treating your colleagues fairly and without discrimination in delivering care that is directed towards health promotion, health maintenance and disease prevention.

   d) You must manage risk, acting without delay, if you believe that you, a colleague or anyone else may be putting someone at risk.

E.   Summary

Ethics is a branch of philosophy that studies views and issues related to moral issues, and sometimes people use ethical philosophy or moral philosophy. Ethics is a philosophical investigation of human obligations and things that are good and bad. In the life of society, we know personal ethics and social ethics. Ethical give benefit in human life, like help an establishment with a variety of views and morals; distinguish which ones cannot be changed and which ones may be changed so that in serving our guests; help someone able to determine opinions, and

bridge all the dimensions or values brought by guests and those that have been adhered to by officers.

Ethics and Etiquette, are sometimes interpreted the same in everyday life and are used interchangeably. Etiquette focuses more on polite ways of speaking, how to dress, how to receive guests at home or work, and other manners. Etiquette is social rules that are approved by specific communities and become norms and role models in behavior for community members. The differences in ethics and etiquette, ethics is the main and fundamental for forming attitudes and behavior. While we practice ethics and etiquette together, we will get respected and admired by others.

Moral is the knowledge that concerns civilized human behavior. Moral can also be divided into pure and applied morals. The object of ethics is moral statements. Ethics does not question the human condition but how humans should act. There are three determinants of the morality of human actions, namely motivation, goal, and environment of action. Religions is a system or principle of belief in the existence of extraordinary regulatory powers that contain norms or regulations that govern how humans relate to God and how humans live continuously until after humans die. Ethics cannot replace Religion, but Ethics is required by Religion. Religion requires ethics skills to provide that orientation. Morals relate to humans as individuals, while law refers to humans as social beings. The difference between law and morals here is that the path to the common area is in the opposite direction, that is, for law from the outside (from external actions) to the inside (to the heart), for morale from the inside out.

Ethics concern right and wrong, good, and bad, in relationships with others. Ethics is required by all professions, including nursing, which underlies the principles of a job and is reflected in professional practice standards. Ethics is used to express a pattern or way of life so that ethics reflects a person's nature, principles, and standards that influence professional behavior.

Codes of ethics are norms or principles accepted by a particular group as the basis for daily behavior in society and the workplace. A

code of ethics can be seen as a product of applied ethics because it results from applying ethical thinking to a particular area or profession. A professional code of ethics is a system of standards or rules written clearly and unequivocally and in detail about what is good and not good, what is right and wrong, and what actions a professional can and cannot do. Code of ethics ensures that a professional will work correctly. Nurses who violate the code of ethics will receive sanctions as follow moral sanction and sanctions removed from the organization.

A professional code of ethics has purposes and functions. The functions are for a particular profession, against individuals, and for the organization. Three principles of the code of ethics consist respect human rights and dignity, improve an individual's status, and support the growth and development of life. An international code of ethics for nurses was first adopted by the International Council of Nurses (ICN) in 1953. It provides ethical guidance in relation to nurses' roles, duties, responsibilities, behaviors, professional judgement and relationships with patients, other people who are receiving nursing care or services, co-workers and allied professionals. The ICN Code of Ethics for Nurses has four principal elements that provide a framework for ethical conduct: nurses and patients or other people requiring care or services, nurses and practice, nurses and the profession, and nurses and global health. Each nursing organization in each nation has code of ethics, for example Indonesian Nursing Code of Ethics (2016), American Nurses Association Code of Ethics (2015), and Code of Professional Behavior and Ethics for Nurses and Midwives in Qatar (2011).

F. Formative Test

Please assess your understanding of the material you have learned by doing the following exercise. If you can achieve a correct score of more than 50, you can continue studying the next chapter, but if you have not attained a valid score of 50, please recheck the material and try again. Keep up the spirit, and good luck.

Evaluation Questions in Chapter 1

1. Which of the following is a nurse's ethical actions in nursing practice?
   A. Not introducing yourself to the patient and not behaving politely towards the patient
   B. Discuss with the patient the benefits of connecting with other people
   C. Not greeting clients in a friendly manner, either verbally or non-verbally
   D. Dispose of trash in its place
   E. Comply with existing regulations

2. What is the right attitude of the nurse when the patient they treat is diagnosed as HIV positive?
   A. Be nonchalant with patients
   B. Refuse to treat and be replaced with another patient
   C. Accepting patients on condition of contact with patients
   D. Caring for patients by paying attention to the safety and security of nurses
   E. Apply for the completeness of personal protective equipment

3. An 18-year-old woman was admitted to surgery with complaints of a lump in the left breast three months ago. The male nurse who received the patient said that the patient would undergo an initial assessment as a new patient, including a physical examination. The patient was told by the nurse to undergo a physical exam by the female nurse on duty at that time and was accompanied by her mother during the test.
   What nursing code of ethics principles must be applied by male nurses?
   A. Maintain the confidentiality of known patient data
   B. Respect cultural values & religious continuity
   C. Uphold the good name of the profession
   D. Maintaining the quality of nursing services
   E. Protect clients from incompetent personnel

4. A nurse at the Community Health Center develops a service program for families of people living with AIDS and drug users. Nurses build partnership programs for cadres from the community and students around the work area of their community health center.
   What ethical guidelines does the Nurse apply?
   A. Nurse and client
   B. Nurses and their profession
   C. Nurses and society
   D. Nurse and colleague
   E. Nursing and practice

5. What are the ethical actions of nurses in dealing with patients who isolate themselves and do not want to socialize with their surroundings?
   A. Does not motivate patients
   B. Pay attention to the patient's basic needs
   C. Be indifferent to the patient and comply with the patient's wishes
   D. Encourage and help clients to connect with other people
   E. Does not show empathy and accept clients or patients as they are.

6. A nurse is on duty in the digestive surgery room. New nurses complete certified enterostoma nurse (ETN) training. The nurse conveyed to the manager/head of the room that she wanted to disseminate her new competency to the nurses.
   What responsibilities does the nurse carry out?
   A. Nurse-fellow responsibilities
   B. Nurse-client responsibilities
   C. Nursing-professional responsibilities
   D. Nurse-state responsibilities
   E. Responsibilities of the practice-nurse

Answer Key:
1. ANSWER: B
2. ANSWER: D

3.   ANSWER: B
4.   ANSWER: C
5.   ANSWER: D
6.   ANSWER: A

G.   Glossary

Ethics	:	a philosophical investigation of human obligations and things that are good and bad
Etiquette	:	social rules that are approved by specific communities and become norms and role models in behavior for community members
Religion	:	a system or principle of belief in the existence of extraordinary regulatory powers that contain norms or regulations that govern how humans relate to God and how humans live continuously until after humans die
Morals	:	the knowledge that concerns civilized human behavior
Nursing	:	is a profession that has a field of work on human welfare, namely by assisting individuals who are healthy or sick to carry out the functions of daily life
Code of ethics	:	norms or principles accepted by a particular group as the basis for daily behavior in society and the workplace
ICN	:	International Council of Nurses
ICN Code of ethics	:	a statement of the ethical values, responsibilities and professional accountabilities of nurses and nursing students that defines and guides ethical nursing practice within the different roles nurses assume

H.   Reference

Ananomo, Leonard E. (2018). Professional ethics and sports administration practice in Nigeria: Challenges and Strategies. *Mgbakoigba, Journal of African Studies*. Vol.7, No.2. June 2018.

American Nurses Association, (2015). *Code of Ethics for Nurses with Interpretive Statements*. Washington, D.C.: American Nurses Association.

Bakti, M. Arfan Tarigan. (2022). LAW AND MORALITY: THE HART AND FULLER DEBATE. Syiah Kuala Law Journal: Vol.6(2) Agustus 2022.

Bertens, K. (2013). *Etika*. Yogyakarta: Kanisius.

Carden, J., Jones, R. J., & Passmore, J. (2022). Defining Self-Awareness in the Context of Adult Development: A Systematic Literature Review. *Journal of Management Education, 46*(1), 140–177. https://doi.org/10.1177/1052562921990065

Chadha-Sridhar, I. (2023). Care as a Thick Ethical Concept. *Res Publica* (3 March 2023). https://doi.org/10.1007/s11158-023-09580-9

De-Laune, Sue C. Ladner, Patricia K. (2002). *Fundamental of Nursing: Standards & Practice*. Second Edition. ISBN 0-7668-2452-7. USA: Delmar-Thomson Learning.

Desmond K. (2022). Difference between Ethics and Etiquette. *Politic Sphere*. January 17, 2022. https://www.politicsphere.com/author/desmond/

Ethics Sage. (2010). *What is Ethics?* December 21, 2010. https://www.ethicssage.com/2010/12/what-is-ethics.html

Fukada, M. (2018). Nursing Competency: Definition, Structure and Development. *Yonago Acta Medica, 61*(1), 1-7. https://doi.org/10.33160/yam.2018.03.001

Genethique. (2017). *Ethics or morality: why make a distinction?* June 19, 2017. https://www.genethique.org/ethics-or-morality-why-make-a-distinction/?lang=en

Haddad LM, Geiger RA. (2022). *Nursing Ethical Considerations*. [Updated 2022 Aug 22]. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK526054/

Hamad Medical Corporation. (2011). *Professionalism: Nursing and Midwifery Conduct-Code of Professional Behavior and Ethics for Nurses and Midwives*. Hamad Medical Corporation, Doha, Qatar.

Ibeitan, Jide; Joshua, Segun. (2013). Ethics in The Nigerian Public Sector: A Discourse. *The Public Administration and Social Policies Review*. V,1(10)/June 2013. https://core.ac.uk/download/pdf/32225120.pdf

International Council of Nurses. (2021). *The ICN Code of Ethics for Nurses Revised 2021*. ISBN: 978-92-95099-94-4. ICN – International Council of Nurses, 3, place Jean Marteau, 1201 Geneva, Switzerland. https://www.icn.ch/sites/default/files/inline-files/ICN_Code-of-Ethics_EN_Web.pdf

Johnson, Robert and Adam Cureton, "Kant's Moral Philosophy", *The Stanford Encyclopedia of Philosophy* (Fall 2022 Edition), Edward N. Zalta & Uri Nodelman (eds.), URL = <https://plato.stanford.edu/archives/fall2022/entries/kant-moral/>.

Kementerian Pendidikan, Kebudayaan, Riset, dan Teknologi. (2016). Kamus Besar Bahasa Indonesia. Edisi Kelima Daring. 31 Oktober 2016. https://kbbi.kemdikbud.go.id/

Karami, A., Farokhzadian, J., & Foroughameri, G. (2017). Nurses' professional competency and organizational commitment: Is it important for human resource management? *PLoS ONE*, *12*(11). https://doi.org/10.1371/journal.pone.0187863

Maxim, Sorin. (2014). Ethics: Philosophy or Science?. *Procedia – Social and Behavioral Sciences*. 149. 10.1016/j.sbspro.2014.08.209. https://www.researchgate.net/publication/275544304_Ethics_Philosophy_or_Science

Markose, A., Krishnan, R., & Ramesh, M. (2016). Medical ethics. *Journal of Pharmacy & Bioallied Sciences*, *8*(Suppl 1), S1. https://doi.org/10.4103/0975-7406.191934

Persatuan Perawat Nasional Indonesia (Indonesian National Nurses Association). (2016). *Kode Etik Keperawatan Indonesia*. 27 Juni 2016. https://simk.ppni-inna.org/index.php/public/information/announce-detail/16

Parker, Malcolm. (2009). Two Concepts of Empirical Ethics. *Bioethics*. Volume 23 Number 4 2009 pp 202–213. doi:10.1111/j.1467-8519.2009.01708.x

Rizany, Ichsan; Hariyati, Rr Tutik Sri; Handayani, Hanny. (2018). Factors that affect the development of nurses' competencies: a systematic review. *Enfermería Clínica,* Volume 28, P 154-157. https://www.elsevier.es/es-revista-enfermeria-clinica-35-articulo-factors-that-affect-development-nurses-S1130862118300573

Smyth, N., (2022). Nothing Personal: On the Limits of the Impersonal Temperament in Ethics. *The Journal of Value Inquiry*, 56(1), pp.67-83.

Sumaryono. (2012). *Etika Profesi Hukum*. Yogyakarta: Kanisius.

The International Council of Nurses. (2002). *Nursing Definition.* Geneve. https://www.icn.ch/nursing-policy/nursing-definitions

Utami, Ngesti W.; Agustine, Uly; Patriyani, Ros Endah Happy. (2016). *Modul Bahan Ajar Cetak: Etika Keperawatan dan Keperawatan Profesional*. Cetakan pertama, Desember 2016. Jakarta: Pusat Pendidikan Sumber Daya Manusia Kesehatan, Badan Pengembangan dan Pemberdayaan Sumber Daya Manusia Kesehatan, Kementerian Kesehatan Republik Indonesia.

Valizadeh, L; Zamanzadeh, V; Eskandari, M; Alizadeh, S. (2019). Professional Competence in Nursing: A Hybrid Concept Analysis. *Med Surg Nurs J.* 2019;8(2): e90580. https://doi.org/10.5812/msnj.90580.

Weinstein, Bruce. (2018). *Is There a Difference Between Ethics and Morality in Business?* Forbes. February 27, 2018. https://www.forbes.com/sites/bruceweinstein/2018/02/27/is-there-a-difference-between-ethics-and-morality-in-business/?sh=76c3a50a2088

World Health Organization. (2000). *Nursing and Midwifery: Overview.* https://www.who.int/health-topics/nursing#tab=tab_1

Xhemajli, Haxhi. (2021). The Role of Ethics and Morality in Law: Similarities and Differences (December 17, 2021). Available at SSRN: https://ssrn.com/abstract=4011265 or http://dx.doi.org/10.2139/ssrn.4011265

UNIT 2.

TRENDS AND ETHICAL PRINCIPLES IN NURSING CARE

A.   Learning Objectives

The learning objectives in second chapter are:

1. Students can detect malpractice and negligence in nursing practice,
2. Students can conclude ethical issues (issues, problems, dilemmas, and bioethics) in nursing services, and
3. Students can formulate the stages of solving ethical problems in nursing.

B.   Trends in Nursing Ethics

1.   Trends and issues in nursing ethics

In many ways, a nurse is often faced with ethical and moral problems when carrying out her function. The problem is usually a consideration of conflicting ethical principles. Then how does a nurse deal with it? In the following, five fundamental ethical and moral issues are related to concerns of conflicting ethical principles (Amelia, 2013).

a. Quantity versus Quality of Life

Look at the illustration below for an example.

There was a mother who asked the nurse to remove all the medical equipment placed on her 12-year-old son, who had been in a coma for 1 week. Under these circumstances, the nurse faces a problem with what position she has made decisions morally. The nurse is in a place of quantity versus quality of life because the patient's

family asks whether the equipment installed in almost all parts of the patient's body can keep the patient healthy life.

b. Freedom versus Handling and Prevention of Harm

A patient who refused to undergo nursing care for infusion. He reasoned that his hands could not move freely when installed information. In this situation, nurses face problems in providing professional health services to patients for the patient recovery. Done was given to him. But on the other hand, the nurse cannot force the patient to accept the nursing action that will be given because the patient has the freedom to refuse or take the nursing action that will be provided.

c. Telling the Truth versus Telling a Lie

Nurses treat patients exposed to a disease due to consuming illegal drugs, namely narcotics. At the same time, the patient is being treated and asks for health services from the nurse. The problem is whether he must report the patient's actions to the authorities. Of course, in conditions like this, it is not easy for nurses to make firm and correct decisions. Then how can nurses take examples of the right choices in ethical-moral nursing?

d. Curiosity that conflicts with religious, political, economic, and ideological philosophies

There is a tendency for some people to use traditional healers as a solution for curing cancer, having children, healing pregnancy disorders, and so on. Indeed, many community members still prefer to go to a traditional healer rather than a doctor. How do the nurses respond to this phenomenon? Especially when carrying out its function as a nurse in the community.

e. Conventional scientific therapy versus experimental therapy

Almost all tribes in Indonesia have conventional therapeutic practices, which are still considered actions that can be trusted. Scientifically, these actions are difficult to prove, but some people believe in them. For example, people think the cure for stomach aches is tying the stomach with a grass rope growing in the yard. Another example is that some people still believe in treating

toothache by applying certain trees' sap to cavities. Some still think beautifying the voice is eating very young betel nuts. Then how should a nurse address such a phenomenon?

Several ethical issues in current nursing practice are:

a. **Malpractice**

Malpractice consists of the word "mal," which means wrong, and "practice," which implies implementation or action, so Malpractice means performance or wrong move. Despite this literal meaning, most terms express wrong actions when carrying out a profession. Malpractice is an error in improper professional action or failure to apply proper professional skills. In the health profession, the term malpractice refers to the negligence of a doctor or nurse in using their level of intelligence and knowledge to treat and care for patients. Malpractice can also be interpreted as non-fulfillment of the realization of people's rights to get good service, which usually occurs and is carried out by individuals who do not want to comply with existing regulations because they do not apply the principles of transparency or openness in the sense that they must talk clearly about the services provided. Provided to consumers both health services and other services offered.

Malpractice is divided into three types: criminal malpractice (criminal), civil malpractice, and ethical malpractice.

1) Criminal Malpractice is an error in carrying out a practice related to a violation of the "criminal" law, namely: carrying out medical actions without the patient's consent causing the patient to die/injured due to Negligence; perform abortions; committing a violation of decency/decency; reveal medical/ nursing secrets; falsification of certificates or deliberately failing to assist people in danger. Responsibility before the law for criminal malpractice is individual/personal and, therefore, cannot be transferred to other people or to agencies that provide service facilities where they are sheltered.

2) Civil malpractice. A health worker will be called a civil malpractice if he does not carry out his obligations or does not carry out his achievements as agreed (breaking a promise).
3) Ethical malpractice is a nursing action contrary to nursing ethics, as stipulated in the nursing code of ethics, which is a set of ethical standards, principles, rules, and norms that apply to nurses.

Ellis and Hartley (1998) revealed that malpractice is a specific definition of Negligence aimed at someone who has been trained or educated and shows performed according to the field of duty/work.

b. **Negligence**

Negligence can be in the form of Omission (negligence to do something that should be done) or Commission (doing something carelessly). Failure is any action taken that can violate standards resulting in injury/loss to others (Sampurno, 2005). According to Amir and Hanafiah (1998), Negligence means a lack of caution, namely not doing what someone with a careful attitude does reasonably, or vice versa, what someone with a cautious attitude would not do in that situation (Tonia, 1994).

1) Types of Negligence
   The forms of Negligence, according to Sampurno (2005), are as follows:
   a) Malfeasance: taking action that violates the law or is inappropriate/proper. For example: carrying out nursing actions without good indication adequate/appropriate.
   b) Misfeasance: making the right choice of nursing action but implementing inappropriately. For example: acting nursing by breaking the procedure.
   c) Nonfeasance: Not doing nursing action, which is a duty. For example, the patient should have had a bed guard put on, but this was not done.

Sampurno (2005) said that an action or attitude of a health worker is considered negligent if it fulfills four elements, namely:

a) Duty or obligation of health workers to act or not to take specific steps on certain patients in certain situations and certain conditions.

b) Dereliction of duty or deviation from obligations

c) Damage or loss, namely everything that the patient feels as a loss resulting from the health services provided by the service provider.

d) Direct cause or real causal relationship; in this case, there must be a causal relationship between the deviation of obligations and the minimum loss.

2) Impact of Negligence

Negligence by nurses will have a broad impact on patients and their families and the hospital, individual nurses who commit Negligence, and the profession. In addition to criminal lawsuits, it can also be in the form of civil cases in compensation. (Sampurno, 2005). When viewed from the ethical perspective of nursing practice, Negligence is a form of violation of the moral basis of good nursing practice, violations of autonomy, justice, nonmaleficence, and others. (Kozier, 1991) and its solution using ethical dilemmas. Meanwhile, from a legal point of view, this violation can be directed at perpetrators both individually and professionally, as well as institutions providing nursing practice services. If this occurs, Negligence can be classified as criminal and civil acts (articles 339, 360, and 361 of the Criminal Code).

Sample case:

Elderly patients experience disorientation while in the treatment room. The nurse does not create a nursing plan to monitor and maintain patient safety by installing bed barriers. As a result of disorientation, the patient fell out of bed at night and suffered a broken leg. In this case, the nurse violated

the nursing ethics outlined in the nursing code of ethics. In the cases above, the nurse has committed negligence which caused harm to the patient.

c. **Liability**

Liability is the responsibility that is owned by someone for every action or failure to act. Like other health workers, professional nurses are responsible for any harm that arises from their wrong actions. Dependents imposed by nurses can come from mistakes made by nurses in the form of criminal acts of carelessness and negligence.

2. **Moral decisions and moral theories in nursing**

  a. Understanding of values, morals, and traditions

Values in nursing practice are a nurse's belief in a standard or guideline that guides the attitude/behavior of nurses in the health services provided to patients. Moral in nursing is almost the same as the understanding of ethics. Usually refers to personal (a nurse's) standard of right or wrong in nursing practice. This understanding is fundamental for every nurse to recognize ethics in religion, law, tradition, and customs, including professional courses such as patient health care. Tradition is a set of beliefs and attitudes of a communal society about the truth and appreciation of a thought, object, or behavior that is action-oriented and gives meaning to one's life. For example, in one community, some still think that childbirth cannot be separated from the labor and services of a traditional birth attendant (not a nurse or doctor). Therefore, nurses must work with traditional birth attendants, not away from them, when serving people with such a tradition. With this kind of cooperation, there will be continuity between nurses and shamans and keep the community receiving nursing services during childbirth.

b. Fundamental values in professional nursing practice

The American Association of Colleges of Nursing identifies seven fundamental values in professional nursing practice or the professional life of a nurse as follow:

1) Aesthetics (beauty): A nurse must give satisfaction to patients in their health services by respecting patients, showing creativity of nurses with expertise and skills that are highly qualified, imaginative, sensitive, and concerned about the health of their patients he treated.

2) Altruism (putting others first): A nurse always puts the patient's interests above his own and tries to care for others the welfare of others.

3) Equality: A nurse has the same rights or status as other medical personnel. The similarity lies in its position as health services for the community, although their expertise and competence are different.

4) Freedom: A nurse has the freedom to think and work, which does not conflict with the principles and ethical code of nursing.

5) Human dignity: Nurses respect human dignity and the uniqueness of the individual being cared for, which is demonstrated by empathy, kindness, careful consideration in taking nursing actions, and the highest respect for the trust of patients and the wider community.

6) Justice: Nurses are fair in providing nursing care regardless of social strata, ethnicity, race, religion, and other differences

7) Truth: Nurses always uphold the values of truth in conveying messages to patients and in carrying out nursing actions for patients, as shown by being responsible, honest, rational, and a great curiosity about science that continues to grow.

c. Ethical Theory

We will divide the ethical theory into three groups: traditional moral theory, modern ethical theory, and contemporary ethical theory.

1) Traditional Ethical Theories (Before 1500) include:
   a) Egoism: this theory emphasizes what is best for me. The nurse cares for the client only for personal use. For example, the nurse will be caring for AIDS clients if he/she are paid more.
   b) Subjectivism: this theory emphasizes the good or bad of an action determined by one's views. For example, if, according to the view someone taking care of AIDS clients is good, then the nurse will take care of him.
   c) Relativism: this theory emphasizes whether an action is good or bad depending on the values held by individuals or society. For example, Caring for HIV patients can be said to be good or bad, depending on society's views.
   d) Objectivism: this theory emphasizes that there are higher values in determining good and evil that can be assessed objectively.
   e) Moralism: this theory emphasizes that honest discussion is needed in making ethical decisions.
   f) Nihilism: this theory says there is no need for arguments against ethical issues about life because nature will end.
   g) Rational Paternalistic: this theory emphasizes that doctors/ nurses know better what is best for the patient
   h) Eudemonism: an action is said to be good if it aims for good/ has a good purpose
   i) Hedonism: this theory emphasizes that good actions are actions that can please many people. For example, if smoking pleases many people, then it is said to be good
   j) Stoicism: this theory emphasizes that nurses are aware of the limitations of human strength, surrender, and accept what is a virtue.
   k) Natural law: this theory explains that what God arranges is good to do, for example, according to the Bible or the Qur'an.

2) Modern Ethical Theories (1500-1900)
   a) Altruism: this theory emphasizes that nurses show love, kindness, and honesty to clients in providing nursing care
   b) Utilitarianism and Teleology. This theory emphasizes the achievement of the final result that occur. Achieving results with the maximum good and the least possible harm to humans (Kelly, 1987). For example, a baby born without a skull would be allowed to die rather than suffer all his life.
   c) Deontology: According to Kant, right or wrong is not determined by an action's result or consequences but by its moral value. Kant argued that moral or duty-related principles must be universal, unconditional, and imperative. An example of the application of deontology is a nurse who believes that the client must be told what is going on even though this fact is harrowing.
   d) Voluntarism: this theory emphasizes intention. An action is said to be good if there is good intention
   e) Marxism: this theory emphasizes that suitable action is based on communism. Marxism contains communist values, a group of people who powerful, individually, not free.

3) Contemporary Ethical Theory
   a) Individualism: This theory emphasizes self-determination, meaning that actions are considered suitable by themselves.
   b) Existentialism: Someone is responsible for decisions for himself.
   c) Justice-based ethics: This theory emphasizes justice as a central point. At best, an idea must be rejected if it is not fair. In theory.
   d) This human right is guaranteed because of justice.

d. Moral Principles in Nursing Ethics

Morals are essential in determining ethical behavior and solving ethical problems. Moral principles are general standards for doing something to form an ethical system. Moral principles precisely judge whether an action is prohibited, necessary, or permitted in

a given situation. The moral principles often used in nursing are Autonomy, beneficence, justice, veracity, avoiding killing, and fidelity (John Stone, 1989; Baird et al., 1991).

1) Principle of Autonomy (Autonomy)

   This Principle explains that clients are free to self-determine or regulate themselves by human nature that has self-esteem and dignity. Case examples are: The client has the right to refuse invasive actions the nurse performs. Nurses should not force the will to do so because the client has the right to autonomy and authority for himself. The nurse is obliged to provide the most precise possible explanation for the client in various action plans in terms of the benefits of action, urgency, etc. so that it is expected that the client can decide for himself after considering it based on awareness and understanding.

2) Principle of Kindness (Beneficence)

   This Principle explains that the nurse does what is best for the client, does not harm the client, and prevents harm to the client. Related cases with this matter, such as clients who experience physical weakness, should not be forced to walk to the examination room. The client should be encouraged to use a wheelchair.

3) Principle of Justice (Justice)

   This Principle explains that nurses treat each client according to their needs. For example, when a nurse is confronted with total patient care, the nurse must bathe with the same procedure without discriminating between clients. But when the patient can bathe itself, the nurse does not need to clean him anymore.

4) The Principle of Honesty (Veracity)

   Truth is the foundation for building trusting relationship. This Principle emphasizes that nurses must tell the truth and not lie to clients. Cases related to this Principle include a client who has HIV/AIDS asking about the diagnosis of the disease. The nurse needs to tell what it is even though the nurse still

considers the condition of the client's mental readiness to be notified of the diagnosis.

5) Principle of Preventing Killing (Avoiding Killing)

Nurses value human life by not killing. The sources of consideration are religious morals/beliefs and certain cultures/ norms. Examples of cases faced by nurses such as when a husband wanted euthanasia for his wife on review of the lack of funds while his wife believed it would be impossible for his wife to recover; nurses need to consider not carrying out euthanasia for review of the culture/norms of the Indonesian people who are religious and believe in the One and Only God, apart from the basis of the Republic of Indonesia Law, there is no legality of euthanasia.

6) Principle of Loyalty (Fidelity)

This Principle emphasizes nurses' loyalty to their commitments, keeping promises and secrets, and caring for clients/family.

Nursing ethical principles can be broadly categorized into four major ethical nursing principles (ANA, 2015):

a. Autonomy: The right to self-determination. Autonomy in nursing means providing adequate information to allow patients to make their own decisions based on their beliefs and values, even if they are not the ones the nurse chooses. Autonomy also relates to only providing nursing care within the scope of practice defined by state and organizational rules. Examples of autonomy in nursing include administering PRN medications or assigning nursing duties based on levels of competence.

b. Beneficence: The promotion of good. Beneficence in nursing relates to ensuring that the patient's best interest is considered, regardless of the nurse's personal opinion. Examples of beneficence in nursing include providing comfort to a dying patient or assisting with tasks a patient cannot perform independently.

c. Justice: Fairness or an equal distribution of benefits. Justice in nursing relates to impartiality regarding a patient's age, ethnicity, economic status, religion, or sexual orientation. Examples of

justice in nursing include impartiality when assigning clinical or prioritizing patient care.

d. Nonmaleficence: The avoidance or minimization of harm. Nonmaleficence in nursing requires the provision of safe, effective, high-quality care. Examples of nonmaleficence in nursing include holding a medication due to adverse reactions or taking steps to ensure a safe work environment.

For cases often encountered, for example, the nurse has agreed with the client to accompany the client during the PA action, so the nurse must be prepared to fulfill it.

3. **Ethical Problems that Often Occur in Health/Nursing Services.**

An ethical and moral issues that often occur in professional nursing practice include:

a. Organ transplantation (organ transplant)

In many cases, the medical team has successfully transplanted organs to clients who need them. In case of kidney tumor, kidney trauma, or kidney failure CRF (chronic Renal Failure), a kidney from a donor is transplanted into a recipient kidney (recipient). The ethical issue that arises is whether donor organs can be traded. What about the donor's right to live a healthy and perfect life? Are we not obligated to help people in need even though we can survive with one kidney? Does the recipient have the right to obtain other people's organs? What about the operating team that does it according to the professional code of ethics? How about the organs of people who have died? Is it permissible for dead people to have their organs harvested? An ethical review board of experts in the field should scrutinize all organ donor studies.

The ethics committee may consist of experts consisting of doctors, nursing experts, religious experts, legal experts, or social science experts. Medically some requirements must be met to donate these organs. Among them are having DNA, blood type, type of antigen that matches between donor and recipient, antigen and antibody rejection reactions do not occur by the recipient, it

must be ascertained whether the circulation, perfusion, and organ metabolism are still running well and have not experienced death (necrosis). This will be related to the issue of clinical death and informed consent. It is necessary to have legally legal witnesses that a person's or family's organs were donated to another family so that there will be no legal problems in the future.

Usually, there is a certificate accompanying it that the organ is legit and legal. The legal instruments and laws regarding organ donation in Indonesia is not as complete as abroad, so organ donor operations for Indonesian clients are mainly done in Singapore, China, or Hong Kong.

b. Determination of clinical death

There is much controversy over the characteristics of clinical death. The ethical problem that often occurs is clinically determining a person's death. This is related to utilizing the organs of clients considered clinically dead. According to Rosdahl (1999), the criteria for clinical death (brain death) in several American countries are determined as follows: cessation of breathing after cessation of artificial respiration for 3 minutes (inspiration-expiration); cardiac arrest without an external stimulus; no verbal and non-verbal responses to external stimuli; loss of reflexes (cephalic reflexes); dilated pupils; loss of whole brain function as evidenced by EEG.

c. Quality of Life (quality in life)

Quality of life issues often become ethical issues. This underlies the health team's moral decisions to determine whether a client should get intervention. For example, somewhere, there are no willing donors or experts who can provide specific actions. For example, do we still help TB clients take medication even though they can still work? Who can decide on nursing actions for a client in a coma? Who has the right to choose to stop resuscitation? If there are two clients at the same time who need one device, which takes precedence? What should the nurse do if many other clients need a tool, but a wealthy client uses the machine with no hope of recovery? What is the nurse's attitude if a cancer client is

happy not to continue treatment? If the client must immediately amputate but is unaware, who should decide?

d. Ethical issues in treatment (issues of ethical problems in nursing actions)

If an action requires a large amount of money, is the action still carried out even though the client is unable and unwilling? Ethical issues that often arise such as:

1) Client refuses treatment or recommended action (refusal of treatment), for example, refusing phototherapy, refusing surgery, refusing NGT, refusing to have a catheter

2) Clients stop ongoing treatment (withdrawal of treatment), for example, DO (Drop out) therapy for tuberculosis, DO (Drop out) chemotherapy for cancer.

3) Withholding treatment, for example, delaying therapy because no donor or family refuses, for instance, a kidney or heart transplant.

e. Euthanasia

Euthanasia is a bioethical issue and a significant debate in the Western world. According to the Oxford English Dictionary, euthanasia means an act to make it easier to die quickly and quietly. Euthanasia comes from the Greek words "*eu*" (meaning easy, happy, or sound) and *Thanatos* (meaning death). So, when combined, it means a good or happy end.

Euthanasia consists of voluntary, involuntary, active, and passive euthanasia. In the case of voluntary euthanasia, the client voluntarily and freely chooses to die. In involuntary euthanasia, actions that cause death are not carried out based on the client's consent and often violate the client's wishes. Active euthanasia involves an intentional act that causes the client to die, for example, by injecting lethal doses of drugs. Active euthanasia is an act that violates the law and is stated in the Criminal Code articles 338, 339, 345, and 359. Passive euthanasia stops medication or life-sustaining supportive care (e.g., antibiotics, nutrition, fluids, respirators that the client no longer needs).

In conclusion, various arguments have been given by experts on euthanasia, both supporting and rejecting it. The moral question that needs to be answered is not "Is euthanasia morally permissible" but Which type of euthanasia is permissible? Which method is correct? Under what conditions?

4. **Models of decision making and ethical dilemmas**
   a. Basic Theory of Decision Making
   The basic theory/ethical principles guide ethical decisions in professional practice (Fry, 1991). Ethical theory is used in decisions when there is a conflict between regulations and rules. Moral philosophers have developed several ethical theories, which can be broadly classified into Theories of Teleology and Deontology. These two theoretical concepts have already been alluded to in the subject matter of ethical theory.
   b. Decision-Making Framework
   The ability to make ethical decisions is one of the requirements for nurses to practice professional nursing (Fry, 1989). In making ethical decisions, several elements influence, namely personal values, beliefs, the nursing code of ethics, moral concepts of nurses, and ethical principles and models of ethical decision frameworks. Elements involved in decision-making and moral action in nursing practice (Adapted from Fry, 1991) as in the following diagram:

   Many ethicists have devised various ethical decision-making frameworks, and all these ethical frameworks attempt to answer basic questions about ethics. Several ethical nursing decision-making frameworks were developed concerning medical ethical decision-making (Murphy, 1976; Borody, 1981). Several frameworks were prepared based on the problem-solving process taught in nursing education (Bergman, 1973; Curtin, 1978; Jameton, 1984; Stanley, 1980; Stenberg, 1979; Thompson, 1985). The following is an example of a nursing ethical decision-making model developed by Thompson and Jameton. The Jameton method can be used to solve client nursing ethical problems. The Jameton framework,

as written by Fry (1991), is model 1, which consists of six stages, model II which consists of seven steps; and model III which is a bioethical decision.

Solving ethical problems in nursing is the responsibility of the nurse. Accountability is accountability to oneself, clients/society, and the profession for all actions taken in the nursing process using the ethical basis and nursing standards. In accountability for their actions, the nurse will display their ethical thinking and personal development in nursing. This means that nurses carry out the norms required in nursing behavior.

c. Examples of Ethical Dilemma Solving

According to Thompson & Thompson (1985), an ethical dilemma is a complex problem with no satisfactory alternative or a situation where good and unsatisfactory options are comparable. In a moral dilemma, there is no right or wrong. To make ethical decisions, one must depend on rational and not emotional thinking. Various experts widely express the framework for solving moral dilemmas and use a scientific nursing/problem-solving process framework.

Kozier and Erb (1989) describe the framework for solving ethical dilemmas as follows:

1) Develop primary data,
2) Identify conflicts that occur based on the situation,
3) Make alternative actions regarding the planned series of steps and consider the results or consequences of these actions,
4) Determine who is involved in the problem and who is the right decision maker,
5) Defining the obligations of nurses, and
6) Decide,

d. Application of Ethical Dilemma Solving

1) Developing baselines,
   a) People involved: the client, the client's husband, the surgeon, the head of the ward, and the primary nurse,
   b) Suggested action: not to tell the client about her husband,

c) The purpose of the action: maybe to prevent Mother A from psychological trauma, and

d) Consequences of the proposed activity: if the information is not informed, the client will continue to be anxious and angry and may refuse to act. As a result, the healing process will be disrupted.

2) Identify the conflict resulting from the situation

The conflict that occurs is in the primary nurse, namely:

a) Want to be honest with the client but disloyal to the surgeon and head of the ward

b) Want to be loyal to the surgeon and director of the community but not open with the client

c) Conflicts about the effects may arise on the client if the client is notified or not informed.

3) Think of alternative actions to the proposed activities and consider the consequences of these alternative actions.

Follow the recommendations of the surgeon and head of the ward. The consequences of this action include:

a) Approval from the surgeon and director of the ward

b) Risks as a nurse who is not assertive

c) Denying personal value, to tell the truth to the client

d) May benefit the Mother A's health

e) This may make Mother A's health worse

f) Discuss this further with the surgeon and head of the ward by confirming the right of Mother A to obtain information and

g) Respect for their autonomy.

h) The surgeon will probably be aware of Mother A's right to provide information and, consequently, to inform Mother A of her husband's death

i) The surgeon will probably say not to tell Mrs. A about her husband's death.

4) Establishing who makes the right decisions. Nurses do not make decisions for clients but assist clients in making decisions themselves. In this case, it is necessary to consider the following:
   a) Who should be involved in making the decision and why?
   b) For whom was the decision made?
   c) What are the criteria for determining who is the decision maker (social, economic, physiological, psychological, regulatory/legal)
   d) To what extent is client consent required?
   e) What moral principles are emphasized or ignored by the proposed action?

   In the example above, the surgeon believes that the decision maker is himself, and the head of the room agrees. However, whose criteria should be the decision maker is unclear. If the criteria have been mentioned, there may be a conflict about the effect of providing information or not providing information about the health of mother A; it can be resolved. Was it psychologically beneficial for mother A if she was told? Is it physiologically helpful to be said or not to be described? What are the social and economic effects of the proposed actions?

5) Define the duties of a nurse
   To help decide, nurses need to make a list of nurse obligations that must be considered; examples of these obligations are:
   a) Improve client welfare
   b) Make a balance between the client's need for autonomy and family responsibility for the client's health
   c) Helping families and support systems
   d) Implement hospital regulations
   e) Protect nursing standards

6) Make decision
   In an ethical dilemma, there are no right or wrong answers. In addressing ethical dilemmas, the healthcare team must consider the most beneficial/appropriate approach for the client. Once a decision has been made, consistently that

decision is implemented, and whatever is decided in that case, that is the ethical course of action in the circumstances.

e. Factors Influencing Ethical Decision Making in Nursing Practice

Various factors influence a person in making ethical decisions. These factors include religious, social, scientific, technological, legislation, juridical decisions, funds, finance, employment, client and nurse positions, nursing code of ethics, and client rights.

1) Factors of Religion and Customs

Various backgrounds and customs are the main factors in making ethical decisions. Every nurse is advised to understand the values they believe in and the rules of the religion they adhere to. Indonesia is an archipelagic country inhabited by people with various religions/beliefs and customs. Every citizen is free to choose the religion/belief he adheres to. This is by Chapter XI Article 29 of the 1945 Constitution, which reads 1) The state is based on Belief in the One and Only God, and 2) The state guarantees the independence of each resident to embrace their religion. And to worship according to their religion and belief. The cultural factors nurses or patients have is very influential in ethical decision-making. An example in Javanese culture and other regions is the traditional philosophy of "*mangan ora mangan anger kumpul*" (eating is not eating as long as we stay together).

2) Social Factors

Various social factors influence ethical decision-making. These factors include social behavior, culture, science, technology, and laws and regulations (Ellis, Hartley, 1980). Some circles of society have gradually abandoned traditional values. For example, women who were only housewives who depended on their husbands at first have become companions for husbands with jobs, and many have become careerwomen. It is believed that society also influences nursing.

3) Legislative factors and juridical decisions
   Social change and legislation are constantly interrelated. Every social change or legislation causes an action to arise, a reaction to the change. The legislation guarantees movement according to the law so that people who act not according to the law can cause a conflict (Ellis, Hartley, 1990).

   The legal aspects and forms of juridical decisions regarding health ethical issues are being discussed. Therefore, a law on nursing practice and a decree from the minister of health which regulates the registration and training of nurses is required. In the Nursing Law No. 38 of 2014 Chapter VI concerning rights and obligations, Article 36 states that nurses carrying out nursing practice have the right to obtain legal protection as long as carrying out their duties according to standards services, professional standards, standard operating procedures, and statutory provisions. Article 37-point b states that nurses in nursing practice are obliged to provide nursing services per the code of ethics, nursing service standards, professional standards, standard operating procedures, and provisions of laws and regulations.

4) Funds/Finance Factors
   Funds/finances to pay for treatment and care can lead to conflict. The government has made many efforts to improve public health status by holding government-funded programs. Nurses and health workers who face clients daily often receive client complaints about funding. No statement in the list of nursing diagnosis categories states insufficient funds, but this can be an etiology for various nursing diagnoses, including anxiety and non-compliance. Insufficient funds can lead to conflict, especially if it cannot be resolved.

5) Occupational Factors
   In deciding, nurses need to consider their job position. Most nurses are not staff who practice themselves but work in hospitals, private practice doctors, or other health institutions.

Nurses who prioritize personal interests often get the spotlight as dissident nurses. Consequently, he may receive administrative sanctions or lose his job.

C.   Ethical Principles in Nursing Care
1.   Ethical principles in conducting nursing process

The potential ethical implications of nursing diagnosis, particularly the "no harm" principle. There is a suggestion that by making objective judgments and reducing individuals and their complex relationships with the world, nursing actions may inadvertently cause human suffering. The ethical responsibilities of nurses involved in the diagnostic process follow three levels of potential harm for individuals and parallel ethical conflicts for nurses. It also calls on national nursing associations and accrediting agencies to consider the paternalistic underpinnings of the diagnostic process and the moral consequences of prescribing only one approach to practice. Parse's humanistic nursing theory is presented as one scientific approach that aligns with the principle of "no harm" (Mitchell, 1991).

Assessment is the initial stage of the nursing process and is a systematic process of collecting data from various sources to evaluate and identify the client's health status (Lyer et al., 1996). The purpose of the assessment is so that nurses can collect objective and subjective data from clients, especially regarding the complaints they suffer, making it easier for nurses to take nursing actions. This study's data collected includes clients, families, communities, environment, and culture.

During the assessment, the nurse must pay attention to several main things, as follows:
a. Nurses try to understand the complaints experienced by patients. The nurse must also learn about the situation being faced by the patient related to the criticism he is suffering from. For example, an assertive nurse does not ask in an accusing way, does not judge, and listens with empathy whether the patient is a smoker; whether there is a family member who smokes at home; does he like to drink alcohol, likes to drink alcohol, and so on. The

way to discover all these things is to pay attention to physical, psychological, emotional, socio-cultural, and spiritual conditions affecting their health status.

b. Nurses try to collect all information related to the past, present, and even something that can become a problem for patients in the future. It is necessary to create a complete and objective database. The data collected comes from nurses-clients during interactions and other sources. For example, in a relaxed style, ask about their habits, diet, sleep patterns, etc.

c. In the assessment, the nurse must also understand that the patient is the primary source of information. That is the answer that must be held by a nurse when she asks if the answer comes from the patient's mouth, not his family, let alone other people. Because the person who knows better about the patient's condition and the complaints suffered by the patient is the patient himself. Unless the patient cannot speak because he is in an unconscious state, the critical information that the nurse must obtain is from his close family.

d. In the assessment, a nurse may complete information from secondary sources other than the patient himself. Nurses can ask other parties who are considered to have/provide information about the patient's health. Data sources other than patients include family members, close friends, and people who are essential to the client's health.

The nurse must carry out an accurate, complete assessment according to reality, the correctness of the data is essential in formulating a nursing diagnosis, and the nurse must try to collect all information relating to the past, present, and even something that has the potential to become a problem for patients in the future.

Nursing diagnosis is the second stage that the nurse performs in nursing actions or the nursing process. According to Carpenito (2000), a nursing diagnosis is a statement that explains the human response (health status or risk of changing patterns) of individuals and groups where accountable nurses can identify and provide interventions with

certainty to maintain health status. The definition of a nursing diagnosis is to analyze subjective and objective data to make a nursing diagnosis. Nursing diagnoses involve complex thought processes about data collected from clients, families, medical colleagues, and other health care providers.

Nursing diagnoses are an integral part of the nursing process. This is a component of the analytical steps in which the nurse identifies individual responses to actual and potential health problems. So, intervention is a method of communication about nursing care to clients. In some countries, diagnosing is identified in the act of nursing practice as a legal responsibility of a professional nurse. The nursing diagnosis provides a basic guideline for providing definite therapy, for which the nurse is responsible. The nursing diagnosis is established based on in-depth analysis and interpretation of the data obtained by the nurse from the client's nursing assessment.

The North American Nursing Diagnosis Association (NANDA, 1992) defines a nursing diagnosis as a kind of clinical decision that includes the client, family, and community response to a potential health problem in the life process. One of the benefits of a nursing diagnosis is to provide an overview of the client's real (actual) problems or health status that are likely to occur, where the solution can be carried out within the limits of the nurse's authority. There are several main things that a nurse must pay attention to when making a nursing diagnosis, as follow:

a. A nurse making a nursing diagnosis certainly requires good clinical skills, including the process of nursing diagnosis and formulation in making nursing services.
b. The process of nursing diagnosis is divided into groups of interpretations and ensures the accuracy of the diagnosis of the nursing process.
c. Formulating a nursing diagnosis statement requires knowledge to distinguish between actual, risky, and potential things in a nursing diagnosis.

All data displayed on each nursing diagnosis includes definitions, possible etiologies, distinct boundaries, goals/goals (short-term and

long-term), interventions with specific rationales, expected client outcomes/discharge criteria, and medication information.

Planning or intervention is the third stage carried out by nurses in carrying out nursing actions or nursing processes. Interventions are carried out to assist patients in achieving the expected results, namely recovery from illness or all patient complaints. The definition of nursing intervention is a prescription for the specific behavior expected of the patient and action to be taken by the nurse.

Planning includes developing design strategies to prevent, mitigate or correct the problems identified in the nursing diagnoses. Nursing interventions must be specific and stated clearly and unequivocally, such as how, when, where, frequency, and magnitude, giving the content of planned activities. Nursing interventions can be divided into independent (performed by the nurse herself without assistance from others) and collaborative (performed by other caregivers/collaboration).

While nurses evaluate the nursing action plan, several components need to be considered, namely:
   a. Determining the priority of the problem: through assessment
   b. Determine the criteria for results (outcomes)
       Guidelines for writing outcome criteria based on SMART:
       1) Specific (objectives must be clear and not ambiguous)
       2) Measurable (nursing goals must be measurable, especially regarding client behavior; they can be seen, heard, touched, felt, etc.)
       3) Achievable (goals must be achieved)
       4) Reasonable (objectives must be scientifically justified)
       5) Time (has an achievement period)
   c. Define an action plan
   d. Intervention documentation

The fourth stage carried out by nurses in nursing actions or nursing processes is implementation. Implementation is an initiative of an action plan to achieve specific goals (Lyer, 1996). The definition of implementation in this context is starting and completing the actions needed to achieve the goals that have been determined. The

implementation phase begins after an action plan is drawn and shown in nursing orders to help the client achieve the expected goals.

The fifth stage carried out by nurses in nursing actions or nursing processes is evaluation. Evaluating the nurse determines how far the goals of nursing have been achieved. According to Griffith (1998), evaluation is planned and systematically compares the client's health status. The assessment focuses on individual clients and groups of clients themselves. The evaluation process requires several skills in establishing a nursing care plan, including knowledge of standards of nursing care, normal client responses to nursing actions, and knowledge of nursing concept models.

The nurse's evaluation of nursing refers to several things, assessments, stages, and improvements. In this last stage, the nurse will find the factors that cause why a nursing process can succeed or fail. For example, the nurse will see the client's reaction to the nursing intervention given and determine what the goals of the nursing plan are acceptable. Planning is the basis that supports an evaluation. From this evaluation, the nurse can do the following:
   a. Reassign new information provided to the client to replace or delete the nursing diagnosis, goals, or interventions.
   b. Nurses can also determine the target of an outcome to be achieved together with the client.

Those are the five steps nurses can take in nursing actions or the nursing process. By following the five steps described above, nurses will choose a systematic framework for making decisions and solving problems in implementing nursing care while still adhering to the ethical principles stated in their professional code of ethics.

2. **Conducting ethical principle in caring for patient**
   The care perspective provides direction for how nurses as medical personnel can give time to sit together with patients and colleagues. The relationship between nurse and patient is central to a care-based approach, where a nurse can provide special attention directly to

patients, as she has done throughout her life. The characteristics of the philosophy of care include the following:

   a. The nursing approach based on care is centered on interpersonal relationships in care
   b. A nursing approach based on care can increase respect and appreciation for the dignity of clients or patients as human beings. This approach upholds cultural and emotional relationships so that nurses and patients become closer.
   c. The nursing approach based on care encourages nurses to listen to and process suggestions from others, colleagues, doctors, the community, and even patients, leading to professional responsibility in the nursing field.
   d. The care-based nursing approach encourages nurses to re-enhance the meaning of moral responsibility, which includes the following virtues: 1) kindness, 2) caring, 3) empathy, 4) compassion, and 5) accepting reality as it is.

On the other hand, nursing practice based on the principles of care also has a tradition of committing to patients. In addition, many claim that advocating for patients is a role that has been legitimized as a role in providing nursing care. Advocacy is advising to protect and support patient rights. This is a moral obligation for nurses to find certainty about the two systems of ethical approach being carried out, namely, the process based on principles and care. A nurse highly committed to practicing professional nursing and tradition must remember the following things:

   a. Nurses should be able to ensure staff or colleagues continue to uphold their significant commitment to patients so that unwanted things will not happen in the future. The benefit of the community (patients) is essential in the nursing approach based on care.
   b. Nurses should be able to prioritize patients and society in general. Do not let the interests of the public or the patient be subordinated to personal interests.
   c. Nurses should be concerned about evaluating the possibility of autonomy claims in the patient's recovery. Therefore, a nurse

must provide accurate information, respect and support the patient's right to make decisions

D.   Summary

A nurse is often faced with ethical and moral problems when carrying out her function. The problem is usually a consideration of conflicting ethical principles. Any ethical issue happens in current nursing practice, example Malpractice, Negligence, and Liability. Malpractice is an error in improper professional action or failure to apply proper professional skills. In the health profession, the term malpractice refers to the negligence of a doctor or nurse in using their level of intelligence and knowledge to treat and care for patients. Malpractice is divided into three types, namely criminal malpractice (criminal), civil malpractice, and ethical malpractice.

Negligence means a lack of caution, namely not doing what someone with a careful attitude does reasonably, or vice versa, what someone with a cautious attitude would not do in that situation. Three types of negligence are Malfeasance, Misfeasance, and Nonfeasance. Negligence by nurses will have a broad impact on patients and their families and the hospital, individual nurses who commit Negligence, and the profession. In addition to criminal lawsuits, it can also be in the form of civil cases in compensation. Liability is the responsibility that is owned by someone for every action or failure to act. Like other health workers, professional nurses are responsible for any harm that arises from their wrong actions.

Values in nursing practice are a nurse's belief in a standard or guideline that guides the attitude/behavior of nurses in the health services provided to patients. There are many values in professional nursing practice as follow altruism, equality, human dignity, freedom, justice, and truth. The moral principles often used in nursing are Autonomy, beneficence, justice, veracity, avoiding killing, and fidelity. Ethical and moral issues that often occur in professional nursing practice includes organ transplantation, determination of clinical death, quality

of life, ethical issues in treatment (refuse, stop, and withholding), and euthanasia.

The ethical principles guide ethical decisions in professional practice. Ethical theory is used in decisions when there is a conflict between regulations and rules. A several elements influence when nurses make ethical decisions, namely personal values, beliefs, the nursing code of ethics, moral concepts of nurses, and ethical principles and models of ethical decision frameworks. An ethical problem solving in nursing is one of important responsibility of the nurse. Accountability is accountability to oneself, clients/society, and the profession for all actions taken in the nursing process using the ethical basis and nursing standards. Various factors influence a person in making ethical decisions. These factors include religious, social, scientific, technological, legislation, juridical decisions, funds, finance, employment, client and nurse positions, nursing code of ethics, and client rights. Nurses conduct an ethical principle in nursing process. The potential ethical implications of nursing process, particularly the "no harm" principle.

E. Formative Test

Please assess your understanding of the material you have learned by doing the following exercise. If you can achieve a correct score of more than 50, you can continue studying the next chapter, but if you have not attained a valid score of 50, please recheck the material and try again. Keep up the spirit, and good luck.

Evaluation Questions in Chapter 2

1. A 25-year-old female patient wants to participate in a family planning program using hormone injections. The nurse explained that there are family planning programs using injection methods for one month or three months, each with advantages and disadvantages. The patient is asked to determine which option suits his wishes. The nurse's actions demonstrate the use of the principle of...
    A. Justice

B. Veracity

C. Autonomy

D. Beneficence

E. Non-maleficence

2. If Disability, death, or other unexpected things occur after health treatment, the medical personnel involved in the treatment can be free from malpractice claims if...

   A. Medical personnel commit negligence unintentionally

   B. Disability or death occurs after the patient returns home

   C. The patient has not completed payment of health care costs

   D. The patient and family have made a written statement not to demand the results of the patient's health treatment

   E. Medical personnel have explained to the patient's family about all the risks that could occur after the procedure

3. The nurse provides life support to a victim who has had a cardiac arrest while at a mall. What nursing values does the nurse perform?

   A. Justice

   B. Equality

   C. Freedom

   D. Avoid killing

   E. Human dignity

4. Leader nursing at a Hospital currently does change For rotation service. Nurse A was given the task of nursing a patient in a room special For HIV and AIDS patients; however, the nurse rejected with reason No by his wish. Is an ethical theory traditional? Which one is appropriate for the behavior of that nurse?

   A. Rational paternalistic

   B. Subjectivism

   C. Relativism

   D. Hedonism

   E. Egoism

5. Every time the medicine ran out, a patient who had advanced gastric cancer always groaned and even screamed in pain, so at night, the nurse on duty gave high doses of analgesics without

a doctor's prescription so that the patient would not be in pain. From the case above, what ethics did the nurse violate?

A. Non-Maleficence
B. Beneficence
C. Autonomy
D. Justice
E. Fidelity

6. A nurse is solving an ethical dilemma case for a patient she is caring for. The nurse identifies who the parties involved in this case are. What steps did the nurse take?

A. Develop basic data
B. Make a decision
C. Identify conflicts
D. Obligations of nurses
E. Alternative actions

7. A woman was admitted to the hospital with multiple fractures due to a car accident. Her husband was also in the accident and died. She always wondered about her husband's condition. The surgeon advised the nurse not to tell the client about her husband's death in advance. The nurse is faced with ethical principles...

A. Confidentiality
B. Veracity
C. Autonomy
D. Beneficence
E. Justice

8. To prevent allegations of malpractice, doctors and patients must be open in communicating to agree on medical procedures called...

A. Honesty
B. Fairness
C. Autonomy
D. Informed Consent
E. Beneficence

9. A nurse currently does action: To fulfill the need for oxygen in patients who experience _ congested breath, no explanation.

Why action is done: Consider that nurses know. If reviewed from the theory ethics traditional, a theory which one is appropriate with behavior to nurse the?

A. Rational Paternalistic
B. Subjectivism
C. Relativism
D. Hedonism
E. Egoism

10. Nurses must guard the secrecy of patients suffering from HIV-AIDS to others. Is principle ethical which one to do nurse the?

A. Confidentiality
B. Non-maleficence
C. Beneficence
D. Veracity
E. Autonomy

Answer Key:
1. ANSWER: C
2. ANSWER: D
3. ANSWER: D
4. ANSWER: E
5. ANSWER: A
6. ANSWER: C
7. ANSWER: B
8. ANSWER: D
9. ANSWER: A
10. ANSWER: A

F. Glossary

Malpractice : an error in improper professional action or failure to apply proper professional skills

Negligence : a lack of caution, namely not doing what someone with a careful attitude does reasonably, or vice

versa, what someone with a cautious attitude would not do in that situation

Liability	:	the responsibility that is owned by someone for every action or failure to act
Autonomy	:	the right to self-determination
Beneficence	:	the promotion of good
Justice	:	fairness or an equal distribution of benefits
Nonmaleficence	:	The avoidance or minimization of harm
Euthanasia	:	an act to make it easier to die quickly and quietly
Ethical dilemma	:	a complex problem with no satisfactory alternative or a situation where good and unsatisfactory options are comparable

G. Reference

Carpenito, Lynda Juall. 2000. *Nursing Diagnosis: Application to Clinical Practice*. Lippincott Williams & Wilkins

Mitchell GJ. Nursing diagnosis: an ethical analysis. *Image J Nurs Sch*. 1991 Summer;23(2):99-103. doi: 10.1111/j.1547-5069.1991.tb00651.x. PMID: 2060958.

Milliken, A., (January 31, 2018) "Ethical Awareness: What It Is and Why It Matters" OJIN: The Online Journal of Issues in Nursing Vol. 23, No. 1, Manuscript 1.

Utami, Ngesti W.; Agustine, Uly; Patriyani, Ros Endah Happy. 2016. *Modul Bahan Ajar Cetak: Etika Keperawatan dan Keperawatan Profesional*. Cetakan pertama, Desember 2016. Jakarta: Pusat Pendidikan Sumber Daya Manusia Kesehatan, Badan Pengembangan dan Pemberdayaan Sumber Daya Manusia Kesehatan, Kementerian Kesehatan Republik Indonesia.

UNIT 3.

LEGAL ASPECT IN PROFESSIONAL NURSING PRACTICE

A.   Learning Objectives

The learning objectives in third chapter are:

1.   Students can describe the rights and obligations of the client
2.   Students can explain the rights, obligations, and responsibilities of nurses according to the law
3.   Students can explain health and nursing law
4.   Students can link legal aspects and the Indonesian nurse's credential system
5.   Students can simulate responsibility and accountability in professional nursing practice

B.   Legal Aspects of Professional Nursing Practice

Regulations/laws governing the legal aspects of professional nursing practice are:

1.   Law Number 23 of 1992 on Health
2.   Government Regulation Number 32 of 1996 on Health Workers
3.   Decree of the Minister of Health Number 647/Menkes/SK/IV/2000 on Registration and Practice of Nurses
4.   Circular letter of the Director General of Medical Services Number YM.02.04.3.5.2504 of 1997 on Guidelines for the Rights and Obligations of Patients, Doctors, and Hospitals

5. Decree of the Director General of Medical Services Number 00.03.2.6.951 of 1997 on enacting the Rights and Obligations of Nurses and Midwives in Hospitals.

There are important terms in this topic as follow:
1. Right is a power/an authority of a person or a legal entity possesses to obtain or decide to do something.
2. Obligation is a something that must be done or must be done by a person or a legal entity
3. Patient is recipient of health services at the hospital, whether in good health or sick
4. Nurse is someone who has graduated from nursing education both at home and abroad by the provisions of the applicable laws and regulations
5. Hospital is health effort facility that organizes health service activities and can be used for the education of health workers and research
6. Patient right is personal rights possessed by humans as patients

Based on the circular letter of the Director General of Medical Services Number YM.02.04.3.5.2504 of 1997, the rights and obligations of patients are:
1. Patient Rights:
   a. Obtaining information regarding the rules and regulations that apply in the hospital,
   b. Having humane, fair, and honest services,
   c. Obtaining quality medical services by medical/dental professional standards and without discrimination,
   d. Obtaining nursing care with the standards of the nursing profession,
   e. Choosing a doctor and treatment class according to his/her wishes and by the regulations in force at the hospital,
   f. Threatening by doctors who freely determine his/her clinical and ethical opinions without outside interference,

g. Asking for a consultation with another doctor registered at the hospital (second opinion) regarding his/her disease and recognized by the attending doctor,

h. Having privacy and confidentiality of his/her illness, including his/her medical data,

i. Receiving information as follow,
   1) His/her disease and planning of medical treatment,
   2) The possibility of disease/risk as a result from medical treatment and the effort to overcome it,
   3) Other therapeutic alternatives,
   4) Prognosis, and
   5) Estimated cost of treatment

j. Giving permission for the treatment for his/her disease that be taken by the doctor,

k. Refusing any treatment that be taken against him/her, and dismissing his/her treatment and care on his/her responsibility after obtaining precise information about his/her illness,

l. Accompanying his/her families in critical situations

m. Doing his/her worship according to his/her religion/belief, if it does not disturb other patients,

n. Having his/her security and safety while in treatment at the hospital,

o. Expressing his/her suggestions, recommendations, and improvements to the hospital's treatment of themselves, and

p. Accepting or rejecting moral and spiritual guidance.

2. Patient Obligations:
   a. Complying with all hospital rules and regulations, including his/her families,
   b. Complying with all instructions of doctors and nurses in his/her treatment,
   c. Providing honest and complete information about his/her illness to the treating doctor,
   d. Paying off all fees for his/her services of the hospital/doctor by himself/herself and/or by his/her legal guardian, and

e. Fulfilling the things that he/she has been agreed upon/the agreement that has made by himself/herself and/or by his/her legal guardian

Based on Decree of the Directorate General of Medical Services Number YM 00.03.2.6.956 of 1997, the right and obligation of nurse in the hospital are as follows:

1. Nurse Rights:
   a. Obtaining legal protection in carrying out duties according to their profession,
   b. Expanding on his/her specific abilities according to his/her educational background,
   c. Refusing of client's/patient's wishes that are contrary to laws and regulations as well as professional standards and professional code of ethics,
   d. Obtaining complete information from client/patient who are dissatisfied with his/her services,
   e. Increasing knowledge based on science and technology development in nursing/midwifery/health on an ongoing basis,
   f. Treating relatively and honestly by the hospital, client/patient, and his/her families,
   g. Getting guaranteed protection against work risks/hazards related to their duties,
   h. Participating in the formulation/determination of health service policies in hospital,
   i. Paying attention to his/her privacy and having the right to sue if his/her excellent name is defamed by client/patient and/or his/her families and other health workers,
   j. Refusing other parties to give written advice/requests to act contrary to laws, professional standards, and professional code of ethics,
   k. Obtaining proper compensation for his/her professional services according to the rules/conditions that apply in the hospital, and
   l. Obtaining the opportunity to develop a career in the profession.

2. Nurses Obligations:
   a. Complying with all hospital regulations and legal relationships between nurses and the hospital,
   b. Making a written agreement with the hospital,
   c. Fulfilling the things that have been agreed upon/agreements that have been made,
   d. Providing nursing services or care according professional standards and limits of authority or professional autonomy,
   e. Respecting on client's or patient's the rights,
   f. Referring client or patient to other nurse or health workers with better skills or abilities.
   g. Providing opportunities for client/patient to always be in touch with his/her families and to be able to perform his/her worship according to his/her religion or belief as long as it does not conflict with the provisions of health services,
   h. Collaborating with medical personnel/other health workers who provide health services to client/patient,
   i. Providing adequate information about nursing actions to client/patient and his/her families by the limits of his/her authority.
   j. Making nursing care documents accurately and continuously,
   k. Improving the quality of nursing services according to the nursing profession's standards and client's/patient's satisfaction,
   l. Following nursing science and technology continuously,
   m. Caring out emergency assistance as a humanitarian task by the limits of his/her authority, and
   n. Keeping everything that is known about the client/patient confidential even after the client/patient dies unless asked for information by the authorities.

The Circular of the Director General of Medical Services Number YM.02.04.3.5.2504 of 1997 on Guidelines for the Rights and Obligations of Patients, Doctors, and Hospitals as follow:

1. Hospital Rights:
   a. Making regulations that apply in the hospital by the conditions/ conditions that exist in the hospital (hospital by-laws),
   b. Requiring that patients comply with all hospital regulations,
   c. Requiring that the patient obey all instructions given by the doctor,
   d. Choosing doctors who will work in the hospital through the credential committee,
   e. Suing parties who have defaulted (including patient, third parties, and others), and
   f. Applying legal protection.
2. Hospital Rights:
   a. Complying with laws and regulations issued by the government,
   b. Providing services to patients regardless of ethnicity, race, religion, sex, and social status of patient,
   c. Treating patient as well as possible without differentiating the class of care (duty of care),
   d. Maintaining the quality of care without differentiating the class of care (quality of care),
   e. Providing medical assistance in the emergency department without asking for material guarantees in advance,
   f. Providing the necessary public facilities and equipment,
   g. Providing medical facilities and equipment by applicable standards,
   h. Ensuring that all facilities and equipment are always ready for use,
   i. Referring patient to other hospitals if it does not have the necessary facilities, infrastructure, equipment, and personnel,
   j. Making efforts to have a system, facilities, and infrastructure for accident prevention and disaster management,
   k. Establishing standards and procedures for medical services, medical support, and non-medical, and
   l. Providing information if patient is included in the educational process/ implementation, specifically for educational hospitals.

C. Responsibilities and Accountability of the Nursing Profession

  1. Role Responsibility and Accountability

   a. Definition of Responsibility

Responsibility means the state of being trustworthy and untrustworthy. This designation shows that professional nurses display performance carefully and thoroughly and nurse activities are reported honestly. Clients feel confident that nurses are responsible and have abilities, knowledge, and expertise relevant to their discipline (Kozier, 1983).

Responsibility is the Application of legal provisions (execution) to tasks related to specific roles of nurses so that they remain competent in knowledge, attitude, and work according to a code of ethics (ANA, 1985). According to this understanding, to have a responsibility, nurses are given legal provisions with the intention that their care services remain according to standards. For example, the law regulates nurses from committing criminal acts, falsifying diplomas, committing extortion, etc. The nurse's responsibility is shown by being ready to accept legal punishment if the nurse is proven guilty or violates the law.

Responsibility is a necessity for a person as a rational and free being not to circumvent and provide an explanation for his actions, retrospectively or prospectively (Bertens, 1993). Based on the above understanding, responsibility is interpreted as readiness to answer activities the nurse has taken in the past or activities that will result in the future. For example, if the nurse deliberately installs contraception without the client's consent will impact the client's end. Clients will not have children even though having children is the right of all humans. Nurses retrospectively must be able to take responsibility even though the nurse's actions are considered correct according to medical considerations.

Type of responsibilities of nurses can be identified as follows:

1) Responsibility to God

From the perspective of normative ethics, the nurse's most important responsibility is responsibility before God. Indeed,

sight, hearing, and heart will be held accountable before God. From the ethical perspective of the nurse's responsibility to God, especially regarding the following matters: Nurses must carry out their duties with sincere and sincere intentions as a form of gratitude to God; pray for the client he cares for to receive healing from God; provide psychological support to clients to be able to accept the pain they suffer and gain wisdom from experience. This includes preparing specific clients to face death if the disease is incurable, encouraging clients to pray and draw closer to God, who gives healing to them, together with religious leaders in helping to fulfill clients' spiritual needs during illness.

2) Responsibility to Client and Society

The nurse's responsibility to the client focuses on what the nurse has done for the client. Examples of nurse responsibilities during service; include knowing the client's condition, carrying out operations, providing care during office hours, being responsible for documenting, and maintaining the client's safety. The number of clients the records and supervision, sometimes clients are forced home or go home without notification, responsible if a client suddenly drops the blood pressure without the nurse's knowledge The nurse's responsibility is closely related to the nurse's duties.

The task of nurses, in general, is to meet basic needs. The critical role of nurses is to provide care or provide care. The nurse's job is not to treat (cure). In carrying out their duties in the field, nurses sometimes carry out assignments from other professions, such as doctors, pharmacists, nutritionists, or physiotherapists. For tasks that are not the nurse's job, such as administering medication, the responsibility is often associated with who is giving the lesson or with whom he is collaborating. In cases of drug administration errors, the nurse must also be held responsible, even though the primary responsibility lies with the assignor or the nurse's superior; in ethical terms, it

is known as the Respondent Superior. The term refers to the superior's responsibility for misconduct committed by his subordinates as a result of errors in the delegation.

3) Responsibility to Colleagues and Supervisor

There are several things related to the responsibilities of nurses to colleagues or superiors. Among them is making a complete record of nursing actions (when, frequency, place, method, who does it). For example, nurse A performs an infusion in the right arm of the brachial vein and gives five flasks of RL fluid; the injection is withdrawn on the evening of Monday, 30 June 2013, at 21.00. The general condition of the Compos Mentis client, T=120/80 mmHg, N=80x/m, R=28x/m, S=37C, then affixed with the nurse's signature and exact name; teach nurses' knowledge to other nurses who are not capable or proficient at doing it, for example, nurses who are not adept at installing ECG are trained by experienced nurses; give a warning if a colleague makes a mistake or violates the standard; if another nurse smokes in the room, falsifies drugs, takes client items that are not hers, falsifies signatures, collects money outside of official procedures, takes non-standard nursing actions, for example installing an NGT without maintaining sterility; testify in court about a case experienced by a client or in the event of a lawsuit due to malpractice cases such as abortion, nosocomial infections, diagnostic errors, drug administration errors, the client falls, overhydration, drug poisoning, overdoses, etc. The nurse is obliged to be a witness by including adequate evidence.

b. Definition of Accountability

Accountability can be interpreted as a form of nurse participation in making decision and learning from that decision the consequences. Nurses should have accountability, meaning that if a party sues, they state that they are ready and dare to face it. Nurses must be able to explain the activities or actions they carry out. Especially those related to professional activities.

2. **Legal Responsibilities/Description of Nurse Duties in Practice**

In a clinical setting, there are two types of duties performed by nurses: actions taken based on doctor's orders and activities carried out independently. Actions based on a doctor's order cannot be legally assigned to nurses, while independent measures can be fully imposed on nurses.

a. Carrying out doctor's orders in medical matters

Becker (1983) suggested four things that nurses should ask to protect themselves legally as follow:

1) Asking about every order the doctor gives

Suppose a patient who received an IM injection tells the nurse that the doctor has changed the order from injectable to oral medication. In that case, the nurse should review the order before administering the drug.

2) Asking each order when the patient's condition has changed

The nurse is responsible for informing the doctor of changes in the patient's condition. For example, suppose a patient receiving intravenous infusion suddenly experiences an increase in pulse rate, chest pain, and cough. In that case, the nurse must immediately notify the doctor and request a continuation of the drip rate setting.

3) Asking and recording verbal orders to prevent miscommunication.

Please write down the time/hour, date, doctor's name, order, and conditions that the doctor must notify, read back the order to the doctor, and note that the doctor had agreed to the charge when it was given.

4) Asking about orders, especially if the nurse is inexperienced.

This gives the nurse additional responsibility in training herself to make decisions while carrying them out. For nurses who feel inexperienced, they should ask for directions from both senior nurses and doctors.

b. Carrying out independent nursing interventions
   1) Knowing their division of labor. This makes it easier for nurses to function on task and know what to expect and not to expect.
   2) Following policies and procedures established in the workplace
   3) Identifying the patient, especially before carrying out significant interventions.
   4) Ensuring the correct drug is given at the right dose, time, and patient.
   5) Performing each procedure precisely.
   6) Recording all assessments and treatments provided quickly and accurately.
   7) Recording all accidents that affect the patient. Immediate records make it easier to maintain patient well-being, analyze why accidents occurred, and prevent a recurrence,
   8) Establishing and maintaining an excellent trusting relationship with patients,
   9) Maintaining competitive nursing practice by continuing to learn, including maintaining knowledge and clinical skills,
   10) Knowing the strengths and weaknesses of nurses,
   11) Ensuring the person to whom the task is delegated knows what needs to be done, and has the required knowledge and skills, and
   12) Making nursing interventions with alertness and paying attention to every task.

3. **Responsibility and Accountability of Nurses**

   Responsibility is the execution of tasks associated with a particular nurse role. When administering medication, the nurse is responsible for assessing the patient's need for the drug, helping it safely and correctly, and evaluating the patient's response. Nurses who are always accountable for acting will gain patients' trust because they carry out their duties based on their code of ethics.

Responsibilities/duties of nurses in general are:
   a. Respecting the dignity of every patient and family,

b. Respecting the patient's right to refuse specific treatments, procedures, or drugs and report this refusal to the doctor and the right people in that place,

c. Respecting every right of patient and his/her families in terms of confidentiality of information,

d. answering patient questions and provide information that a doctor usually provides (when delegated by a doctor), and

e. Listening carefully to patients and report significant matters to the appropriate person.

Accountability is to be accountable for behavior and results that fall within the scope of one's professional role, as reflected in a written periodic report on said behavior and outcomes. Nurses are accountable to themselves, patients, the profession, fellow employees, and society. If a nurse gives a patient the wrong dose of medicine, they can be sued by the patient who received the drug, the doctor who gave the instructions, the work standard setter, and society. Nurses must act according to their professional code of ethics to be accountable. Accountability is carried out to evaluate the effectiveness of nurses in conducting practice.
There are aims of accountability as follow:

1. Evaluating new professional practitioners and review existing ones,

2. Maintaining health care standards

3. Facilitating professional reflection, ethical thinking, and personal growth as part of a healthcare professional, and

4. Providing a basis for making ethical decisions.

D. Nursing Regulation
Nursing regulation discuss legislation and credentialing as follow:

1. Nursing Legislation
Nursing legislation establishes a series of provisions that must be obeyed and followed by every nurse who will provide services to others. Professional nursing services can only be provided by experienced nursing staff with permission and authority to perform nursing actions required by the patient's system. Arrangements for granting permission

and authority are regulated in a nursing regulatory system. Nursing legislation reflects a law enacted in the form of a nursing practice act.

The law on nursing practice was made to protect the public against nursing practitioners who provide services in an unsafe manner. This goal is achieved by defining nursing practice, developing criteria for entering the nursing profession, and establishing rules and regulations that implement, maintain, and enforce standards of nursing practice (Vestal, 1995). Thanks to the persistent struggle of nurses, the government of the Republic of Indonesia has passed Law Number 38 of 2014 concerning Nursing, which was passed on October 17, 2014. The Nursing Law consists of 13 chapters and 66 articles, which contain types of nurses, higher education in nursing, registration, practice license, re-registration, nursing practice, rights and obligations, professional nurse organizations, nursing colleges, nursing councils, development, coaching and supervision, administrative sanctions, transitional provisions, closing provisions.

After nursing was established as a profession, responsibility and accountability changed where nurses have authority, autonomy, and accountability, so members of the workers who make mistakes should be responsible for their errors. The application of a strict regulatory system is needed for several circumstances as follow:

a. Execution of professional duties outside the specified time limit,
b. Failure to meet nursing service standards,
c. Ignore the dangers that may arise,
d. The direct relationship between failure to meet service standards and the occurrence of harm, and
e. The occurrence of accidents/damage experienced by the patient.

Several conditions mentioned above can be caused by lower levels of authority than the duties that must be carried out, lack of skills in carrying out tasks, lack of knowledge in carrying out specific tasks, intentional or unintentional negligence, and leaving jobs without delegating to others. In addition to obtaining a license in illegal ways, abusing the privilege, or engaging in "helping others" efforts that are not justified by law.

The nursing regulatory system cannot be appropriately implemented if a sound nursing legislation system does not support it. To establish the mechanism for implementing the regulatory system, it is necessary to have professional nursing staff who are reliable, honest, dedicated, and committed to the profession. In addition to the nursing legislation system, there is also a need for a legislation system related to nursing management that accommodates the reciprocal relationship between nursing staff, medical staff, and superiors in a healthcare setting. So that there will be no scapegoating between related professions.

2. **Credentialing in Nursing Practice**

    Credentialing is a process of determining and maintaining practical competence in nursing. The credentialing process is one way of maintaining standards of practice for the nursing profession and being responsible for the educational preparation of its members. Credentials include licensing, registration, certification, and accreditation.

    a. **License of practice nursing**

        A nursing license is a legal document that permits a nurse to impart specific nursing skills and knowledge to people within a jurisdiction. All nurses should secure it by knowing service standards that can be applied in a nursing practice setting-license of practice nursing by issuing a Registration Certificate (Surat Tanda Registrasi/STR) for nurses. STR is written evidence given by the government to health workers who already have competency certificates following laws and regulations. To get STR, every nurse must take a competency exam held by the Indonesian Health Workers' Council (Majelis Tenaga Kesehatan Indonnesia/MTKI). A Competency Certificate will be issued if they pass the competency test while waiting for the STR.

        Nurses who do not have STR cannot work in the nursing area. Nurses who already have an STR and will practice independently outside the principal place of work can apply for a Nurse's Practice Permit (Surat Izin Praktik Perawat/SIPP) at the local Health Office. To get permission to practice nursing, it has been regulated in the

Nursing Regulation System. The regulatory system is a regulation mechanism that must be taken by every nursing staff who wishes to provide services nursing to patients.

The purposes of implementing the nursing regulation system are:

1) Creating an environment-based nursing service desire to care (caring environment).
2) Applying nursing services are humane and comply with professional standards and ethics.
3) Guaranteeing the form of nursing services that are correct, precise, and accurate as well safe for patients.
4) Improving peer relations (collegiality).
5) Developing an applicable working network for patients and families in a health care system.
6) Improving professional and social accountability within a system service to work as well as possible, correctly, and honestly, with significant responsibility for his/her action,
7) Increasing advocacy, especially for patient and families through the process of regular legislation,
8) Improving the nursing recording and reporting system, and
9) Becoming the foundation for the career development of nursing staff.

b. **Registration**

Nurse must be registered with the Health Service. Registration has rules which will be described below. In the nursing legislation system, especially as stated in the decree of the minister of health, nursing registration is intended as an official record of nurses who have the qualifications and are legally recognized to carry out nursing actions.

There are two nursing registrations, namely, the initial registration is carried out after the person concerned has completed/graduated nursing education, take a competency test, and passed the competency test. After registration, nurses will get STR, which can be renewed after five years (5 years) through

re-registration. Re-registration is carried out using 25 credits obtained from various scientific activities. The entire process of credit achievement/assessment is a certification activity. Nursing registration is an administrative process that must be taken by someone who wants to provide nursing services to other people according to their abilities or competencies.

Competence is possessing a particular ability or ability to meet the requirements when performing a role. This competency cannot be applied if it has not been validated and verified by an authorized body. Healthcare organizations usually use several sources to determine competency: licenses from regional nursing agencies, national certification, and performance reviews.

c. **Certification**

Nursing certification recognizes expertise in a particular practice area of nursing specialization. In nursing legislation, as referred to in the Decree of the Minister of Health, what is meant by certification is an evaluation of documents describing the competence of nurses obtained through education and training activities or other scientific activities in the nursing field. Certification is a credential activity for each professional staff to guarantee the public the nursing qualifications of these professional staff to provide specific services for consumers/patients. There are three ways to get this certification, which are done by:

1) Professional nursing organizations, examples: PPNI, ANA
2) Health organizations that are legal entities recognized by the government
3) An independent institution that can practice specific nursing has to certify

The certification held by a nurse can determine the salary/remuneration provided. ANA stipulates in a social policy statement (Social Policy Statement) two criteria for specialist nursing practice, namely someone who will do specialist nursing must be someone who has an expert nursing degree where the person

has gone through a Master's level educational program and has a certification provided by the organization profession.

Problems around certification are always related to efforts to control nursing practice carried out by professional nurses and the scope of practice. The certificate is also assigned to a registered nurse who will practice nursing outside the registered area. For example, a registered nurse competent to provide general nursing services wants to move to the category of community nursing practitioner, so she must have a community nursing certificate from an accredited nursing education program.

In terms of certification for nurses who already have an STR, of course, they have the responsibility to devote themselves to health services. Policies that are regulated by differentiating places of service as follow:

1) A health facility

   This service is in hospitals, treatment centers, clinics, etc. In this case, nurses with an STR must carry out nursing practice in health facilities where they have a Work Permit (SIK) from the Head of the local Health Office. The application procedure is to attach a photocopy of STR I, a statement of work from the health facility concerned, and a recommendation from a local professional organization. This work permit is valid according to the STR period and is only valid in one health facility. To facilitate the arrangement, various forms have been prepared.

2) An individual practice

   They provide a certificate for nurses who carry out individual practice by being given a Nurse Practice Permit (SIPP) for those with the SIPP can practice independently. According to Law No. 38 of 2014 concerning Nursing, the regulated provisions include having a SIPP.

   Procedures and requirements by submitting an application to the local Health Office attached with a valid and legalized photocopy of STR, a certificate of physical health from a doctor who has a SIP, a statement of having a place of practice, a recent

passport size 4 x 6 of 3 sheets, and a recommendation from a professional organization. SIPP is only given to nurses with an education level of Diploma III in nursing and above. SIPP is valid throughout the term of the STR and must be renewed after the STR expires; SIPP is only suitable for one place. SIPP is renewed 6 (six) months before the expiration of the SIPP validity period. Application for renewal of SIPP by attaching: Latest STR, previous SIPP, Recommendations from professional organizations, and Requests for PPNI recommendations to obtain advanced SIPP are submitted by nurses using forms according to technical instructions.

d. **Accreditation**

Accreditation is a process by the government, together with professional organizations, to assess and guarantee the accreditation of the status of an institution and program or service that determines the structure, process, and outcome criteria. In Indonesia, nursing education institutions are accredited by the Independent Accreditation Institute for Health Colleges (Lembaga Akreditasi Mandiri Perguruan Tinggi Kesehatan/LAM-PT Kes) every five years.

This accreditation determines the achievement of minimum standards in the implementation of education for the institution concerned. The results of educational accreditation status are expressed in accreditation status levels excellent, very well, and well ("unggul, baik sekali, and baik"). This accreditation status is determined based on the value obtained, including lesson planning, learning process, facilities, and facilities available by educational goals.

The objectives of the accreditation are:

1) To maintain a responsible educational program for the nursing profession community, consumers, employees, higher education, students, and their families, and to anyone else by ensuring that this program has the proper mission, objectives,

and outcome criteria for prepare individuals for entry into the nursing field.

2) To evaluate the success of nursing education programs in achieving the mission, objectives, and outcome criteria.

3) To assess whether nursing education programs achieve accreditation standards.

4) To inform the public about the purpose and value of accreditation and identify nursing education programs that meet accreditation standards.

5) To advocate for continued development of nursing education programs, particularly in nursing practice.

By the accreditation objectives above, each educational institution continuously evaluates whether the educational goals have been achieved because these institutions are responsible not only to students/students but also to society.

E.   Legal Issues and Challenges in Professional Nursing Practice

Many issues are being discussed, but the facts or evidence are not yet clear. Some of the problems in nursing practice today are:

1. **Euthanasia**

Euthanasia is intentionally not doing something to extend a patient's life or deliberately doing something to shorten the life or end a patient's life, and this is done for the patient's own benefit. There are two types of Euthanasia, namely active and passive. Passive Euthanasia stops or revokes all actions or treatments necessary to maintain human life. Active Euthanasia is an act that is carried out medically through active intervention by a doctor to end human life. Active Euthanasia is divided into direct (direct) and inactive (indirect) Euthanasia. Immediate active Euthanasia is the implementation of directed medical actions calculated to end or shorten the patient's life. Indirect active Euthanasia is where a doctor or health worker makes a medical effort to relieve the patient's suffering, but knowing that there is a risk can shorten or end the patient's life.

The implementation of Euthanasia is divided into four categories, namely: no assistance in the process of death without the intention of shortening the patient's life, there is assistance in the process of death without the purpose of shortening the patient's life, no assistance in the process of death to shorten the patient's life and there is assistance in the process of dying to shorten the patient's life. The Indonesian Criminal Code stipulates that a person can be convicted or punished if he kills another person intentionally or because he is careless. Provisions for criminal offenses related to active Euthanasia are contained in Article 344 of the Criminal Code. Article 344 of the Criminal Code explains, "Anyone who removes another person's soul at the request of the person himself, which he says clearly and earnestly, is sentenced to a maximum of twelve years in prison.

Medical and nursing circles must keep this provision in mind because even though there are several compelling reasons to help patients/patients' families end their lives or shorten a patient's life, the threat of punishment must be faced. For details on active and passive Euthanasia without request, doctors need to know the following articles:

a. Article 338 of the Criminal Code "Anyone who intentionally kills another person's soul is punished by death, with a maximum imprisonment of fifteen years."

b. Article 340 of the Criminal Code "Whoever intentionally and premeditated eliminating another person's soul is punished for premeditated murder (mood) with the death penalty, life imprisonment, or temporary imprisonment for twenty years.

c. Article 359 of the Criminal Code "Whoever because of his fault causes the death of a person, is sentenced to a maximum of five years in prison or eternal confinement.

2. **Abortion**

Abortion is the beginning of the fetus in the gestation period so that the fetus does not have the strength to survive. Abortion is the destruction that violates the law or causes premature birth of a human fetus before its natural birth period. Abortion has become a global

problem, and various opinions have been put forward for and against it. Prohibition of the practice of abortion in Indonesia is listed in articles 347 – 349 of the Criminal Code as follow:

a. Article 347 states that a woman who deliberately aborts or kills her womb or orders someone else to do so is punishable by a maximum imprisonment of four years.
b. Article 348 states that whoever does something intentionally that causes a miscarriage or stillbirth can be subject to a maximum imprisonment of twelve years.
c. Article 349 states that the type of punishment is for doctors, midwives, or pharmacists who practice abortions.

In Health Law No. 36 of 2009, chapter XX Article 194 paragraph (1), it states that every person who intentionally has an abortion not by the provisions referred to in Article 75 paragraph (2) is subject to criminal punishment with a maximum imprisonment of 10 (ten) years and a total fine Rp. 1,000,000,000.00 (one billion IDR).

3. Informed consent

Informed consent is an agreement by the patient to accept an action or procedure after obtaining complete information, including the risks of the action and the facts associated with the activity, which has been provided by the doctor/nurse. This informed consent has been regulated in Law No. 29 of 2004 on medical practice. Doctors and nurses must tell the truth and convey that if there is an alternative, the doctor must also explain it so that the patient knows all the risks attached to that action. Doctors and nurses provide several alternative activities and risks, and the decision still rests with the patient because he is the one who bears the ultimate risk if something happens.

Forms of informed consent can be expressed orally and in writing, implied or assumed to be given (implied or tacit consent), namely in regular or constructive approval and emergencies. The function of informed consent is the promotion of individual autonomy rights, protection of patients and subjects, preventing of fraud or coercion, creating stimulation for the medical profession to carry out

self-introspection, advertising and rational decisions, and community involvement (in advancing the principle of autonomy as a social value and provide supervision in biomedical investigations.

The meaning of Informed consent is information, approval, and refusal. This information is essential to the informed consent that must be submitted to the family before taking medical action. Information about what (what) needs to be conveyed, when to convey (when), who must convey (who), and which data (which) needs to be given. Law No. 29 of 2004 concerning informed consent states that doctors must communicate information or explanations to patients/families whether requested or not requested, so data must be submitted. Consent must be obtained after the patient has received adequate information. There are five major elements of informed consent as follow:

a. Consent must be given voluntarily,
b. Consent must be given by an individual or someone who has the capacity and understanding. The patient must be given enough information to become a person who can decide on something typical; that action is also carried out in the same situation.
c. This information is given to people who can make their own decisions, namely those over 21 years or 21 years old who are married and healthy.
d. If the procedure is performed on children under 18 years of age and unmarried, or the patient is unconscious, then an explanation is given to a competent person (those closest to: parents, friends, or staff).
e. For patients who are unconscious or unconscious, are not accompanied by their closest family, and are medically in an emergency requiring immediate medical action, no approval is needed from anyone.

Rejection can occur because the patient or family does not always agree with the medical actions that the doctor will take. In such a situation, doctors and other health professionals must understand that the patient or family has the right to refuse the proposed action. This situation is known as Informed Refusal. A doctor or nurse has no right

to force a patient to follow their recommendations, even though the doctor considers refusal to result in severe or fatal consequences for the patient. If the doctor fails to convince the patient of the necessary alternative actions, then for future safety, the doctor or hospital should ask the patient or family to sign a letter of refusal to suggest the essential medical step. Concerning the doctor's therapeutic transaction with the patient, this patient or family's statement of rejection is considered a termination of the therapeutic transaction. Thus, what happened behind the day is no longer the doctor's or hospital's responsibility.

4. **Confidentiality**

Confidentiality is maintaining the client's privacy or secrets; everything about the client may be known if it is used for the client's treatment or obtains permission from the client. As nurses, we should keep the patient's secret without telling it to other people or other nurses. According to the code of nursing ethics, nurses are committed to maintaining privacy and patient confidentiality. Some things related to this issue that fundamentally must be done in treating patients are guarantees of confidentiality and service guarantees that the health information provided must be maintained; individuals who abuse confidentiality, security, regulations, and information can be subject to punishment/legal aspects.

With advances in telenursing technology, nurses can use it in carrying out nursing care. Telenursing is related to issues of legal aspects, ethical arrangements, and patient confidentiality. In the United States of America, the practice of telenursing is prohibited to avoid nurse malpractice. Nurses online as coordinators must be licensed in their area, and patients receiving telenursing must be located in that region. In providing remote nursing care, a general policy is needed to regulate standard operating procedures, ethics, professionalism, security, patient confidentiality, and information assurance. Telenursing activities are integrated with strategies and policies for developing nursing practice and providing nursing care, education, and training systems using internet-based information models (Toffoletto, 2020; Fan et al., 2022).

Nurses have an overall commitment to the need to maintain patient privacy and confidentiality by following the nursing code of ethics. The primary things that must be done in the application of technology in the health sector in treating patients are guarantees of confidentiality and guarantee that the information services provided must be maintained, patients who receive interventions through telenursing must be informed of the risks (for example, limited guarantees of confidentiality of information via the internet/phone) and the benefits, Individuals who abuse confidentiality, security, and information use regulations may be subject to punishment (ICN, 2021).

Nurses have any challenges when conducting professional nursing practice as follow (Gracia et al., 2022; Zamanzadeh et al., 2015):

1. A shift in societal pattern

In the globalization era health, we meet the existence of diseases with poverty such as infections, diseases caused by malnutrition and unhealthy housing, diseases and health disorders due to modern lifestyles, illnesses that are still a global problem such as AIDS, SARS, tuberculosis, bird flu are increasing, lastly Covid-19. Infant mortality, stunting maternal and child mortality rates as indicators of the health status of mothers and children are also still high.

The movement in life expectancy has resulted in health problems related to the elderly, such as generative diseases, and the life expectancy of Indonesian people. Health problems related to urbanization, environmental health pollution, and work accidents tend to increase with industrial development. There is a shift in family values that affects the development of the tendency of families towards their members to decrease; opportunities to get higher education and greater income make people more critical and able to pay for quality and accountable health services, and health services are not only provided in service institutions. Only health but the mobility of health services is needed in society

2. Development of science and technology

The development of science and technology requires specifications and research capabilities not only to utilize science and technology but also to filter and ensure that science and technology are following the needs and socio-cultural needs of the Indonesian people to be adopted. Science and technology also impact higher health costs and more complex choices of actions to deal with health problems; besides that, it can reduce the number of days of hospitalization.

3. Globalization in health services

Globalization will affect the development of health services, including nursing services; there are two categories, namely the availability of alternative services and competition for service delivery to attract quality service users to provide the best health services.

a. The demands of the nursing profession in health services in the era of globalization

The needs of the nursing profession in health services in the age of globalization have and enrich the body of knowledge through research, can provide unique benefits to others, have an education that meets standards, have control over practice, be responsible & accountable for actions taken, have independent functions and collaboration.

b. Opportunities for the nursing profession now and future

The development of nursing is not only due to shifts in health problems in society but also due to pressure from the development of science and technology in nursing and the development of the nursing profession in the era of globalization. Opportunities for nurses working in the country and abroad. Domestically, for example, job opportunities for nurses in the country can be nurses in government-owned or private hospitals and achieving the structural position of Head of Room, Nursing Sector, training institute, and so on. Currently, in many hospitals, the ratio of nurses and several beds exceeds 1: 8; some even reach 1: 12. Even though according to existing regulations in type A and B hospitals,

the ratio of nurses and the number of beds is 1 : 3, in hospitals in type C is 1: 5, and type D hospital is 1: 6. This means that there are still opportunities for the utilization of nursing graduates in the country, to become teaching staff of Nursing Department in Institute of Health Science/Faculty of Nursing Science at State Universities or in Private, worked in Health Insurance, claims department, Medical Representative (Detailer) in Pharmacy, worked in Health Book Publishers, and Researcher.

The Mutual Recognition Arrangement (MRA) agreement that 10 ASEAN countries have signed is an opening way for foreign nurses to come and work in Indonesia and vice versa freely. The contents of the MRA regulate the mutual recognition of ASEAN countries for nursing. In the era of globalization, free trade and tariff competition, including health services, are permitted. The prospect of working for nurses abroad is extensive. Several reports show that the main obstacle Indonesian nurses face is the ability to speak English and skills that are still lacking. Concerning the skills of Indonesian nurses who are still lacking, nurses must study the National Council Licensure Examination (NCLEX). The NCLEX exam, having specific TOEFL and IELTS certificates according to the standards set by each destination country, is a prerequisite for Indonesian nurses to be able to work abroad (ASEAN, 2018).

F.   Summary

Many regulation/laws govern the legal aspects of professional nursing practice in Indonesia, for example Law Number 23 of 1992 on Health, Government Regulation Number 32 of 1996 on Health Workers, etc. The circular letter of the Director General of Medical Services Number YM.02.04.3.5.2504 of 1997 explains rights and obligations of patient, nurse, doctor, and hospital. The decree of the Directorate General of Medical Services Number YM 00.03.2.6.956 of 1997 defines the rights and obligations of a nurse.

Responsibility is the application of legal provisions (execution) to tasks related to specific roles of nurses so that they remain competent in knowledge, attitude, and work according to a code of ethics (ANA,

1985). Type of responsibilities of nurses can be identified to God, Client and Society, and Colleagues and Supervisor. Accountability can be interpreted as a form of nurse participation in making decision and learning from that decision the consequences. Nurses must be able to explain the professional activities that they carry out. Nurses are accountable to themselves, patients, the profession, fellow employees, and society. Nurses must act according to their professional code of ethics to be accountable.

In a clinical setting, there are two types of duties performed by nurses. The actions taken based on doctor's orders and activities carried out independently. Actions based on a doctor's order cannot be legally assigned to nurses, while independent measures can be fully imposed on nurses.

Nursing regulation discuss legislation and credentialing. Nursing legislation reflects a law enacted in the form of a nursing practice act. The law on nursing practice was made to protect the public against nursing practitioners who provide services in an unsafe manner. A government of the Republic of Indonesia has passed Law Number 38 of 2014 concerning Nursing, which was passed on October 17, 2014. The Nursing Law consists of 13 chapters and 66 articles, which contain types of nurses, higher education in nursing, registration, practice license, re-registration, nursing practice, rights and obligations, professional nurse organizations, nursing colleges, nursing councils, development, coaching and supervision, administrative sanctions, transitional provisions, closing provisions.

After nursing was established as a profession, responsibility and accountability changed where nurses have authority, autonomy, and accountability, so members of the workers who make mistakes should be responsible for their errors. The nursing regulatory system cannot be appropriately implemented if a sound nursing legislation system does not support it. To establish the mechanism for implementing the regulatory system, it is necessary to have professional nursing staff who are reliable, honest, dedicated, and committed to the profession.

Credentialing is a process of determining and maintaining practical competence in nursing. The credentialing process is one way of maintaining standards of practice for the nursing profession and being responsible for the educational preparation of its members. Credentials include licensing, registration, certification, and accreditation.

A nursing license is a legal document that permits a nurse to impart specific nursing skills and knowledge to people within a jurisdiction. a Registration Certificate (*Surat Tanda Registrasi*/STR) for nurse is written evidence given by the government to health workers who already have competency certificates following laws and regulations. To get STR, every nurse must take a competency exam held by the Indonesian Health Workers' Council (*Majelis Tenaga Kesehatan Indonesia*/MTKI). Nurses who do not have STR cannot work in the nursing area. Nurses who already have an STR and will practice independently outside the principal place of work can apply for a Nurse's Practice Permit (*Surat Izin Praktik Perawat*/SIPP) at the local Health Office.

A nursing registration is intended as an official record of nurses who have the qualifications and are legally recognized to carry out nursing actions. There are two nursing registrations, namely initial and after registration. the initial registration is carried out after the person concerned has completed/graduated nursing education, take a competency test, and passed the competency test. After registration, nurses will get STR, which can be renewed after five years (5 years) through re-registration. Re-registration is carried out using 25 credits obtained from various scientific activities.

Certification is a credential activity for each professional staff to guarantee the public the nursing qualifications of these professional staff to provide specific services for consumers/patients. There are three ways to get this certification, which are done by professional nursing organizations, Health organizations that are legal entities recognized by the government, and an independent institution that can practice specific nursing has to certify.

Accreditation is a process by the government, together with professional organizations, to assess and guarantee the accreditation

of the status of an institution and program or service that determines the structure, process, and outcome criteria. In Indonesia, nursing education institutions are accredited by the Independent Accreditation Institute for Health Colleges (Lembaga Akreditasi Mandiri Perguruan Tinggi Kesehatan/LAM-PT Kes) every five years.

Many issues are being discussed in nursing professional practice, but the facts or evidence are not yet clear. Some of the problems in nursing practice today are euthanasia, abortion, informed consent, confidentiality,

There are two types of Euthanasia, namely active and passive. Passive Euthanasia stops or revokes all actions or treatments necessary to maintain human life. Active Euthanasia is an act that is carried out medically through active intervention by a doctor to end human life. There are two types of Euthanasia, namely active and passive. Passive Euthanasia stops or revokes all actions or treatments necessary to maintain human life. Active Euthanasia is an act that is carried out medically through active intervention by a doctor to end human life.

Abortion is the beginning of the fetus in the gestation period so that the fetus does not have the strength to survive. Abortion is the destruction that violates the law or causes premature birth of a human fetus before its natural birth period.

Informed consent is an agreement by the patient to accept an action or procedure after obtaining complete information, including the risks of the action and the facts associated with the activity, which has been provided by the doctor/nurse. Doctors and nurses must tell the truth and convey that if there is an alternative, the doctor must also explain it so that the patient knows all the risks attached to that action. Doctors and nurses provide several alternative activities and risks, and the decision still rests with the patient because he is the one who bears the ultimate risk if something happens. There are five major elements of informed consent as follow given voluntary, by an individual who has the capacity and understanding, to people who can make their own decisions (over 21 years old who are married and healthy), an explanation is given to a competent person in case on children under 18 years of age and

unmarried or the patient is unconscious, and for unconscious patients who are not accompanied by their closest family and are medically in an emergency requiring immediate medical action; no approval is needed from anyone. The meaning of Informed consent is information, approval, and refusal.

Confidentiality is maintaining the client's privacy or secrets; everything about the client may be known if it is used for the client's treatment or obtains permission from the client. According to the code of nursing ethics, nurses are committed to maintaining privacy and patient confidentiality. A nurse who abuses confidentiality, security, regulations, and information can be subject to punishment/legal aspects.

Nurses have any challenges when conducting professional nursing practice as follow a shift in societal pattern, development of science and technology, and globalization in health services. Globalization will affect the development of health services, as follow the demands of the nursing profession and the opportunities for the nursing profession now and future in the country and abroad.

G.   Formative Test

Please assess your understanding of the material you have learned by doing the following exercise. If you can achieve a correct score of more than 50, you can continue studying the next chapter, but if you have not attained a valid score of 50, please recheck the material and try again. Keep up the spirit, and good luck.

Evaluation Questions in Chapter 3
1.   A patient who is 21 years old will have action surgery in either House sick. Before action is done, the patient is given information and asked to agree to action surgery. Is the condition from agreement those actions?
      A. Consent from family
      B. Not based on principle ethics Because of condition emergency.
      C. Elements openness information, voluntary and patient competent

D. Circumstances are standard, so there is no need for agreement action

E. Patient states agreement with say yes, me agree

2. What is meant by informed consent?

A. The result of effective communication between patients and nurses

B. Statements from patients that can be changed at any time

C. Signing of the form by the patient's family

D. Statement from patient or family

E. Consent to action after receiving clear information

3. A nurse has worked in the hospital for three years. The nurse plans to apply for independent nursing practice. The nurse wants to learn more about the requirements for using for independent practice. What legislation is appropriate for the nurse to know?

A. Law no. 38 of 2014

B. Law no. 36 of 2014

C. Minister of Health Regulation no. 148 of 2010

D. Minister of Health Regulation no. 161 of 2010

E. Permenkes no.32 of 1996

4. A 59-year-old woman came as a new patient to the operating room after experiencing pathological bone trauma (patient 1). The patient was escorted by her husband, who is also elderly. A moment later, a 23-year-old woman arrived with plans for hospitalization as an indication for reconstructive surgery for burns on the back of her right hand (2nd patient), accompanied by the hospital administration staff. The hospital employee was the second patient's older brother who asked the nurse to prioritize preparing the room for the second patient. Still, the nurse refused the request of the second patient's family. Which article of the nursing law corresponds to the nurse's attitude?

A. Article 37(c)

B. Article 18(e)

C. Article 22

D. Article 36(d)

E. Article 20
5. The following statements are not included in the rights of nurses
   A. Obtain legal protection in carrying out duties by the profession
   B. Self-development through specialization skills according to education
   C. Refusing the patient's wishes that conflict with the professional code of ethics.
   D. Provide opportunities for patients to carry out their worship
   E. Comply with all relevant institutional regulations
6. In the following statements, what are the rights of a nurse?
   A. Pay off all fees for hospital services.
   B. Carry out emergency aid based on humanity.
   C. Refer the patient to a healthcare facility that has expertise
   D. Receive compensation for professional services by applicable rules and regulations.
   E. Did not answer when asked by journalists about the illness of the patient being treated.
7. The interest in informed consent is
   A. So that there are no misunderstandings between patients and health workers
   B. Legal protection for patients, health workers, and hospitals
   C. To prevent human rights violations from occurring
   D. Requirements for patient medical records
   E. Mitigate the law if there are demands
8. A graduate student of nursing professional education has been declared to have passed the national competency test. The competence test administration officer from his educational institution explained that his graduation certificate could be collected in the next few weeks.
   What is the name of the certificate in question?
   A. Competency certificate
   B. Professional certificate
   C. Certificate of registration
   D. Practical certificate

E. Training certificate

9. A female nurse has had STR since 2011 and is currently a new nurse at the hospital. The manager/head of the room where she works reminds her that Nurse B must re-register.
In what year should the nurse re-register?
A. 2013
B. 2014
C. 2017
D. 2015
E. 2016

10. A male nurse has been in nursing for 16 years. He intends to establish an independent individual practice and is studying the provisions related to his intention and preparing the necessary documents.
What are the legislative documents that the nurse must have?
A. Work permit
B. Practicing license (nurse)
C. Nurse's license
D. Practice certificate
E. Nurse registration letter

Answer Key:
1.   ANSWER: C
2.   ANSWER: E
3.   ANSWER: C
4.   ANSWER: D
5.   ANSWER: E
6.   ANSWER: D
7.   ANSWER: B
8.   ANSWER: B
9.   ANSWER: E
10. ANSWER: B

H.   Glossary

Responsibility   : the state of being trustworthy and untrustworthy

Accountability   : a form of nurse participation in making decision and learning from that decision the consequences

Nursing legislation   : a law enacted in the form of a nursing practice act

Credentialing   : a process of determining and maintaining practical competence in nursing

A nursing license   : a legal document that permits a nurse to impart specific nursing skills and knowledge to people within a jurisdiction

A nursing registration   : intended as an official record of nurses who have the qualifications and are legally recognized to carry out nursing actions

A nursing certification : a credential activity for each professional staff to guarantee the public the nursing qualifications of these professional staff to provide specific services for consumers/patients

Accreditation   : a process by the government, together with professional organizations, to assess and guarantee the accreditation of the status of an institution and program or service that determines the structure, process, and outcome criteria

Euthanasia   : intentionally not doing something to extend a patient's life or deliberately doing something to shorten the life or end a patient's life, and this is done for the patient's own benefit

Abortion   : is the destruction that violates the law or causes premature birth of a human fetus before its natural birth period

| Informed consent | : | an agreement by the patient to accept an action or procedure after obtaining complete information, including the risks of the action and the facts associated with the activity, which has been provided by the doctor/nurse |
| Confidentiality | : | maintaining the client's privacy or secrets; everything about the client may be known if it is used for the client's treatment or obtains permission from the client |

I. Reference

ASEAN Healthcare Services. (2018). *ASEAN Mutual Recognition Arrangement on Nursing Practitioner*. Manila. https://agreement.asean.org/media/download/20150119183446.pdf

Bertens, K. (2005). *Etika*. ISBN: 979-511-744-0. Jakarta: Gramedia Pustaka Utama.

Fan, Y., Ma, Y., Zhang, Y., & Sun, C. (2022). A retrospective analysis of internet-based sharing nursing service appointment data. *Computational and Mathematical Methods in Medicine, 2022*. https://www.hindawi.com/journals/cmmm/2022/8735099/

García-Vivar C, Soto-Ruiz N, Escalada-Hernández P, Ferraz-Torres M, Orzanco-Garralda MR, San Martín-Rodríguez L. Continuity of Care Challenges for Professional Nursing Practice (Editorial). *Aquichan*. 2022;22(1): e2211. DOI: https://doi.org/10.5294/aqui.2022.22.1.1https://fi-admin.bvsalud.org/document/view/2zhrn

International Council of Nurses. (2021). *The ICN Code of Ethics for Nurses Revised 2021*. ISBN: 978-92-95099-94-4. ICN – International Council of Nurses, 3, place Jean Marteau, 1201 Geneva, Switzerland. https://www.icn.ch/sites/default/files/inline-files/ICN_Code-of-Ethics_EN_Web.pdf

Toffoletto, M. C., & Tello, J. D. A. (2020). Telenursing in care, education and management in Latin America and the Caribbean: an integrative review. *Revista brasileira de enfermagem, 73*.

Utami, Ngesti W.; Agustine, Uly; Patriyani, Ros Endah Happy. 2016. *Modul Bahan Ajar Cetak: Etika Keperawatan dan Keperawatan Profesional*. Cetakan pertama, Desember 2016. Jakarta: Pusat Pendidikan Sumber Daya Manusia Kesehatan, Badan Pengembangan dan Pemberdayaan Sumber Daya Manusia Kesehatan, Kementerian Kesehatan Republik Indonesia.

Zamanzadeh, V., Valizadeh, L., Tabrizi, F. J., Behshid, M., & Lotfi, M. (2015). Challenges associated with the implementation of the nursing process: A systematic review. *Iranian Journal of Nursing and Midwifery Research, 20*(4), 411-419. https://doi.org/10.4103/1735-9066.161002

Nursing Ethics and Health Law

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