



**Nurses Association**  
OF NEW BRUNSWICK

PRACTICE GUIDELINE

# Duty to Provide Care



## Mandate

Regulation for safe, competent, and ethical nursing care.

Under the *Nurses Act*, NANB is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick. Regulation makes this profession, and nurses as individuals, accountable to the public for the delivery of safe, competent and ethical nursing care.

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## Practice Guideline: Duty to Provide Care

Nurses<sup>1</sup> have an obligation to provide safe, competent and ethical care to their clients, in accordance with NANB's [standards of practice](#) , the [Code of Ethics for Registered Nurses](#) and employer policies. There are, however, some circumstances in which it is acceptable for a nurse to withdraw from care provision or refuse to provide care.

Employers are responsible for providing the necessary resources and support to help nurses meet their standards.

### Principles

1. Nurses have a legal and professional 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 their NANB standards.
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.
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:
  - the specific circumstances of the situation;
  - their legal and professional obligations; and
  - their contractual obligations.
6. Nurses who have a conscientious objection to a client's request for a particular treatment or procedure:
  - listen and, when possible, explore the client's reason for the request or refusal and their understanding of options that could meet their needs;
  - do not attempt to influence or change the client's decision based on the nurse's conscientious objection;

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<sup>1</sup> "Nurse" refers to all NANB members, including: graduate nurses, nurse practitioners, and registered nurses.



- do not allow their beliefs or values to alter or interfere with a client receiving safe, competent, and ethical care;
  - ensure that the most appropriate person within the organization is informed of the conscientious objection well before a client is to receive (or not receive) the requested/refused treatment or procedure;
  - 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
  - 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:
- negotiating a mutually acceptable withdrawal of service with the client; or
  - arranging for suitable alternative or replacement services; or
  - allowing the employer a reasonable opportunity to provide for alternative or replacement services.

### **Applying the principles to practice**

You may experience difficulties in meeting your legal and professional obligations to provide care, when:

- an unreasonable burden exists that affects your ability to meet your standards;
- care delivery would create unreasonable danger to your client's or your personal safety;
- you are asked to practise beyond your level of competence;
- providing care would conflict with your moral, ethical, or religious beliefs or values.

You are obligated to practise competently and to continually acquire new knowledge and skills in your areas of practice. You are not obligated, however, to provide care beyond your level of competence. If you are asked to provide care beyond your competence:

- provide the care you are competent to give;
- consider whether providing a part of the required care is more appropriate than not providing care at all;
- inform your employer that you do not have the competence to work<sup>2</sup> in the specific situation.

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<sup>2</sup> After informing the employer that you do not have the competence, it is expected that you will collaborate with the employer to identify your learning/training needs and to collaboratively develop/implement a plan to achieve the competence as required, before performing any task or role outside your individual scope of practice.



When faced with a situation that affects your ability to provide care, examine risks and ethical/moral dilemmas and determine the most appropriate course of action using a decision-making process that includes:

- determining the facts and identifying the issue or concern;
- clarifying the issue or concern;
- identifying your options and developing a plan;
- implementing the plan, evaluating the outcomes of your decision, and amending it if necessary;
- where appropriate, making your concerns known to your employer, your union, or NANB.

While you are not entitled to abandon your clients, you are not obligated to place yourself in situations where care delivery would entail an unreasonable danger to your personal safety. Where appropriate, make your concerns known to your employer and your union. This includes situations involving:

- violence.
- physical, verbal, or sexual abuse.
- communicable diseases.

Nurses participate in developing quality professional practice environments that are safe places to practise. For more information, please review the following:

- Nursing Standards, including the [Code of Ethics](#)
- [Fact Sheet: Abandonment](#)
- [Fact Sheet: Handover of Care](#)
- [Fact Sheet: Maintaining Public Protection During a Job Action](#)
- [Fact Sheet: Workplace Violence](#)
- [Practising with Limited Resources: A Guide for RNs and NPs](#)
- [Resolving Professional Practice Problems](#)

For more information on this or any other practice issue, contact NANB by e-mail at [practiceconsultation@nanb.nb.ca](mailto:practiceconsultation@nanb.nb.ca)

### **Acknowledgment**

Adapted with permission from *Duty to Provide Care: Practice Standard for BCCNP Nurses*, by British Columbia College of Nursing Professionals, June 2019, [https://www.bccnp.ca/Standards/Documents/PS\\_DutyToProvideCare.pdf](https://www.bccnp.ca/Standards/Documents/PS_DutyToProvideCare.pdf).



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