



NURSES, HEALTH AND HUMAN RIGHTS

CNA POSITION

- ▶ Nurses¹ are central to ensuring access to health care, which is a fundamental human right.
- ▶ As CNA states in its *Code of Ethics for Registered Nurses*, “[n]urses uphold principles of justice by safeguarding human rights, equity and fairness and by promoting the public good” (CNA, 2017, p. 15). Further, as the *Code* states, nurses must, as an ethical endeavour, do this by “maintaining awareness of broader global health concerns, such as violations of human rights, war, world hunger, gender inequities and environmental changes, and working and advocating (individually and with others) to bring about change locally and globally” (CNA, 2017, p. 18).
- ▶ A nurse’s primary responsibility is to fulfil their professional duty to safeguard human rights, even if doing so conflicts with meeting an employer’s obligations; nurses in such a conflict are solely responsible for their actions.
- ▶ Nursing organizations can use their influence to safeguard health as a human right. For example, they play a role by publicizing information (such as the *Code of Ethics*).
- ▶ It is the responsibility of governments to uphold human rights legislation and to comply with international declarations and treaties to which they are signatories.

¹ Unless otherwise stated, nurse or nursing refers to any member of a regulated nursing category (i.e., a registered nurse, nurse practitioner, licensed/registered practical nurse or registered psychiatric nurse). This definition reflects the current situation in Canada, whereby nurses are deployed in a variety of collaborative arrangements to provide care.

CNA BELIEFS

CNA believes that “promoting and protecting health and respecting, protecting and fulfilling human rights are inextricably linked” (World Health Organization [WHO], n.d.).

CNA believes in a rights-based approach to health and further believes that the creation of a client-centred health system is paramount to fulfilling the human right to health.

CNA recognizes that all human rights are interdependent and indivisible, meaning that for a government to guarantee civil and political rights, it must also ensure economic, social and cultural rights (Office of the High Commissioner for Human Rights, 2011). CNA further recognizes that an individual’s health and well-being can be harmed when his or her human rights in any category are violated.

CNA concurs with the belief of the International Council of Nurses that “nurses have an obligation to safeguard, respect and actively promote people’s health rights at all times and in all places” (International Council of Nurses [ICN], 2011, p. 1). We also support ICN’s position that “effective mechanism[s] through which nurses can seek confidential advice, counsel, support and assistance in dealing with difficult human rights situations” should be made available by nursing organizations (ICN, 2006, p. 2).

BACKGROUND

In 1946, the World Health Organization recognized “the enjoyment of the highest attainable standard of health” as a fundamental right of every human being (WHO, 1946, p. 1).

CNA concurs with the *Declaration of Alma-Ata* on primary health care, which affirms that health is a fundamental human right (WHO, 2005).

CNA’s position on human rights is in accordance with the United Nations’ *Universal Declaration of Human Rights* (UDHR) and the *Canadian Charter of Rights and Freedoms*.

There exists an interconnected family of rights of equal importance that emanate from the UDHR, which include health, political, social, cultural and economic rights. Violations of these rights can have a direct or indirect impact on health (Canadian Centre for Policy Alternatives, 2010).

“The application of [a] human rights framework to patient care calls for a range of measures, such as strengthened laws, policies, and guidelines to protect the human rights of patients and providers; careful documentation of abuses within health care service delivery and legal remedies to address them; and training for patients and

providers on the concept and application of human rights to patient services” (Cohen & Ezer, 2013, p. 19).

Integrating human rights concerns into health-care strategies can reduce infringements and violations. Training, awareness-raising, education, information and other resources can sensitize health policy-makers and practitioners to these possible impacts and help them in evaluating the effects of health policies and programs on human dignity and rights.

*Approved by the CNA Board of Directors
November 2018*

Replaces: Registered Nurses, Health and Human Rights (2011)

REFERENCES

- Canadian Centre for Policy Alternatives. (2010). *The rise and fall of economic and social rights: What next?* Ottawa: Author.
- Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. Ottawa: Author.
- Cohen, J. & Ezer, T. (2013). Human rights in patient care: A theoretical and practical framework. *Health and Human Rights Journal*, 15(2), 1-24. Retrieved from <https://www.hhrjournal.org/2013/12/human-rights-in-patient-care-a-theoretical-and-practical-framework/>
- International Council of Nurses. (2011). *Nurses and human rights* [Position statement]. Geneva: Author.
- Office of the High Commissioner for Human Rights. (2011). *What are human rights?* Retrieved from <http://www.ohchr.org/en/issues/Pages/WhatareHumanRights.aspx>
- World Health Organization. (n.d.). *Linkages between health and human rights*. Retrieved from <http://www.who.int/hhr/HHR%20linkages.pdf>
- World Health Organization. (1946). *Constitution of the World Health Organization*. Geneva: Author.
- World Health Organization. (2005). *Declaration of Alma-Ata*. International Conference on Primary Health Care, Alma-Ata, USSR, September 6-12, 1978. Geneva: Author.
- World Health Organization. (2011). *Essential medicines and pharmaceutical policies*. Retrieved from http://www.emro.who.int/emp/medicines_access.htm

Also see:

Related CNA position statements:

Global Health and Equity (2009)

Global Health Partnerships (2011)