Using a Citizen Consensus Conference to Revise the Code of Ethics for Nurses in Taiwan

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Purpose: *To revise the code of ethics for nurses in Taiwan.*

Design: *Citizen consensus conference, Delphi-technique, and questionnaire survey were used in the revising process.*

Methods: *Citizen representatives were recruited for a 5-day citizen consensus conference to develop a first draft of the revised code. Further modification resulted from three rounds of communication with Delphi technique among experts. Three conferences for nursing professionals were conducted where questionnaire surveys were administered. The final draft was approved by the general assembly of Taiwan National Union of Nurses Associations.*

Findings: *A revised code of ethics for nurses in Taiwan was proposed in six parts and 27 articles including: the fundamental responsibilities of nurses (1), nurses and clients (12), nurses and professional services (4), nurses and social interactions (4), nurses and teamwork (3), and nurses and professional growth (3).*

Conclusions: *The citizen consensus conference was helpful in identifying the general public's expectation of nurses in the revision process. The revised Taiwanese code of ethics for nurses has new elements, including environmental protection, personal safety, lifetime learning, and self-care.*

JOURNAL OF NURSING SCHOLARSHIP, 2007; 39:1, 95-101. ©2007 SIGMA THETA TAU INTERNATIONAL.

[Key words: nursing ethics, code of ethics for nurses, citizen consensus conference]

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Nursing ethics has been defined as part of healthcare ethics (Breier-Mackie, 2006). The first nursing code of ethics in Taiwan was written in 1993 with reference to international counterparts, and was subsequently approved in 1994 by the Ministry of Interior (The National Union of Nurses Associations, ROC, 2005). However, the context of nursing is changing because of the nursing profession's growing multidisciplinary nature, the increasing emphasis on economics, and the intensified legal framework in which nurses work, and as such the moral objectives of professional codes should be revalued (Meulenbergs, Verpeet, Schotmans, & Gastmans, 2004). Especially after the implementation of National Health Insurance (NHI) in Taiwan, changes in reimbursement systems also caused changes in healthcare behaviors and attitudes. In responding to the outcry for nursing accountability in the government, a new agency, the Bureau of Nursing and Health Services Development, was established within the Department of Health in 2004. Reviewing and revising a code of ethics for nurses was one of the major joint efforts between the Department of Health and Taiwan National Union of Nurses Associations.

Background

Because of the similarity of nursing practice around the world and the trend toward internationalization, the International Council of Nurses (ICN) adopted the International

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Accepted for publication October 19, 2006.

Code of Ethics for Nurses in 1953 and translated it into various languages to facilitate implementation in its member states (International Council of Nurses, 2006). In the revisions of 1965, 1973, 2000, and 2005, new additions included, for instance, (a) the nurse ensures that the individual receives sufficient information on which to base consent for care and related treatment; (b) the nurse also shares responsibility to sustain and protect the natural environment from depletion, pollution, degradation, and destruction; and (c) the nurse, in providing care, ensures that use of technology and scientific advances are compatible with the safety, dignity, and rights of people (International Council of Nurses, 2006).

Most countries have their own codes of ethics for nurses. However, because of the importance of cultural beliefs and value systems in determining health, nurses working in different cultures are also attempting to adjust their practice to accommodate the various cultural beliefs and value systems of those they serve (Kikuchi, 2005).

Nursing ethics as a discipline started in the US (Gastmans, 2006). The latest revision of the American Nurses Association (ANA) code of ethics was approved in 2001 (American Nurses Association, 2001). The Nursing and Midwifery Council (NMC) of the UK last updated the NMC code of professional conduct in 2004 (Nursing and Midwifery Council of the United Kingdom, 2004). The code of ethics for nurses in Australia was first adopted in 1993 and its most recent version was published by the Australian Nursing and Midwifery Council (ANMC) in 2002 (ANMC, 2002). The code of ethics for registered nurses of the Canadian Nurses Association (CNA) was most recently revised in 2002 (CNA, 2002). Thus, nurses in most countries revise their nursing codes of ethics periodically, and most recent revisions emphasize not only patient autonomy and right to consent but also trust and social responsibility.

The 1994 code of ethics in Taiwan included six parts and 38 articles, and was made effective by the National Union of Nurses Associations (Lu, Wei, & Lin, 1994). After more than 10 years, the need for revision became apparent. The revision of the Taiwanese code of ethics for nurses was undertaken to keep up with international peers, in addition to taking our local particularities into consideration.

Most of the revisions of professional codes of ethics have been done entirely within the profession. Focus group of nurses is one of the commonly applied methods (Verpeet, Dierckx de Casterle, Van der Arend, & Gastmans, 2005). However, some critics have contended that the authors of a code of ethics and the manner of its compilation determine whether the code itself is ethical (Pattison, 2001). More is needed in the process to meet the ever-increasing demands of the society on the nursing profession.

Citizen consensus conference, originating in Denmark, is a method to identify public opinion in the relationships of modern democracy with science and technology (Sclove, 1996). This kind of conference provides lay citizens with sufficient information to deliberate public polices. Citizen consensus conferences are known for being able to increase ordinary citizens' participation in public affairs, and the process of dialogue provides ordinary citizens with ample information to participate in pubic discussion and promote understanding and debates among the general public on policy issues (Guston, 1998). The technique of citizen consensus conference has been used to explore public issues in many countries, including Argentina, Australia, Austria, Japan, Netherlands, New Zealand, Canada, Denmark, France, German, Israel, Norway, Korea, Switzerland, UK, and US (Loka Institute, 2004). The topics in the conferences have to relate to the general public and no one single solution is entirely right or wrong. The processes include: issue framing, organizing the steering committee, choosing the lay panel, preparatory meetings, formulating questions and choosing the expert panel, the concluding public forum, and the lay panel consensus statement (Sclove, 1996).

The existence of the nursing profession hinges on the needs of the general public. Although nursing ethics is not supposed to be solely dictated by the public, meeting the needs of the public is an important aspect of nursing services. Allowing citizen participation in the revision process can result in greater expression of public, to ensure that nurses' practice meets the expectation of society, and show that nurses recognize the importance of public opinion. Thus, citizen consensus conference was used in the process of revising Taiwan's nursing code of ethics.

Methods

This research applied the technique of citizen consensus conference complemented by Delphi technique to formulate a draft of the code. To survey the opinions of nurses, we distributed questionnaires in three public forums and the general assemblies of local nurses associations and societies. The draft was then modified. To be effective, the revised draft had to be approved by the board of directors of the National Union of Nurses Associations and ratified by the general assembly of the union. The final step was that the ratified version had to be approved by the Ministry of Interior to be fully effective.

The process included 10 steps (see **Figure**):

1. Organize steering committee: The steering committee had seven members with diverse background in ethics, law, professional associations, clinical nursing, and expertise in citizen consensus conference.
2. Openly recruit the lay panel: The recruiting message was advertised in four portal Web sites and seven community college Websites, and e-mails were sent to 12 community colleges to recruit interested citizens. 15 participants were randomly chosen according to five criteria: nursing or non-nursing background, educational level, gender, age, and residence. The final panel was comprised of 3 nurses and 12 non-nurses.
3. Write background readings: The background readings were revised four times and consisted of five chapters, including introduction of citizen consensus conference, introduction of nursing ethics, basics of nursing ethics,

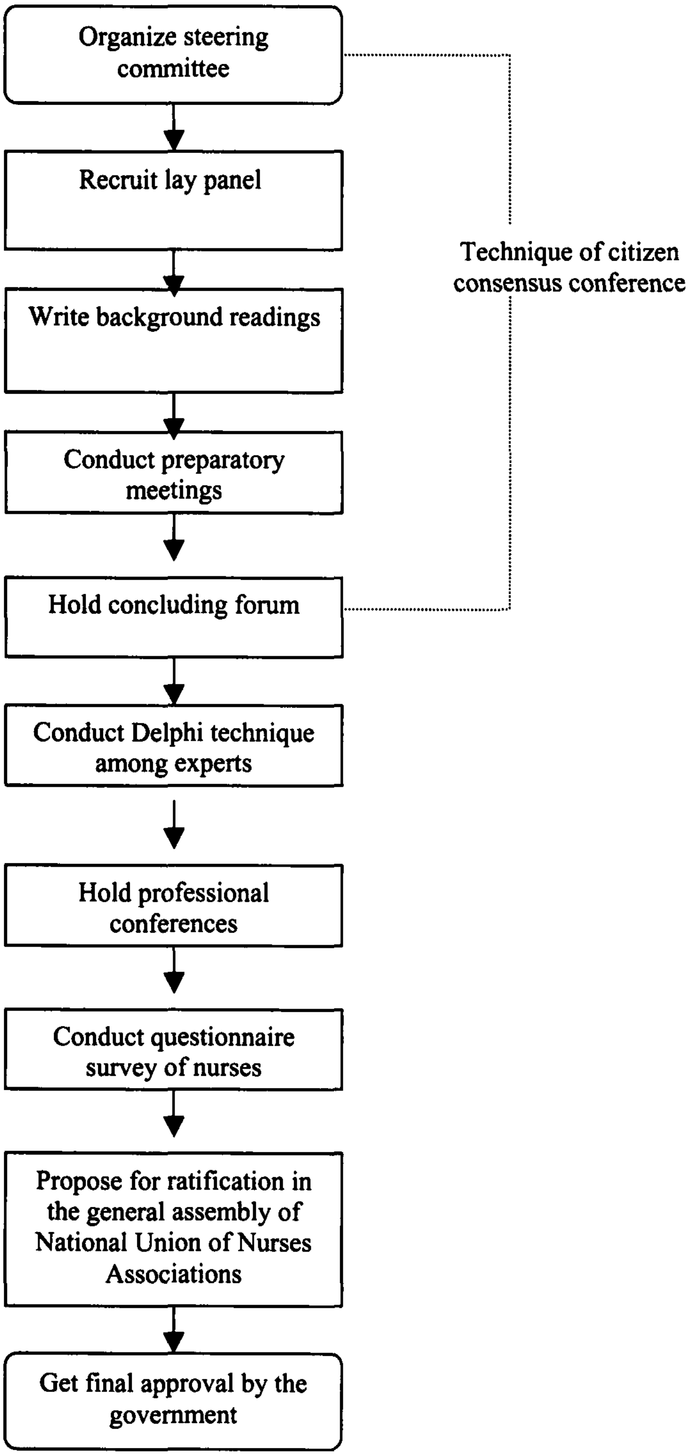

Figure. Flow chart of the revision process.

nursing ethics in practice, and controversies in nursing ethics. The current code of ethics was thoroughly explained in the readings. The materials were sent to the participants 10 days before the preparatory meetings.

4. Conduct preparatory meetings: The 2-day preparatory meetings were video recorded while viewed live in another meeting room by the research group and people who were interested in this matter. Before the meetings, the lay participants read the background readings. Meetings included lectures and Q&A discussion sessions. Lay participants also participated in role playing to experience the position of various roles in healthcare processes. They also raised problems that should be discussed and recommended the list of expert panel that would participate in the dialogue in the concluding forum.
5. Hold concluding forum: The concluding forum was held 2 weeks after the preparatory meetings. The expert panel identified in the preparatory meetings had discussions with the lay panel. The meeting lasted 3 to 4 hours for 3 days on Saturdays and Sundays, two in the first week and one in the second week. The expert first briefly stated his or her views on the specific topic. After discussions with the expert panel for 1½ days, the lay panel had a better understanding of the issues at hand. The lay panel started revising the code of ethics after they understood the relevant issues. The consensus statement was produced 1 week later. The first half of the last day was to review the consensus statement draft, with the expert panel available to clarify any potential conflicts with laws and customs. The lay panel then made final modifications on the statement and the revised code of ethics.
6. Conduct Delphi technique among experts: Expert opinions were sought on the revised code of ethics via the Delphi technique. After three rounds of communication, the α value reached .95 on importance and .95 on feasibility.
7. Hold professional conferences: Three conferences for nurses were held in the northern, mid and southern regions of Taiwan. The need of revising the ethics code and the revising processes were explained to the audience. Participants had the opportunity to review and discuss the draft.
8. Conduct questionnaire survey of nurses: The survey instrument was produced by the preceding Delphi technique. Respondents were recruited with convenience sampling. Questionnaires were distributed in the professional conferences, the general assembly of Taipei Nurses Association, the general assembly of Taiwan Nurses Association, and various nursing and healthcare ethics meetings. The questionnaire was posted on the Website of the National Union of Nurses Associations, with encouragement of viewers to participate.
9. Prepare for ratification: The revision was first approved by the board of directors of the National Union of Nurses Associations. Then it was passed on to the general assembly of the National Union of Nurses Associations for ratification.
10. Get final approval of the Ministry of Interior: The ratified draft required approval by the Ministry of Interior to be fully effective. The Ministry of Interior consulted with the Department of Health before approving the code of ethics.

Results

The citizen consensus conference included 15 participants who were randomly selected from 27 volunteers according to the predetermined criteria. The questionnaire survey for nurses was distributed to 1,374 nurses with return of 825 (60%) valid questionnaires.

Members of the lay panel included 3 nurses and 12 non-nurses; nine women and six men; ages ranged from 24 to 62 years with a mean of 42; residences were scattered among six counties, but most were from Taipei; educational level was concentrated at college and graduate levels, then junior college level; occupations were diversified, and most participants worked in the government, military, and schools (**Table 1**).

As to the background of nurses who answered the questionnaire, most of them worked in medical centers (59.3%), in hospital wards (39.3%), were women (97.8%), aged 31 to 40 years old (39.4%), were registered professional nurses (36.4%), had no religious affiliation (38.8%), and had college and above education (64.4%) and work seniority over 25 years (14.9%; **Table 2**).

Table 1. Characteristics of Participants in the Citizen Consensus Conference (*N*=15)

Item	*f*
Profession	
Nursing	3
Non-nursing	12
Gender	
Male	6
Female	9
Age	
Range 23.25 to 61.67	
Mean 41.62	
Residence	
Hua-lin county	1
Tao-Yuan county	1
Taipei	10
Hsin-Chu county	1
I-Lan county	1
Tainan county	1
Education	
Junior college	3
College	6
Graduate school	6
Occupation	
Military, civil service, and school	4
Private sector employee	2
Business owner	1
Self-employed licensed professional	1
Student	2
Nonprofit sector	2
Retiree	3

The draft derived from the citizen consensus conference, consisting of six parts and 27 articles, was well received by the nurses. Most of the articles received favorable ratings in the questionnaire survey. The overall average scores of the whole draft reached 4.61 in importance and 4.25 in feasibility.

At the end of the revising process, aside from the modification of language, one new article, article 4, was added: Nurses should use resources equally and will not provide

Table 2. Characteristics of Survey Respondent (*N*=825)

Item	*N*	(%)
Institution		
Medical center	489	(59.3)
Regional hospital	214	(25.9)
District hospital	83	(10.1)
Professional nursing association	18	(2.2)
Others	6	(0.7)
Missing data	15	(1.8)
Work unit		
Hospital ward	329	(39.9)
Emergency and intensive care unit	196	(23.8)
Community nurses	16	(1.9)
Long-term care	22	(2.7)
Others	246	(29.8)
Missing data	16	(1.9)
Gender		
Male	7	(0.8)
Female	807	(97.8)
Missing data	11	(1.3)
Age		
21–30	173	(21)
31–40	325	(39.4)
41–50	239	(29)
51–60	78	(9.5)
Missing data	10	(1.2)
Position		
Director or deputy director	50	(6.1)
Supervisor	73	(8.8)
Head nurse	226	(27.4)
Registered professional nurse	300	(36.4)
Registered nurse	138	(16.7)
Secretary general or chief of staff	4	(0.5)
Other	11	(1.3)
Missing data	23	(2.8)
Seniority		
<1 year	12	(1.5)
1–6	135	(16.4)
7–12	157	(19.1)
13–18	214	(25.9)
19–24	181	(21.9)
>25	123	(14.9)
Missing data	3	(0.4)

continued.

Table 2. (continued)

Item	N	(%)
Religion		
None	320	(38.8)
Buddhist	246	(29.8)
Taoist	121	(14.7)
Protestant	88	(10.7)
Catholic	24	(2.9)
Other	13	(1.6)
Missing data	13	(1.6)
Education		
Junior college	284	(34.4)
College	405	(49.1)
Master's	115	(14.7)
Doctorate	6	(0.8)
Missing data	9	(1.1)

clients with different services because of one's own preferences or the clients' socioeconomic status. The original article 18 of the draft was: "Nurses should be concerned about the social, economic, environmental, and political factors that would impact health, and aggressively participate in advocating and promoting related policies." Its feasibility score only reached 3.79 in the questionnaire survey. The respondents thought it was impossible for most nurses to participate in policy making, especially for those who were not in nursing leadership. However, the research team still considered this to be an important aspiration that should be reserved. Therefore, the language "according to their own specialties" was added to the original statement and was made article 19. The original articles 24 and 25 were merged into one, article 24, because of redundancy. The final version modified from the draft proposed by the lay panel still has six parts and 27 articles, as shown in Table 3.

Discussion

Members of the citizen consensus conference proposed to change the original code of ethics from 38 articles to 27 articles. One of our experts was a female writer who was wheelchair dependent and was receiving rehabilitation. She mentioned that the nurse-patient relationship is a mutually dependent relationship. Patients receive care from nurses and in turn nurses will be affected by care results. When experts brought up the issue of current work load of nurses, lay participants strongly recommended that nurses should respect themselves so they could increase the ability and physical strength for their work. However, participants who had nursing background were concerned that if the language was not carefully crafted, it might sound like nurses value themselves more than they do patients. One of the experts, who was a professor of labor study, brought up that workplace safety is the responsibility of the institution. Lay participants recalled healthcare providers got infected in the SARS epidemic because of the deficiency of protection gear provided by hospitals. In light of this experience, the lay panel emphasized that nurses should watch out for their own safety. All these concerns were included in the revisions of the code.

Although concerns were expressed initially about whether the lay panel would be ignorant of the reality of nursing practice, in the end, the proposition of the lay panel appeared to be quite reasonable and was well received by the nurses, which was evident in the high approval ratings of the lay panel's version in the questionnaire survey. The final version was not dramatically different from the conclusions of the citizen consensus conference. The citizen consensus conference technique was quite helpful in clarifying issues and formulating the first draft.

The new version of code of ethics for nurses in Taiwan has similar parts of the preceding one. However, all the part titles have been modified toward more positive thinking except the first part. For instance, "nurses and cases" was changed to "nurses and clients," "nurses and practice" to "nurses and professional services," "nurses and society" to "nurses and social interactions," "nurses and coworkers" into "nurses and teamwork," and "nurses and the profession" to "nurses and professional growth."

In comparison with the preceding code, the new code emphasizes nurses' duty for environmental protection, nurses' own physical and mental safety, life-long learning, and nurses self-care. Nurses' environmental protection duty had appeared in the 2005 version of ICN code of ethics, 2002 version of ANMC code of ethics, and 2003 version of JNA code of ethics. With the rapid advancement of health care, nurses have to embark on life-long learning to keep up their competence. Most codes of nursing ethics in advanced countries include this notion, and the lay panel in this study also considered it important.

The lay panel were particularly concerned about the safety of nurses because of the fatalities of several nurses in the 2002 SARS epidemic. As for the idea of taking good care of self nursing representatives thought it was in the nursing tradition to take good care of others, but not one's self. Non-nursing participants said we have to take good care of ourselves before we can take good care of others. Similar language appeared in the 2001 version of ANA code of ethics. For instance, Provision 5 is: "The nurse owes the same duties to self as to others."

A code of nursing ethics is supposed to be nurses' behavior guidelines in daily practices (The National Union of Nurses Associations, ROC, 2006). Three common problems regarding nursing codes are: the lack of effectiveness in daily clinical practice; the discrepancy between a code and the reality of work; and the fact that some nurses are not aware of the content of ethical codes (Gastmans & Verpeet, 2006). The reduction in length of the code in Taiwan should help nurses remember the articles and follow them in practice.

Table 3. Revised Code of Ethics 2006 of the Taiwan National Union of Nurses Associations

I. The fundamental responsibilities of nurses

1. Nurses have the responsibilities of health promotion, disease prevention, health restoration, and suffering relief to clients.

II. Nurses and clients

2. Nurses shall respect the life of clients and assist dying patients to die peacefully and with dignity.
3. Nurses shall respect the individuality, autonomy, and human dignity of clients, and accept their religions, customs, values, and cultural differences.
4. Nurses shall use resources equally and will not provide clients with different services because of their own preferences or clients' socioeconomic status.
5. Nurses shall respect the privacy of clients and give them psychological support when they receive interviews, examinations, treatment, and nursing care.
6. Nurses shall hold in confidence the healthcare information of clients and use judgment in applying the information by obtaining their consents or complying with legal procedures.
7. When providing nursing care, nurses shall fulfill the duty to inform and perform only after consent is obtained except in certain emergencies.
8. Nurses shall protect the safety and rights of clients when performing nursing care, research, or experimental treatment.
9. Nurses shall provide nursing instructions and counseling with empathy and according to the ability and needs of clients.
10. Nurses shall fully explain to and assist clients when they have doubts as to how to protect their rights.
11. Nurses shall have an open, coordinative, and respectful attitude toward clients and their families, and encourage them to participate in care planning and care activities.
12. When aware of inappropriate healthcare practice of a team member, nurses shall express concerns immediately upon their own initiative, take actions to protect clients, and report concerns to superiors or other relevant persons.
13. When clients need continuity in medical care, referral and follow-up shall be provided.

III. Nurses and professional services

14. Nurses have the responsibility of care; they shall provide care that meets professional standards, and review and improve care periodically.
15. When accepting responsibilities, nurses shall ensure their own physical and mental safety; when delegating authority, nurses shall evaluate the ability and physical and mental status of the delegatees.
16. Nurses shall maintain their own physical and mental balance, continue life-long learning, and elevate their own standards of professional conduct and practice competence.
17. Nurses shall decline gifts from clients and their families in order to protect nurses' social image.

IV. Nurses and social interactions

18. Nurses shall actively participate in activities that will promote the health of the general public and educate people to increase their knowledge and ability of health maintenance.
19. Nurses shall be concerned about the social, economic, environmental, and political factors that would affect health, and aggressively participate in advocating and promoting related policies according to their own specialties.
20. Nurses shall not advertise merchandise in their professional capacities.
21. Nurses shall value environmental ethics and share the responsibilities of solving environmental problems.

V. Nurses and teamwork

22. Nurses shall build good teamwork relationships, create team consensus by applying professional knowledge and experience, and assist other team members in developing professional ability that would help them perform their roles safely and appropriately.
23. When colleagues' or their own health and safety are endangered and the endangerment will compromise the level of professional performance and nursing care quality, nurses shall take necessary actions and report to superiors in a timely manner.
24. Nurses shall take immediate actions and report to superiors and other relevant persons any threat against professional and service quality or any activity that would have adverse effects on the physical, mental, and social well-being of clients.

VI. Nurses and professional growth

25. Nurses shall aggressively study professional nursing knowledge and skills, strive to elevate the standards of nursing practice, and develop nursing practice, management, research and education.
26. Nurses shall join professional organizations and actively participate in activities that would contribute to the development of nursing.
27. Nurses shall be role models for nursing students and willing to teach and give students timely guidance and psychological support in order to cultivate good nurses.

Conclusions

The code of nursing ethics in Taiwan was revised through the application of citizen consensus conference, Delphi technique, and questionnaire survey. The newest version includes six parts and 27 articles. In comparison with the preceding version, the new version includes responsibilities for environmental protection, personal safety, and self-care.

The citizen consensus conference helped identify the general public's expectations of nurses in the revision process. Members of the conference acknowledged that nursing activities have great effects on the lives of the general public and that nurses should have clear ethical guidelines. Further, the code should be understood and applied by nurses in every dimension of nursing practice.

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