

# CODE OF CONDUCT

## OF THE NURSING PROFESSIONS



**FNOPI**

Approved by the Federation's Central Committee and the meeting of the National Council of the Nursing Professions Orders held in Rome on 12 and 13 April 2019

A large, stylized graphic in shades of teal and dark teal. It depicts a hand with fingers slightly spread, holding a heart shape. Inside the heart is a white cross. The background is a solid dark teal color.

BY THE FNOPI CENTRAL COMMITTEE:

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Knowledge is not simply a collection of notions with which we can identify, but is the ability to connect information critically and consciously.

Therefore, “to know” means to connect.

The Code of Ethics recognises the nurse as a professional and as a person; it recognises the Citizen as a Care Recipient and as a Person; it recognises the Society in which we live and the Society in which we would like to live; it recognises current legislation and foreshadows its evolution.

Hence, the meaning of this recognising process encapsulated in our guiding Document is networking, connection and relationships.

Of the many things this Code tells or suggests us, one is certainly not to be found, and it is our professional identity: the code may contribute to it, but it is not professional identity in itself. At the very least, the Code cannot envisage it in its entirety because professional identity is both deontological, scientific and personal.

As Nurses, we must have a solid professional identity that rests on equally solid scientific knowledge that is constantly kept up-to-date, questioned, revisited and updated and that helps us to enter into a relationship with the Person we assist. The only tool that strengthens and reinforces our identity does not have to do with technology or management, but is the relationship with the Assisted Person, which is, and must always be, from the standpoint of competence, up to the level of the care need that arises. In an ideal “backpack” of the profession that each of us carries on our shoulders we place all our heritage: our basic education, our specialist education, our further training, our lifelong learning, our critically reviewed and updated professional experience, our aptitudes, our aspirations, our experience, our being a Person and being a Nurse. The Profession is one, but professionalism is an individual trait. That is why we have 450,000 different “backpacks”: because in each one is everything we have done, what we feel we are and what we want to be in the future as professionals. This is what allows us to enter into a relationship with the Assisted Person, in an encounter between caregiver and person being cared for, but first and foremost between two individuals who enter into a strong pact of care.

Clearly, our backpacks does not have unlimited capacity: it must be opened often, we have to look inside it, take out what is outdated and put in what is new in terms of knowledge, evidence and even personal growth, in a constant and endless change. Habit is indeed one of the greatest dangers in our journey as professionals and individuals.

And this is exactly what has been done with the new Code of Ethics.

In order to read it consciously, its development must be analysed in the light of the regulatory, epidemiological, social and professional landscape that has changed in the ten years since the

previous edition.

The Code celebrates all our roots, but unearths them by making them relevant to today; it tells us that there is no longer a moment of care, but that care goes beyond any place and any space. Above all, the Code builds the right distance with the other Person, allows him or her to exist, decide, deny and take care of his or her own assistance. To cross a border, one must take a step back in order to see it better. We cannot and must not expect the Code of Ethics to be kept in our pocket and to be taken out when someone asks us to do something, just to understand whether or not that task belongs to us, to our specific profession, merely considering the Code an operational handbook or a pass for professional autonomy: the Code can never have this function nor does it intend to exercise it.

Nor can it have the function of regulating the organisation of services, contractual institutions and labour relations.

The Code has a fundamental function: it regulates professional behaviour, which each of us then tailors to the specific aspects of the clinical case or organisational context to offer the best response in terms of healthcare. A response that cannot be found in the Code, but within the conscious and reasoned actions of all members, which the Code supports and not the other way around.

When we approach the Assisted Person, we must be able to support our every action and our every choice with scientific data, with our discipline, with cognitive discernment and with our own methods and tools, be they assessment scales, diagnostic, clinical and care processes, risk analysis, or assessment of needs in their complexity. It must be understood whether that activity belongs to the nursing discipline or whether it is an activity that the practitioner believes can be attributed to someone else.

For all these reasons, the Code cannot be a prescriptive charter in a purely operational sense.

The Code of Ethics is a fundamental instrument for the development of nurses' professionalism, an instrument that cannot be imposed from above, but must come to fruition through a significant democratic process. That's why we felt we had to go through a years-long process, with phases related to the fact that during this period the rules changed and we had to adapt.

Law 3/2018 came about and the legal nature of the **Federation and the Provincial Nursing Orders changed**; there was a time of electoral renewal and other regulations intervened, such as Law 24 of 2017 (the so-called Gelli Law) and Law 219 of 2017 (the so-called law on advance treatment provisions and living wills). This new reference context made us rethink much of what had been written up to that time and start again from the previous reasoning and led to a further reinterpretation of the Code of Ethics.

And since, for example, Law 219 does not provide many direct references to nurses, but mainly mentions other professions and, in some cases, the care team, in our Code we have reinforced all the topics related to pain, to the end of life, to the person's expressed will linked to the advance consent-related instructions and to the relationship at the end of life, trying to deal with an aspect of our profession scarcely regulated by the law.

We have a responsibility to work today for what will be our profession in the next ten years, because ten years go by just as quickly as those elapsed since the previous Code was drafted. And we must do this in order to understand where we want our profession to be in the future and imagine its context today.

Today our profession is immersed in a demographic context that sees us, along with other professionals, older and working for an increasingly number of years. This was not the case ten years ago. The average age of nurses is changing a lot, and many nurses will be missing in the coming years.

The 2009 Code came at the very dawn of the crisis that hit Western countries. Italy, too, has been a victim of the new organisational difficulties that also have to do with professional deontology: freeze on turnover, freeze on recruitment, freeze on employment contracts, liberal professions used as a para-subordinate form of employment with little awareness of their potential.

The Code of Ethics of 2009 has in some ways fallen victim to this context because it was decided to use it, quite inadequately, to highlight certain organisational difficulties that nurses experienced and continue to experience. It also lacked fundamental passages to better direct the practice of the liberal profession, as well as a more defined behavioural connotation of the Professional Associations.

We all know that some articles of the 2009 Code have been misused, both at the jurisprudential and the organisational levels, to validate and confirm organisational methods that have nothing to do with professional ethics; this is also why it was necessary to update it.

I also realise that talking about professional deontology and the development of the profession and professionalism when looking at the current organisational context, makes one think that perhaps the future developments for nurses should not be only considered at the ethical-deontological level. However, on this front we are working with all national and regional institutions, because we need to bring this issue onto all institutional and political agendas, since in ten years both us and our citizens will be older. Italy will be an older, poorer and lonelier country, with loneliness becoming an increasingly fundamental issue in the context of care.

We need to think about innovative models, innovative professionalism and new skills, and this Code is intended to accompany these ten years of our profession's journey.

Ten years for which we have clear objectives. One of them is the development of nursing specialisations, for which we have activated a dialogue with both the Health and University Ministries and with the Conference of Regions.

On the one hand, the Federation is defining the pathway with all stakeholders and, on the other, it must also necessarily make a reflection on the development of professionalism and the deontology of our profession.

All these aspects must be considered together, and we must ensure that this Code becomes a garment that all nurses can wear, making them feel comfortable in their relationship with the Assisted Person. But also a garment to be modelled with a flexibility that has been lacking over the years. A Code that is revisited at such lengthy intervals is no longer imaginable, and for this

reason a permanent working group will be set up with the task of updating its provisions, also thanks to the suggestions that will come from our Professional Community.

"Relationship" is once again our watchword: because if we lose the privilege that our profession has of relating to the Person being cared for, to other colleagues, to other professions and to governing bodies, we cease to exist. The fundamental value of our profession is the relationship with the other.

It is no coincidence that in Chapter I, on principles, in Article 4, we have included this sentence: "Relationship time is caring time".

If we take refuge in technology - an attempt that many would like to make - we must be careful, because technology changes and modifies itself over time, technology will help humans in many activities to the point of almost replacing them, and we see this in all fields, technology will change much of the relationship between professions, the relationship with the Assisted Person and the skills of the professions, and finally because technology cannot be our final purpose.

Technology is a means, a tool through which nurses qualify their relationship with the Assisted Person and make it more appropriate. We must be super-experts in technology, but not make it our goal. Because our goal is always the relationship with the Person, we take care of, which is qualified through technical procedures as well as the application of science and deontology.

Losing the relationship with the Assisted Person would be a serious mistake because we would lose the most important value element, which is the Person recognising us as the main interlocutor and interpreter of his or her needs.

These are the reflections that we shared with the Central Committee and decided to condense into the Code, which was not born as a theoretical assumption put together with the contribution of a few but was developed gradually with 42 meetings over the years of its elaboration.

In 2015, a group of experts drafted a text that was presented to the Provincial Nursing Orders at the end of 2016. Then we opened the consultations - the first time ever - and provided on our portal a way for individual nurses to comment on the draft code and make suggestions. These comments were directed to the Provincial Nursing Order to which the nurses belonged, which then transmitted them to the Federation, either by summarising them or adjusting them within a framework of reference, or as they arrived. The consultation started on 6 February and ended on 31 May 2017 and was extended for another month.

After that, a dialogue was opened with our Professional Associations - closed in July 2017 - many of which are now, by virtue of Law 24/2017, Scientific Societies and 14 of which have provided a contribution directly to the Federation.

In the second half of the year, only the Central Committee worked on the Code, reading, evaluating and integrating all the comments received from the consultations. Then, between the end of 2017 and the beginning of 2018, there the Provincial and the Central Committee' members were renewed and, after that, the work on the Code of Ethics resumed with the new boards.

The indications and novelties of the various laws that came into force during that period were taken on board and a cycle of hearings was reactivated because many Provincial Nursing Orders changed and it was necessary to gather further contributions from the Nursing Orders, scientific societies and experts: we involved two magistrates, a jurist, an expert in the philosophy and history of nursing, two ethicists and also the inter-religion group for a dialogue with the monotheistic Abrahamic religions in addition to the Catholic religion.

And because the Code of Ethics is the garment we all must wear in our relationship with each other, we also heard from Citizens' and Patients' Associations, who debated in working groups and made important suggestions.

Finally, the day before the presentation we also had a brief hearing before the National Council of the Federation, with the Minister of Health presenting not the text of the Code, but the innovations that we had been debating. The Ministry of Health, by the way, is the supervising body of the National Federation of the Professions Orders.

With the Code we wanted to safeguard nurses' freedom of conscience, to recognise nurses as people who relate to other people. It is an innovation that is rooted in our history but looks to the future in order to protect the expressed will of the Person against treatment that is incongruous or not considered consistent with the perception of life or health. It is an innovation with which we safeguard life.

Now the Federation and the Provincial Nursing Orders will have to be guarantors of its respect in every corner of the country. To conclude with an aphorism, Mark Twain said: "Always do what is right. It will gratify half of mankind and astound the other."

With the new Code we want to meet the needs of those who need nurses, but also surprise those who do not work and live, like us, professionally alongside them.

Because the Code is by the Nurses and for the Nurses and the Citizens who are their first thought, their main goal. The Code represents the nurses and puts in black and white their lifelong commitment to the Persons they assist.

Barbara Mangiacavalli

President of the National Federation of the Nursing Professions Order



# CHAPTER

# I

PROFESSIONAL  
PRINCIPLES  
AND  
VALUES

## **ART. 1 - VALUES**

The Nurse is the Health Professional, registered in the Nursing Professions Order, who acts in a conscious, autonomous and responsible manner. He or she is supported by a set of values and scientific knowledge. Acts as an active agent in the social context to which he or she belongs and in which practices the profession, promoting a culture of caring and safety.

## **ART. 2 - ACTION**

The Nurse orients his or her actions to the good of the Assisted Persons, their Family and Community. His or her actions are realised and developed in the fields of clinical practice, organisation, education and research.

## **ART. 3 - RESPECT AND NON-DISCRIMINATION**

The Nurse treats and cares for the Assisted Person, respecting his or her dignity, freedom, equality, life choices and conception of health and well-being, without any social, gender, sexuality orientation, ethnic, religious or cultural distinction. Refrains from any form of discrimination and blame towards all those encountered in his or her work.

## **ART. 4 - CARING RELATIONSHIP**

In his or her professional actions, the Nurse establishes a caring relationship, also using listening and dialogue. Ensures that the Assisted Person is never neglected by involving, with the consent of the Person concerned, any reference figures as well as other professionals and institutions. Relationship time is caring time.

## **ART. 5 - ETHICAL ISSUES**

The Nurse is active in the analysis of ethical dilemmas and contributes to their investigation and discussion. Promotes the use of ethical counselling and dialogue, also involving the local Nursing Order.

## **ART. 6 - FREEDOM OF CONSCIENCE**

The Nurse undertakes to support the caring relationship even if the Person being cared for manifests ethical conceptions that differ from his or her own. If the latter persistently expresses a demand for activities that conflict with personal values or ethical and professional principles of the nurse, he or she ensures continuity of care, taking responsibility for his or her abstention. The Nurse can make use of the conscience clause, constantly seeking dialogue with the Person being cared for, other professionals and institutions.

**CHAPTER**

**II**

**CARING  
RESPONSIBILITY**

## **ART. 7 - HEALTH CULTURE**

The Nurse promotes a culture of health by fostering healthy lifestyles and environmental protection from the perspective of health determinants, reducing inequalities and designing specific educational and informational initiatives for individuals, groups and communities.

## **ART. 8 - EDUCATING TO BE A PROFESSIONAL**

In his or her various roles, the Nurse is actively involved in the education and professional training of students and the onboarding of new colleagues.

## **ART. 9 - SCIENTIFIC RESEARCH AND EXPERIMENTATION**

The Nurse recognises the value of scientific research and experimentation. Develops, carries out and participates in research concerning clinical care, organisation and educational, making the results available.

## **ART. 10 - KNOWLEDGE, EDUCATION AND UPDATING**

The Nurse bases his or her work on knowledge validated by the scientific community and updates personal skills through study and research, critical thinking, reflection based on experience and good practice, in order to ensure the quality and safety of activities. Plans, conducts and participates in training initiatives and fulfils obligations under the Continuing Medical Education programme.

## **ART. 11 - SUPERVISION AND SAFETY**

The Nurse trains and seeks supervision where there are new activities or where there are limited case experience, and in any event whenever the need arises.

# CHAPTER



## PROFESSIONAL RELATIONSHIPS

## **ART. 12 - COOPERATION AND COLLABORATION**

The Nurse is committed to supporting cooperation with the professionals involved in the care pathway, adopting loyal and collaborative behaviour with colleagues and other professionals. Recognises and values their specific contribution in the care process.

## **ART. 13 - COMPETENT ACTION, ADVICE AND INFORMATION SHARING**

The Nurse acts based on his or her own level of competence and seeks advice and intervention from experienced nurses or specialists if necessary. Advises by making knowledge and skills available to his or her own community and other professional communities and institutions.

Participates in the care pathway and ensures that the Person cared for has the same information shared with the team, which is necessary for the Person's life needs and for an informed choice of the proposed care pathways.

## **ART. 14 - PROTECTION POSITION**

The Nurse who detects a state of alteration of a psycho-physical nature of a professional or other worker in his or her duties, at whatever level of responsibility, shall endeavour to protect and safeguard the Assisted Persons, the profession and the professional in question, including by making the appropriate disclosures.

## **ART. 15 - HEALTH INFORMATION**

The Nurse ensures that the Person concerned, or the Person he or she refers to, receives accurate, complete and timely information about the person's state of health, shared with the care team, respecting his or her needs and in a culturally appropriate manner. Does not replace other professionals in providing information that is not within his or her competence.

## **ART. 16 - INTERACTION AND INTEGRATION**

The Nurse recognises intra- and inter- professional interaction and integration as fundamental elements for responding to the Person's needs.

**CHAPTER**

**IV**

RELATIONSHIPS  
WITH THE ASSISTED  
PERSONS

## **ART. 17 - RELATIONSHIP WITH THE ASSISTED PERSON**

### **IN THE CARE PATHWAY**

In the care pathway, the Nurse values and welcomes the person's contribution, their point of view and emotions and facilitates the expression of suffering.

The nurse informs, involves, educates and supports the Person concerned and, with his or her free consent, the reference persons, in order to encourage adherence to the care pathway and to assess and activate available resources.

## **ART. 18 - PAIN**

The Nurse prevents, detects and documents the patient's pain during the care pathway. Operates, applying good practices for the management of pain and related symptoms, while respecting the Person's wishes.

## **ART. 19 - CONFIDENTIALITY AND PRIVACY**

The Nurse guarantees and protects the confidentiality of the relationship with the Person being cared for and the confidentiality of data relating to them throughout their care pathway. Collects, analyses and uses data appropriately, limiting him or herself to what is necessary for nursing care, while respecting the rights of the individual and current legislation.

## **ART. 20 - REFUSAL OF INFORMATION**

The Nurse respects the explicit wish of the Assisted Person not to be informed about his or her state of health. If the refused information is necessary to prevent a health risk to third parties, the Nurse shall endeavour to make the Assisted Person aware of the risk and potentially harmful conduct.

## **ART. 21 - COMMUNICATION STRATEGIES AND MODES**

The Nurse supports the relationship with the Person cared for who is in a condition that limits their expression, through effective communication strategies and modes.

## **ART. 22 - DEPRIVATION, VIOLENCE OR MISTREATMENT**

Without prejudice to reporting obligations, the Nurse who detects and highlights deprivation, violence or mistreatment of the Person being cared for, takes action to ensure that there is prompt intervention to protect the Person concerned.

## **ART. 23 - WILL OF THE MINOR**

The Nurse, considering the age and degree of maturity found, shall endeavour to ensure that due consideration is given to the minor's opinion on curative, care and experimental choices, in order to enable him/her to express his/her wishes. When the minor consciously opposes the choice of care, the Nurse works to overcome the conflict.

## **ART. 24 - END-OF-LIFE CARE**

The Nurse provides nursing care until the end of the assisted person's life. Recognises the importance of the caring gesture, shared care planning, palliation, environmental, physical, psychological, relational and spiritual comfort. The Nurse supports the Family members and Caregivers of the Person cared for in the final evolution of the illness, in the time of loss and in the grieving phase.

## **ART. 25 - WILLINGNESS TO LIMIT INTERVENTIONS**

The Nurse protects the Assisted Person's wish to place limits on interventions that he or she believes are not proportionate to his or her clinical condition or consistent with the Person's conception of quality of life, also expressed in advance by the Person.

## **ARTICLE 26 - BLOOD, TISSUE AND ORGAN DONATION**

The Nurse promotes information on blood, tissue and organ donation as an act of solidarity; educates and supports those involved in donating and receiving.

## **ART. 27 - PROFESSIONAL SECRECY**

The Nurse always respects professional secrecy not only out of legal obligation, but out of intimate conviction and as a concrete expression of the relationship of trust with the Person being cared for.

The death of the Assisted Person does not exempt the Nurse from respecting professional secrecy.

**CHAPTER**

**V**

**COMMUNICATION**

## **ART. 28 - COMMUNICATION BEHAVIOUR**

In communication, including through information technology and social media, the Nurse behaves with decorum, fairness, respect, transparency and truthfulness; he/she protects the confidentiality of Persons and Assisted Persons, taking particular care when publishing data and images that may harm individuals, institutions, the decorum and the image of the profession.

## **ART. 29 - VALUES IN COMMUNICATION**

The Nurse, also through the use of information technology and social media, communicates in a scientific and ethical manner, seeking dialogue and discussion in order to contribute to a constructive debate.

**CHAPTER**

**VI**

ORGANISATION

### **ART. 30 - RESPONSIBILITY IN THE ORGANISATION**

At the various levels of care, management and training responsibility, the Nurse participates in and contributes to the organisation's choices, the definition of care, educational and organisational models, the fair allocation of resources and the enhancement of the nursing function and professional role.

### **ARTICLE 31 - EVALUATION OF THE ORGANISATION**

The Nurse contributes to the assessment of the organisational, managerial and logistical context in which the Person being cared for is located in order to protect him/her. Formalises and communicates the result of his or her evaluations in order to improve the context itself.

### **ARTICLE 32 - PARTICIPATION IN CLINICAL GOVERNANCE**

The Nurse participates in clinical governance, promotes the best safety conditions for the Person being cared for, adopts procedures for the prevention and management of risks, including infectious ones, and actively adheres to operational procedures and methods for analysing events and ways of informing the Persons involved.

### **ARTICLE 33 - CLINICAL DOCUMENTATION**

The Nurse is responsible for the accurate drafting of the clinical documentation for which he/she is responsible, emphasising the importance of its completeness and truthfulness also for the purpose of the consent or refusal, knowingly expressed by the Person Assisted, to nursing treatment.

## **ARTICLE 34 - SETTLEMENT OF DISPUTES**

Should the organisation request or plan clinical care, management or educational activities that are contrary to the principles, values and standards of the profession, at all levels of responsibility, the Nurse shall report the situation to the competent bodies and take action to propose alternative solutions.

## **ARTICLE 35 – PHYSICAL RESTRAINT**

The Nurse recognises that physical restraint is not a therapeutic act. It is exclusively a precautionary measure of an exceptional and temporary nature; it may be implemented by the care team or, in cases of urgent need, even by the Nurse alone if the conditions of necessity are met, in order to protect the safety of the Person being cared for, the other Persons and the workers.

In any case, physical restraint must be justified and noted in the clinical care documentation, it must be temporary and monitored over time to ascertain whether the conditions that justified its implementation persist and whether it has adversely affected the health of the Assisted Person.

## **ART. 36 – NURSE AIDES**

At the various levels of clinical and managerial responsibility the nurse plans, supervises and verifies, for the safety of the patient, the activities of the nurses' aides who take part in the care process and are entrusted to him/her.

## **ART. 37 - GUIDELINES AND GOOD CARE PRACTICES**

Because of his or her high level of professional responsibility, the Nurse follows the relevant guidelines and good clinical care practices and ensures their correct application, promoting their continuous updating.

## **ART. 38 - REPORTS TO THE NURSING ORDER**

The Nurse reports to his or her Nursing Professional Order inappropriate nursing care and assistance activities lacking a sound basis, scientific evidence and validated results.

**CHAPTER**

**VII**

**LIBERAL  
PROFESSION**

### **ART. 39 - EXERCISE OF THE LIBERAL PROFESSION**

In his or her free professional practice, the Nurse endeavours to ensure that fair competition is respected and also valorises his or her work through the principle of fair remuneration.

### **ART. 40 - CARE CONTRACT**

The Nurse, with transparency, fairness and in compliance with the regulations in force, formalises with the Assisted Person a special care contract that highlights the adequate and appropriate care needs, what the Person expresses in terms of informed assent/dissent with respect to the proposed treatment, the explicit elements of personal data protection and the elements that make up the professional fee.

### **ARTICLE 41 - SAFETY AND CONTINUITY OF CARE**

The self-employed Nurse safeguards the safety and continuity of care of the Persons being cared for by also respecting their own biological and physiological recovery time.

**CHAPTER**  
**VIII**

FINAL PROVISIONS

## **ARTICLE 42 - FREEDOM FROM CONSTRAINT**

The Nurse and the Nursing Professions Orders undertake to ensure that the professional's actions are free from improper influences and interests as well as undue pressure from third parties, including reference persons, other professionals, companies and associations.

## **ART. 43 - CONFLICT OF INTEREST**

Any Nurse who finds him or herself in a situation of conflict of interest shall expressly declare it.

## **ART. 44 - COMBATING ILLEGAL PRACTICE OF THE PROFESSION**

Nurses and the Nursing Professions Orders counter and denounce the illegal exercise of the nursing profession and undeclared work.

## **ART. 45 - DECORUM**

The Nurse cares for his or her person and personal decorum.

## **ART. 46 - PROFESSIONAL REPRESENTATION AND ADVERTISING COMMUNICATION**

The Nurse exercises the representative function of the profession with dignity, fairness and transparency. Uses expressions and adopts behaviours that uphold and promote the decorum and image of the professional community and its institutional actors. He or she observes the indications of the Nursing Professions Orders in the information and advertising communication.

## **ART. 47 - OBLIGATION TO COMPLY**

The Nurse complies with the administrative, legal and deontological regulations and requirements that affect the profession, also by following the guidelines of the Nursing Professions Orders.

## **ART. 48 - CONSULTANCY AND EXPERT OPINION ACTIVITIES**

The Nurse does not carry out activities of an advisory and expert nature unless he/she possesses the specific skills required by the case.

In any event, this activity must be carried out in compliance with the deontological principles of the profession, avoiding any conflict of interest and situations in which its independence is limited.

In the advisory context the Nurse interprets the evidence of the case based on the current scientific knowledge, providing opinions inspired by a prudent assessment of the conduct of the persons involved.

## **ART. 49 - BINDING NATURE OF THE DEONTOLOGICAL RULES**

The deontological rules contained in this Code of Ethics are binding for all members of the Orders of the Nursing Professions; failure to comply with them shall be sanctioned by the Nursing Order, taking into account the voluntariness of the conduct, its severity and any repetition thereof, in contrast with professional decorum and dignity.

## **ART. 50 - PROFESSIONAL ORDER. SUBSIDIARY BODIES OF THE STATE**

The Nursing Professional Orders transpose and implement the legal and regulatory indications inherent to their being subsidiary bodies of the State.

## **ART. 51 - PROFESSIONAL ORDER. CODE OF CONDUCT**

The provincial Nursing Professional Orders are required to adopt this Code and to ensure compliance with its rules, within the framework of the guiding and coordinating action exercised by the National Federation of the Nursing Professions Order; they are also required to officially deliver or, in any case, send the Code of Ethics to the individual members registered in the Nursing Professions Order, in the and to hold periodic refresher and in-depth courses on ethical matters.

## **ART. 52 - PROFESSIONAL ORDERS AND OTHER PUBLIC ROLES**

The Nursing Professional Order does not intervene in respect of nurses who are engaged in institutional political assignments regarding the exercise of their duties.

## **ART. 53 - FINAL CLAUSE**

Any other behaviour that violates professional decorum and dignity is sanctioned by the Nursing Professions Order.



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These provisions will be constantly monitored by FNOPI in order to ensure that they are updated if necessary.

NATIONAL FEDERATION OF NURSING  
PROFESSIONS ORDERS

Via Agostino Depretis 70 - 00184 Rome  
Tel: +39 06 46200101  
[www.fnopi.it](http://www.fnopi.it)



**FNOPI**