

# Explaining the nursing nmc code of conduct



**ASSIGN  
BUSTER**

(A.) A code of conduct is a set of customary principles and expectancy that are considered binding on anybody who is member of a certain group.

Nursing and midwifery practice in the United Kingdom are bound by a set of precepts and standard that set the least requirements for anyone wishing to practice nursing or midwifery within England, Scotland, Wales, Northern Ireland and Island. There is a more advance set of ethical and behavioural pattern that all nurse and midwife working in the United Kingdom must follow (NMC 2008). This is maybe the most important of the pattern set by the regulatory body for nurses and midwives as it comprises the ethical and moral codes that they are expected to obey. The code applies to anyone in the register; nevertheless the importance and need for codes of practice and conduct goes beyond nurses and midwives and their everyday contact with patients.

Even when not on duty, they must still stick to the principles and values comprising the code, especially as they directly connected to the women and people that they have been in their care. An example of this is respecting your client confidentiality.

There are no much difference in the NMC code of conduct United Kingdom and that of Nigeria. In the aspect of treating people equally without prejudice and discrimination, all humans are equal and must be treated kindly and with respect.

Confidentiality is another important part of the code of conduct which states that sharing of information is not right except in the case where the person is at risk of harm or in compliance with a court case.

In writing of inform consent one must ensure that the client is of legal age which is 18years in Nigeria. In a situation where the client is under aged, the parent or next of kin signs the informed consent on his or her behalf.

A nurse should maintain boundaries in a professional by not accepting gift, favours because it might be interpreted as an attempt to gain special preference.

A nurse should avoid careless, malpractice and abuse while providing care to client.

Clients do have a right to know about their conditions.

A nurse should be accountable to the public at all time by helping to protect the public against harmful dangers and agents.

As a nurse one must be ready to implement global health initiatives and participate in national and international conferences.

(B.) Be aware that the rules of obtaining consent apply equally to those who have mental illness. Under mental health act it is very important that clients are checked under statutory powers, knowing the conditions and safeguards needed for giving care and treatment without consent.

(C.) An area of the code that I am interested in is the area of informed consent. In Nigeria a clients legal age that allows him or her to sign informed consent is 18 years and above but in a situation where the client is under aged, the guardian or next of kin can sign the informed consent on his or her behalf. While in the United Kingdom, if the client is (a minor) under the age

of 16, it becomes a complex case because it is believed that they are not matured enough to have a superior power of discernment and reasoning to make decision. This is a more similar case with that of Nigeria. But the difference is that, in Nigeria even if the client is 16 or 17 years and with parental responsibility the client will still not be given the opportunity to sign an informed consent. However the explicit wish of a minor should be thought about by an investigator, there are Gillick competent minors that are able of consenting in their own right to treatment procedures, given that, in the view of the professional concerned, they had gotten the nature of the treatment she is going to have and its potential advantage and disadvantage and were adequately mature intellectually and emotionally to make a judgement.

In high schools in the United Kingdom, consent is important to the appropriateness of treatment and school nurses must have a sound consent before he or she can lawfully go on with treatment for a child. For children who are very young who do not have the power to make consent for treatment, the school nurse will depend confidently on the consent of someone acting on the power of a person with parental responsibility.

As a child grows with age the law permits them to make consent to treatment decisions where they have the power to do so. School nurses can go on with treatment plan and advice if the child is seen or considered to be Gillick competent.

Right to consent is not subject to individual will or judgement without restriction set at puberty: it is a must by the school nurse who must be comfortable that the child is old enough to fully understand the

consequences of the particular decision they are making. The more complicated the decision, the greater the maturity and intelligence needed to reach ability, as there will be a lot for the child to understand.

School nurses will need to be comfortable with the child to fully estimate the difficult issues that needs to be considered before they can safely go on that the child has power to consent to treatment.

In a case were the child is asking for treatment and counselling in relation to sexual activity such as contraceptive, then the nurse must also be sure that they are acting to protect the child and they meet the need of the sexual offences Act 2003. This is best achieved by recording the treatment and counselling given in line with Lord Fraser's guidance in Gillick V West Norfolk and Wisbech AHA (1986)

School nurses must keep their patients medical needs confidentially. This duty is draw from their legal, pertaining to and professional sense of duty and requires that as a rule they will not open patient information. However, the need to share information with others is vital to help deliver necessary care and protection of patients. While not proper disclosure is never welcomed, always using the duty of confidence as an excuse never to share information can lead in poor care and even bad report. School nurses must look at each case on its merits. Whenever needed the consent of the patient should be gotten before disclosure.

Disclosure of patient information without consent is allowed in the public interest or where regarded by law and it is important that school nurses carefully balance the overall need for confidentiality against the needs and

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welfare of the patient that might need the information to be shared with necessary source.

(D.) The sufficiency of informed consent is a vital part to consider when caring for patients. Weisz & Melton (1995) describes informed consent as one of the most debateable issue in health care. This debate becomes even more important in adolescents health care. Informed consent is a technical issue and often does build legal and ethical concerns for the adolescent, parents or legal guardian(s) of the adolescents (Sturman, 2005)

The legal and ethical connections associated with informed consent are very complicated and present challenges for those finding treatment and those delivering care (Anderson, 2005) an example was when a 16 year old girl walked into the hospital where I worked as a registered nurse in Nigeria and said she was pregnant and wanted to terminate the pregnancy. She was asked to go and call her parents or guardian to come and sign an informed consent for her before any form of pregnancy termination will be done. She walked up to me thinking probably I could help her out as a young nurse but rather I recognised my responsibility and up held the code of conduct which states that clients who are under aged; not above 18 years should be with a next of kin or parents to sign an informed consent.

(E.) If it was in the United Kingdom, I would have acted differently because once a child gets to the age of 16; he or she is believed in law to be capable to give consent for themselves for their own medical, dental or surgical procedures. Meaning the young girl would be treated as an adult. Although it is still best practice to advice capable children to involve their parents in

decision making. Where confidentiality is involved I must keep her privacy, unless I can justify disclosure on the grounds that I suspect she would likely suffer consequential harm. I would however ask her to involve her parents, unless I see it was not in her best interest to do so.

(F.) The four Nursing and midwifery council domains are: Competent midwifery practice, Professional and ethical practice, developing others and self and realizing quality care through appraisal and research. As a registered nurse I took personal responsibility for my actions, those I forgot to do and been accountable for any action I take. I could make sound decision while handling the case of my young client in respect of my personal professional development; practice within the range of view of my personal professional capability and extended this scope as needed.

Working with minors, a registered nurse should have capability and confidence in giving the basic aspect of care. This gives the client and parents more confidence. This confidence and capability strengthens the foundation by ability and practical skills in the area of child growth, communicating with minors and their family members.

This self awareness for nurses working with minors needs to be able to give support, educate them and help them understand what they should do and why, to make decisions about treatment choice and to be able to assist themselves meaningfully to their own care. A registered nurse must recognize their emotions, quality of feeling at a particular time and drives. They need to understand how these emotions produce effect on others and their performance. This self awareness requires strict inquiry into their

personal thoughts and experiences. It required carefully weighed analysis of their feelings and how these emotions drive ideas and behaviours.

We humans always have automatic reactions to certain interpersonal stimuli. This reverse movement may result from deep-seated suppositions that have taken root over time. Best example of an automatic reaction can be seen when watching group of cows going out to pasture. For unknown reasons, the cows always follow the same path. Humans also create symbolic cow paths in their rejoinder to certain situations, thoughts and emotions. The registered nurse needs to know his or her cow paths in order to raise their self-ability and have self-reliance in situations fraught with the various emotional responses found in health care.

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