Political action in nursing and medical codes of ethics

Ryan Essex[1], Lydia Mainey[2], Jess Dillard-Wright[3], Sarah Richardson[4]

1. Institute for Lifecourse Development, University of Greenwich

2. School of Nursing, Midwifery and Social Sciences, Central Queensland University

3. Elaine Marieb College of Nursing, University of Massachusetts Amherst

4. School of Health and Social Care, University of Essex

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Abstract

Political action has a long history in the health workforce. There are multiple historical examples, from civil disobedience to marches and even sabotage that can be attributed to health workers. Such actions remain a feature of the healthcare community to this day; their status with professional and regulatory bodies is far less clear, however. This has created uncertainty for those undertaking such action, particularly those who are engaged in what could be termed 'contentious' forms of action. This study explored how advocacy and activism were presented in nursing and medical codes of ethics. Comparing disciplinary and temporo-spatial differences and understanding how such action may be promoted or constrained by codes. The data for this study comes from 217 codes of ethics. Because of the size of the corpus and to facilitate analysis, natural language processing was utilised, which allowed for an automated exploration of the data and for comparisons to be drawn between groups. This was complemented by a manual search and contextualisation of the data. While there were noticeable differences between medical and nursing codes, overall, advocacy, activism and even politics were rarely discussed explicitly in most codes. When such action was spoken about, this was often vague and imprecise with codes speaking of "political action" and "advocacy" in general terms. While some codes were far more forthright in what they meant about advocacy or broader political action (i.e. Nursing codes in Denmark, Norway, Canada) more forceful language that spoke in specific terms or in terms of oppositional or specific actions (i.e. civil disobedience or marches for example) was almost completely avoided. These results are discussed in relation to the broader literature on codes and the normative questions they raise, namely whether such action should be included in codes of ethics at all.

Introduction

There has been a long history of political action by healthcare workers. Such action has also been remarkably widespread. If we look to one of the only data sources that we have on this, the Armed Conflict Location and Event Database (ACLED)[1], between 2020-23 there were tens of thousands of protest events that involved health workers worldwide (the actual number is likely to be higher as this database did not include all countries for this entire time period). We needn't look far to find specific examples of this, from health workers in Myanmar going underground in response to the 2021 military coup (Head, 2022) to health workers in the UK going on strike throughout 2023 (with junior doctors remaining on strike into 2024) demanding better pay and conditions (Essex, Brophy, & Sriram, 2023). Importantly, such action is not always as visible or as widely reported as the above examples, and notably the above figures do not account for less visible acts, or even those that happen in the routine delivery of care, like advocacy for a patient or in challenging a practice or system. There is however, a growing body of work that speaks to more subversive acts in health and healthcare, acts which undermine or subvert, often out of view of authorities (Essex, Dillard-Wright, Aitchison, & Aked, 2023; Mainey, O'Mullan, & Reid-Searl, 2022). Importantly, it has not only been healthcare workers involved in such action. Advocacy and activism, both public and more hidden, intersect with health and healthcare in a number of ways (Essex, 2023). Patient advocacy groups, for instance, have been a powerful force in shaping healthcare policies. At the same time, health is frequently mobilized to frame political issues, as seen in healthcare workers drawing attention to the nuclear disarmament movement, utilising their authority to stress the potentially catastrophic use of nuclear weapons (Young, 2019).

Such actions have been frequent and significant for health and healthcare workers, which gives rise to the question of what professional healthcare bodies have to say about this kind of political action. More specifically, what is said about such action in codes of ethics? As codes of ethics are important documents that both express the values of professions, regulate professional practice, and provide guidance as to how health workers should behave, they provide an important foundation on which to consider such action. Codes of ethics, while important documents for many, have been widely scrutinised in the literature. One area of research has involved the comparative analysis of codes. Studies in this area suggest that codes

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[1] https://acleddata.com/

vary substantially, over time and between the professions. For example, Haddara and Lingard (2017) explored how altruism was constructed in 19 Canadian and 11 Australian medical codes between 1868-2004. This study found a notable shift over time, with fewer altruistic statements in more recent versions of each countries code. Applying a similar approach to a vastly different issue, new and innovative drugs with uncertain safety and efficacy, Borysowski, Ehni, and Górski (2019) found that amongst several international and national medical codes (from the USA, Canada, Australia, New Zealand, the UK, Ireland, France and Germany) only two national codes explicitly allowed for use of new or innovative drugs. Studies in this area also suggest differences between the professions. Amongst those that have compared disciplines, differences have also been noted. For example, Hadjistavropoulos, Malloy, Douaud, and Smythe (2002) sought to compare the codes of ethics of the Canadian Nurses Association (CNA) and Canadian Medical Association (CMA) in relation to their grammatical and linguistic structures. This study found that the CNA code contained proportionately more statements that provide a rationale for ethical behaviour and that statements in the CMA code tend to be more dogmatic. Both codes expressed a strong deontological tone, however the CNA code promoted a more collaborative approach with patients, whereas the CMA code was more paternalistic. Together, comparative studies on codes do not only speak to the differences in codes between countries, they show how social, political and even historical factors shape codes. They also speak to the places of convergence and divergence amongst codes and the shared identity of the professions and how these have shifted with time. While these studies are insightful, the vast majority of comparative studies have been relatively small in scope, generally limited to a small number of codes and the global North.

In light of the discussion above and broader questions that surround the role of codes and the regulation of health workers, this paper sought to explore how political action was presented in nursing and medical codes of ethics. In what follows, we compare disciplinary and temporospatial differences and understanding how such action may be promoted or constrained by codes using natural language processing, outlined below. We then go on to analyse and contextualize these findings with a discussion of these terms and their place in codes.

There are several practical implications that come from a better understanding of political action as found in codes of ethics. First, such explorations could help us better understand the professions themselves, their priorities and stated values. When looking across time and place, such analyses give insight into how social and political factors shape codes and the values of

the professions more generally. Secondly, such analyses stand to shed light on patient advocacy and how it is conceptualised in codes and again, its differences across time and place. Finally, when it comes to broader political action, the discussion here is not an abstract one: Healthcare workers find themselves, their livelihoods, and sometimes even their lives threatened when engaging in controversial political action. In the UK, during Extinction Rebellion's campaign of civil disobedience, blocking roads in London (amongst other actions), the General Medical Council (GMC) declined to provide guidance on whether physicians could lose their registration if participating in such protests (Fulchand, 2019). More recently, the GMC referred GP, Dr Sarah Benn to the Medical Practitioners Tribunal Service (MPTS), who imposed a five month suspension, because Benn was arrested and charged during a peaceful demonstration at an oil terminal (Lawson, 2024). Greater clarity on the role of health workers in political action is sorely needed.

Methods

Search and data

The data for this paper comes from 217 codes of ethics (see supplemental information l 1 for full list of included codes). To find these codes a general web search was carried out in May 2024, with the aim to collate all national codes of medical and nursing ethics. We also included the International Council of Nurses (ICN) and World Medical Association (WMA) codes of ethics as a point of comparison. The search included structured search terms, for example: (Nurse OR Nursing) AND ("code of ethics" OR "ethics code" OR "deontological code") AND (filetype:pdf OR filetype:doc) and where unsuccessful, an unstructured search. Where possible translations of these search terms were used dependent on the language of the country in question. Search terms were translated using Google translate. Where a code could not be found, a further search for medical organisations and associations within the country of question was carried out. Where contact details were readily available, these were also recorded.

In terms of eligibility, codes were included if they self-identified as a code of ethics and contained substantial ethical content. Where a country did not have a code of ethics, but another similar document was found (a code of conduct for example) the document was manually screened and included if it contained substantive ethical content, like ethical principles or

values that sought to guide behaviour or provide standards of practice. In regards to archived codes, only substantive revisions were included. That is, some professional bodies published multiple (and often minor amendments) to their codes on a regular basis, only where a code was revised substantially was it considered to be an archived version. Only national codes were included (we excluded state based codes or codes produced by hospitals for example). Codes were limited to medical, nursing and general codes for pragmatic reasons, notably we didn't have the resources to include codes for each health profession in each country.

Using this search strategy and eligibility criteria resulted in 217 codes. These codes come from 194 documents found in the initial search and 23 codes that were sent to the authors after email queries were sent to professional bodies and associations. Amongst the 217 codes included in this study, 128 codes were medical, 89 were nursing and eight were general codes. Amongst those codes, 28 codes were archived, or no longer current. The dataset also included seven international codes from the WMA (four archived and one current) and ICN (one current, one archived).

Codes, if not in English, were translated using Google translate. A manual screen of all codes was then conducted, to check for accuracy.

The remaining documents were then edited to leave only the body of the document itself and remove information like title pages, publication information, acknowledgements, preface, appendices and index sections. Where codes were combined with other documents or content, for example, legislation, this text was removed. We oped to edit these documents as potentially leaving in all information could have skewed the below results. That is, some codes had substantial supplementary material in the form of prefaces, glossaries and indexes, while other codes did not. We thus edited these documents to offer a fairer comparison between codes and their content. Furthermore, the manual screen of the codes suggested that such sections offered little in the way of insight in terms of how political action was used in codes.

Analysis

As this is the first study of its type, we have taken a deliberately broad approach, engaging with codes from around the world, rather than a more focused analysis of a smaller number of codes. We have take this approach to not only provide insights in relation to political action in codes

globally, but to also lay a foundation for more detailed comparative studies that seek to isolate any one of the elements we have discussed here. Because of this and because of the size of the corpus (see below), natural language processing was utilised, which allowed for an automated exploration of the data and for comparisons to be drawn between groups. This was followed by a manual search and contextualisation of the data. Analysis was carried out utilising R studio (R Core Team, 2024) and the tidytext (Silge & Robinson, 2016), dplyr (Wickham, François, Henry, Müller, & Vaughan, 2023) and ggplot (Wickham, 2016) packages.

Our general strategy was to first identify target words related to political action, explore differences over time and between the professions and then to contextualise these results. Thus, to carry out this analysis, it was first necessary to identify several target words related to political action. Two lists of words were compiled. One included a list of all words contained in the corpus and their frequencies, which was generated tidytext. The other list included words that were identified by the researchers as words that could be related to political action, regardless of how broad this was. These lists were cross-checked. We did not search for words that were not present, these included words like activist, activism, undermine and subvert amongst others. The rationale for this approach was to be as broad as possible, without searching for unnecessary words that were not present in the corpus. The final search terms were deliberately broad to potentially capture a range of political action. The final target words were: "activism", "activist", "advocacy", "advocate", "assist", "challenge", "dispute", "empower", "facilitate", "influence", "oppose", "opposition", "political", "politics", "protest", "resist", "subvert", "undermine". Carrying out the below analysis, the following steps were then taken: 1) analysis of target words between medical and nursing codes, 2) analysis of target words by continent, 3) analysis of target words over time, and 4) manual search and contextualisation of target words. This is presented in the results section.
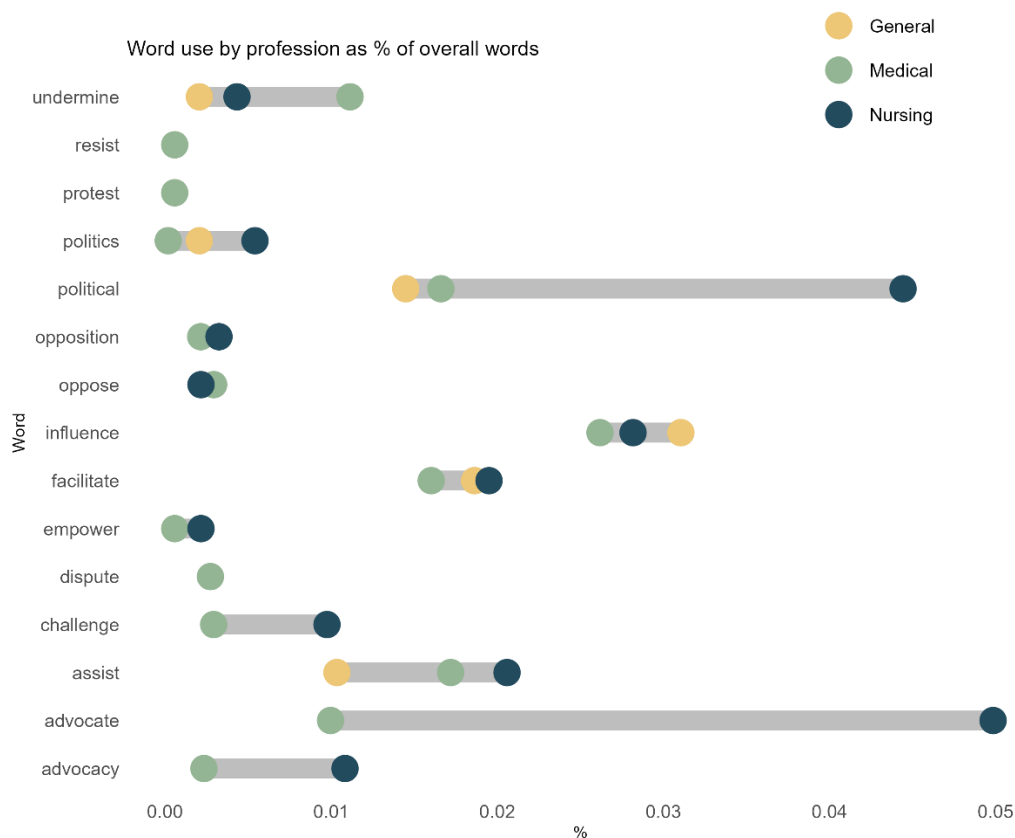
Results

Corpus properties and target words

The corpus was comprised of 217 documents, with a total word count of 1,069,554. Amongst the codes Medical codes accounted for 819,174 words, Nursing codes 225,522 words, while general codes (i.e. where the codes referred to health workers as a general group) accounted for 24,858 words. Amongst the target words, "political" (n = 259), "influence" (n = 256),

"assist" (n = 179) occurred the most while "protest" (n = 9), "empower" (n = 7) and "resist" (n = 4) occurred the least. As the word counts between each of the groups were imbalanced-- medical codes included far more words than nursing codes--we present the below results as percentages of total words per category, either by profession, over time or by region/continent.

Word use between medical and nursing codes

The first comparison we drew was between medical and nursing codes. Figure 1 presents the results of this analysis, showing each of the target words as a percentage of the overall words in medical and nursing codes. As can be seen "political" was used far more frequently general (n = 15/24858 = 0.06%) and nursing (n = 99/225522 = 0.04%) codes, compared to medical codes (n = 145/819174 = 0.02%). This was also the case for the word "influence" with general codes (n = 14/24858 =) using this term far more than nursing and medical codes. Other notable differences related to the terms "advocate" and "advocacy", with nursing codes using the terms far more frequently than medical and general codes. A similar frequency of words was found for all other words across nursing, medical and general codes.

Word use by profession as % of overall words

Word use between continents

All codes were compared by the continent from which they originate. These results are presented in Figure 2 below. "Facilitate" (n = 7/6844 = 0.10%) and "advocate" (n = 7/6844 = 0.10%) occurred far more frequently in international codes than elsewhere, with "advocate" also occurring more frequently in North American codes (n = 50/171545 = 0.03%). While there were slight differences, word use across continents was largely similar when looking at the other target words.

Word Use by Continent as % of Overall Words
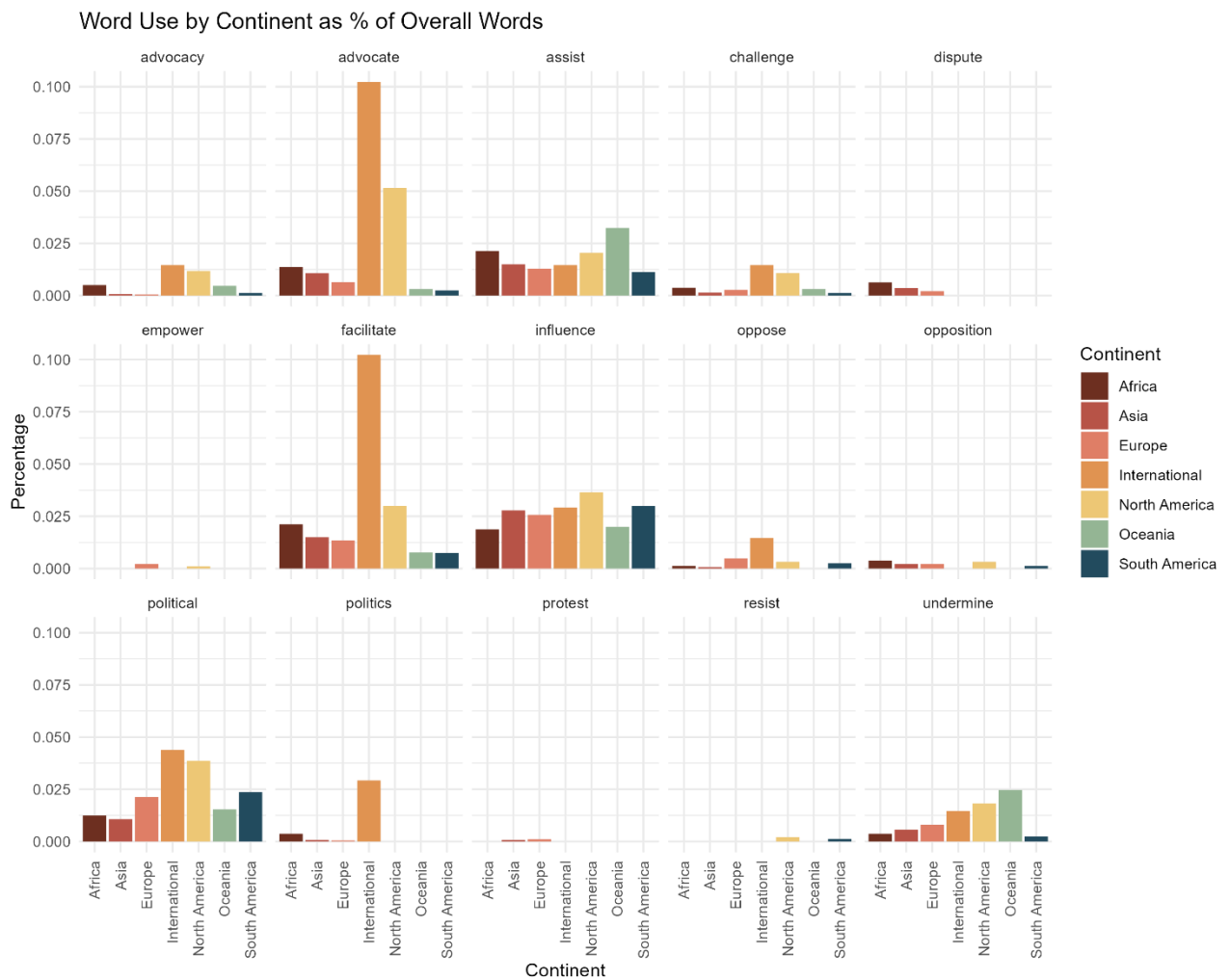
Word use over time

To facilitate further analysis and look at the change in words over time, data was divided into five year intervals. This was done to provide a more stable estimate of the use of words over time. For example, if we looked at word use yearly, this may have been skewed by the publication of one code that year. The results of this analysis are presented in Figure 3. One of the most notable findings is that there is a trend for the word "advocate" to be increasingly used

in the last decade, from 2015 onwards, than in previous years. There also appears to be a steady increase in the use of the word political in recent years. Words such as "dispute", "challenge" and "assist" all appear to have decreased in use in recent years.

Word use by period as % of overall words
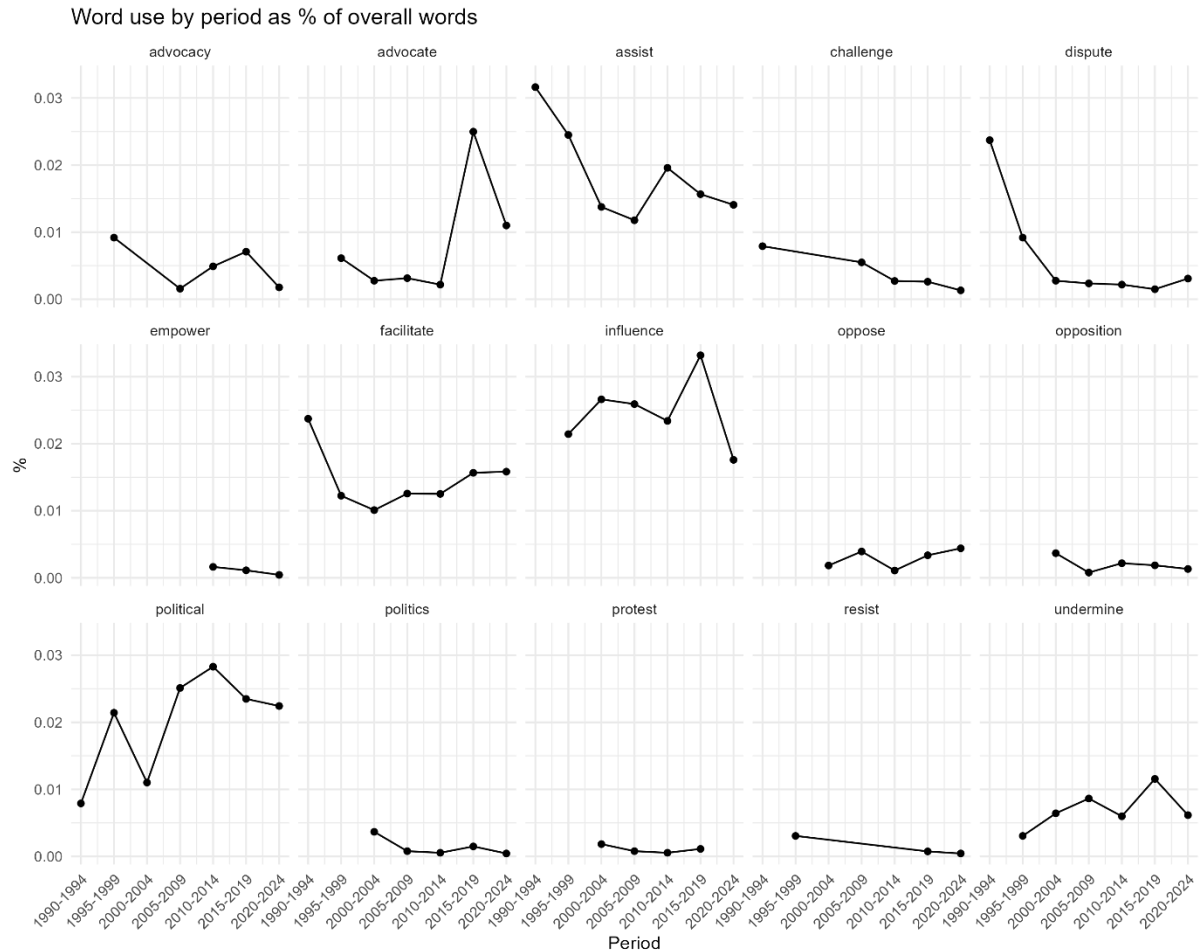
Contextualisation of codes and target words

To further explore the above findings and provide context a manual screen of this data was carried out. This is important to provide context for some of the more frequently occurring words above, for example, advocate could be used in any number of ways, as could assist or facilitate. A manual exploration of these codes helps shed light on these differences. Below we present the results grouping words that we see to be most conceptually similar. We start with arguably the most broad terms, "political" and "politics." We then consider more persuasive or deliberative forms of action, examining the words "influence," "facilitate" and "assist" and finally, we consider more oppositional terms, more generally looking at "challenge," "oppose (opposition)," "undermine" and "dispute" and finally the more specific terms, "advocate,"

"advocacy" and "protest." The below discussion is not exhaustive and is scoped around the research question above, namely what these terms say about political action in codes of ethics.

Political and politics

The words political and politics, most of the time, were mentioned in the context of what is owed to the patient, namely that patients should not be discriminated against because of their political views, amongst other characteristics. To a lesser extent codes also called for health workers to ensure they guard against politics interfering in patient care. A smaller number of codes more directly commented on the type of political action that may include activism or protest. When discussing such action, codes generally put forth a number of prohibitions about when such action should be limited or undertaken. Amongst these codes, Malaysia's Code of Ethics and Conduct of the Ministry of Health (Ministry of Health Malaysia, 2019, p. 9) was perhaps the most restrictive in that it forbid "participating in political activities". Belgium's nursing code (National Federation of Nurses in Belgium, 2017, p. 10) was also similarly prohibitive, stating that:

> *The nurse will not use his or her position to acquire or execute a political mandate or to support a political point of view, except in the case where this is necessary for the defense of the profession.*

While Argentina's medical code acknowledges the right of physicians to profess any political view and to join a union, it also stated that health institutions "should not be used for party or union political struggles" (Argentine Medical Association, 2011, p. 47). A number of codes took a similar position, while not prohibiting political action entirely, calling for health workers not to engage in such action while on duty or while leveraging their position. For example, Ukraine's medical code (Ukranian Medical Association, 2009, p. 3) states:

> *A doctor must not engage in political, religious agitation and propaganda during working hours, encourage colleagues to actions and deeds incompatible with the title of a doctor.*

Similarly, Bangladesh's code for nurses (Bangladesh Nursing Council, n.d., p. 12) prohibited "political activities either directly or indirectly in a professional capacity", while Panama's

nursing code (Panama Nursing Association, 2005, p. 15) prohibited the use of the nursing uniform in such action:

> *Restrict the use of the uniform in activities outside the profession, such as partisan, commercial, exploitative or similar political activities. Therefore, she must refrain from wearing the uniform for these purposes, but it does not restrict her from participating expressing herself as a citizen*

In contrast to these codes, a number of others were far more permissive and even called for health workers to engage in political action. Denmark's nursing code (Danish Nurses Organization, 2014, p. 8) limited this to the healthcare system itself, stating that nurses should "demonstrate responsibility for communicating the potential consequences of political prioritisation within the healthcare system". The recognition of how social and political factors shape health was found elsewhere. Haiti's nursing code (Directorate of Nursing Care Haiti, 2014, p. 127) for example, asserts that "nursing does not take place in isolation but rather in an environmental context ... It is influenced by social, economic and political forces that shape legislation and public policy". Other codes identified political action more directly, Norway's nursing code for example states that nurses should "[participate] in public debate" and perhaps more directly, stating that "[t]he nurse collaborates internationally to influence a political development that maintains and improves global health" (Norwegian Nurses Association, 2023, p. 5). Taiwan's nursing code (Taiwan Union of Nurses Association, 2023, p. 5) asserts:

> *professional organizations are responsible to address social, economic, environmental, and political factors that impact upon public health, and, through collective advocacy or political action, facilitate legislation that improves the health, safety, and well-being of the population.*

Canada's code for nursing (Canadian Nurses Association, 2017, p. 4) also recognised that the code itself was a political instrument, that could:

> *guide and support nurses in advocating for changes to law, policy or practice. It can be a powerful political instrument for nurses when they are concerned about being able to practise ethically.*

Finally, the American medical code (American Medical Association, 2016, opinion 1.2.10) also saw a role for physicians in politics, noting that:

> *Political action by physicians like all Americans, physicians enjoy the right to advocate for change in law and policy, in the public arena, and within their institutions.*

Influence, facilitate, and assist

While not always associated with political action, we also explored influence, facilitate and assist, words which may be associated with advocacy and more cooperative forms of action. These terms were used in a number of ways, almost never in relation to political or social action. Facilitate for example was used to outline what health workers should or should not facilitate, for example torture. Similarly influence was used in the context of the health worker–patient relationship and how influence should or should not be utilised in a clinical encounter. While use of the word assist more often than not related to duties around who to assist (patients, colleagues, the courts or coroner, for example) and what this assistance should entail, generally in terms of the clinical encounter.

Challenge, oppose (opposition), undermine and dispute

The potentially adversarial words challenge, oppose and opposition were also used in a range of ways related to the challenges a health worker may face or when it was appropriate to challenge colleagues, for example. Oppose and opposition often referred to patient opposition. There were some notable exceptions. Denmark's nursing code (Danish Nurses Organization, 2014, p. 10) for example called on nurses to "challenge legislation and instructions, insofar as they violate the ethical values of the profession" , while the ICN code (International Council of Nurses, 2021, p. 15) stated that "[n]urses contribute to positive and ethical organisational environments and challenge unethical practices and settings". What should be opposed also varied somewhat. The ICN code called for the opposition to all forms of exploitation, while the Peruvian (Peru College of Nursing, 2008) and Ukrainian medical codes (Ukranian Medical Association, 2009) both called for the opposition to false or misleading public medical information and communication. The word undermine was exclusively used in relation to undermining the trust of patients in the profession and the word dispute was almost always used in the context of disputes with patients or colleagues.

Advocate, advocacy and protest

Advocate and advocacy were more widely used in a number of codes. Across all codes advocate or advocacy generally referred to advocacy for patients:

> *Physician-leaders in consolidated health systems should provide avenues for meaningful appeal and advocacy to enable associated physicians to respond to the unique needs of individual patients* (American Medical Association, 2016, opinion 11.2.6).

To a much lesser extent codes also called for advocacy for the profession:

> *Uphold professional autonomy and clinical independence and advocate for the freedom to exercise professional judgement in the care and treatment of patients without undue influence by individuals, governments* (Australian Medical Association, 2016, p. 6).

A number of codes also called for broader, social and political advocacy, while this was not isolated to nursing codes, there appeared to be a notable difference between nursing and medical codes, with nursing codes more focused on social and political forms of action:

> *Nurses endeavour, individually and collectively, to advocate for and work toward eliminating social inequities* (Canadian Nurses Association, 2017, p. 5).

> *Nurses should therefore pursue justice and advocate on behalf of vulnerable and disadvantaged health care users and should be able to justify their decisions and actions* (Nurses and Midwives Council of Malawi, 2016, p. 17).

A number of codes, most notably all medical, explicitly addressed the participation of physicians in protests:

> *A doctor who decides to participate in an organized form of protest is not released from the obligation to provide medical assistance, unless failure to provide such assistance*

may expose the patient to loss of life or deterioration of health (Polish Chamber of Physicians and Dentists, 2003, p. 16)

The doctor has the right to participate in the forms of protest provided by the legislation of Ukraine, but is not released from the obligation to provide the necessary medical assistance to the patients under his supervision (Ukranian Medical Association, 2009, p. 3).

Similarly, Colombia's (Minisry of Health Colombia, 1981) and Panama's (Medical College of Panama, 2011) medical codes also permitted protest as long as the lives of others were not endangered. Pakistan's medical code (Pakistan Medical and Dental Council, 2015, p. 13) was the only code to explicitly identify and prohibit certain forms of protest:

Picket lines which permit free passage of those who wish to pass, and signs, banners and peaceful assemblies are acceptable. However, the following actions are unacceptable: blocking; obstructing or impeding passage of a person or vehicle; actions that result in bodily harm; erecting or placing of obstructions that result in depriving others of their rights. Halting a lecture, debate, or any public forum is an unacceptable form of protest.

Discussion

This study explored the content of global codes of ethics as they relate to political action. Comparisons were made between the nursing and medical professions, by continent/region and over time. One notable difference here was that nursing codes seemed to speak about advocacy more frequently and conceptualise it in broader social and political terms compared to medical codes. Overall however, when advocacy and even protest was spoken about, this was often vague with codes speaking about it in general terms, with statements often non-committal on what action may be permissible or even justified. While some codes were far more forthright in what they meant about advocacy or broader political action (Denmark, Norway, Canada), more forceful language that spoke in specific terms or in terms of oppositional or specific actions (i.e. civil disobedience or marches for example) was almost completely avoided. Perhaps the larger story here however is how little advocacy, activism and even politics more generally were discussed in explicit terms throughout codes. Generally, regardless of

profession, date or location of publication, codes of ethics have little in the way of specific guidance when it comes to political action.

To some extent the above findings are not surprising, while acts or protest are common amongst healthcare workers globally, this type of action is far from considered routine or a core part of what nurses or physicians do in their day-to-day roles. The same cannot be said for advocacy however, which could also be considered political action, such action is seen by many as a core part of the role of both nurses (Heck, Carrara, Mendes, & Arena Ventura, 2022) and physicians, whether advocating for patients or broader causes. Codes of ethics say relatively little about advocacy, the forms it may take and when it may be justified.

To place the above results in context it is worthwhile to consider the broader literature on codes and what they do. This question has been taken up by a number of theorists, for example Hussey (1996) argues that codes do at least seven things, they provide guidance for health workers, they regulate behaviour, they discipline, they protect (the public), they inform (those outside of the professional group), they proclaim (that the group aspires to the status of a profession), and finally they also can be used as tools in negotiation when there is a conflict, whether this be between colleagues, employers or other parties. Codes have been criticised for a range of reasons, but perhaps most frequently because they fail on points one and two, namely they fail to guide and/or regulate behaviour. In this respect, we could not expect a code to provide guidance for all forms of political action in all circumstances. There are two further considerations here in relation to what codes do. Codes may also establish or re-enforce professional status. If this is the case, again, it is perhaps unsurprising that codes have failed to engage with these issues, as political action may not be seen as a priority in establishing and re-enforcing professional status. Finally, codes may also be used to discipline and regulate. While we did not account for which codes in our data had regulatory force, it seems safe to conclude many did. Again, this may explain why there is no explicit mention of political action in codes and is reflective of the discussion earlier in the introduction about the UKs GMC declining to provide specific guidance related to acts of protest.

While there may be several reasons why such guidance may not be included, there are other reasons that could lead us to a different conclusion. Namely, if codes are also aspirational documents that set general standards, it seems an oversight that there is so little said about health workers roles in social and political action. The (normative) questions here that follow

are whether codes should include any information on these activities at all and if so, what this advice should include and how specific or broad it should be. There are also a number of more pragmatic considerations; that even if such action is detailed in these documents, codes themselves will likely offer little protection to those who engage in political actions. Writing about this over two decades ago, Tadd (1994) argued that while the UK code for nurses sought to empower nurses it failed in a number of respects, namely that it did not protect acts such as whistleblowing, placing an unreasonable burden on individual nurses who engaged in such action.

A number of limitations in relation to this study are worth noting. First, given the method we used, we have only explored the political action in more explicit terms, we have not examined codes for factors that could implicitly enable or restrict such action for example. Second, in comparing word use between continents, we did not elucidate which countries used international codes of ethics – arguable the most likely to include advocacy-related terms. This may have skewed results when making comparisons. Third, we have also not included other documents here, namely position statements, codes of conduct or any of the other documents produced by professional or regulatory bodies. It is possible that more could be found on advocacy, activism or any more specific acts (i.e. whistleblowing) in these documents. Future research could address this by a more focused review, examining all available documents from a smaller number of countries, for example. Finally, because of the broad focus of this study, we can say little about the cultural and political context of codes and how this may or may not have influenced their content and approach to political action. Furthermore, we cannot account for the potential meaning and nuance lost in translation, as this was carried out using automated software. Beyond this study, we would encourage others to use this study as a foundation to take a more focused approach to probe such issues in future research.

Despite the long history of political action by nurses and physicians (and the influential role of such action in health and healthcare) codes of ethics have very little to offer to professionals contemplating such action. In a number of ways this is unsurprising given the nature of codes. Further discussion is needed however, as to whether discussions about political action should be included in codes and whether this would have any tangible impact for those on the frontline, whether they be advocating, protesting or whistleblowing, amongst the many other forms of political action that have been witnessed historically.

References

American Medical Association. (2016). Principles of medical ethics. https://code-medical-ethics.ama-assn.org/principles

Argentine Medical Association. (2011). Code of ethics. https://www.ama-med.org.ar/images/uploads/files/c_etica-ingles.pdf

Australian Medical Association. (2016). Code of ethics. https://www.ama.com.au/articles/code-ethics-2004-editorially-revised-2006-revised-2016

Bangladesh Nursing Council. (n.d.). Code of ethics & professional conduct for the Nursing, Midwifery and Family Welfare Visiting professions in Bangladesh. https://bnmc.portal.gov.bd/sites/default/files/files/bnmc.portal.gov.bd/page/b5bf8666_ee6e_471b_b903_fc0463e87111/Code%20of%20Ethics.pdf

Borysowski, J., Ehni, H. J., & Górski, A. (2019). Ethics codes and use of new and innovative drugs. *British Journal of Clinical Pharmacology, 85*(3), 501-507. doi:10.1111/bcp.13833

Canadian Nurses Association. (2017). Code of ethics. https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics

Danish Nurses Organization. (2014). Code of ethics for Nurses. https://dsr.dk/media/h12jyclb/sygeplejeetiske_retningslinjer_2014_uk.pdf

Directorate of Nursing Care Haiti. (2014). Standards for the practice of Nursing. https://mspp.gouv.ht/site/downloads/Normes%20des%20Soins%20Infirmiers%202011%202014.pdf

Essex, R., Dillard-Wright, J., Aitchison, G., & Aked, H. (2023a). Everyday resistance in the UK's National Health Service. Journal of Bioethical Inquiry, 20(3), 511-521.

Essex, R. (2023). The intersections of resistance and health. In D. V. McQueen (Ed.), *Oxford Research Encyclopedia of Global Public Health.* Oxford University Press.

Essex, R., Brophy, S. A., & Sriram, V. (2023). Strikes, patient outcomes, and the cost of failing to act. *Brtish Medical Journal, 380*, e072719

Fulchand, S. (2019). Could protesting for climate action damage doctors' careers? *British Medical Journal, 367,* l6875

Haddara, W., & Lingard, L. (2017). Exploring the premise of lost altruism: content analysis of two codes of ethics. *Advances in Health Sciences Education, 22*, 839-852.

Hadjistavropoulos, T., Malloy, D. C., Douaud, P., & Smythe, W. E. (2002). Ethical
orientation, functional linguistics, and the codes of ethics of the Canadian Nurses
Association and the Canadian Medical Association. *Canadian Journal of Nursing
Research, 34*(2):35-51.

Head, J. (2022). Myanmar coup: The doctors and nurses defying the military. *BBC News*.
Retrieved from https://www.bbc.co.uk/news/world-asia-59649006

Heck, L. O., Carrara, B. S., Mendes, I. A. C., & Arena Ventura, C. A. (2022). Nursing and
advocacy in health: an integrative review. *Nursing Ethics, 29*(4), 1014-1034.

Hussey, T. (1996). Nursing ethics and codes of professional conduct. *Nursing Ethics, 3*(3),
250-258.

Internatioal Council of Nurses. (2021). The ICN code of ethics for Nurses.
https://www.icn.ch/sites/default/files/2023-06/ICN_Code-of-Ethics_EN_Web.pdf

Lawson, E. (2024). Just Stop Oil doctor suspended for five months. *BBC News*.
https://www.bbc.co.uk/news/articles/c6pygw71w3go

Mainey, L., O'mullan, C., & Reid-Searl, K. (2023). Working with or against the system:
Nurses' and midwives' process of providing abortion care in the context of gender-
based violence in Australia. *Journal of Advanced Nursing, 79*(4), 1329-1341.

Medical College of Panama. (2011). Code of medical ethics. https://colegiomedico.pa/wp-
content/uploads/2022/10/CMP-Codigo-Etica.pdf

Minisry of Health Colombia. (1981). Norms in medical ethics.
https://www.mineducacion.gov.co/1621/articles-103905_archivo_pdf.pdf

Ministry of Health Malaysia. (2019). Code of ethics and conduct of the Ministry of Health
Malaysia.
https://www.moh.gov.my/moh/resources/Portal%20Bahagian/Kewangan/3._KOD_ET
IKA_DAN_KELAKUAN_.pdf

National Federation of Nurses in Belgium. (2017). Code of ethics for Belgian Nursing
Practitioners. https://fnib.be/ressources/telechargements-divers/

Norwegian Nurses Association. (2023). Professional ethical guidelines for nurses.
http://www.sykepleierforbundet.no/etikk-00

Nurses and Midwives Council of Malawi. (2016). Code of ethics for Nurses.
https://nmcm.org.mw/

Pakistan Medical and Dental Council. (2015). Professional ethics and code of conduct.
https://www.pmc.gov.pk/Documents/law/PMDC%20Code%20of%20Ethics%202018.
pdf

Panama Nursing Association. (2005). Deontological code for nurses of Panama.
https://www.anep.org.pa/books/CODIGO%20DEONTOLOGICO.pdf

Peru College of Nursing. (2008). Code of ethics and deontology. https://www.cep.org.pe/wp-content/uploads/2021/10/codigo_etica_deontologia.pdf

Polish Chamber of Physicians and Dentists. (2003). Code of medical ethics.
https://nil.org.pl/dokumenty/kodeks-etyki-lekarskiej

R Core Team. (2024). R: A language and environment for statistical computing. R Foundation for Statistical Computing. *https://www.R-project.org/*.

Silge, J., & Robinson, D. (2016). tidytext: Text mining and analysis using tidy data principles in R. *Journal of Open Source Software, 1*(3), 37.

Tadd, V. (1994). Professional codes: An exercise in tokenism? *Nursing Ethics, 1*(1), 15-23.

Taiwan Union of Nurses Association. (2023). Taiwan code of ethics for Nurses.
https://www.nurse.org.tw/publicUI/Eng/Y112.aspx

Ukranian Medical Association. (2009). Code of ethics. http://www.vult.org.ua/

Wickham, H. (2016). *ggplot2: Elegant graphics for data analysis.* . New York: Springer-Verlag

Wickham, H., François, R., Henry, L., Müller, K., & Vaughan, D. (2023). dplyr: A grammar of data manipulation. https://dplyr.tidyverse.org, https://github.com/tidyverse/dplyr.

Young, T. (2019). *Nuclear War In The UK*: Four Corners Books.