

ICED & CGE



Code of Ethics and Professional

for Spanish Nurses

2026

NATIONAL ETHICS COMMITTEE ON NURSING (CGE)



General Council of Official Nursing Associations
of Spain

Code of Ethics and Professional Conduct for Spanish Nurses

NATIONAL ETHICS COMMITTEE ON NURSING (CGE)

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PREAMBLE

Deontology is a branch of applied ethics that establishes the duties that professionals must fulfil in the course of their practice in order to promote professional excellence, and these duties are set out in deontological codes. The deontological code is an essential element for the self-regulation of the profession. It must be built upon bioethics, in combination with the laws, regulations, and professional standards governing nursing practice, in order to maintain public trust through transparency, the correction of errors, and the appropriate management of conflicts.

The deontological code contains the ethical commitments of nurses¹ and constitutes a statement of the values, professional responsibilities, and competencies that guide ethical practice across their various roles and fields of practice. It is therefore based on the intrinsic values of the profession, including care, truthfulness, competence, autonomy, solidarity, justice, and compassion, which are grounded in respect for human dignity and human rights, establishing ethical principles and standards of conduct that promote impartiality, justice, equity, and social well-being.

It also sets out the rights of people receiving care and the duties of nurses, ensuring care based on scientific evidence and high-quality nursing practice, and promoting professional excellence at all times and in all settings. It further defines responsibilities in relation to continuing education, research, and the development of scientific knowledge, promoting the public interest and ethical education at all levels. Finally, due to population ageing, advances in care, and the increasing complexity of health needs, nurses play a key role in chronic care, disease management, early prevention of frailty, accompaniment, supportive relationships, and improving quality of life.

The International Council of Nurses (ICN) first adopted an international code of ethics and deontology in 1953, which was last revised in 2021. In Spain, the General Council of Official Nursing Associations (CGE) created the first deontological code for nurses in 1989; since then, only

¹ *In this document, adopting the proposal of the International Council of Nurses (ICN), the term “nurse” is used to designate professionals of both sexes, and therefore refers to both men and women.*

a formatting change has been made in 1998. For this reason, it has been considered necessary to update it in order to adequately reflect the changes that have taken place in the profession and to respond to new social demands and advances in care.

This code is based on the four main elements which, according to ICN regulation, provide a framework for ethical practice: the nurse and the people requiring care or services; the nurse and practice; the nurse and the profession; and the nurse and global health. The professional identity of nurses is grounded in scientific knowledge and in the care of individuals, communities, and the environment. This approach ensures that each nurse has a reference framework for ethical and responsible decision-making in all areas of professional practice.

In this new version of the code, new chapters have been introduced, including those relating to clinical relationships, genetic issues, assisted reproduction, obstetric care, adolescent care, sexuality and reproduction, end-of-life care, organ transplantation, patient safety, teaching and the role of students, digital competencies, cooperation, expert witnessing, and global health.

These chapters reflect the development of nursing over recent decades and have been considered necessary for deontological regulation.

In the preparation of this code, the participation of the entire profession was considered essential. To this end, the work carried out by the National Ethics Committee on Nursing of the CGE served as the basis, and provincial associations, regional councils and their respective ethics committees were involved in order to incorporate and debate contributions and proposals from these bodies, as well as from registered nurses and the public. In its final drafting, the criteria established by the aforementioned bodies and working groups were taken into account, and the text was approved by the CGE General Assembly, which reinforces its validity and relevance.

The aim is to ensure responsible, effective, efficient, and high-quality ethical nursing practice, focused on dignified care for people, with the purpose of achieving excellence in professional practice.

This code, of a dynamic nature, will be reviewed every five years by the National Ethics Committee on Nursing of the CGE. To this end, the aforementioned Commission will draw up

a report on the monitoring of the principle of proportionality, which will be submitted to the relevant bodies of the General Council for any amendments that may need to be incorporated into the text of the Code of Ethics and Professional Conduct and its implementation.

Madrid, December 2025



Scope

1. SCOPE

■ **Article 1. REGULATION OF PROFESSIONAL PRACTICE**

The General Council, Regional Councils and Provincial Colleges of Nursing are primarily responsible for regulating the professional activity of registered members within their area of professional practice, ensuring compliance with and dissemination of this Code, as well as professional ethics and deontology.

■ **Article 2. DEONTOLOGICAL COMMISSION**

The General Council, Regional Councils and Provincial Colleges of Nursing must promote and enforce the principles and values that govern the profession, as set out in this Code.

To this end, Deontological Commissions shall be appointed: independent bodies responsible for investigation in this field and acting as advisory bodies to Governing Boards on matters relating to nursing practice from the ethical and deontological perspective set out in this Code.

Their objective is to promote ethical and responsible professional practice through awareness-raising and continuous education. Members of the Deontological Commissions undertake to ensure compliance with these principles, as well as respect for and application of this Code within the profession.

■ **Article 3. OBLIGATORY COMPLIANCE AT NATIONAL LEVEL**

Nurses practising in Spain must comply with this Code in all areas of professional practice. It shall also apply to foreign professionals practising in Spain, whether on a temporary or occasional basis.

■ **Article 4. DEONTOLOGICAL DISCIPLINARY ACTION**

Failure to comply with the rules established in this Code shall be considered a disciplinary offence under the General Statutes of the CGE and its regulatory procedures. Applicable sanctions shall be proportionate to the severity of the offence and may range from a formal reprimand to professional disqualification.



The nurse and the patients

2. THE NURSE AND THE PATIENTS

CORE VALUES AND PRINCIPLES

■ **Article 5. PROTECTION OF HUMAN RIGHTS**

The nurse must ensure the protection of Human Rights of individuals receiving healthcare in all settings, roles and contexts, with particular attention to the most vulnerable individuals and groups.

■ **Article 6. HUMAN DIGNITY**

The nurse recognises dignity as a fundamental value shared by all people. They therefore commit to treating individuals with respect and without discrimination on grounds of age, sex, ethnicity, identity, gender, nationality, religion, political opinion, economic status, social situation, health status or any other condition.

■ **Article 7. LIFE AND INTEGRITY**

Every person has the right to life and to physical, psychological, social and spiritual integrity, as well as to health protection and promotion; it is the nurse's responsibility to protect these rights.

■ **Article 8. PRIVACY**

The nurse must ensure an environment that respects the individual's privacy during care, minimising bodily exposure and any other action that may violate this right.

■ **Article 9. PROTECTION AND CONTAINMENT MEASURES**

It is the nurse's responsibility to protect individuals during care from any form of abuse, including unnecessary or degrading treatments and physical or psychological ill-treatment. In situations of inappropriate practice, it must be recorded and reported to the immediate supervisor, the relevant body or, where appropriate, the professional College.

The nurse must recognise that any physical or pharmacological restraint constitutes a limitation of the person's autonomy and may therefore represent an infringement of their dignity, freedom and well-being. For this reason, its use must be carefully assessed by the care team and communicated appropriately to the person receiving care or their family, and it must only be used when all other alternatives have failed. It must therefore always be considered a last resort, guided by the principles of exceptionality, necessity, proportionality, minimal restriction, and the shortest possible duration and intensity, and it must be reassessed and discontinued once the risk situation has been resolved.

Furthermore, monitoring and care must be promoted to prevent potential risks arising from physical or pharmacological restraint, and these measures must be properly documented.

The nurse must update their knowledge through good practice guidelines, protocols and consensus documents on restraints published by official bodies or professional organisations, in order to promote restraint-free care.

■ **Article 10. AUTONOMY**

The nurse must respect the person's autonomy to decide on actions related to their care at all stages of life, within the applicable legal framework, without this affecting the quality of the care provided.

■ **Article 11. NON-DISCRIMINATION**

The nurse must act without making value judgements about the person receiving care that could influence the care provided, basing their practice on principles of equality, impartiality, fairness and objectivity.

■ **Article 12. VULNERABILITY**

The nurse must prioritise care for individuals at risk of vulnerability due to their health, psychological, social or spiritual situation, taking into account their context and respecting their decisions.

■ **Article 13. CULTURALLY SENSITIVE CARE**

The nurse recognises cultural diversity and provides care with a holistic and comprehensive approach, showing respect and empathy for individuals' cultural values, beliefs and ways of life, avoiding ethnocentrism and respecting human rights in the delivery of culturally competent care.

CARE RELATIONSHIP

■ **Article 14. TRUST IN THE RELATIONSHIP**

The nurse provides the person with high-quality care, both human and scientific, through a clinical relationship based on respect, trust, authenticity and empathy. The time allocated to each intervention shall be determined by the nurse's professional judgement, taking into account the person's needs and seeking maximum effectiveness and efficiency in practice.

- **Article 15. DELIBERATIVE RELATIONSHIP**

The nurse must establish a deliberative relationship that enables a shared decision-making process, avoiding paternalistic attitudes.

- **Article 16. PATIENT-CENTRED CARE**

The nurse promotes the humanisation of care, ensuring individualised and respectful treatment, focused on a holistic model centred on human dignity and quality of life. They must use the necessary resources to promote, preserve and restore health in accordance with the values and principles of the person receiving care.

- **Article 17. JOINT CARE PLANNING**

The nurse actively participates in shared care planning (SCP). The aim is to develop comprehensive care throughout the person's health and illness process, including their family and social environment. A deliberative clinical relationship must be established to enable present and future decision-making, based on relational autonomy and the person's life history.

Within the established legal framework, the nurse ensures respect for and compliance with shared care planning and advance decisions made by persons receiving care.

- **Article 18. ETHICS OF CARE**

The nurse must incorporate the ethics of care into practice, especially in situations of heightened vulnerability, through compassion and commitment, in order to protect and foster all human capacities, establishing a helping relationship based on interpersonal relations.

■ **Article 19. ACTION IN ETHICAL CONFLICTS**

The nurse has the responsibility to identify possible ethical conflicts during care practice, explore the values involved and seek care alternatives that safeguard the greatest number of competing values, including the possibility of consulting a Clinical Ethics/Bioethics Committee (CEC) when necessary.

COMMUNICATION, INFORMATION AND INFORMED CONSENT

■ **Article 20. COMMUNICATION**

The nurse must establish active and effective communication with the persons under their care within a trusting clinical relationship.

The nurse engages in active listening, ensuring message comprehension and two-way communication, promoting privacy and confidentiality and safeguarding intimacy.

■ **Article 21. HEALTHCARE INFORMATION**

The nurse respects the right of persons under their care to be informed and facilitates their ability to make free decisions, recognising them as holders of the right to privacy and data protection relating to their health status.

The nurse ensures that the person receives truthful, understandable, proportionate and timely information, adapted to their age, capacity and linguistic and cultural needs, regarding the care and techniques provided within their scope of competence.

When the content of such information falls within the competence of another professional, the nurse refers the matter to the appropriate member of the healthcare team.

The nurse must request the person's consent to share information or to involve trusted individuals who may act as reference points or provide support during the care process.

■ **Article 22. COMMUNICATING BAD NEWS**

The nurse must provide the person receiving care with the necessary information and support, fostering the best possible physical, psychological and cognitive conditions so that they can understand their health situation or problem and make decisions regarding proposed care or treatment.

The information must be adapted to the person's needs at each moment, especially when communicating bad news, adjusting the amount and type of information to the person's capacity to process it, and promoting a bearable truth.

■ **Article 23. INFORMED CONSENT**

Informed consent is established as a communication process, as well as a legal requirement, and must be recorded in the clinical record; under no circumstances may it be obtained through coercive measures.

The nurse must always obtain the person's oral, free and voluntary consent prior to carrying out any procedure, after providing information about the procedure to be performed. They also have a duty to assess the person's level of understanding and decision-making capacity in order to ensure valid informed consent, paying special attention to situations requiring adaptations.

In the case of invasive or painful diagnostic or therapeutic techniques, or those involving a significant and foreseeable risk of adverse effects on the person's health, consent must be obtained in writing.

Informed consent is not required in cases established by current legislation.

■ **Article 24. INFORMATION FOR MINORS**

The nurse must take into account the age of medical consent and the point at which a minor is considered capable of making decisions regarding healthcare interventions, in accordance with current legislation, assessing together with the healthcare team the minor's level of maturity (mature minor).

Every minor must be given the opportunity to participate in decisions affecting their care, according to their age and understanding. In cases involving serious risk to health, the nurse is obliged to always inform parents or legal guardians in order to obtain their consent.

Where the nurse considers that a decision made by parents or legal guardians is contrary to the best interests of the minor, they must report it to the healthcare team or the competent judicial authority, giving priority to the best interests of the child.

In the event of conflicts in decision-making, consultation with the Clinical Ethics/Bioethics Committee (CEC) should be considered.

■ **Article 25. PERSONS IN A STATE OF DE FACTO INCAPACITY**

When a person has difficulties understanding information or their situation, or in making decisions or giving valid consent, the nurse must communicate with their representative or support person, de facto guardian or legal guardian. Nevertheless, efforts must always be made to provide information in a manner adapted to the person's level of understanding.

The nurse must take into account the person's wishes recorded in the clinical record. It is the nurse's responsibility to ascertain whether the person has expressed advance directives or prior instructions and, if so, to communicate them to the entire healthcare team so that the instructions contained in the document are respected.

If non-compliance with previously expressed wishes is observed, the nurse must raise the issue with the multidisciplinary team or consult the Clinical Ethics/Bioethics Committee (CEC). If this is not resolved, they must report it to their immediate superior, institution or relevant authority in order to ensure respect for the person's wishes.

- **Article 26. REFUSAL TO RECEIVE INFORMATION**

The nurse must respect the person's decision not to be informed, and must record this refusal in the clinical record in accordance with current legislation, as well as their decision regarding with whom and to what extent information may be shared.

- **Article 27. REFUSAL OF TREATMENT**

Every person has the right to refuse, in whole or in part, diagnostic tests, care or treatments proposed by the nurse, following a deliberative process that ensures their understanding through truthful and appropriate information, enabling them to decide freely.

Under no circumstances shall such refusal result in discrimination, abandonment of the person, or a reduction in the provision of care. The nurse must offer alternatives, adapt care to these circumstances and record the entire process in the clinical record.

CONFIDENTIALITY AND PROFESSIONAL SECRECY

- **Article 28. CONFIDENTIALITY**

The nurse must maintain the confidentiality of the person receiving care throughout the entire care process, ensuring the privacy of information and protecting it from any unwanted disclosure, even after the person's death.

- **Article 29. PROFESSIONAL CONFIDENTIALITY**

Nurses are obliged to keep information obtained in the course of their professional practice confidential, thereby protecting the privacy of the person receiving care. Information shall only be disclosed within the limits of professional secrecy, in accordance with current legislation; in such cases, only the strictly necessary information shall be disclosed.

The nurse must inform the person receiving care of the limits of professional secrecy and must not enter into commitments that could harm third parties or the public interest.

CLINICAL RECORD

■ **Article 30. RECORDING AND DOCUMENTATION OF THE CLINICAL RECORD**

Nurses must record all care and procedures carried out in an objective, accurate and comprehensive manner, in order to facilitate continuity of care, whilst ensuring the confidentiality and privacy of the information contained therein.

Clinical documents relating to nursing care reports, in accordance with current legislation, must be truthful and authentic, and must only be provided to the person receiving care or to authorised persons.

■ **Article 31. ACCESS TO THE CLINICAL RECORD**

When accessing information through IT systems, the nurse is responsible for the use of their personal login credentials, must change passwords periodically, and must log out of systems to prevent access by third parties. In the event of security incidents or breaches of confidentiality, the necessary measures must be taken to minimise risks and correct the situation.

Access to the clinical record is only justified where there is an existing clinical or research relationship that has been previously authorised, or for any other reason provided for by law.



The nurse and practice

3. THE NURSE AND PRACTICE

EARLY LIFE CARE: SEXUALITY AND REPRODUCTION

■ **Article 32. COMPREHENSIVE CARE FOR SEXUAL AND GENDER DIVERSITY**

The nurse must understand the influence of biological sex and consider gender specificities in health and illness, respecting individuals in their definition of gender identity and sexual orientation in a person-centred manner, and fostering a safe environment free from discrimination or stigmatisation.

■ **Article 33. POSITIVE APPROACH TO SEXUALITY**

The nurse must promote a positive and respectful experience of sexuality. They contribute to the promotion of sexual and reproductive health, the prevention of sexually transmitted infections and unwanted or unplanned pregnancies, as well as their early detection and the treatment of related conditions.

The nurse must provide high-quality comprehensive care that includes physical, emotional, psychosocial and spiritual dimensions, educating the population on safe sexual practices, contraceptive methods and family planning.

■ **Article 34. RESPECT FOR SEXUAL AND REPRODUCTIVE RIGHTS**

Nurses must respect the sexual and reproductive rights of the people they care for, ensuring they have access to the best possible care.

■ **Article 35. ASSISTED REPRODUCTION**

The nurse working in assisted reproduction, as a member of the care team,

must provide accurate information on treatment options and participate in the decision-making process, offering comprehensive support while respecting current regulations.

■ **Article 36. GENETIC COUNSELLING**

The nurse must provide evidence-based information on genetic options and carry out preconceptional or prenatal testing appropriately and respectfully. If irresponsible practices are observed, they must report them to the competent authorities, avoiding any genetic manipulation that does not have a therapeutic purpose. In accordance with current legislation, they must refrain from participating in human cloning or the creation of experimental embryos.

■ **Article 37. OBSTETRIC CARE**

Nurses must provide counselling and preconception care to identify risk factors and promote an uncomplicated pregnancy, offering preparation for birth and parenting with a gender perspective. They must provide high-quality obstetric care based on the best available evidence, promoting a positive experience of pregnancy, childbirth and the postnatal period for women, partners and families, with particular attention to vulnerable groups.

The nurse must remain vigilant and report to senior responsible persons or competent authorities any situations that violate the rights of women or newborns during the reproductive process, childbirth and birth.

■ **Article 38. PERINATAL DEATH AND GRIEF**

In the case of the death of a son or daughter during pregnancy, the postnatal period or the perinatal period, the nurse must work in coordination with the care team to provide truthful, honest and culturally appropriate information, enabling women, partners and families to make decisions at each stage of the process and to respect their preferences.

The nurse must ensure the highest possible level of comfort and well-being, as well as respectful treatment of the body of the unborn child, addressing perinatal bereavement through a supportive relationship offering ongoing accompaniment and assistance, facilitating the expression of emotions and avoiding comments or attitudes that could exacerbate suffering.

The nurse must identify risk factors to prevent complicated grief and, where appropriate, pathological grief. If necessary, the nurse must coordinate with mental health services for the care of women or families.

■ **Article 39. CARE IN VOLUNTARY TERMINATION OF PREGNANCY**

In voluntary termination of pregnancy, the nurse must provide complete and truthful information in accordance with current legislation, ensuring a safe environment and appropriate care.

The nurse must respect the woman's free and individual decision and provide support and high-quality care. If necessary, the nurse must facilitate access to psychological support services for perinatal bereavement care.

■ **Article 40. CARE FOR VIOLENCE AGAINST WOMEN**

The nurse must act decisively in response to the multiple and different forms of violence inflicted on women because they are women, such as sexual assault, trafficking of women for sexual or reproductive exploitation, forced marriage, and female genital mutilation, working collaboratively with the rest of the care team and following established protocols.

In cases of gender-based violence, the nurse must intervene in prevention, detection, treatment and recovery of women and, where appropriate, their sons and daughters. Where there is reasonable suspicion of victimisation or confirmed abuse, the nurse must report the facts to the competent authorities; and in situations of extreme danger, must request assistance from the national police or other law enforcement agencies.

CHILD AND ADOLESCENT CARE

■ **Article 41. CARE FOR THE FAMILY UNIT**

The nurse promotes family health and well-being, ensuring that individuals are protected and cared for during childhood and adolescence so that they grow up in good health and with dignity.

■ **Article 42. NEWBORN CARE**

The nurse must promote early skin-to-skin contact and breastfeeding, in accordance with the mother's expressed preferences, as well as continuous accompaniment by parents or those to whom they delegate responsibility, for the newborn in any care setting. The nurse must also provide information on neonatal care to parents or guardians.

■ **Article 43. CHILD CARE**

The nurse, through her/his professional role and within her/his competence, must contribute to ensuring that all children receive health education and the preventive, curative and maintenance care necessary for their health.

■ **Article 44. CARE FOR MINORS**

Nurses must be fully committed to the well-being of minors under their care, supporting the family, guardians or household unit in their care responsibilities. The nurse is responsible for adapting care to physical, emotional, spiritual and social needs, working in coordination with other professionals to ensure comprehensive care.

■ **Article 45. CARE FOR ADOLESCENTS**

The nurse, particularly in the school setting, plays a key role in promoting healthy lifestyles to contribute to overall well-being during adolescence.

Nurses must provide preventive and supportive interventions addressing the physical, mental, social and spiritual health of adolescents, providing a safe space for them to express concerns and emotions, and remaining alert to risk behaviours.

■ **Article 46. CARE FOR VIOLENCE IN CHILDHOOD AND ADOLESCENCE**

Nurses must detect violence against children and adolescents at an early stage, recognising signs of child maltreatment or abuse, and follow established protocols to protect minors at risk, working in collaboration with other professionals and organisations to report such situations to the competent authorities.

CARE FOR PERSONS WITH DISABILITIES

■ **Article 47. CARE FOR PERSONS WITH DISABILITIES**

Nurse must use their knowledge, skills and attitudes to promote the inclusion of persons with disabilities in society and to encourage their self-care and participation in decision-making. Nurses must also promote their quality of life and identify and prevent possible causes of inequality or discrimination in care.

■ **Article 48. ACCESSIBILITY AND ADAPTATION**

Nurses must adapt procedures and information materials to the specific needs of each person, taking into account their abilities and limitations. They must also ensure accessibility in all healthcare settings.

- **Article 49. INCLUSION AND AWARENESS**

Nurses must work to eliminate barriers and prevent discrimination on the grounds of disability, promoting fair and equitable treatment in the provision of healthcare services. In addition, they must raise awareness among healthcare staff and society in general about the importance of recognising and respecting the diversity and individuality of persons with disabilities.

CARE FOR PEOPLE WITH MENTAL HEALTH CONDITIONS

- **Article 50. HOLISTIC CARE AND DECISION-MAKING**

Nurses promote comprehensive care for people with mental health conditions, enhancing their social inclusion and community participation. They must not assume a lack of capacity, but instead foster autonomy and shared decision-making.

Nurses provide, in each case, the appropriate level of support needed and possible to facilitate autonomy and quality of life. Stigmatisation must be avoided, and collaborative working with the care team must be promoted.

CARE FOR PEOPLE WITH CHRONIC CONDITIONS

- **Article 51. CARE TRANSITIONS**

Nurses provide people living with chronic conditions with continuous care focused on their physical, emotional, social and spiritual well-being, according to health–illness transitions. They must ensure safe and timely transitions of care to guarantee continuity of care and prevent complications.

■ **Article 52. SELF-CARE AND TREATMENT ADHERENCE**

Nurses must promote health education, self-care and appropriate disease management, encouraging adherence to treatment and improving quality of life. They must also coordinate care with other healthcare professionals, ensuring interprofessional care and appropriate follow-up.

CARE FOR THE AGED

■ **Article 53. GERIATRIC CARE**

Nurses must promote autonomy, active ageing and the prevention of frailty and dependency in older people, avoiding ageism and paternalism through health education initiatives. They must also provide comprehensive care to older people, whether healthy or ill, promoting independence and self-care to improve quality of life, taking into account the particularities and challenges of ageing and avoiding any presumption of incapacity in decision-making.

■ **Article 54. PROMOTING HEALTHY AGEING**

Nurses must participate in intersectoral and interprofessional prevention and health promotion activities aimed at older people and their environment, in order to foster active and healthy ageing.

■ **Article 55. CARE IN THE CASE OF ELDER ABUSE**

Nurses must act diligently against all forms of discrimination towards and against older people, particularly ageism and abuse, in any form and in all possible settings.

They must report to the relevant authorities any case of which they become aware, and report to the relevant professional body any act of discrimination or abuse committed by another healthcare professional.

- **Article 56. SOCIAL AND HEALTHCARE CARE (CARE COORDINATION)**

Nurses must actively collaborate in the continuity of care, supporting coordination between different levels of care, both public and private, including in particular professionals working in residential care homes for older people.

END-OF-LIFE CARE

- **Article 57. RESPECT FOR DECISIONS AND ADVANCE WISHES**

Nurses must promote the preparation of advance care planning documents, working in close collaboration with the healthcare team.

As members of the care team, nurses must be aware of advance wishes in order to ensure that the preferences and values of the person are respected, whether expressed directly, through a representative, or in an advance directive document, always within the framework of the law and their professional competence.

- **Article 58. PALLIATIVE CARE**

Nurses must ensure that the person receiving care and their family receive the best possible care at the end of life, providing palliative care aimed at relieving physical, psychological, social and spiritual suffering. They must also promote shared decision-making and ensure respect for individual wishes and values, seeking maximum comfort. To this end, nurses must adopt a transversal palliative care approach and promote holistic care of the person.

- **Article 59. ACCOMPANIMENT IN DYING**

Nurses must accompany the person receiving care and their family through the dying process, ensuring comfort and well-being, and providing emotional and spiritual support, while respecting beliefs and values, so as to ensure that the person dies in accordance with their own concept of a good death, within the framework of current legislation.

Nurses must facilitate, as part of care, the accompaniment of the family during the dying process. This support extends from diagnosis through to farewell and bereavement.

■ **Article 60. PARTICIPATION IN CLINICAL DECISION-MAKING AT THE END OF LIFE**

Nurses must participate and deliberate, together with the rest of the care team, in clinical decision-making at the end of life, contributing their professional assessment regarding the appropriateness or limitation of life-sustaining treatment, refusal of treatment, organ or tissue donation, palliative sedation and euthanasia, always respecting the values and wishes of the person receiving care.

Nurses must oppose the use of futile treatments and procedures in order to avoid therapeutic obstinacy.

ORGAN AND TISSUE DONATION AND TRANSPLANTATION

■ **Article 61. ENCOURAGING DONATIONS**

Nurses must actively promote organ and tissue donation, safeguarding donor confidentiality and avoiding any coercion or value judgements regarding the individuals involved. They must ensure compliance with the principles of gratuity, voluntariness, altruism and non-commercialisation, as well as systems of evaluation and quality control, and a fair allocation process for retrieval and transplantation.

■ **Article 62. RESPONSIBILITIES IN DONATION**

As part of the multidisciplinary team, nurses must provide clear information on the risks and benefits of transplantation to donors, recipients and families.

They must participate in verifying the death of the donor according to scientific standards. In cases of organ retrieval assessment, they must follow established procedures, ensuring the existence of an advance directive or, where appropriate, family consent, and facilitating accompaniment and bereavement support.

■ **Article 63. LIVING DONORS**

Nurses must ensure an appropriate balance between risk to the donor and benefit to the recipient, in accordance with agreed protocols.

They must guarantee that no coercion exists and report any situation of profit-making between donor and recipient. They must also ensure that the information provided is objective, clear and understandable.

The appropriate procedure must be followed, with confirmation or authorisation, prior to intervention, from the relevant Research Ethics/Clinical Bioethics Committee (CEC).

■ **Article 64. PARTICIPATION IN THE ALLOCATION OF ORGANS AND TISSUES**

Within their scope of practice, nurses must ensure that the allocation process for organs and tissues is carried out in accordance with current regulations and legislation, guaranteeing equity, fairness and the absence of any discrimination, and taking into account relevant clinical and social factors.

CONSCIENTIOUS OBJECTION

■ **Article 65. RIGHT TO CONSCIENTIOUS OBJECTION**

Nurses may exercise the right to conscientious objection within the legal provisions and conditions established by current regulations, solely on grounds of moral conscience. Nurses must clearly express their decision in each case and must not be discriminated against for exercising this right.

■ **Article 66. EXERCISE OF CONSCIENTIOUS OBJECTION**

The exercise of conscientious objection must be based on ethical, moral or religious grounds and is an individual and private decision, as it involves a serious infringement of personal conscience that seeks an exception to general law. Collective objections are not permitted.

Conscientious objection implies refusal to perform or participate in specific clinical situations, but it can never entail refusal of care to the person. The objection relates to the specific act, not to the person requesting it.

Its exercise requires professional coherence; therefore, a nurse who declares themselves an objector in the public healthcare system must also be considered an objector in the private sector.

Conscientious objection must be declared in advance and may be total or partial with respect to the care process, including subsequent objection. Nurses must notify their objector status in writing in accordance with current regulations, so that the care process is not disrupted and appropriate professional handover is ensured. In case of doubt, advice should be sought from professional nursing bodies.

Nurses must inform the person receiving care of their objector status as the reason preventing them from participating in the requested procedure. However, they must provide all other necessary care and procedures before and after, without abandoning the person or their environment.

- **Article 67. LIMITS OF CONSCIENTIOUS OBJECTION**

Nurses may not exercise this right in emergency or urgent situations that place the life of the person receiving care at risk.



Nurses and the profession



4. NURSES AND THE PROFESSION

RESEARCH AND EVIDENCE-BASED CARE

■ *Article 68. RESEARCH*

Nurses must contribute to the advancement of the discipline through rigorous, ethical and relevant research, in compliance with current regulations. Their work must be aimed at improving care and health outcomes, promoting the dissemination of results. It is essential to ensure the safety and protection of participants in accordance with ethical and regulatory standards, safeguarding scientific integrity.

Nurses must always obtain the appropriate consent from participants, preserving anonymity and confidentiality in accordance with current legislation governing the lawful collection, use, access, transmission, storage and dissemination of personal data.

■ *Article 69. APPLICATION OF SCIENTIFIC EVIDENCE*

Nurses must possess the knowledge and scientific skills required by the *lex artis* at any given time, and must remain up to date with advances and best practices in evidence-based care.

DECISION-MAKING AND RESPONSIBILITY

■ *Article 70. RESPONSIBILITY*

Nurses are responsible for their decisions, actions or omissions, and accept their consequences. In irregular situations, they must take the necessary measures to prevent or minimise potential harm, acting with transparency and professional ethics.

- **Article 71. COERCION IN DECISION-MAKING**

Nurses must refrain from participating in activities that go against their ethical and deontological principles or that may compromise the quality of care provided to the person receiving care, and must reject any form of pressure aimed at using or manipulating their knowledge or skills. In such cases, they must report it to their professional nursing body and, where appropriate, to the competent authority.

- **Article 72. CONFLICT OF INTEREST**

Nurses must avoid any conflict of interest that may affect their objectivity and impartiality in decision-making, always prioritising the best interests of the person receiving care. If a conflict of interest arises, they must declare it and mitigate or eliminate its effects.

- **Article 73. DELEGATION OF TASKS**

Nurses must not delegate to any other member of the healthcare team or to family members functions that are their own and for which others are not demonstrably qualified. Nor should they accept responsibilities outside their scope of competence, except in justified exceptional circumstances and always ensuring the quality of care.

- **Article 74. UNAUTHORISED PRACTICE OF PROFESSION**

Nurses have a duty to report to their professional body anyone who, without being a nurse, practices as one, as well as anyone who lacks the appropriate qualifications to perform their duties.

■ **Article 75. ORDER FOR THE DISPENSING OF MEDICINES AND HEALTH PRODUCTS**

Properly accredited nurses have autonomy in the indication, use and authorisation of medicines and medical devices in accordance with current legislation. It is contrary to professional ethics to accept benefits in exchange for favouring the indication, use or authorisation of dispensing medicines and medical devices, and nurses must act in accordance with quality and safety standards.

PATIENT SAFETY

■ **Article 76. INCIDENTS AND ADVERSE EVENTS**

Nurses must take all necessary measures to prevent incidents and adverse events, following established standards and protocols. If such events occur, they must be reported, documented and their consequences minimised. It is contrary to professional ethics to conceal errors to the detriment of patient safety and quality improvement systems.

■ **Article 77. RISK MANAGEMENT**

Nurses must actively participate in identifying, managing and assessing risks in care delivery and the working environment, proposing measures for their elimination or reduction and implementing strategies that promote a culture of safety, quality and excellence in care.

EDUCATION AND TEACHING

■ **Article 78. CONTINUING PROFESSIONAL DEVELOPMENT**

Nurses have the right and duty to update their competencies throughout their professional career, including knowledge, skills and attitudes, through continuing education and participation in teaching and scientific activities.

- **Article 79. TEACHING ROLE**

In their teaching role, nurses must base the teaching–learning process on the best available evidence, transmitting technical knowledge, skills and the values of the nursing profession. They must create an inclusive and safe environment, adapting training to diversity, promoting academic and scientific integrity, and avoiding any form of plagiarism or academic fraud.

- **Article 80. MENTORSHIP**

Nurses must undertake mentoring roles, sharing knowledge and experience with other professionals and providing guidance and support to students throughout the development of their professional careers. Nurses must contribute to the growth of future generations of professionals.

- **Article 81. CURRICULUM DESIGN**

Nurses must participate in the design of curricula, including specific training in ethics, bioethics, deontology and healthcare law, in order to support the most appropriate, respectful and prudent decision-making in clinical practice.

- **Article 82. STUDENTS**

Nurses must promote and foster awareness among nursing students of professional values and the ethical standards set out in this code, so that they acquire skills for decision-making guided by ethical values. They must maintain a cordial and respectful relationship with students throughout their learning process.

Nurses must introduce the students under their supervision to the person receiving care, who may refuse their involvement without this affecting the quality of care provided. The care and procedures carried out by students under their supervision remain the responsibility of the nurse, who must minimise discomfort and preserve the privacy of the person receiving care.

TEAMWORK

■ **Article 83. WORKING ENVIRONMENT AND INTERPROFESSIONAL COLLABORATION**

Nurses must promote a collaborative working environment that guarantees quality care and patient safety, encouraging an interprofessional approach to planning and coordinating care. The contributions of each team member within their scope of competence must be recognised and respected.

Nurses have a duty to report situations of workplace harassment in accordance with established protocols.

■ **Article 84. EFFECTIVE COMMUNICATION**

Nurses must ensure open, clear and respectful communication, fostering an atmosphere of trust within the team. Shared information must be timely, while ensuring the privacy and confidentiality of those receiving care.

■ **Article 85. EVALUATION AND CONTINUOUS IMPROVEMENT**

Nurses participate in the continuous evaluation of their own performance and that of the team, identifying areas for improvement and implementing corrective actions to ensure high-quality care. If they detect that the actions or omissions of a team member pose a risk to the person receiving care, they must report this to the appropriate authorities.

COOPERATION AND DISASTERS

■ **Article 86. INTERVENTION IN DISASTERS**

Nurses must collaborate in disaster planning, preparedness and response, ensuring coordinated and effective care and guaranteeing the availability of care services.

In triage situations, they must ensure that clear, transparent, proportionate, agreed and standardised criteria are applied.

■ **Article 87. EMERGENCY SITUATIONS**

In emergency situations, nurses are obliged to provide professional assistance, provided they can do so without risk to themselves or to third parties and while acting in accordance with their competencies, knowledge and experience. Failure to do so is ethically unacceptable and constitutes the criminal offence of failure to render assistance.

■ **Article 88. DEVELOPMENT COOPERATION**

Nurses involved in cooperation or voluntary projects must collaborate with the relevant organisations to address health problems in vulnerable populations, applying a transcultural approach and adapting to the specific needs of each community.

DIGITAL SKILLS AND ARTIFICIAL INTELLIGENCE

■ **Article 89. USE OF DIGITAL DEVICES**

Nurses are responsible for the use of digital communication tools and must take all necessary precautions to guarantee the privacy and confidentiality of the information relating to the person receiving care.

Appropriate encryption and authentication systems must be used to protect sensitive information shared through electronic means. Nurses must inform people receiving healthcare about the potential risks and limitations of digital communication and obtain their informed consent before using such tools.

Nurses must not use personal digital devices in the care of individuals when such devices may capture, share, transmit or manage data, whether primary, secondary or any other form of personal information. Where their use is necessary, authorisation must be obtained from the relevant healthcare organisation, together with the informed consent of the person receiving care. In addition, security precautions must be strengthened to minimise risks and all content must subsequently be deleted from the device.

■ **Article 90. REMOTE CARE MODEL**

Nurses may use remote means of communication to communicate with the person receiving care, provided that mutual identification is clear and privacy is ensured. When using remote communication resources, the rules of confidentiality, security and professional secrecy established in this code, as well as current legislation, must be respected.

■ **Article 91. DIGITAL SKILLS AND ICT**

Nurses must acquire, develop and maintain up-to-date digital competencies for the safe and effective use of information and communication technologies (ICTs), in order to guarantee appropriate care for people receiving healthcare.

■ **Article 92. PROFESSIONAL IMAGE AND SOCIAL MEDIA**

Nurses must use social media ethically and responsibly, respecting the privacy and confidentiality of people receiving healthcare, and must not disclose or share their personal health information. Data or images may only be shared when there is a clinical or academic interest, and always with the explicit consent of the person receiving care and through the channels established by the institution.

Clear boundaries must be established between personal and professional life in the use of social media in order to maintain professional integrity and sound judgement, upholding the same scientific rigour and ethical standards as in clinical practice. These principles must also be applied when making statements, interacting with users or disseminating information.

■ **Article 93. INTEGRATION OF ARTIFICIAL INTELLIGENCE INTO CLINICAL PRACTICE**

Nurses must acquire the knowledge and skills necessary to use artificial intelligence ethically and safely in clinical practice. Artificial intelligence constitutes a useful tool for improving care, increasing diagnostic accuracy, optimising the management of healthcare resources and personalising care, under standards of quality and safety, while minimising any possible bias or discrimination and maintaining human oversight at all times. Its use must comply with current legislation, codes of good practice and sound professional judgement.

EXPERT WITNESSING IN NURSING

■ **Article 94. EXPERT WITNESSING IN NURSING**

Nurses acting as expert witnesses must do so competently, independently and responsibly in judicial and extrajudicial proceedings. They must only undertake expert witness activities in professional areas for which they consider themselves qualified, in accordance with their scientific training and professional experience, while always complying with current legislation.

Acting as an expert witness is incompatible with having previously provided nursing care directly related to the subject matter of the expert assessment, in order to guarantee impartiality and avoid conflicts of interest.

PROFESSIONAL REGULATORY BODY

■ **Article 95. PROFESSIONAL REGISTRATION AND APPEARANCE**

According to the provisions established in the Statutes of the CGE, nurses must be registered with the professional body regardless of their area of practice.

As registered members, nurses undertake a commitment to collaborate with the relevant professional organisation and must appear in response to duly justified and notified requests.

■ **Article 96. PROFESSIONAL ACCREDITATION**

Nurses have a duty to provide evidence of the qualifications and certifications required to support their professional practice in the corresponding field.

■ **Article 97. PARTICIPATION IN PROFESSIONAL BODIES**

Nurses participating in committees, management positions or other roles within the professional organisation, regional councils or provincial colleges must maintain confidentiality regarding information and documentation relating to registered nurses.

Where they hold representative positions, they must refrain from participating in situations involving conflicts of interest that could affect their independence.

It is essential that nurses elected to these professional bodies act diligently and impartially for the benefit of the profession as a whole. They must avoid using their positions for personal purposes and must be accountable for their management in the manner established. The governing bodies of the professional organisation must respect the decisions of boards or assemblies, including the views of minority groups within the organisation. Activities which, by action or omission in the performance of their duties, damage the representative image of nurses in society must be avoided.

FEES

■ **Article 98. SETTING OF FEES**

Fees shall be freely determined by nurses in accordance with competition law regulations, avoiding any form of abuse. It is contrary to professional ethics to receive commissions for recommending tests or treatments, to charge fees for acts not performed, or to refer patients to other professionals or institutions for profit-making purposes. Likewise, nurses must not accept gifts or payments in kind that could improperly influence their professional practice or decisions in favour of third parties, directly or indirectly. The misappropriation or improper use of public funds constitutes a criminal offence and must be reported to the competent authority.

■ **Article 99. UNFAIR COMPETITION**

Within the framework and terms established by current legislation on the matter, nurses, in their relations with colleagues, must not engage in unfair competition or misleading professional advertising to attract service users, nor defame colleagues or other professionals for personal or professional interest or conflict. They must respect each person's autonomy in choosing the professional they wish to have as a reference in the administration of their care, in accordance with current regulations and, where appropriate, prepare the relevant reports requested for referral to other professionals.



Nurses and global health

5. NURSES AND GLOBAL HEALTH

ENVIRONMENT, SUSTAINABLE DEVELOPMENT AND RESOURCE OPTIMISATION

■ **Article 100. ENVIRONMENTAL SUSTAINABILITY AND SOCIAL RESPONSIBILITY**

Nurses promote environmentally responsible practices, communicate the environmental consequences of pollutants, encourage environmental responsibility at both professional and social levels, and foster the rational use of resources, thereby contributing to the sustainability of the healthcare system.

Nurses must participate in environmental education programmes and in the promotion of healthy lifestyles, and collaborate in activities aimed at fostering respect for the environment and improving individual and community health.

Nurses must comply with existing protocols for the management of waste and hazardous or toxic substances.

PUBLIC HEALTH AND RELATIONSHIP WITH THE COMMUNITY

■ **Article 101. HEALTH EDUCATION AND PROMOTION. DISEASE PREVENTION**

Nurses participate in scientifically evidence-based health promotion and disease prevention activities within the community, leading educational programmes and awareness campaigns aimed at encouraging healthy lifestyles and preventing disease.

■ **Article 102. EPIDEMIOLOGICAL SURVEILLANCE AND DISEASE REPORTING**

Nurses cooperate in epidemiological surveillance and in the identification and reporting of diseases within the community, respecting the confidentiality of information and complying with legal obligations concerning surveillance and reporting, while collaborating with health authorities in prevention and epidemiological control.

Nurses plan care according to epidemiological indicators and contribute to the evaluation and improvement of the quality of healthcare.

■ **Article 103. PARTICIPATION IN IMMUNISATION PROGRAMMES**

Nurses take part in immunisation programmes to prevent infectious diseases and protect the community, leading awareness and vaccination campaigns.

Nurses must comply with the vaccination schedule established by the health authorities, including proper record-keeping.

Nurses responsible for administering vaccines must use all interventions available to them, in accordance with the available scientific evidence, to reduce pain and anxiety in vaccinated individuals, especially in paediatric patients.

■ **Article 104. COMMUNITY HEALTH**

Nurses participate in community education programmes to improve the health and wellbeing of the community, promoting health assets that support the development of self-care capacities among individuals, families, and the wider community environment.

HEALTHCARE MANAGEMENT AND POLICY

■ **Article 105. DECISION-MAKING IN HEALTHCARE MANAGEMENT**

Nurses make decisions that prioritise the dignity, safety, equity, and wellbeing of the person receiving care, the community, and the healthcare team.

Decision-making must be based on criteria of efficiency, scientific evidence, ethics, and best available practice, avoiding personal or professional conflicts of interest and ensuring transparency in decisions and actions through deliberation.

■ **Article 106. EFFICIENT MANAGEMENT OF PEOPLE AND RESOURCES**

Nurses are responsible for the efficient management of organisational personnel and the material, technical, and financial resources available to them, ensuring equity and high-quality care.

■ **Article 107. PARTICIPATION IN THE DEVELOPMENT OF HEALTH POLICIES**

Nurses participate in the development of public health policies affecting professional practice, healthcare models, and available resources, promoting policies that support equity, accessibility, quality of care, and changes that benefit the population.

Nurses collaborate with other professionals and experts in the development and implementation of health strategies, contributing a comprehensive perspective on care.

■ **Article 108. ADVOCACY FOR THE PROFESSION**

Nurses are responsible for defending and promoting the development of the profession by advocating for fair working conditions, as well as encouraging initiatives aimed at improving professional recognition, self-care, and professional wellbeing.

They must promote the visibility of nursing within the field of healthcare and contribute to the continuous development of the profession through education, research, and leadership.

MEMBERS OF THE CGE NATIONAL NURSING DEONTOLOGICAL COMMISSION

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Ms Isabel Trespaderne Beracierto

Reviewed by the Equality Unit (Cilia Willem, Virginia Miravé) and the Linguistics Unit (José Antonio Moreno Villanueva) of the Universitat Rovira i Virgili.

Evaluated by the National Commission on Markets and Competition (CNMC) in accordance with the provisions of the first additional provision of Royal Decree 472/2021 of 29 June, which incorporates into Spanish law Directive (EU) 2018/958 of the European Parliament and of the Council of 28 June 2018 concerning a proportionality test before the adoption of new regulation of professions. The reference to compulsory professional registration is maintained in compliance with the applicable legislation, in accordance with the information provided by the General Council to the aforementioned CNMC.

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