# Socio-historical scenario of the code of ethics, rights and duties of nursing professionals in Brazil

## Cenário sociohistórico do código de ética, direitos e deveres do profissional de enfermagem no Brasil

## Escenario sociohistórico del código de ética, derechos y deberes de los profesionales de enfermería en Brasil

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#### RESUMO

**Objetivo:** Identificar e discutir os aspectos éticos e legais do Código de Ética dos Profissionais de Enfermagem, fazendo um relato documental e histórico de todos os códigos regulamentados para o profissional de enfermagem no Brasil de 1958 até 2017. **Método:** Estudo exploratório, onde foi realizada uma pesquisa documental da legislação brasileira a qual regulamenta o código de ética dos profissionais de enfermagem no Brasil. **Resultados:** O profissional de Enfermagem atua com autonomia e em consonância com os preceitos éticos e legais, técnico-científico e teórico-filosófico; exerce suas atividades com competência para promoção do ser humano na sua integralidade, de acordo com os Princípios da Ética e da Bioética, e participa como integrante da equipe de Enfermagem e de saúde na defesa das Políticas Públicas, com ênfase nas políticas de saúde que garantam a universalidade de acesso, integralidade, hierarquização e descentralização político-administrativa dos serviços de saúde. **Conclusão:** A história da construção da ética do profissional de enfermagem no Brasil reforça e ressalta a substituição de um histórico de executor de tarefas, para a autonomia e empoderamento do profissional de enfermagem, e atuação em consonância com os preceitos éticos e legais, técnico-científico e teórico-filosófico.

Descritores: Enfermagem; Prática Profissional; Legislação como Assunto; Ética.

#### ABSTRACT

**Objective**: To identify and discuss the ethical and legal aspects of the Code of Ethics for Nursing Professionals, making a documentary and historical report of all regulated codes for nursing professionals in Brazil from 1958 to 2017. **Method:** Exploratory study, where a documentary research of Brazilian legislation was carried out which regulates the code of ethics of nursing professionals in Brazil. **Results:** The nursing professional acts autonomously and in line with ethical and legal, technical-scientific and theoretical-philosophical precepts; carries out its activities with competence to promote the human being in its entirety, in accordance with the Principles of Ethics and Bioethics, and participates as a member of the Nursing and health team in the defense of Public Policies, with emphasis on health policies that guarantee universality of access, integral care, resolution, preservation of people's autonomy, community participation, hierarchization and political-administrative decentralization of health services. **Conclusion:** The history of the construction of the ethics of the nursing professional in Brazil reinforces and highlights the replacement of a history of performing tasks, for the autonomy and empowerment of the nursing professional, and acting in accordance with the ethical and legal precepts, techno- scientific and theoretical-philosophical.

Descriptors: Nursing; Professional Practice; Legislation as Topic; Ethic.

#### RESUMEN

Objetivo: identificar y discutir los aspectos éticos y legales del Código de Ética para Profesionales de Enfermería, haciendo un informe documental e histórico de todos los códigos regulados para profesionales de enfermería en Brasil desde 1958 hasta 2017. Método: Estudio exploratorio, donde se realizó una investigación documental de la legislación brasileña que regula el código de ética de los profesionales de enfermería en Brasil. Resultados: el profesional de enfermería actúa de manera autónoma y en línea con los preceptos éticos y legales, técnico-científicos y teórico-filosóficos; realiza sus actividades con competencia para promover al ser humano en su totalidad, de acuerdo con los Principios de Ética y Bioética, y participa como miembro del equipo de Enfermería y salud en la defensa de las Políticas Públicas, con énfasis en políticas de salud que garanticen universalidad de acceso, atención integral, resolución, preservación de la autonomía de las personas, participación comunitaria, jerarquización y descentralización político-administrativa de los servicios de salud. Conclusión: La historia de la construcción de la ética del profesional de enfermería en Brasil refuerza y destaca el reemplazo de un historial de tareas, para la autonomía y el empoderamiento del profesional de enfermería, y actuando de acuerdo con los preceptos éticos y legales, la tecnología. científico y teórico-filosófico.

Descriptores: Enfermería; Práctica profesional; Legislación como tema; Ética..

#### Introduction

The practice of nursing has always been linked to a conservative and metaphysical view of the world, where social roles are previously defined, so that the profession has been destined to be female, as it is a work that is little valued socially and that demands from those o exercise strong religious conviction, respect for hierarchy and willingness to serve, to obey and to devote themselves.<sup>1</sup>

According to HORR, 2007, the first Nursing Code of Ethics was approved in 1958, during the XI Brazilian Nursing Congress, promoted by the Brazilian Nursing Association (ABEn).<sup>2</sup>

In 1973, LAW N 5.9053 was created, which provides for the creation of the Federal and Regional Councils of Nursing, constituting as a whole an autarchy, linked to the Ministry of Labor and Social Security. The Federal Council and the Regional Councils are disciplinary bodies for the exercise of the nursing profession and other professions included in the nursing services. Article 8 of LAW N 5.905 determines that it is the responsibility of the Federal Council to prepare the Nursing Code of Ethics and change it, when necessary, after hearing the Regional Councils.

In this context, the first Code of Ethics was in force until 1975, when it was replaced by the Nursing Code of Ethics approved by the Federal Nursing Council (COFEN). In 1993, Brazilian Nursing, under the coordination of COFEN, updated the Code, which has since been called the Code of Ethics for Nursing Professionals (CEPE), which was approved by Resolutions COFEN 160 and 161/1993.<sup>4</sup>

In 2000, the Federal Nursing Council approved Resolution COFEN 240, replaced by Resolution 311/07, which at present was revoked by Resolution COFEN 564/2017, which approves the new Code of Ethics for Nursing Professionals, based on in accordance with the Universal Declaration of Human Rights, promulgated by the United Nations General Assembly (1948) and adopted by the Geneva Convention (1949), whose postulates are contained in the Code of Ethics of the International Council of Nurses (1953, revised in 2012), and Universal Declaration on Bioethics and Human Rights, 2005).<sup>5</sup>

### Method

Exploratory study, where a documentary research of Brazilian legislation was carried out which regulates the code of ethics of nursing professionals in Brazil.

This methodological resource is applied to the proposed objectives, since the documents are sources of records that report events, values and discourses of a certain social group in a historical period, explaining intrinsic forms of social relations.<sup>6</sup>

In the nursing area, laws, decrees, ordinances, resolutions, protocols, etc. are cited. Documentary research is widely used in the area of history, through the analysis of historical documents, records and everything that has been mentioned about the fact to be researched. The documents were selected from their preliminary evaluation<sup>7</sup>, in the dimensions proposed by Cellard (2008)<sup>8</sup>:

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analysis of the context, the author / authors, the authenticity and reliability of the text, the nature of the text, the key concepts and the logic internal text.

Documentary analysis favors the observation of the maturation or evolution process of individuals, groups, concepts, knowledge, behaviors, mentalities, practices, among others.<sup>8</sup> The legislation that regulates nursing in Brazil, the Professional Nursing Practice Law n. 7,498 / 1986<sup>9</sup>, Decree no. 94.406/86<sup>10</sup>, COFEN Resolution 240/2000<sup>11</sup>, 311/2007<sup>12</sup> and 564/2017<sup>5</sup>.

After knowledge and empowerment of the ethical devices of Brazilian nursing, the legislation was analyzed through the following phases: preanalysis, exploration of the material or coding, treatment of results, inference and interpretation.<sup>13</sup> There was no need to submit the research project to the ethics committee, as it is documentary research with public domain legislation available on the internet and on institutional websites.

### **Results and Discussion**

The practice of nursing has always been linked to a conservative and metaphysical view of the world, where social roles are previously defined, so that the profession has been destined to be female, as it is a job that is little valued socially and that demands from those o exercise strong religious conviction, respect for hierarchy and willingness to serve, to obey and to devote themselves.<sup>14</sup>

For this purpose and this conduct, the teaching of ethics has gone step by step with the teaching of nursing, so that studying the practice of nursing in Brazil leads us to study the ethics that guided this practice.<sup>14</sup>

According to Raimunda Germano (1993)<sup>1</sup>, ethics has been part of the Nursing Course curriculum since 1923, that is, since the creation of the first nursing school in Brazil. Its inclusion in the curriculum took place through Decree number 16.300/23<sup>15</sup>, of the School of Nursing of the Department of Public Health, with the name of Historical, Ethical and Social Bases of the Art of Nursing

In 1949, through Decree number 27.426/49<sup>16</sup>, which regulated the teaching of national nursing, it was named Ethics and History of Nursing, becoming a mandatory course subject. In 1972, Resolution number 4 of the Federal Council of Education, kept it as a mandatory discipline, changing its name to Exercise of Nursing, covering professional ethics and legislation.

The break with a tradition of anti-scientific, selfless and alienated service, for an action that leads to the scientific and professional has been made possible by the awareness process that professionals have been going through in the last decades, with reflexes in their political organization and in their organs of class. These have served as political spaces, as they have taken on the obligation to inform their members, through lectures, meetings and other activities, about the code of ethics, the rights and duties of professionals, developing discussions about the conditions of identifying the problematic points of the profession and thereby facilitating their overcoming, or at least.<sup>14</sup>

The first Code of Ethics was in force until 1975, when it was replaced by the Nursing Code of Ethics approved by the Federal Nursing Council (COFEN). In 1993, Brazilian Nursing, under the coordination of COFEN, updated the Code that has since been called the Code of Ethics for Nursing Professionals (CEPE), which was approved by COFEN Resolutions 160<sup>5</sup> and 161/1993<sup>6</sup>,

revoked later by Resolution COFEN 240/200017

In 2007, the Federal Nursing Council approved Resolution COFEN 311/07<sup>13</sup>, called the Code of Ethics for Nursing Professionals, which according to HORR, 2007, had as main references:

"1. Universal Declaration of Human Rights, promulgated by the United Nations General Assembly in 1948 and adopted by the Geneva Convention of the Red Cross in 1949.

2. Code of Ethics of the International Nursing Council, 1953.

3. Code of Ethics of the Brazilian Nursing Association, 1958.

4. Declaration of Helsinki of 1964, revised in Tokyo in 1975. Nursing comprises its own component of scientific and technical knowledge, built and reproduced by a set of social, ethical and political practices in the provision of services to human beings, in their context and circumstance of life.

5. Code of Nursing Deontology, approved by the Federal Nursing Council (COFEN) in 1975.

6. Code of Ethics for Nursing Professionals, approved by COFEN in 1993."

In 2017, the Federal Nursing Council approved Resolution COFEN 564<sup>6</sup> replacing Resolution COFEN 311/2007<sup>13</sup>, emphasizing the empowerment of nursing professionals, and their performance in line with ethical and legal, technical-scientific and theoretical-philosophical precepts; exercising their activities with competence to promote the human being in its entirety, in accordance with the Principles of Ethics and Bioethics, and participating as a member of the Nursing and health team in the defense of Public Policies, with emphasis on health policies that guarantee universality of access, integral care, resolution, preservation of people's autonomy, community participation, hierarchization and political-administrative decentralization of health services.<sup>6</sup>

#### Conclusion

In the historical context of self-denial, religiosity, and merely fulfilling the tasks determined as doctors, the nurse ceases to be, according to what is written, just a task-doer and starts to have an equal position with the other components of the health team. Where the power of the nursing professional is highlighted in preparing the patient about the quality of the treatment to which he / she will undergo, scientifically engaged, and positioning himself in the same level of the other health professionals, in relation to the care, the prevention and the healing in the understanding of collective health.

The history of the construction of the ethics of the nursing professional in Brazil reinforces and highlights the replacement of a history of performing tasks, for the autonomy and empowerment of the nursing professional, and acting in accordance with the ethical and legal, technical-scientific and theoretical-philosophical; exercising their activities with competence to promote the human being in its entirety, in accordance with the Principles of Ethics and Bioethics, and participating as a member of the Nursing and health team in the defense of Public Policies, with emphasis on health policies that guarantee universality of access, integral care, resolution, preservation of people's autonomy, community participation.

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