

ETHICS STANDARD

Nurses: Duty to Provide Care

Introduction

Nurses have an obligation to provide safe, competent and ethical care to their **clients**, in accordance with BCCNM's Standards of Practice and relevant legislation. There are, however, some circumstances in which it is acceptable for a nurse to withdraw from or decline care provision.

This ethics standard sets the expectations nurses must meet when providing care to clients and ending the nurse-client relationship.

Standards

1. Nurses have a professional and legal obligation to provide their clients with safe, competent, and ethical care.
2. Nurses recognize that informed, capable clients have the right to be independent, make choices that put their health at risk, and direct their own care. Regardless of this right, nurses do not comply with client wishes when doing so would require a nurse to act against the law or BCCNM Standards of Practice.
3. Nurses do not provide care that is outside their scope of practice except in situations involving imminent risk of death or serious harm that arise unexpectedly and require urgent action. In emergencies, nurses are ethically obligated to provide the best care they can, given the circumstances and their level of competence. Employers and nurses should not rely on the emergency exemption when an activity is considered an expected practice in that setting.
4. Nurses do not allow their personal judgments about a client, or the client's lifestyle, to compromise the client's care by withdrawing or refusing to provide care.
5. Nurses may withdraw from care provision or refuse to provide care if they believe that providing care would place them or their clients at an unacceptable level of risk. Nurses consider relevant factors, including:
 - a. the specific circumstances of the situation;
 - b. their legal and professional obligations; and
 - c. their contractual obligations.
6. Nurses who have a conscientious objection to a client's request for a particular treatment or procedure:
 - a. listen and, when possible, explore the client's reason for the request or refusal and their understanding of options that could meet their needs;
 - b. do not attempt to influence or change the client's decision based on the nurse's conscientious objection;

- c. do not allow their beliefs or values to alter or interfere with a client receiving safe, competent, and ethical care;
 - d. ensure that the most appropriate person within the organization is informed of the conscientious objection well before a client is to receive the requested treatment or procedure;
 - e. work with their organization/employer to ensure uninterrupted continuity of care including reporting the client's request and, if needed, safe transfer of the client's care to a replacement provider; and
 - f. despite their conscientious objection, provide safe care to a client in situations involving imminent risk of death or serious harm that arise unexpectedly and require urgent action for their client's safety.
7. Nurses do not abandon their clients. Abandonment occurs when the nurse has engaged with the client or has accepted an assignment and then discontinues care without:
- a. negotiating a mutually acceptable withdrawal of service with the client; or
 - b. arranging for suitable alternative or replacement services; or
 - c. allowing the employer a reasonable opportunity to provide for alternative or replacement services.

Glossary

Client: individual, family, group, population or entire community receiving nursing care or services from a nurse.

Nurses: licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

Effective April 1, 2026, this ethics standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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