



## DUTY TO PROVIDE CARE

## PRACTICE DIRECTION

### BACKGROUND

Practice directions set out the requirements related to specific aspects of registered psychiatric nursing practice and provide more detailed information related to the Health Professions Act, Registered Psychiatric Nursing Regulations, other relevant legislation, the Standards of Psychiatric Nursing Practice and Code of Ethics.

Registered Psychiatric Nurses (RPNs) have an obligation to provide safe, competent and ethical care to their clients in accordance with CRPNA's Standards of Practice, Code of Ethics and relevant legislation. There are, however, some circumstances in which it is acceptable for a registered psychiatric nurse to withdraw from care provision or refuse to provide care. Employers are responsible for providing the necessary resources to support and to help RPNs meet their Standards of Practice.

### DEFINITIONS

**Duty to provide care:** a nurse's professional and ethical responsibility to provide safe and competent nursing care to a client, for the time-period that the nurse is assigned to provide service.

**Abandonment:** when a nurse discontinues care after receiving a client assignment 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.

### Conscientious objection

In health care, conscientious objection is understood as a healthcare professional's refusal to provide service that is within their competence. Generally, it is acceptable to conscientiously object when:

- a. the nurse has a longstanding and deeply held belief that the requested intervention is morally wrong and/or would compromise the nurse's personal moral integrity;
- b. the situation is not urgent or emergent; and
- c. there is another healthcare provider who will safely provide the required care in a timely manner.

Conscientious objection is driven by moral concerns and informed by reflective choice; it is not based on fear, prejudice or convenience.

### PRINCIPLES OF DUTY TO PROVIDE CARE

1. Registered Psychiatric Nurses (RPNs) have a professional and legal obligation to provide their clients with safe, competent and ethical psychiatric nursing care.



2. RPNs recognize that informed, capable clients have the right to make choices that may put their health at risk, to be independent, and to direct their own care. Regardless of this right, RPNs do not comply with client wishes when doing so would require a nurse to act against the law or their CRPNA Standards of Practice or Code of Ethics.
3. RPNs do not provide care that is outside their scope of practice except in situations involving imminent risk of death or serious harm that arises unexpectedly and requires immediate action. In emergencies RPNs are ethically obligated to provide the best care they can given the circumstance and their own level of competence.
4. RPNs do not allow their personal judgement about a client(s) or a client's lifestyle to compromise the client's care by withdrawing or refusing care.
5. RPNs 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. RPNs consider relevant factors, including:
  - a. the specific circumstances of the situation;
  - b. their legal and professional obligations; and
  - c. their contractual obligations.
6. RPNs who have a conscientious objection to a client's request for a particular treatment or procedure:
  - a. listens and, when possible, explore the client's reason for the request or refusal and their understanding of options that could meet their needs.
  - b. does not attempt to influence or change the client's decision based on the nurse's conscientious objection.
  - c. does not allow their beliefs or values to alter or interfere with a client receiving safe, competent, and ethical care.
  - d. ensures 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 a situation involving imminent risk of death or serious harm that arise unexpectedly and require urgent action for their client's safety.
7. RPNs do not abandon their clients. Abandonment occurs when the RPN 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 service; or



- c. allowing the employer, a reasonable opportunity to provide for alternative or replacement service.
- 8. RPNs may experience difficulties in meeting legal and professional obligations to provide care when:
  - a. care delivery creates unreasonable danger to your client's safety or your personal safety
  - b. providing care that conflicts with moral, ethical or religious beliefs or values.
- 9. When faced with a situation that affects your ability to provide care you need to examine risks and ethical/moral dilemmas and determine the most appropriate course of action using a decision-making process that includes:
  - a. determining the facts and identifying the issue or concern.
  - b. clarifying the issue or concern.
  - c. identifying your options and developing a plan.
  - d. implementing the plan, evaluating the outcomes of your decision, and amending it if necessary.
  - e. where appropriate, making your concerns known to your employer, your union, or CRPNA.

## **UNREASONABLE PERSONAL RISK**

There may be some circumstances where provision of care would cause unreasonable personal risk to an RPN. An unreasonable risk might be the result of a threat to personal well-being or lack of safety resources. For example, a client may explicitly threaten to hit the RPN, or another client and the immediately available resources are insufficient to prevent harm.

In accordance with Occupational Health and Safety Act Part 4 Dangerous Work and Discriminatory Action, RPNs have the right to refuse work that they reasonably believe constitutes a danger to their safety and health or to the safety and health of another person. In this circumstance, the RPNs duty to provide care includes meeting client care needs and providing for the client's safety, to the extent that the RPN can do so, without incurring unreasonable personal risk. It also includes reporting any dangerous working conditions to their employer, supervisor or other person in-charge.

It is essential that the RPN communicates and problem-solves with co-workers and management throughout such a situation, while also following employer policy and workplace health and safety legislation.



## REFERENCES

Alberta: Occupational Health and Safety Act Chapter O-2.1 June 1<sup>st</sup>, 2018

BCCNP: Practice Standard for BCCNP Nurses: Duty to Provide Care July 22, 2019

Manitoba Registered Nurses, Registered Psychiatric Nurse and Licensed Practical Nurses: Duty to Provide Care November 2019