

## Frequently Asked Questions

### ANA Position on Capital Punishment

#### **What is the American Nurses Association (ANA) position on capital punishment and on nurse participation in capital punishment?**

The American Nurses Association (ANA) opposes both capital punishment and nurse participation in capital punishment. Participation in executions, either directly or indirectly, is contrary to the fundamental goals and ethical traditions of the nursing profession. This position is in alignment with the International Council of Nurses' position that "considers the death penalty to be cruel, inhuman and unacceptable (ICN, 2012, p. 2)."

The *Code of Ethics for Nurses with Interpretive Statements*, which opposes any action contrary to the respect of human dignity of any individual, provides the foundation for this position. Since ANA represents individual nurses, the professional organization must communicate to the public the values nurses consider central to the nursing profession. The *Code of Ethics for Nurses*, particularly provisions 8 and 9 concerning the principles of social justice, speaks to the importance of nurses taking a stance against the death penalty.

#### **How has ANA's position changed?**

The 2010 position statement, *Nurses' Role in Capital Punishment*, holds that ANA is strongly opposed to nurse participation in capital punishment. The new position statement, *ANA Position on Capital Punishment and on Nurse's Participation in Capital Punishment*, expands ANA's position to oppose both capital punishment and nurses' participation in capital punishment.

#### **How often does ANA review position statements?**

The ANA's Center for Ethics and Human Rights' (CEHR) Ethics Advisory Board reviews all ethics-related position statements every five years, addressing any new or recurring issues. Any new position statement requires approval by the ANA Board of Directors, as well as a 30-day comment period.

#### **Was there a public comment period for this position?**

The revised position statement was drafted by a subcommittee of the CEHR Ethics Advisory Board and submitted for a 30-day public comment period from February 25 to March 25, 2016. Overall, the majority of comments were positive and supportive of the revised position statement. In December 2016, the ANA Board of Directors approved the new statement.

## **How does the *Code of Ethics for Nurses with Interpretive Statements* guide ANA in taking this position?**

The [\*Code of Ethics for Nurses with Interpretive Statements\*](#) (2015) outlines the provisions that support and guide ANA in taking this position. Within the *Code of Ethics for Nurses* provisions 8 and 9, the principles of social justice speak to the importance of the nursing profession taking a stand against issues that are not direct health issues, but rather ones of social justice.

**Provision 8** - “Nurses must be mindful of competing moral claims... and must bring attention to human rights violations in all settings and contexts (ANA, 2015, p. 33).”

**Provision 9** - “The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.... Acting in solidarity, the ability of the profession to influence social justice and global health is formidable” (ANA, 2015, p. 35).

Furthermore, the *Code of Ethics for Nurses* states that “nurses must always stress human rights protection with particular attention to preserving the human rights of vulnerable groups such as... prisoners (ANA, 2015, p. 33).”

ANA’s position statement [\*The Nurse’s Role in Ethics and Human Rights: Protecting and Promoting Individual Worth, Dignity, and Human Rights in Practice Settings\*](#) (2010) suggests nurses must go “beyond the rhetoric of universal human rights to include attention to duties, social justice, and interdependence” (ANA, 2010, p. 3). The obligation for nurses to refrain from causing death is a longstanding and explicit ethical norm.

## **Has ANA taken similar positions in the past?**

The American Nurses Association is committed to taking a stance against any action that is contrary to respect for the human dignity of any individual. The ANA position opposing capital punishment is the latest in a number of strong ANA stances on critical social issues of our time.

Here are just a few of the social issues that ANA has supported:

- Economic Sanctions to Oppose Apartheid in South Africa (1985)
- Human Rights in Bosnia (1993)
- Humanitarian Aid to the Haitian People (1994)
- Anti-discrimination of Gay and Lesbians in the Military (1995)
- Ratification of the Equal Rights Amendment (1974)
- Tax on Cigarettes, Alcohol, Firearms and Ammunition (1994)
- Movie Ratings, TV Ratings, Recordings and Future Technologies (1994)

- Gun Control (1992)
- Peace Between the U.S. and Soviet Republics for Nuclear Disarmament (1992)
- Recognition of Martin Luther King, Jr. Day as a National Holiday (1982)
- Resolution for U.S. Gov't to Cease Bombing of Puerto Rico (2001)
- Aid to El Salvador for Humanitarian Purposes (1984)
- Economic Status of Women and Children (1984)
- Elimination of Corporal Punishment in Public and Private Schools (1991)
- Discouragement of Economic Support for the Tobacco Industry (1992)
- The Right to Vote in Guam for President of the U.S. (1986)
- Peaceful Resolution to International Conflict (1984)

### **What is the evidence to support this position on capital punishment?**

Research has shown that capital punishment is unfair, inconsistent and not a deterrent to crime. The justice system is fallible, and as a result 155 persons on death row have been exonerated since 1973. In addition, research has demonstrated that capital punishment is disproportionately applied to ethnic minorities, is applied disproportionately by geography, and is often correlated with the socio-economic status of the defendant.

In geographies where the death penalty is used more frequently, it is not a proven deterrent. Evidence shows that states with the death penalty in place do not have lower rates of homicide. For example, Texas has the most executions, but its homicide rate is almost twice that of Wisconsin, the first state to abolish the death penalty.

*Click [here](#) to view our position statement. For questions or comments please contact Liz Stokes at [liz.stokes@ana.org](mailto:liz.stokes@ana.org).*