Ethics: Revised and Relevant: Ethical Themes for a Changing Profession

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Column

The commitment of the American Nurses Association (ANA) to maintain a *Code of Ethics for Nurses* was established in its Certificate of Incorporation, mandating the creation and upkeep of ethical standards within the nursing profession. The *Code of Ethics for Nurses with Interpretive Statements* (aka *the Code* or *Code*) underwent periodic updates approximately every ten years in line with ANA policy. The goal of revising the *Code* was to honor the longstanding ethical tradition of the nursing profession, rooted in relational values, while also addressing contemporary challenges. The 2015 version of the *Code* maintained a three-part structure focusing on nurse-patient relationships, internal nursing and interprofessional dynamics, and the professional and societal responsibilities of nurses. For the 2025 revision, inclusivity and collaboration were emphasized. A Revision Panel of 49 diverse members, including six co-chairs from various nursing backgrounds, led the revision process, ensuring that the updated *Code* addressed current ethical challenges while upholding core professional values.

The 2025 revised *Code of Ethics for Nurses* highlights several important themes. This column will explore some of the most prominent and timely ethical challenges currently confronting the nursing profession. The American Nurses Association Center for Ethics and Human Rights remains committed to ensuring that the updated *Code* effectively addresses contemporary issues and continues to serve as a vital guide for nurses in upholding ethical standards and values of the profession.

Recipient of Care versus Patient

The discussion about what term to use for individuals receiving care has been a part of conversations for every *Code* revision. Prior to the inclusion of the term *patient* in 2001, earlier nursing codes of ethics referred to an individual receiving care as the *client* (ANA, 1976). “The root of client implies one who listens, leans upon, or follows another—[connoting] a more advisory relationship, often associated with consultation or business” (ANA, 2015, p. xi). In recognition of the consumerist movement in the United States, the 2015 version acknowledged that many healthcare settings refer to individuals seeking or receiving care as *healthcare consumers*. As the revision panel continued these discussions of terminology during this revision process, it was decided that a necessary change was appropriate for 2025.

A new term, *recipients of care,* has been introduced to broaden the scope beyond traditional patients. This term is used interchangeably with *patient* throughout the revised *Code*, and includes individuals, families, communities, and populations who may not have direct access to the healthcare system or who may not trust that they can access the system and be free from additional harm. Examples of recipients of care may include those who are under- or un-insured, or undocumented or unwelcome. It can also include those who are not actively seeking treatment in the healthcare system itself, which could be people giving birth or those receiving health education in a variety of public domains (e.g., health fairs or public service announcements). This acknowledges the multitude of settings in which nurses practice, including community outreach and those environments outside the acute care and outpatient settings.

Dehumanization

The field of nursing ethics has longstanding values that continue to carry our profession. A hallmark value of nursing practice is respect for the inherent dignity, worth, unique attributes, and human rights of all individuals. In this revision, it was important to impart an intentional shift—helping nurses identify what human dignity *is* to what undermining human dignity can *do*—to both those we care for and those we work with. This shift evolved into the direct condemnation of dehumanization in any form.

The *Code* defines dehumanization as "a spectrum of disrespect that, at one end, treats persons or groups as underserving of respect for their inherent worth and dignity (i.e., microaggressions). At the other end of the spectrum, dehumanization denies the persons or groups their full humanity, moral worth, and agency (i.e., macroaggressions)" (ANA, 2025, p. 51). Patients and recipients of care increasingly face interpersonal, systemic, and structural barriers—each posing a threat to personhood. Patients encounter healthcare environments that question their human dignity, diminish their worth, and regard their unique attributes as disruptions and distractions. As a result, the revised *Code* needed to expand on this notion of human dignity and be more explicit in its confrontation of the dehumanization our profession sees occurring in our society.

Power Imbalances Resulting in Harm and Inequity

A newly added interpretive statement specifically addresses racism and intersectionality as key components of the social and structural determinants of health. The previous 2015 version of the *Code* outlined what nurses should do when caring for patients, including establishing relationships of trust and setting aside bias or prejudice. To address contemporary issues, the 2025 *Code* revision places a much stronger emphasis on defining racism and detailing its harmful effects within nursing practice—both on patients and nurses.

Provision 9 acknowledges that the nursing profession has historically lacked a robust ethical analysis of racism. Moving forward, the *Code* calls for the explicit articulation and centering of antiracism and equity as core nursing values. Nurses are urged to engage in ongoing self-reflection and critical self-analysis, particularly in identifying and delivering equitable care to all patients.

The updated *Code* also recognizes the impact of systemic oppression on health inequities and underscores the necessity of intentional, sustained efforts to dismantle racism within healthcare and society. This includes transformational change at organizational and leadership levels, with a focus on redistributing power to ensure parity in policies and procedures. Nurses are positioned as key agents in shaping health and social policy, with a responsibility to advocate for structural reforms that reduce inequities and promote health equity.

Safety

Safety has been a consistent area of concern for the nursing profession since its inception. Both historical and contemporary perspectives influence how we incorporate issues of safety into the *Code*. This means taking into consideration the evolution of safety concerns and their impact on nurses and the nursing profession. Infectious disease prevention, medical supply management, instrument sterilization, proper waste disposal, hygiene and sanitation were all innovative discoveries that affected safe patient care in the late nineteenth century and into the beginning of the twentieth century (Carnegie, 1995 & Fowler, 2024). As we progressed into the mid to late twentieth century and into our current era, we have seen, and continue to see, safety issues that include protection from high levels of radiation, the need for personal protective equipment (PPE), proper ergonomics and safe patient handling, safeguarding technological advancements, and protection from workplace violence. It was essential, and an intentional choice of the Code Revision Panel, to clearly articulate how safety impacts each of the nursing relationships (i.e., nurse-to-patient, nurse-to-nurse/colleague, nurse-to-society) in the revised *Code*.

Collaboration

The revised *Code* emphasizes nurses' roles in building collaborative relationships and networks with nurses, other healthcare and nonhealthcare disciplines, and the public to achieve greater ends. Provision 8 reframes collaboration not as an optional strategy, but as a moral and professional imperative. While earlier versions emphasized partnerships to address goals like health diplomacy and disparities, the updated provision declares plainly: nurses cannot do this work alone and are not expected to do it alone. Advancing social policy demands intentional collaboration grounded in mutual respect, transparency, and shared goals. Provision 8 outlines expectations for leadership and collaboration as a path to sustainable, systemic solutions, with real-world impacts on the just outcomes of populations. At its core, this provision reaffirms that intentional effective collaboration is central to ethical nursing practice and ultimately empowers nurses to lead through advocacy, diplomacy, and interdisciplinary teamwork.

Expanded Focus on Knowledge Development

Provision 7 focuses on advancing the profession through knowledge development, professional standards, and policy development. This provision broadens the concept of knowledge development beyond empirical research to embrace multiple ways of knowing: empirical, personal, ethical, and aesthetic. Aesthetic knowing—often called the art of nursing—focuses on interpreting and responding to patient needs with sensitivity, humility, and creativity. This broader perspective acknowledges the value of humanities, history, and the arts alongside the traditional notions of natural and social sciences. This holistic approach forms the foundation of nursing's Scope and Standards of Practice, supporting evidence-based care and reminding us to reclaim nursing's often-overlooked history.

Moral Identity

The revised *Code* highlights, "[The nurse's] moral identity…is formed through education and practice within the community, tradition, and practice of nursing" (ANA, 2025, p. 53). The values, virtues, ideals, and norms that are part of the nursing profession are not innate to the nurse but learned and internalized over the course of one's career. As nurses enter the profession, they are inundated with new information. There is a considerable amount of time and experience needed to master the science and technical skills of nursing. In order to reach one's full potential as a nurse, nurses must not only master these skills, but they must also be aware of the impact of the relational aspect of nursing. Their connections with patients, colleagues, communities, and the broader society are what help form their moral identity. Each encounter, regardless of the practice setting, lends another opportunity for the nurse to express the values and virtues that create the moral standard of nursing.

Addressing Climate and Social Disruptions

The evolution of terminology related to planetary health reflects an increased awareness and commitment among nurses to act as moral agents in the promotion of public and environmental health. There has been a notable increase in awareness regarding the impact of environmental changes on our planet and climate. The *Code* underscores the significance of the nurse-to-society relationship, highlighting that nurses interconnected global relationships are mutually affected by changes to the climate. Environmental catastrophes and natural disasters directly influence patient outcomes, necessitating enhanced hazard and disaster preparedness. This revision addresses the ethical challenges nurses may encounter when practicing in extreme conditions and offers guidance for working under altered standards of care.

Nurses cannot tackle complex issues alone. Provision 8 emphasizes the importance of collaborative efforts including planetary health initiatives, particularly in response to weather-related events such as rising sea levels, floods, droughts, wildfires, infectious disease outbreaks, and other climate disruptions. These collaborative efforts are crucial in mitigating downstream effects such as poverty, hunger, and malnutrition, and the diseases they foster, especially for marginalized communities. Provision 10 of the *Code* highlights the United Nations Sustainable Development Goals and calls on nurses to address these downstream effects including advocacy for access to clean water, safe food, sanitation, clean energy, and responsible consumption, production, and shared natural resources. Provision 10 lays the foundation for recognizing the interconnectedness of human and planetary health.

Nurses' Expanding Role in Global Society

This new provision is borne out of the tremendous impact of the COVID-19 pandemic on the nursing profession. Provision 10 introduces a groundbreaking recognition of health challenges, resources, and solutions that transcend borders, calling nurses to engage in global health efforts with a unified and respectful approach. At its core, Provision 10 defines global nursing practice as a commitment to sustainable workforce development, cultural humility, and effective strategies for international recruitment and disaster response. These elements are essential for building resilient healthcare systems worldwide.

The provision also promotes a global vision for health, urging nurses to address the social, structural, and political determinants that shape health outcomes. Solidarity is reimagined in this context—not as uniformity, but as collective action rooted in shared ethical values and respect. Provision 10 provides the blueprint to inspire nurses to be a unified voice advocating for systemic change and evidence-based care on a global scale. Nurses are positioned as global advocates for equitable healthcare, public health security, and environmental sustainability. It calls for active participation in leadership roles that promote secure, sustainable, and inclusive healthcare systems for all populations. Ultimately, this provision elevates nurses as leaders in shaping global health policy.

Human Flourishing

The pursuit of human flourishing is aspirational. “This means nurses ought to embody values such as inclusivity, compassion, and ethical comportment to strengthen the nursing community and foster one’s own flourishing” (ANA, 2025, p. 22). The inclusion of human flourishing in this revised *Code* aims to reinforce the idea that nurses’ well-being is not separate from that of their patients, colleagues, or communities. As individuals, flourishing cannot be accomplished in isolation. It is inextricably linked to the values and virtues that define who we are as nurses. It relies on interdependence and building a network of relationships-in-community that foster reciprocity and is an expansion of well-being. Flourishing also involves cultivating purpose and moral fortitude, both of which are strengthened through meaningful connection and shared responsibility. Even as nurses, our ability to thrive depends on the care we receive from others and the health of the environment. Nurses are encouraged to pursue environments and practice settings that support individual and communal flourishing through education, mentorship, and community engagement.

Conclusion

The Code Revision Panel spent extensive time engaging in difficult conversations before putting digital pen to paper. Before any revisions could be incorporated, it was important to closely examine the existing version and unpack the complex themes and ethical challenges our profession has and continues to encounter. Nurses will inevitably contend with ethical challenges along their career paths. When caring for others, there is no escaping barriers to ethical practice. The themes reflected in this paper are but an introduction to the deeper discussions brought forth in the revised *Code*. This revision panel feels strongly that nurses must strengthen their ethical awareness and judgment so they can question the status quo, navigate systemic challenges, and break down those barriers that prevent ethical care. We thank them for their contributions.

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