

# Il-Musbieh

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Malta Union of Midwives and Nurses

Numru 107 - Ġunju 2025



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Il-fehmiet li jidhru f'dan il-ġurnal mhux neċessarjament jirriflettu l-fehma jew il-policy tal-MUMN.

L-MUMN ma tistax tinzamm responsabbli għal xi ħsara jew konsegwenzi oħra li jiġu kkwazati meta tintuża informazzjoni minn dan il-ġurnal.

L-ebda parti mill-ġurnal ma tista' tiġi riprodotta mingħajr il-permess bil-miktub tal-MUMN.

Ċirkulazzjoni: 5,000 kopja.

Il-Musbieh jiġi ppubblikat 4 darbiet f'sena.

Dan il-ġurnal jitqassam b'xejn lill-membri kollha u lill-entitajiet oħra, li l-bord editorjali flimkien mad-direzzjoni tal-MUMN jiddeciedi fuqhom.

Il-bord editorjali jiggarrantixxi d-dritt tar-riservatezza fuq l-indirizzi ta' kull min jirċievi dan il-ġurnal.

Kull bdil fl-indirizzi għandu jiġi kkomunikat mas-Segretarja mill-aktar fis possibbli.

**Front top photo:** MUMN signs a new sectoral agreement for Social Workers.  
**Front bottom photo:** International Nurses & Midwives Day - Joint Press Conference to launch the Marketing Campaign

## L-infermier

Insellem lill-infermiera,  
B'dawn l-erba' versi sbieħ,  
Minn qalbi ngħidilkhom grazzi,  
Gratitudni, žgur bla qies.

Siegħat shaħ tul il-ğurnata,  
Iduru bil-marid,  
Matul il-ğimgħa kollha,  
Fost biki, dmugh u krib.

Bħal tezor mimli ġojjelli,  
Aqwa minn kull deheb fin,  
L-infermiera anġli tas-sema,  
Minn Alla nies magħżulin.

Jassistu t-twelid tat-trabi,  
F'mumentu l-aktar sbieħ,  
Jikkonfortaw lil ommijiet,  
Fil-ħlas, fil-ferħ, fl-uġiegh.

Professjoni kbira w nobbli,  
Xogħol ta' bniedem sinċier,  
Hemm bżonn dedikazzjoni,  
Biex tkun vera nfermier.

In-ners tkattar il-fidi,  
Anġlu tal-imniktin,  
Fl-aktar mumentu iebes,  
Issiba ħdejk kull ħin.

Ma' kull mard iħabbtu wiċċhom,  
Dijabete jew pressjoni,  
Jippruvaw jagħmlu minn kollox,  
Jikkunslawk waqt dipressjoni.

Jikkuraw mill-qalb l-anzjani,  
Jassistu waqt l-operazzjoni,  
Ma jarawx twemmin jew razza,  
Kura joffru bla distinzjoni.

Kburi li kont wieħed minnhom,  
Tnejn w erbgħin sena rajt,  
Kont bdejt daqsxejn ta' ġuvni,  
Minn dejjem għamilt kemm stajt.

Familja ta' nfermiera,  
Ġo fina ġera d-demem,  
Flimkien ma wliedi u marti,  
Fil-kura tajna s-sehem.

Illum inħares lura,  
U naħseb minn x'hiex għaddejt,  
Niftakar f'ħafna pazjenti,  
Li ħabbejt, magħhom sofret.

Għeżiż ħuti nfermiera,  
Alla tagħkhom talent,  
Minn qalbi rrid ngħidilkhom,  
Kunu l-wens, it-tama, ta' kull  
pazjent.

**ROMEO GALEA**  
Charge Nurse  
SVP

## Mount Carmel Hospital at Full Capacity

According to Eurostat in 2018, there were 73 hospital beds for psychiatric care per 100,000 inhabitants in the European Union (EU). This corresponds to 14% of all hospital beds. In 2004, the first year for which data are available at EU level, the number of hospital beds for psychiatric care per 100,000 inhabitants stood at 79 but since then the rate has continued to decrease continuously. Among the EU Member States, Belgium registered the highest rate in 2018, with 135 hospital beds for psychiatric care per 100,000 inhabitants, followed by Germany (128; data for 2017), Latvia (122) and Malta, placing fourth (105). At the other end of the scale, Italy recorded 9 psychiatric care beds per 100,000 inhabitants, Cyprus (18) and Ireland (34).

So, what is Malta's situation? Mount Carmel Hospital has now reached its full occupancy, with some wards housing more patients creating an overcrowding situation. To note over occupancy is prevalent in psychiatric wards and associated with an increased rate of client aggressiveness and falls. This will therefore directly affect the operational side of nursing care. It is at times disheartening for us nurses who wish to provide the patients' best care but are unable to do so.

Such conditions also create beds in our only general hospital, to be blocked and not used for acute patients admitted from the A&E. Policy makers should be convinced about the necessity to reduce overcrowding in psychiatric wards and to improve safety of inpatient facilities. While the waiting list for essential mental health care continues to grow, there is a possibility of delays in treatment, leaving vulnerable individuals without the support they need. There are also long waiting lists for patients to even see a psychiatrist, whilst juvenile mental health investment is also at stake. Another issue is the lack of an emergency short-stay psychiatric unit at our general hospital, which in today's standard is simply unacceptable. The increase in mental health problems due to drug abuse is overwhelming and affecting the operations of our general hospital setup.

Overall, this is also affecting nursing staff and workers at the hospital who are working extra hours, while having to pay less individual attention and care.

One may ask: Why are we facing this situation? In 2024, 100 patients from Mount Carmel Hospital were relocated to other psychiatric facilities and community services. This marked the first phase of a three-part overhaul set to phase out and eventually close Malta's sole dedicated mental health hospital within four years, a landmark reform intended to revamp Malta's healthcare system.

Phase two involves transferring acute psychiatric services to a new 30-bed ward at Mater Dei Hospital (a €10 million tender). But is cramming a few acute psychiatry wards on top of the Emergency department instead of a new mental health facility next to Mater Dei, a good idea?

Mount Carmel 19th-century institution, considered to be an antiquated building, is now unfit for purpose. This Victorian-era building, a relic of Malta's British colonial rule, was built to meet the needs of the bygone era. Concerns over its dilapidated wards were highlighted in a 2022 National Audit Office report and while some refurbishment has occurred, many areas need some tender loving care.

The promised new mental health facility, initially pledged in 2013, 2017 and 2022, is nowhere in sight. A total of €3.7 million were spent to plan the acute psychiatric facility and a new expenditure of another €10 million was also allocated to modify new plans. The new final phase Acute Psychiatric Unit at Mater Dei is envisaged to cost €33 M and will take 4 years to complete.

Reforms on this matter are important to further reduce overcrowding, improve lack of psychiatric admissions facilities and reduce institutional stigma. This will ultimately elevate the much-needed psychiatric care standards in our country. A thorough transformation of our national mental health services should reflect a modernised, holistic approach towards this matter for the betterment of our clients and staff alike.

## Commemorating Nurses and Midwives MUMN's Annual Initiatives

The 5th of May marked the International Midwives Day, while the 12th of May was the International Nurses Day. To honour these occasions, the Malta Union of Midwives and Nurses (MUMN) organised its annual commemorative event, attended by the Minister for Health and Active Ageing, in recognition of the invaluable contribution of nurses and midwives.

During the event, MUMN officially launched its annual marketing campaign titled "Put on a uniform, be a superhero" This annual campaign, which has been ongoing since 2008, reflects the shared commitment between the Ministry for Health and MUMN to encourage young people to join the nursing profession. This commitment is crucial, as it is widely acknowledged that a healthcare system cannot expand or remain sustainable without an adequate number of nurses and midwives.

Although the campaign has been achieving positive results, challenges within the healthcare sector persist. The expansion of health services continues to place pressure on staffing levels, resulting in a shortage of nurses. The wellbeing of the current nursing workforce relies

heavily on the success of this campaign. Without new students entering nursing programmes, existing nurses will face an increasing workload across all hospitals. It is also essential to foster a supportive and friendly working environment, as a poor workplace atmosphere can lead to nurses leaving the profession altogether.

### Sectorial Agreement for Social Workers

In addition to its work with nurses and midwives, MUMN has also made significant strides in the social work sector. During the Expo, MUMN signed a new sectorial agreement for social workers, introducing innovative benefits designed to attract more professionals into the government workforce. MUMN represents social workers across all Government Ministries, and recently, social workers in Church schools—who also fall under the government sectorial agreement—have also joined MUMN.

### Nursing and Midwifery Regulatory Council Elections

MUMN is now preparing for the upcoming Nursing and Midwifery

Regulatory Council elections. Candidates representing psychiatric mental health nurses, general nurses, midwives and enrolled nurses will contest the elections under the MUMN ticket. These candidates have been carefully selected to represent the best interests of the professions, and your support is vital to ensure their success.

A video showcasing the candidates' profiles will be sent to all MUMN members, enabling nurses and midwives to get to know those contesting on their behalf. Voting papers will be mailed to your home address between 23rd July and 6th August, along with a self-addressed envelope. The votes will be counted on 7th August. MUMN encourages all members to vote exclusively for only MUMN endorsed candidates.

MUMN would like to take the opportunity to wish the best to all members of MUMN reading a qualification in their profession especially those reading a master's degree since this time of the year it is a crucial period.

**Paul Pace**  
President

## *if you've never...*

If you've never closed a body cover during a working period, you shouldn't be deciding how much a nurse earns

If you've never watched a person choke on their own blood or secrets, you shouldn't be deciding how much a nurse earns

If you've never been hit by a patient while you just want to take care of them, you shouldn't decide how much a nurse earns

If you've never had someone beg you not to let them die or instead let them die you shouldn't decide how much a nurse earns

If you've never looked your patient's loved ones in the eyes or just supported them as they break down when they hear the death of their child, mother, father, sister, aunt,

grandfather... you shouldn't decide how much a nurse earns

If you've never told your family that your day went well just to spare them from what you saw that day, you shouldn't be deciding how much a nurse earns

If you've never felt ribs cracking during CPR, you shouldn't decide how much a nurse earns

Nurses have been underpaid and underestimated for years and no one seems to care

Now that the healthcare system seems to be falling apart, everyone is concerned about this!

Nurses are leaving the profession faster than you think! Maybe because we are asking for more and more with less and less means? Or again because of the catastrophic and dangerous nurse-to-patient ratio? The reasons are endless...

Having to work nights, evenings, holidays and not knowing how to pay bills at the end of the month is no longer acceptable!

It's time to worry about keeping nurses, honorable pay, safe nurse/patient ratio

We are closing units due to nursing shortages, which means delayed care and putting your health at risk!

**It's time to care.**

# mis-Segretarju Ġenerali

**Kif inthom ħbieb? Reġa' wasal iċ-ċans li naqsam magħkom ftit ħsibijiet fuq dak li għaddejjin minnu bħala MUMN.**

L-ewwel nett nixtieq nifraħ lill-istudenti kollha li għaddew mill-eżamijiet finali u jekk Alla jrid, dalwaqt jibdeu jaħdmu ta' Nurses, Midwives, Phlebotomists, Social Workers u professjonijiet oħra li tant is-settur tas-saħħa għandu bżonn.

Kien ta' unur u privileġġ għalina li kellna l-opportunità li niffirmaw Ftehim Settorali ġdid tas-Social Workers impjegati mall-Gvern, FMS, Kurja u l-Facilità Korrettiva. Dan huwa Ftehim Settorali li poġġa lis-Social Workers fuq il-pedestall li jixirqilhom kemm mill-att finanzjarju, professjonali u akkademiku. Spiċċa żmien li jkun hemm differenza bejn Social Worker impjegata mas-servizz pubbliku, parastatali jew fl-iskejjel tal-knisja. Ma nistax ma nieħux l-opportunità li nringrazzja lis-Segretarju Permanenti PSD fl-Uffiċċju tal-Prim Ministru u t-team tagħha li fehmet mill-ewwel il-bżonnijiet biex dan is-settur intuh spinta 'l fuq.

Ftit tal-ġimgħat ilu seħħet ir-riforma dwar is-sick leave. Kien wasal iż-żmien li s-servizz pubbliku kollu jiġi l-istess. Kien hemm ħafna varji differenti. L-MUMN ħadet l-opportunità biex l-ilmenti li wassaltulna inthom matul iż-żmien jiġu indirizzati, speċjalment il-fatt li l-ġranet tal-off kienu qed jinqatgħu ukoll. Nifhem li kien hemm numru żgħir ta' membri li b'din ir-riforma ma baqgħux igawdu ċertu privileġġi li kellhom qabel però dawn il-privileġġi mhux suppost kienu hemm u għalhekk għandna nieħdu din is-sitwazzjoni billi nringrazzjaw talli gawdejna minnhom għal tul ta' żmien. Issa b'idejna fuq qalbna nistgħu ngħidu li kulhadd ġie ugwali u l-proċess huwa ġust.

Qed nippreparaw bis-sħiħ għall-konferenza Ewropea fuq jumejn sħaħ għall-Midwives. Qatt s'issa ma rajna konferenza ta' dan il-kalibru għall-Midwives Maltin. Huwa mistenni li 400 Midwife jipparteċipaw mill-Ewropa kollha. Irnexxielna nżommu l-prezz baxx u barra minn hekk ser nissusidjaw lill-Midwives membri tagħna. Inhegġeg lill kulhadd biex ma tħallux għall-aħħar biex tirreġistraw.

Fi ftit ġimgħat oħra ser inkunu qed nerġġu nippartecipaw fl-elezzjoni biex jiġu eletti 7 rappreżentanti tal-MUMN

fuq il-Kunsill Regulatorju tan-Nurses u l-Midwives. Tlett snin ilu kienet saret l-aħħar elezzjoni fejn l-MUMN kien irnexxielha tirbaħ is-7 postijiet kollha u b'hekkreġġet bdieltgawdil-maġġoranza fuq dan il-Kunsill ukoll. Huwa importanti li din id-darba jerga' jseħħ l-istess u dan kollu jkun possibbli bis-sapport tiegħek billi tivvota biss lir-Rappreżentanti tal-MUMN. Nirringrazzjak bil-quddiem tal-għajnuna u l-investment tiegħek biex iż-żewġ professjonijiet ikomplu miexja 'l quddiem.

Is-sena d-dieħla l-MUMN tagħlaq 30 sena. Tlett xhur ilu bdejna naħsbu kif niċcelebraw dan l-anniversarju bla-ahjar mod li nistgħu. Żewġ punti, li fl-opinjoni tiegħi huma l-aktar sinifikanti huma t-tibdil tal-monument li hemm fil-ġnien ħdejn l-isptar Boffa, inti u tiela' lejn Kastilja kif ukoll il-ftuħ ta' Mużew tan-Nurses u l-Midwives fil-kwartieri tal-Union stess. Dawn huma żewġ proġetti ta' ċertu portata speċjalment il-Mużew li jinħtieġ l-għajnuna u l-kontribuzzjoni tagħkom biex nilhqu l-għan aħħari. Kull min għandu xi materjal li jista' jislifulna sabiex jiġi esebit, jista' jikkuntattja lili jew lil xi hadd mill-kollegi tiegħi. Ikun ta' unur għaż-żewġ professjonijiet li nħallu warajna legat kulturali u mimli storja li jkun jista' jtagħwda mill-ġenerazzjonijiet ta' warajna. Grazzi mill-qalb lil min diġà pprezentalna materjal importanti.

Din is-sena waslu wkoll l-elezzjonijiet sabiex jiġu ffurmati Group Committees ġodda tal-Union kemm fl-isptar Monte Karmeli kif ukoll l-isptar Mater Dei. Dawn il-Group Committees iservu ta' ħolqa bejn il-membri u l-Kunsill. Iservu biex l-MUMN tilhaq aħjar lill-membri tagħha. Il-ħidma marbuta ma' dawn il-Group Committees tkun kull meta nkunu xogħol u sservi biex il-post tax-xogħol tiegħek isir aħjar u aktar effiċjenti. Nistiednek titthajjar u tagħmel parti minn dan il-Group Committee flimkien ma' Nurses oħra. Kull min hu interessat għandu jibgħat email fuq [administrator@mumn.org](mailto:administrator@mumn.org) jew jagħmel kuntatt miegħi biex inkun nista' nfiehem aħjar fuq dan ir-rwol ferm interessanti.

Għal illum ħa nieqaf hawn għax għedt biżżejjed. Ma nistax nispiċċa dawn il-kelmtejn mingħajr ma nawguralek li tgawdi s-Sajf billi tirrilassa ftit mill-ġenn li ngħaddu minnu ta' kuljum.

**Colin Galea**  
Segretarju Ġenerali



## ICN's Alliance of Student and Early Career Nurse holds inaugural meeting

Geneva, Switzerland, 18 March 2025 - The International Council of Nurses' (ICN) Alliance of Student and Early Career Nurses (SECN Alliance) met for the first time early this month, attended by more than 50 SECN Alliance representatives from countries in all six World Health Organization regions. The SECN Alliance, an innovative new ICN body, aims to amplify the voices of student and early career nurses and enhance their influence on relevant issues in the work of ICN and its members, enhancing ICN's strong commitment to student and early career nurses.

The Alliance will ensure that the voice of student and early career nurses continues to be heard by ICN and the wider global nursing community, offering guidance to the ICN Board to address relevant issues in global health and nursing policy. Through the Alliance, student and early career nurses will be empowered and supported to meet the needs and promote the well-being of the world's population, and the current and future nursing profession.

ICN Senior Policy Adviser Erica Burton, who chaired the meeting, and has been leading the work to create the SECN Alliance, said it was a momentous occasion for ICN.

Addressing the participants, Ms Burton said, "You have been carefully selected to represent your national nurses' association, to represent the students and early career nurses in your countries and, most importantly, [to represent] the future of nursing."

ICN President Dr Pamela Cipriano said, "This is a really important inflection point in terms of how we come together to advance leadership across all of the global health issues, and the work within the International Council of Nurses. This new Alliance provides for active engagement and inclusion of students and early career nurses as we learn together and exchange ideas."

Dr Cipriano added that the SECN

Alliance would serve as a vital source of information from across the profession to help ICN to really understand the issues and to discuss solutions together.

"It will help us find out what people in their senior years in the profession need to know of those who are on the front lines, who have just come out of educational programmes, who are looking at how to shape the future. We welcome the insights and strategies of emerging leaders participating in our work to strengthen nursing and global health."

ICN Chief Executive Officer Howard Catton congratulated the SECN Alliance representatives and emphasized how crucial their role will be to ICN.

"We have always had students and early career nurses involved and engaged in the work of ICN, but we need to take that to another level. We need to step it up, because nurses have never been more obviously important to global health. From ageing populations to NCDs, to climate change, to conflicts, to public health prevention, nurses are absolutely critical."

Mr Catton told participants that he wanted the views, advice and influence of students and early career nurses to be taken into the heart of ICN's Board.

"You are going to be working really closely with the ICN Board, advising them on critical issues that affect you and the statements and policies they should be considering. Your voice and your influence have never been more important, and this is one of the most powerful ways to get your voices heard, because the mandate of ICN is to be the global voice of nursing."

Student and early career nurses who are interested in becoming involved or to keep updated about the Alliance should contact [secn@icn.ch](mailto:secn@icn.ch).

Members of the SECN Alliance will meet in person at the ICN Congress in Helsinki in June 2025.



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## Council of Nursing and Midwifery

# A term of progress and achievements

by William Grech

Over the past years, the Council of Nurses and Midwives (CNM) Board has worked diligently to strengthen and improve the profession of nursing and midwifery in Malta. Through several key initiatives, the board ensured that both Maltese and international nurses and midwives continue to uphold the highest standards of care, while also making the registration and accreditation processes more effective and transparent.

One of the most notable achievements was the thorough review of the registration process for Non-European Union Citizens (Non-EU). Recognising the importance of maintaining high professional standards while addressing the increasing demand for healthcare workers, the CNM Board rationalised and improved the procedures to ensure that only competent and qualified TCNs are registered as nurses and midwives in Malta.

In parallel, the CNM Board revamped the interview system for TCNs, ensuring a more structured, fair, and professional assessment of candidates. This new approach has not only streamlined the process but also contributed to clearer expectations for CNM board and improved the quality of nursing and midwifery professionals entering the local healthcare system.

A milestone in the CNM's work was the launch of the Health Professionals Online System (HPOS), a digital platform designed to simplify and centralise the registry of nurses and midwives. This innovative system has brought about significant improvements in efficiency, transparency, and accessibility in the registration, vetting, and verification processes, benefiting both applicants and employers. It is important to acknowledge that, like any newly introduced digital system, HPOS is still undergoing adjustments and fine-tuning to address challenges that naturally arise during the implementation phase. As a result, there may be instances where the system does not yet operate at 100%

efficiency. Nonetheless, the CNM Board is fully committed and working tirelessly to ensure that the system reaches its full potential and delivers a smooth, reliable, and user-friendly experience for all stakeholders. In the meantime, and to ensure full compliance with legal obligations, the CNM has taken proactive measures by continuing to publish the official registers on its website. This guarantees uninterrupted access to essential information while the system is being optimised, ensuring that the profession and the public continue to benefit from transparent and accurate registration data.

Apart from regulatory work, the CNM Board actively promoted the profession's value and importance. One of the most meaningful initiatives was the organisation of the International Nurses and Midwives Day and Week, during which the CNM, together with various stakeholders, celebrated the unwavering commitment, dedication, and compassion shown by nurses and midwives in their daily work. In the latest editions, CNM Board members went a step further by personally visiting several healthcare entities across Malta and Gozo. During these visits, they met various numerous nurses and midwives in person, taking the opportunity to thank them directly for their valuable and tireless contributions to patient and client care. These visits were not only moments of appreciation but also an opportunity for CNM members to engage in open and genuine discussions with their registered members. Various challenges and concerns raised by nurses during these encounters were carefully noted and later discussed at board level, ensuring that frontline realities are heard and considered in the CNM's ongoing work. This initiative created a very positive atmosphere and served as a bridge between the CNM and its members, helping the Board to remain connected with the realities, aspirations, and challenges of the nursing and midwifery professions.

The board also took a proactive role in ensuring that disciplinary procedures and investigations are conducted

fairly, transparently, and effectively. By reviewing and strengthening these processes, the CNM safeguarded the integrity of the profession while at the same time upholding the rights and dignity of its members. In addition to these improvements, the CNM, in collaboration with other professional councils, is currently working on the development of a new policy aimed at introducing a fairer and more standardised approach to disciplinary procedures across different health professions. This initiative will ensure that all cases are handled consistently, justly, and in line with best practices, further strengthening trust in the regulatory framework.

In education, the CNM Board worked closely with academic institutions and relevant authorities to vet new nursing courses. The board dealt with an unprecedented number of course applications, making sure that every course meets the highest educational standards. This has contributed directly to the continuous development of highly skilled professionals ready to serve in Malta's healthcare sector.

Another critical project undertaken by the CNM Board was the review and clarification of the Scope of Professional Practice for nurses and midwives. Following the update of the Code of Ethics and Standards of Professional Conduct for Nurses and Midwives in the year 2000, the CNM recognised the urgent need to modernise and align the Scope of Professional Practice with today's healthcare realities. This project aimed to provide clear, updated, and practical guidelines that empower nurses and midwives to perform their roles confidently while ensuring that patient safety and professional accountability remain the top priorities. The process was initiated and significant groundwork was laid, however, due to unforeseen circumstances, progress was temporarily halted. Despite this, the CNM remains fully committed to completing this important initiative and will continue working towards its finalisation in the near future. Once

.....  
**continued on page 13**



## International Nurses' Day 2025 EU Health Workforce: We need Political Commitment, Concrete EU Actions and we need it NOW!

Nurses worldwide are hitting their breaking point, and many are already walking away desperately from the nursing profession and even the healthcare sector, because the politicians and policymakers, due to their ongoing cuts, left frontline nurses exhausted, unsupported, and struggling to keep up with quality and safety. Violence, nursing shortages, and unrealistic workloads, with every shift being a battle for frontline nurses, lead to physical and emotional exhaustion, making it impossible for nurses to stay in the nursing profession. If nothing concrete is done, the global nursing shortage will hit 13 million by 2030 (WHO).

Therefore, the EU Institutions need to better support frontline nurses and not hide behind subsidiarity! Let's create an healthcare system where nurses choose to stay without sacrificing their own health and well-being.

### What we need is ACTION, CONCRETE ACTION, not endless reports and recommendations

In the last decade, a growing number of research studies have focused on human resources for health and aimed to explore conditions for a more effective and optimised operation of health systems. Emerging topics, such as the need for more upskilling and reskilling, the impact of AI and digitalisation on workflows, even task shifting and mental wellbeing are thoroughly investigated. BUT nothing changes at the frontline! We have a lot of publications, EU project deliverables, BUT no frontline impact, with the millions spend! This is unacceptable for EFN.

### The European Commission: limited joint action but more impact is needed

The European Commission supports Member States in several ways; through a EU4health Joint Action on forecasting and planning of health workforce; Actions on digital and green skills



development under the BeWell project; the WHO-led Nursing Action addressing the recruitment and retention of nurses in the EU, with a specific focus on Nursing Student Mentorship and Safe Staffing Levels. Importantly, Safe Staffing Levels is a priority of the DG SANTE Health Systems Performance Assessment (HSPA) Expert Group. Furthermore, the health workforce challenges become more reflected in the European Semester Country Reports. Good start, but not enough!

While the EU Member States must be self-sufficient in educating and training their nursing workforce, the European Commission must urgently develop EU legislation on safe staffing levels, and on zero-tolerance to violence against healthcare professionals, which must be implemented by the Member States to keep nurses in the profession. These Directives would fall under Occupational Health and Safety (OSH),

on which the EU has already developed more than 20 individual Directives! This is crucial to improve the working conditions of nurses, the quality and safety of patients' care, and to build a resilient healthcare workforce that is prepared for the next health and civic crisis.

The subsidiarity argument cannot stand as a justification anymore, as national legislation on safe staffing levels is available in 21 EU countries, and many countries already have some legislation to protect healthcare professionals from violence. So it is simply a question of pushing for upward harmonisation of what is available already in the Member States! Reform needs to build on a reviewed Recovery and Resilience Facility (RFF), pushing for a renewed focus on building the

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continued from page 10



a resilient, highly educated and motivated EU domestic nursing workforce. The EMPL and SANT Committees joined INI Report will need to be very concrete, limited in actions, focusing on frontline impact, moving past the countless reports lacking substance and impact.

**Council of the EU**

The Council of the EU's Presidencies, especially the upcoming Danish, Cypriot and Irish ones, need to put the nursing workforce, safe staffing levels, and violence against healthcare professionals at the top of their priorities. But Council conclusions have often very limited impact on the daily work of frontline nurses. Therefore, the Council and its Members, need to go beyond Council Conclusions, looking instead at concretely investing in the health workforce from a defence, security and preparedness perspective. If the EU is preparing for war as the worst possible scenario, nurses need to be well-prepared, which means

that they need to be informed of their wartime placement, and they also need to be adequately trained to deal with the health crisis which will follow a war outbreak. EU and National policymakers must therefore not forget that healthcare systems and preparedness for any crisis are inextricably linked, and our healthcare systems depend on the resilience of our nursing workforce.

EU domestic healthcare workforce's capacity in quantity and quality to be better prepared for any health crisis.

**European Parliament – the Own-Initiative (INI) Report on Health Workforce Shortages**

The European Parliament EMPL and SANT Committees are currently

working on a Joint INI Report on Health Workforce Shortages. This is a key opportunity to push the European Commission towards concrete actions. The CPME-EFN-PGEU joint-statement focuses therefore on the 3R<sup>2</sup>: "Recruitment, Resilience, and Recovery and Resilience". Integrating these actions into the INI Report will be key to support the development of

**Council of Nursing and Midwifery**

continued from page 9

completed, this update will serve as a valuable tool for all nurses and midwives, ensuring their practice is guided by contemporary standards, in line with evolving healthcare needs and professional expectations.

Thanks to these combined efforts, the CNM Board has also managed to significantly reduce the waiting

lists for vetting and interviews. This achievement has been highly appreciated by candidates, institutions, and healthcare employers, who can now benefit from faster and more efficient processing times.

**Looking Ahead**

As the current board approaches the end of its term, it is important to note that the CNM Board elections will take place in July through a postal voting

system. The Malta Union of Midwives and Nurses (MUMN) encourages all eligible nurses and midwives to participate actively in this election and to support candidates endorsed by MUMN, who are committed to continue building on these achievements for the benefit of the profession and public health.

**William Grech**  
Deputy General Secretary  
Leading CNM Member

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## ICN warns of healthcare crisis as USAID funding cuts devastate nursing initiatives in the world's most vulnerable regions

photo | careerstaff.com

**Geneva, Switzerland, 18 March 2025 - The International Council of Nurses (ICN) has documented alarming firsthand evidence of widespread disruption and collapse of essential health care services following the sudden withdrawal of USAID and other funding.**

National nurses' associations (NNAs) and healthcare organizations around the world have made reports to ICN that demonstrate especially severe impacts on nurse-led programmes on a range of critical issues including maternal health, HIV/AIDS care, and TB, leprosy, and other infectious disease prevention, from vulnerable countries including Malawi, Nigeria, Cambodia, Togo, Ethiopia, Kenya, Senegal, Côte d'Ivoire, Tanzania, South Sudan, and Somaliland, among others.

Nurses have always been essential for delivering health services to their communities, sometimes providing the only access to health care in remote areas or to traditionally marginalized communities. With the World Health Assembly approaching in May, ICN stresses that it is more important than ever for countries to support extending the WHO Global Strategic Directions for Nursing and Midwifery 2021-2025

and invest in nursing as the key to building equitable and resilient global health systems.

ICN's President Dr. Pamela Cipriano said: "The abrupt termination of USAID support has created immediate health care crises in many of the world's most fragile communities and health systems. Essential programmes are suddenly shutting down or being scaled down overnight, nurses working to provide vital health care are losing their jobs, life-saving medications are becoming unavailable, and enormous numbers of patients are losing access to necessary care.

'Nurses, who are on the frontlines of healthcare delivery in these regions, are telling us of devastating impacts. These include the termination or scaling down of HIV/AIDS and maternal and child health services and research as well as the collapse of initiatives focused on preventive care and treatment for chronic diseases and mental health issues.

'Several critical programmes that were strengthening nursing education and leadership and improving care quality have been abandoned mid-implementation, leaving nurses

without essential support for professional development and leaving health systems with gaps in quality care delivery.

'ICN previously warned that the US decision to withdraw USAID funding and withdraw from WHO would severely impact global health at multiple levels. We are now seeing the enormous human and social costs of these cuts, which are further widening gaps between high- and low-income countries.

'ICN urges the United States to reinstate this essential funding and restore its commitment to global health partnerships and calls on the international health community to take decisive action to support nursing and health care, including at the upcoming World Health Assembly. Without immediate investment in nursing and health care, especially in regions where health systems are already strained, we risk undoing decades of progress towards global health equity and threatening the achievement of Universal Health Coverage and our global health goals."

Nurses from across affected regions have described to ICN how these

**continued on page 27**

# Graffiti Storiċi f'Lazzarett

It-Tieni Parti  
Kitba ta' Joe Camilleri, C.N.

Fil-ħarġa ta' qabel tkellimna fuq il-post innifsu, jiġifieri Lazzarett, u l-imxiji li ħakmu fuq Malta matul is-snin. Illum se nkomplu nitkellmu dwar il-personalitajiet li għexu Lazzarett, l-għassa, l-ħaddiema u saħansitra l-graffiti storiċi f'Lazzarett; fuq xhiex jittrattaw u għalfejn huma importanti.

## Personalitajiet

Jidher li skont l-istatus tal-individwi l-vjaġġaturi kienu jitpoġġew f'sezzjonijiet differenti ta' Lazzarett li nbena f'perjodi differenti. In-nies għonja bi kwarantina kellhom saħansitra ristoranti allokati għalihom biss jew jiġi l-ikel permezz tad-dgħajjes mill-Beverley Hotel ta' Valletta speċjalment fl-era Vittorjana. Eżempji ta' personalitajiet insibu lil John Henry Newman (illum Qaddis) li kien għadu mhux kardinal u qagħad f'kwarantina minnhom għal 13-il ġurnata. Il-Prim Ministru Inġliż Benjamin Disraeli li żar 'il Malta waqt il-ġidri tal-1830 hu dak li ddeskriva l-Valletta bħala "a city built by gentlemen for gentlemen". Kien hemm ukoll il-kittieb Sir Walter Scott li ddeskriva lil pajjiżna "as an island like no other in the world". T. William Thackeray, hu dak li kiteb "Though the society of Valletta is most hospitable... yet somehow one did not feel safe in the island.". Il-poeta romantiku u l-aristokratiku Lord Byron, barra li kien diġà jhossu xi diva, xejn ma ġieħ tajjeb f'Malta, jew għax ma tawhx salut xieraq jew għax barra li laqqat kwarantina ta' '40 jew 60 ġurnata', dabbar ukoll id-Deni Irqiq (Brucellosis) fejn hu ried jgħid li ħadha mil-Lazzarett stess. U meta fil-fatt kiteb il-poeżija 'Farewell to Malta' qered fuq kollox fosthom kontra l-kwarantina, kontra d-dlik tar-riħ isfel f'Malta, kontra t-toroq tal-Belt (kellu diżabilità biex jimxi), kontra n-nies tal-Infanterija (ir-Red Coats) u kontra l-Inġliži sħabu stess tal-aristokrazija. Byron kien kiteb hekk ukoll fir-rakkonti tiegħu: "Adieu, thou damndest quarantine, That gave me fever and the spleen."

Kienu waslu wkoll l-artisti magħrufa li jpitru Jean-Horace Vernet u Frédéric Auguste Antoine Goupil-Fesquet, fejn dan tal-aħħar kien ukoll daguerreotipist (fotografu li kien jaħdem bil-panċa

tar-ramm miksija bil-fidda), u ġabu magħhom l-ewwel magna tal-fotografija f'Malta, f'Marzu tal-1840 fuq il-vapur bil-qluġħ Dante. Interessanti li l-ewwel ritratt li ttieħed f'Malta kien l-immagni tal-Forti Manoel meħud minn quddiem il-Kappella ta' Sant Antnin. Kien qagħad ukoll ġewwa Lazzarett il-politiku u l-poeta Franciż Alphonse de Lamartine fejn dan wasal fuq l-Alceste fl-1833, waqt l-epidemija tal-kolera u ried li l-kwarantina tiegħu titnaqqas, barra wkoll li ma kellux opinjoni tajba tal-Brittaniċi. Għalhekk kiteb lill-konslu

ħabib tiegħu u l-Gvernatur Ponsomby iddikjara l-opra tal-baħar bħala biċċa tal-gwerra u għalhekk tnaqqas l-kwarantina. Min dejjem kienu jeżistu 'il-ħbieb tal-ħbieb'! Għall-anqas wara huwa ħalla reviews tajba dwar Malta!

Personalità oħra kien il-Kaptan Daniż Charles Christian De Holck li permezz tal-Brig Sarpen 18 u xebekk, salpaw minn Malta għal Tripli fl-1797, iġġieldu f'battalja fuq il-baħar u nħelsu xi prigunieri Daniżi. Dan nafuh għaliex biex juri l-apprezzament tal-ospitalità

FAREWELL TO MALTA.

25

ye packets—without letters !  
Adieu, ye fools—who ape your betters !  
Adieu, thou damned'st quarantine,  
That gave me fever, and the spleen !  
Adieu that stage which makes us yawn, Sirs,  
Adieu his Excellency's dancers !<sup>1</sup>  
Adieu to Peter—whom no fault's in,  
But could not teach a colonel waltzing ;  
Adieu, ye females fraught with graces !  
Adieu red coats, and redder faces !  
Adieu the supercilious air  
Of all that strut *en militaire* !<sup>2</sup>  
I go—but God knows when, or why,  
To smoky towns and cloudy sky,  
To things (the honest truth to say)  
As bad—but in a different way.

10

20

Farewell to these, but not adieu,  
Triumphant sons of truest blue !  
While either Adriatic shore,<sup>3</sup>  
And fallen chiefs, and fleets no more,

1. [Major-General Hildebrand Oakes (1754-1822) succeeded Admiral Sir Richard Goodwin Keates as "his Majesty's commissioner for the affairs of Malta," April 27, 1810. There was an outbreak of plague during his tenure of office (1810-13).—*Annual Register*, 1810, p. 320 ; *Dict. Nat. Biog.*, art. "Oakes."]
2. ["Lord Byron . . . was once rather near fighting a duel—and that was with an officer of the staff of General Oakes at Ma'ta" (1809).—*Westminster Review*, January, 1825, iii. 21 (by J. C. Hobhouse). (See, too, *Life* (First Edition, 1830, 4to), i. 202, 222.)]
3. [On March 13, 1811, Captain (Sir William) Hoste (1780-1828) defeated a combined French and Italian squadron off the island of Lissa, on the Dalmatian coast. "The French commodore's ship *La Favorite* was burnt, himself (Dubourdieu) being killed." The four victorious frigates with their prizes arrived at Malta, March 31, when the garrison "ran out unarmed to receive and hail them." The *Volage*, in which Byron returned to England, took part in the engagement. Captain Hoste had taken a prize off Fiume in the preceding year.—*Annual Register*, 1811 ; *Memoirs and Letters of Sir W. Hoste*, ii. 79.]

Paġna mill-ktieb dwar Byron bil-poeżija 'Farewell to Malta', f'*The Works of Lord Byron*' (ed. Coleridge, Prothero) - Volume 3.djvu/55

li ġiet murija lejha u lejn il-crew tiegħu, ħalla skrizzjoni tal-irħam, li din illum sparixxiet (sic) u kienet tgħid hekk:

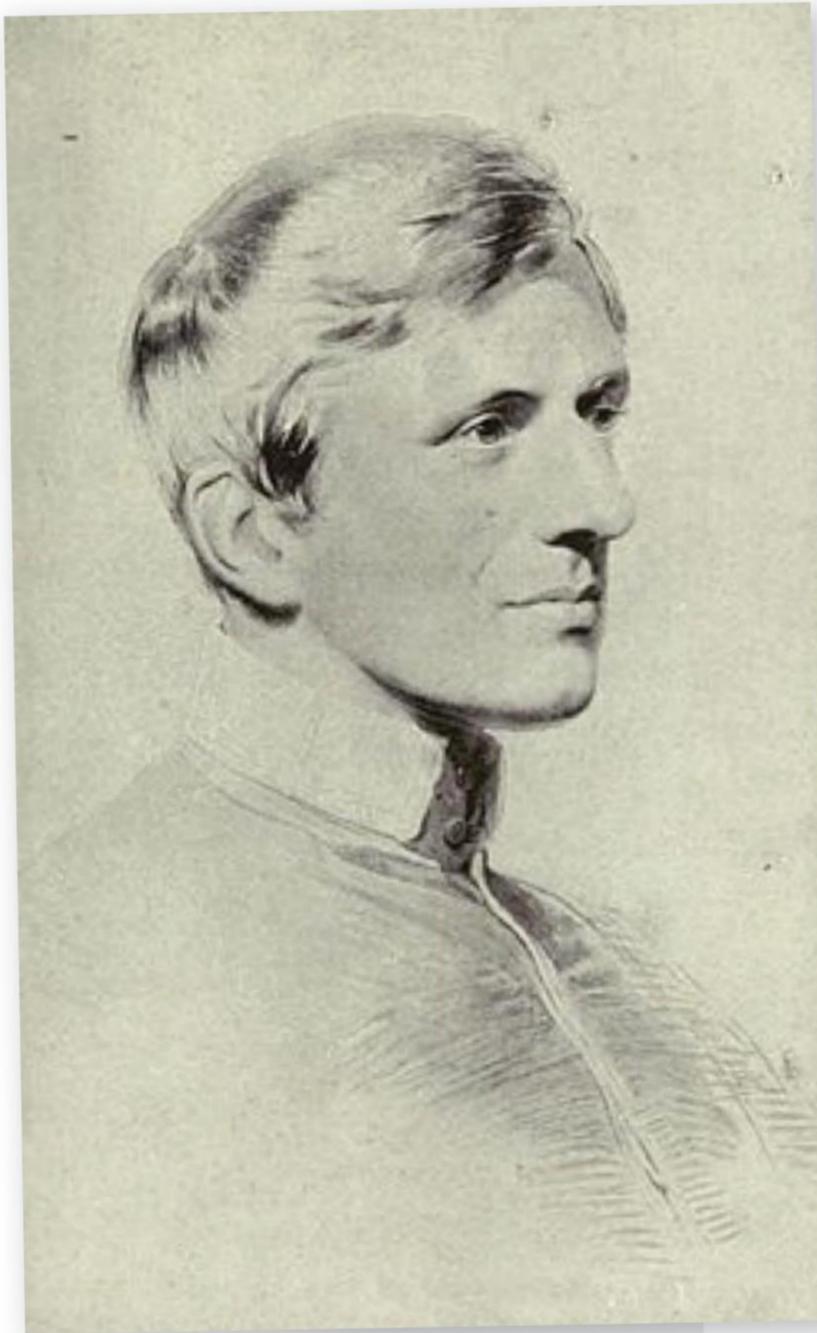
**RITORNANDO DA TRIPOLI DI BARBERIA CARLO CRISTIANO DE HOLCK COMDTE IL BRICK SARPEN DI S.M. DANESE FECE LA SUA 40NA DI 38 GIORNI IN COMPAGNIA DEI SIGR TENDE GIOI MUMK TENDE EMLE KRIEGER TENDE WOLLGANNO KAAS COMISSO GABRIELE HETTING DOTTOR MARCO KLAUSEN IN RICONOSCIMENTO DE PIACERI ED ACCOGLIENZE RICEVUTE IN QUESTO LAZZARETTO COMPROMETTENDOSI L'AMICIZIA IN SEGNO DI GRATITUDINE FECE PORRE QUEST' IMORTAL MARMO VALLETTA A 10 8B 1797.**

Sir Moses Montefiore u s-Sinjura tiegħu, waqfu wkoll il-Lazzarett meta kienu qed jivvjaġġaw lejn il-Lvant Nofsani. Dan kien merkant sinjur Lhudi u filantropist ta' dixxendenza Taljana u kien irċieva n-knighthood mir-Reġina Vittorja. Martu kienet magħrufa għal sbuħitha u l-ġenerożità tagħha.

Pazjenti u viżitaturi oħra kienu jipprova għew f'sezzjonijiet komuni, jipprovdulhom l-ikel u sta għall-individwu kif wieħed kien iqassam il-ħin jew jilgħaq ix-xemx f'xi veranda, terrazzin jew tieqa li għadhom jeżistu f'Lazzarett. Il-kwarantina suppost kienet, kif iġġib isimha, 40 ġurnata però kien jiddependi miż-żmien li l-viżitaturi żaru 'l Malta u n-neċessità ta' dik il-ħabta, allura kien hemm minn qatta' inqas jew aktar żmien. Vjaġġatur Inġliż J. Beldam fl-1851, kien faħħar il-Lazzarett ta' Malta billi kiteb: "the greater part of the nuisances complained of in Lazarettos do not apply to Malta... There you have neither bad food, bad lodgings, bad company nor vermin... Our apartment consisted of a spacious sitting room and bedrooms but slightly furnished, it is true, but with permission to adorn them at our expense'.

**L-Għassa**

Il-post kien ikun mgħasses tajjeb bil-gwardji u saħansitra kellek il-piena tal-mewt jekk il-kwarantina tinkiser b'xi mod, ikun min ikun. Il-pazjenti jew



**Il-Kardinal Newman, impitter minn George Richmond fl-1844**

il-viżitaturi setgħu kienu jhossuhom magħluqa xi ftit iżżejjed, iffastidjati jew iħossuhom donnhom ikkalzrati f'xi ħabs, u saħansitra kien hemm stejjer fejn xi wħud ippruvaw jaħarbu jew jiksru l-kwarantina.

William Thackeray, jikteb b'mod satiriku dwar l-għassa f'Lazzarett: "...where government accommodates you with quarters; where the authorities are so attentive as to scent your letters with aromatic vinegar before you receive them and so careful of your health as to lock you in your room every night lest you should walk in your sleep and so over the battlements into the sea; if you escaped drowning in the sea the sentries on the opposite shore would fire at you, hence the nature of the precaution".

Il-periklu li jiffuċillawk il-gwardji tal-kwarantina kien wieħed reali u saħansitra seħħ meta fizza l-Naplitan sparawlu u miet fl-1817. Dan kien semplicement qed jispezzjona (waqt

inżul ix-xemx) minn fuq il-baħar stess, il-flotta ta' dgħajjes tas-sajd li kellu taħt idejha, li kienu rmiġġati fil-port tal-kwarantina. Dan kien imur kontra r-regolamenti tal-kwarantina, daqshekk kienu stretti ir-regolamenti.

Il-bini l-antik kollu, speċjalment fejn l-art li xxaqleb, kien imdawwar bi tliet fillieri ta' ħitan għolja. Dan kien jippreveni li persuni bil-kwarantina jaħarbu mil-Lazzarett, imma għalkemm dawn il-ħitan kienu ta' xkiel, ġara li fl-1725, numru ta' skjavi kienu ħarbu wara li għallqu l-gwardjani, u kien hemm okkażjoni oħra, fl-1810 meta xi priġunieri Franciżi ħarbu mit-twieqi tal-Palazz. Il-Kaptan tal-Lazzarett kien wara ordna biex it-twieqi jimbarrawhom bi gradi tal-ħadid, fejn xi wħud minnhom għadhom hemm sal-lum.

Eċċezzjonijiet u preferenzi dwar l-għassa stretta kien hemm ukoll speċjalment jekk wieħed kellu ċertu status, bħal meta Sir Walter Scott wasal Malta f'November 1831, u l-kwarantina kienet ta' 9 tjiem biss u tħalla joqgħod, flimkien mal-familja tiegħu, ġewwa l-Forti Manoel u mhux f'Lazzarett fejn anke ingħata permess ikollu min iżuru (basta wara l-"barriera").

Bejn l-1919 u l-1920 Mehmet Seref flimkien ma xi priġunieri Torok kienu priġuniera jew il-Barracks tal-Polverista f'Bormla jew f'Lazzarett. F'graffiti man-naħa tal-Bastjun ta' Sant Antnin ġewwa l-Forti Manoel, insibu graffiti fejn għalkemm illum mittiekla mill-elementi jintgħarfu tlett kelmiet: Basha, talyal u s-sena 1919. Il-Pasha kellhu rank importanti fl-Imperu Ottoman. Lazzarett u l-Forti għalhekk kienu minnhom infushom iservu bħala ħabs.

Stejjer ta' disperazzjoni, dillirju minħabba s-sepsis, għajjat li jwaħħax, kien hemm kemm trid u ma jonqos lanqas stejjer ta' superstizzjoni bħal dawk tal-ispirti, fatati u iħirsa. Per eżempju fi żmien Newman, huwa jsemmi li li kien jara xi 'viżjonijiet misterjużi' bil-lejl u anke hsejjes strambi. Il-fenomenu tal-poltergeist kien allegatament seħħ xi snin qabel meta Health Guardian u familta qalu b'mod sensazzjonali, li

**ikompli f'pagna 19**



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**ikompli minn paġna 17**

kienu nqerdulhom il-friex tas-sodda, f'wejjighom stess u oġġetti oħra, minn xi 'viżitatur stramb' li ġie bil-lejl. Min hawn 'il quddiem l-għassiesa kollha kienu mwerwrin bil-biża' u wieħed jista' jimmaġina x'tip ta' għassa kienet qed issir bil-lejl. Is-Supretendent min-naħa l-oħra m'emmnux, qallu li hu impostur u qalftu 'l barra mill-Lazzarett.

Kien x'kien it-tgergir dwar l-għassa f'Lazzarett, dan kellu ċertifikat ta' organizzazzjoni effiċjenti fejn Malta kellha isem ta' li kellha wieħed mill-aktar portijiet siguri fil-Mediterran. Il-liċenzja li otteniet Malta dwar in-non-kontaġġjon, li nharġet wara l-kwarantina kkontrollati mill-awtoritajiet tas-saħħa, kienet fost l-aktar rispettata.

Fl-1922 Lazzarett kien reġa' serva wkoll b'hal speċi ta' ħabs biex jaqfel membri tad-dinastija Whittall, li ġew b'vapur u qagħdu b'barracks militari ma jintużax. Skont huma l-gvern Inġliż ma rrispettawhom xejn u l-barracks kienu umduzi u maħmuġin, waqt li r-razzjonijiet militari ma kienux tajba biex jittieklu. Ma nistgħux ma nsemmux li anke gwardjan f'Lazzarett bl-isem ta' Felice Camilleri kien se jingħata l-forka talli hu stess kiser ir-regolamenti tal-kwarantina. Kopja ta' skrizzjoni fuq irħama viċin fejn kien hemm il-forka tfakkar li dan inħafritlu l-piena tal-mewt mill-Prince Regent għan-nom tar-Re, fl-1814. Il-forka tneħħiet fl-1839.

**Il-Ħaddiema**

Ma kienx faċli li taħdem f'Lazzarett anke minħabba l-biża tal-kontaġġjon,

L-irħama li tfakkar il-piena tal-mewt u l-klemenza lil Felice Camilleri fl-1814 (Ritratt, <https://ascosilasciti.com/>)

għalhekk il-Bord tas-Saħħa ħareġ regolamenti għall-kundizzjonijiet aħjar u zieda fis-salarju, imma qajla tħajru ħaddiema biex jaħdmu hemm. B'hekk l-awtoritajiet kellhom jitqanneb b'impjegati inkompetenti, uħud minnhom b'karattru kkulurit. Anke dawn tal-aħħar f'leww jkomplu jaħdmu hemm, tant li l-gvern daħħal jaħdmu vagabondi, ħabsin u anke barranin b'hal-Lhud, Griegi u Torok, li aktar tard kienu jkunu mgħassa minn truppi u gwardjani. Mhux l-ewwel darba li membri tal-istaff tal-kwarantina kienu jispiċċaw vittmi tal-infezzjonijiet u mill-inqas, matul is-snin, mietu mal-51 staff fejn dawn indifnu f'wieħed mis-sitt ċimiterji li kien hemm viċin Lazzarett, fil-foss tal-Forti jew jekk kellhom xi tip ta' status, fil-kripta tal-Kappella ta' Sant Antnin ġewwa l-Forti (b'hal Mondion, li però ma mietx bl-imxija). Kien ikun hemm anke qwiebel li jattendu għall-każi ta' puerperal sepsis imma qabel, kienu jiġu personalment disinfettati, flimkien mal-bagalja u l-istrumenti tagħhom għaliex inkella ma setgħux jaraw pazjenti oħra f'Lazzarett.

Il-Palazz, illum

Interessanti li Matthew Pulis, patriott Malti li ġie iffucillat fil-Pjazza tal-Palazz ma oħrajn, nhar id-29 ta' Jannar 1799, waqt il-ħakma Franciża, kien ħaddiem f'Lazzarett fejn kien imexxi l-qasam tal-fumigazzjoni (ordni profumatur jew fumigatur tal-merkanzija) f'Lazzarett. Huwa kien involut f'kumplott ta' ribelljoni kontra l-ħakkiem biex jieħdu l-Belt Valletta b'sorpriża.

Nicholina Farrugia ikkwalifikata b'ħala SRN fl-1968, kienet l-aħħar Matron fl-isptar ta' l-izolament f'Manoel Island, fejn saħansitra nsibu ukoll graffiti aktar riċenti fiż-żmien, kemm ta' Maltin u anke ta' barranin sal-1976. Minn hemm 'il quddiem, Lazzarett kien ġie abbandunat u safa' fi stat tal-biki.

**Il-Graffiti storiċi**

Minħabba li jinteressani ferm is-sugġett tal-graffiti m'x'xieli niġbed ritratti ta' kważi l-graffiti kollha li għadhom jeżistu f'sezzjonijiet differenti tal-Lazzarett. Sfortunatament xi wħud spicċaw ittleklu maż-żmien minħabba l-elementi fuq il-franka, jew minħabba t-telqa tal-post, tikħil, tibjid u xogħolijiet ta' bini li sar maż-żmien. Il-bumbardamenti tat-Tieni Gwerra Dinjija m'għenux l-anqas u xejn inqas il-vandalizmu spjetat permezz

**ikompli f'paġna 21**



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## ikompli minn paġna 19

ta' graffiti modern bl-ispray li saru riċenti. Jidher li kien hemm anke 'serq' maż-żmien għaliex hemm mat-tmien uċuh ta' knaten maqluha 'bil-għaqal' biex jittieħdu post ieħor f'xi kollezzjoni. Hemm oħrajn li ġew imbaqqna jew imħaffra, donnu apposta, biex ma jibqgħux jintgħarfu. Min jaf għaliex?

Bħal f'kull post fid-dinja fejn kellek Lazzaretti oħra bħall-ewwel wieħed li nbena' fl-1423, jiġifieri dak ta' Venezja, jew ħabsijiet, knejjes, ħitan privati, shelters tal-gwerra, anke sentries, fejn kellek suldati jqattgħu ħin twil ma jagħmlu xejn ħlief jgħassu, kien ikollok individwi li jħallu l-marka tagħhom. Dan kien ikun ma' xi ħajt viċin tagħhom, koxox u sollijiet tat-twieqi, billi jnaqqxu jew joborxu xi ħaga li tfakkar l-avveniment, iċ-ċirkostanza, is-sentiment jew biex wieħed iwassal messagġ. Michael Ondaatje, kittieb Kanidiz-Sri Lankan li kiteb 'In the Skin of a Lion' jgħid "Everyone has to scratch on walls somewhere or they go crazy". Dan għaliex is-solitudni, jew li m'għandekx assolutament xejn x'tagħmel u l-ħin tedjanti iwassluk biex tiddispra.

Fuq il-binja ta' Lascaris, magħrufa bħala Il Palazz, il-Palazzo Vecchio jew il-Palazzo Grande kien hemm skrizzjoni fuq irħama, tħares fuq il-baħar, li kienet tgħid hekk:

**CHI ARDISCE DI MAR  
CARE O GUASTARE  
LE MURA IN LAZZA-  
RETTO FARRA QUA-  
RANTENA DOPPIA**



Din kienet tfigura: "Kull min jażżarda jimmarka jew jisfigura l-ħitan f'Lazzarett ilaqqat kwarantina doppja." Jekk qatt sarx hekk ma nafux imma wieħed jista' jimmaġina kemm dawk fi kwarantina kienu joqgħodu għassa ta' xulxin sakemm iħażžu xi ħaga fuq il-franka, biex ma jinqabdux.

## Arloġġ tax-xemx

Fost il-graffiti li nsibu jmorru lura sas-sena 1681, fejn hemm ismijiet ta' nies, inizjali, is-snin tat-tħażżis, ismijiet ta' reġimenti, ismijiet u tinqix ta' xwieni, galeri u kanuni, ismijiet ta' pajjiżi, kummenti, talb religjuż, testmenti notarili, slaleb tal-mejtin (b'kollox mietu 529 ġewwa l-Forti u f'Lazzarett), basso riljevi ta' xi qaddisin, armi militari, insinji ta' pajjiż u anke bnadar. Hemm kull tip ta' stil ta' kaligrafija u b'lingwi differenti bħall-Ingliż, it-Taljan, l-Ispanjol, il-Latin, iċ-Ċiniż u anke l-Għarbi. Kaligrafija mnaqqxa fil-franka hemm dik bi stil gotiku, korsiv, rustika, copperplate, rumana, uncial u anke roundhand. Hemm ukoll marki strambi jew sempliċi taħżiziet li ma jagħmlux sens (sa fejn nafu aħna) imma wħud minnhom huma verament sbieħ għall-għajn għax magħmulin b'sengħa u maestrija liema bħala. Interessanti ħafna huma l-arloġġi tax-xemx (sundials) imħazza fis-sezzjoni tal-Palazz, fuq ħogor ta' twieqi, li malli tixref ix-xemx mill-Lvant, id-dell tal-koxxa tat-tieqa jimmarka l-ħin għall-inqas san-nofsiegħa.

## ikompli f'ħarġa oħra

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# Complex Interventions in Mental Health

## Horatio Congress Berlin 2025

Horatio is the European organization representing psychiatric and mental health nurses across the continent. Established in 2006, it was co-founded with the Maltese Association of Psychiatric Nurses (MAPN), among others. Horatio, of which Dr Alexei Sammut – president of MAPN, is the general secretary, actively contributes to shaping European mental health policies from a psychiatric nursing perspective, collaborating with a wide range of organizations, projects, and professionals.

Each year, Horatio hosts a conference in a different European city. This year, the congress took place in Berlin, Germany—a city which is known for its rich history and vibrant culture, and it offered a dynamic backdrop for this international gathering of different mental health professionals from all

over Europe, including a delegation from Malta.

The congress theme, “Complex Interventions in Mental Health,” provided a platform for in-depth discussion, collaboration, and knowledge-sharing on multifaceted approaches to mental health care. The topics explored themes such as psychosocial interventions, the Safewards model, cognitive behavioural therapy, bibliotherapy programs, nurse-led clinics, recovery-oriented practices, co-production, and the integration of technology, artificial intelligence, and virtual reality in mental health care.

The event welcomed submissions in various formats—20-minute concurrent sessions, one-hour symposiums, hands-on workshops, and poster presentations. Presentations covered the central congress theme,

recent developments in mental health, country-specific challenges, research, and innovative interventions.

Among the Maltese contributions, Mark Vassallo, a Practice Nurse specializing in dementia care, delivered a session entitled “Navigating Dementia Care in the Community: A Multidisciplinary Approach to Supporting Patients and Caregivers.” His presentation detailed the work of Malta’s Dementia Intervention Team and the diverse services they provide to individuals and families.

Felix Friedrich Lenz from Germany, followed with a thought-provoking talk on “Therapeutic Lying in the Context of Dementia Care,” addressing the complex ethical considerations inherent in this practice.

.....  
**continued on page 26**



*A study found that 58.8% of drug users were admitted to Mount Carmel Hospital due to social issues. File Photo: Matthew Mirabelli.*



## Homeless and jobless turn to Mount Carmel for help

**Most drug users admitted to Mount Carmel Hospital are seeking help for social problems such as homelessness and unemployment rather than psychotic illness, according to a new study.**

The study, published in the latest edition of the Malta Medical Journal, highlights gaps in the country's social services system. It found that for most patients with substance use disorders, hospital admission was seen as a "last resort" and represented "an immediate access to social services".

Researches Emma Camilleri, Caroline Vassallo and Kristian Sant analysed data over a 13-week period between October 2021 and January 2022. Using urine tests carried out upon admission, they identified substance abusers and examined their clinical notes and discharge letters to determine the reasons for admission.

The study found that 58.8% of drug users were admitted due to social issues

that included lack of social support, financial instability, unemployment and homelessness.

Around a third - 34.3% - were admitted with co-existing mental health conditions such as depression, anxiety and post-traumatic stress disorders. A quarter of all admissions involving comorbid mental health illness were due to substance-induced psychosis.

A third group, just under 7%, were admitted to stabilise before entering a rehabilitation programme. The researchers suggested the findings pointed to a gap in the social system for people who use drugs.

"Access to social services in Malta is often a lengthy process which individuals may not be well versed in or may not be appropriately guided to do so. Such services are often not catered for individuals who make use of substances," the study noted.

It also shed light on the fact that people diagnosed with substances abuse

frequently discharged themselves against medical advice, and present for re-admission soon after.

"Individuals diagnosed with substance use disorder in the pre-contemplative phase of change are often chaotic in their use, seeking admission for a couple of days before re-establishing their substance use within the community," the study said.

Others had to wait for weeks, if not months, to enter rehabilitation, contributing to frustration and requests for early discharge.

Of the 20 patients readmitted during the time of study, 13 were readmitted due to social reasons after struggling to cope outside the hospital.

"Substance users who seek admission to deal with social issues such as unemployment or financial issues are often faced with a lengthy process to deal with these problems, which also in turn leads to seeking early discharge," the study said.

*from our  
diary*



**MUMN Administration Committee met again this year with all the new nursing & midwifery graduates at the MUMN Training Centre**



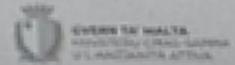
**The popular monthly seminars organised by the Institute for Health Care Professionals at MUMN premises**





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OF NURSES AND MIDWIVES



The main communication for the marketing campaign for this year to attract youths to the nursing profession



The MUMN SVP Group Committee together with the National Blood Transfusion Department organised a donation blood day.



MUMN signed a new sectoral agreement for the Social Workers the Public Service Expo.



On the International Day for Nurses MUMN Officials together with the Hon. Minister for Health and the Director of for Nurses (MDH) met with the Nurses



## Complex Interventions in Mental Health

continued from page 22

Another noteworthy presentation came from the Irish delegation, delivered by Sarah Roche, on Best Practice Principles for Integrating Psychosocial Interventions into Adult Mental Health Nursing Practice.

The presentation highlighted that, while psychological interventions have traditionally been provided by trained specialists, growing evidence now supports the effectiveness of these interventions when delivered by trained psychiatric mental health nurses. Sarah Roche presented an implementation manual that provides practical guidance on how to implement psychological interventions by integrating them within existing services such as health, social and rehabilitation.

One of the main keynote speakers, Professor Gisli Kort Kristofersson from Iceland, delivered an insightful address on advanced mental health nursing practice. He emphasized the

evolving role of Advanced Psychiatric Mental Health Nurses, which now often includes responsibilities beyond traditional nursing—such as prescribing medication in certain countries. He highlighted the importance of integrating conventional psychiatric treatments with complementary therapies, including mindfulness and narrative therapy, to foster holistic well-being.

Professor Gisli also discussed the significance of shared decision-making and therapeutic alliance in developing personalized treatment plans. However, he acknowledged the ongoing challenges posed by inconsistent educational standards, regulatory frameworks, and varying levels of professional recognition across Europe. He called for greater harmonization and continued advocacy to support the development and recognition of advanced psychiatric nursing roles throughout Europe.

The Horatio Congress 2025 proved to be both informative and inspiring.

It highlighted the critical importance of collaboration, professional development, and the exchange of innovative ideas in advancing mental health care. The congress underscored the pivotal role of compassionate and highly skilled psychiatric nurses in supporting recovery and fostering mental wellness.

As participants return to their respective roles, they do so with renewed energy and a wealth of practical insights—empowered by the shared knowledge and diverse experiences gained during this remarkable event.

Next year, the Horatio Congress will be held in Belgium, and the Maltese Association of Psychiatric nurses encourages members to attend. Those interested are to contact MAPN on [mapsychnurses@gmail.com](mailto:mapsychnurses@gmail.com)

**Pierre Galea**  
*Vice – president*  
*Maltese Association of Psychiatric Nurses*  
<https://www.mapnmalta.net/>

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continued from page 15

funding cuts have directly affected crucial nursing initiatives and left many nurses suddenly unemployed. They have warned that the cuts are not only threatening immediate healthcare delivery but also long-term health security and emergency preparedness.

As one nurse leader from Somaliland explained: “The funding was a bridge that people used to cross over to a safe healthy present and future. However, the biggest shock to me is how these numbers reflect massive populations left unprotected from diseases, conflict zones, and economical tornados.” Nursing leaders across the region expressed particular concern about the long-term implications of these cuts for sustainable development and poverty reduction.

“Dismantling USAID and cutting funding for all the wonderful projects that were going on around the world is an endangerment to the lives of millions, and not only the beneficiaries whose lives could have been made better, but also the workers who passionately served populations across the globe.

The fight for an equitable world has further been derailed by this policy and the effort towards achieving the Sustainable Development Goals, especially the health-related ones, has also been further set back in years. It is my hope that the United States of America will reconsider its stands and reignite the source of hope for many countries who rely on these funds to recover from disaster, prevent poverty and engage in democratic reforms.”

— Perpetual Ofori-Ampofo, President, Ghana Registered Nurses and Midwives Association Nursing leadership, education and skills development is another area that has been hit hard by the USAID funding withdrawals.

ICN heard that funding has been cut for an important Nursing Leadership Initiative designed to equip nurses in 7 African countries (Nigeria, Botswana, Côte d’Ivoire, Eswatini, Malawi, South Africa, and Zambia), under the President’s Emergency Plan for AIDS Relief (PEPFAR), with many projects left unfinished or unstarted.

Organizations reported to ICN that the abrupt end of the programme would

have severe consequences, impacting the development of critical skills which will ultimately affect the quality of patients’ care, limiting opportunities for nurses’ professional development, and, ultimately, potentially contributing to low retention and recruitment of the nursing workforce.

One Nigerian nursing leader told ICN: “The Nursing Leadership Initiative offered crucial opportunities for collaborative learning across countries. It would have supported the development of nursing research contributing to improved HIV services and would have elevated the profile of Nigerian nurses working in the HIV/AIDS space.”

A nurse leader from Malawi shared: “The implementation of the project activities under each domain stopped immediately after the announcement of the stop orders. Unimplemented activities focused on building capacity of nurse leadership in budgeting, procurement, mentorship, public health emergency management in order to sustain gains in HIV/AIDS as well as mental health programmes. The resources were also intended to support key activities on digitalizing the integrated nursing and midwifery supervision checklist to include mental health and public health emergencies and advancing solutions for issues affecting nursing and midwifery.

The impact will mean the country is grappling with nursing leadership capacities to plan, coordinate and manage nursing and midwifery services, crucial to provision of quality

care and improved health outcomes and limiting nursing leadership with acquisition of the necessary skills, knowledge and attitude key to attaining UHC and SDG by 2030.”

ICN’s CEO, Mr Howard Catton, is currently participating in the UN Commission on the Status of Women (CSW69) meetings in New York, where ICN’s delegation has been highlighting the catastrophic impacts of USAID funding cuts.

Speaking at a CSW69 side event on Monday 17th March, Mr Catton remarked: ‘It is important to note that recent US funding withdrawal decisions are not just impacting nurses overseas but also threatening nursing research and education at home in the US. Research funding cuts are directly affecting the early-career nurse scholars who will become the nurse educators of tomorrow and whose research is vital for improving health care delivery and population health. These cuts will weaken the faculty and education pipeline at a time when the nursing education workforce is already under immense and unsustainable pressure. Without strong nursing faculty, we cannot prepare the next generation of registered nurses that health care systems so desperately need.

These far-reaching USAID cuts are impacting nursing and global health at every level. This moment requires decisive action to protect both current and future nursing workforces, before we irreversibly damage global healthcare delivery for decades to come.”



## Recovering from acute diarrhea and vomiting

### What is acute gastroenteritis?

The sudden onset of diarrhea (the passage of three or more loose or liquid stools per day) with or without vomiting is usually due to acute gastroenteritis. Caused by viruses, bacteria or parasites, acute gastroenteritis manifests in an inflammation of the gastrointestinal tract affecting the lining of the stomach and small intestine. It causes diarrhea and may also cause symptoms such as vomiting, abdominal pain and fever. The symptoms normally lasts up to a week.

### Dehydration – the main risk of acute gastroenteritis

The main risk of acute gastroenteritis is dehydration. Dehydration means lack of fluids in the body and occurs when you lose more fluid than you take in. When you have diarrhea, the intestine cannot absorb water and salts in a proper way. Vomiting leads to additional loss of fluid.

### How to treat

Oral rehydration solution is regarded as the most important treatment for acute gastroenteritis. It provides a perfect balance of water, salts and sugar, which helps the body to better absorb the water.

### Faster recovery with *L. reuteri* Protectis in AGE

Probiotics are dietary supplements containing live bacteria. It has been shown that certain probiotics can help in faster recovery from diarrhea and vomiting.

A number of clinical trials have shown that *L. reuteri* Protectis both reduces the severity and the duration of diarrhea and vomiting. Supplementation of *L. reuteri* Protectis may lead to shortened duration of diarrhea by 19 to 32 hours.<sup>1</sup>

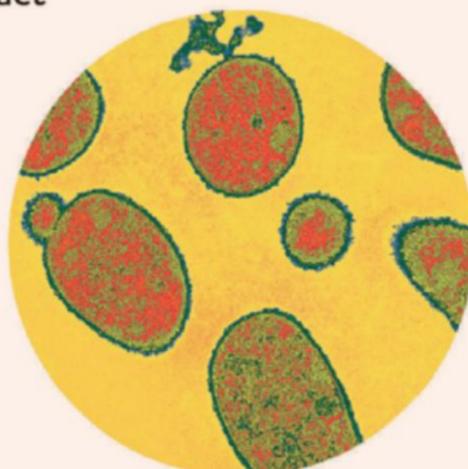
### Why *L. reuteri* Protectis is effective in the management of AGE

#### Colonizes the entire gastrointestinal tract

- Oral cavity, stomach, small intestine and colon

#### Improves mucosal barrier function

- Tightens epithelial lining
- Increases villus cell migration and epithelial cell proliferation



#### Strengthens the microbiota

- Produces the antipathogenic substances reuterin, lactic and acetic acid
- Competes for adhesion sites and nutrients

#### Improves the immune response

- Activates CD4+ T-helper cells
- Produces virus-specific IgA
- Reduces inflammatory cytokines



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efn\_brussels 8w

The EFN members made it clear that it is crucial that our nurses see that they have the support from the EU institutions, and in particular the European Commission and the European Parliament, in these very difficult times. It is key to invest in nurses. Ensuring patient safety and high quality of care is fundamental, seen all the challenges frontline nurses are facing.

#EFNGAApril2025 #EFNMembers  
#NNAs #nurses #professional  
#workforce #publicpolicy  
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Probiotics grounded in evolution  
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## Powerful solutions for faster recovery from AGE

### BioGaia Protectis ORS: Unique 3-in-1 combination

- 3-in-1 powder combination of L.reuteri Protectis oral rehydration solution and zinc
- 5.5 g powder to be dissolved in 250ml of water
- 1x10<sup>9</sup> CFU of L.reuteri Protectis per sachet
- Orange flavour. No additives
- 1.5mg of zinc per sachet



# A pastoral approach through ten powerful names of God (6)

**The last name thanks to which I shall complete this series of names which try to explain God's most loving and merciful nature is that of peace. In other words Yhvh Shalom, the Lord is peace.**

The word shalom has an interesting litany of meanings which is intriguing to pay a visit to. According to Strong's Concordance, the definition of the word shalom suggests: completeness, soundness, welfare, peace. Moreover, Strong's exhaustive Concordance, enters into further detailed analysis of the term shalom. Hence, it manages to describe it as (figuratively) well, happy, friendly; also (abstractly) welfare, i.e. Health, prosperity, peace -- X do, familiar, X fare, favour, + friend, X great, (good) health, (X perfect, such as be at) peace(-able, -ably), prosper(-ity, -ous), rest, safe(-ty), salute, welfare, (X all is, be) well, X wholly.

On the other hand, the New American Standard Bible (NASB) Exhaustive Concordance, shows us that the word Shalom also provides us with the following definitions, much on the same lines the Stong's Concordance does: completeness, soundness, welfare, peace. The NASB translates the term shalom as close, ease, favourable, friend, friendly terms, friends, greet, greeted, health, how, Peace, peace, peaceably, peaceful, peacefully, perfect peace, prosperity, rose, safe, safely, safety, secure, state, trusted, welfare, well, well-being, who were at peace, wholly.

The Brown-Driver-Briggs Hebrew and English Lexicon of the Old Testament

enters into a more detailed study of the word shalom. It says that it is completeness, soundness, welfare and peace. Then it gives seven levels as to how all these values are put into its usage. First, it is completeness in number, Jeremiah 13:19 Judah is wholly carried captive. Second, shalom is safety, soundness, in body, Psalm 38:4; Isaiah 38:17; Job 5:24 is safe, secure.

Third, shalom is welfare, health, prosperity: ask one about welfare Genesis 43:27 (J), Exodus 18:7 (E), Judges 18:15 7t., compare 2 Samuel 11:7 (3 t. in verse); pregnantly 2 Kings 10:13 descend (to ask) about welfare of, compare 1 Samuel 17:18; Jeremiah 38:4; Exodus 4:18 (E) + 5 t.; Genesis 44:17 (J), 1 Samuel 25:35; Genesis 37:4 (JE); be well with Genesis 29:6; Genesis 43:23,28 (J), Judges 6:23; Judges 19:20; 1 Samuel 20:7,21 10t., 2 Kings 4:26 (3 t. in verse); Psalm 122:7; Psalm 122:8 may it

be well in; absolute as object of well, be well, Genesis 29:6 (J), 2 Samuel 18:28; 2 Kings 9:11,17,18,19,22; Jeremiah 6:14 (twice in verse) + 10 t.; Genesis 43:27 (J); 1 Samuel 16:4 (see Dr), 1 Kings 2:13; Jeremiah 6:14 3t.; Isaiah 48:22; Isaiah 57:21; but Psalm 73:3; Psalm 37:11; Psalm 72:7; Psalm 122:6; Deuteronomy 23:7; Ezra 9:12; Proverbs 3:2; Job 15:21 in time of prosperity.

Fourth, shalom is peace, quiet, tranquility, contentment, Isaiah 32:17; Psalm 4:9 (to sleep); depart life in tranquillity Genesis 15:15 (RJE), 1 Kings 2:6 3t., Isaiah 57:2; Psalm 37:37; Exodus 18:23 (E) come in contentment; Jeremiah 12:5; Isaiah 32:18, compare Jeremiah 25:37; Job 21:9; Psalm 69:23 security, (let it) become a trap. Fifth, shalom is peace and friendship. First of all in human relations: Jeremiah 20:10 man of my friendship, compare Jeremiah 38:22; Obadiah 7; Psalm 41:10; Zechariah 6:13; Proverbs 12:20; Psalm 28:3; Psalm 35:20; Jeremiah 9:7; Psalm 34:15; Isaiah 59:8; Isaiah 59:8; Genesis 26:29 (J); Genesis 26:31 (J), 1 Samuel 29:7 4t.; 2 Samuel 15:27; in Messianic reign Psalm 72:3. In these second instance, shalom is peace with God, especially in covenant relation: Isaiah 54:10 covt. of my peace, compare Numbers 25:12 (P), Ezekiel 34:25; Ezekiel 37:26, also Malachi 2:5; as name of altar Judges 6:24; subject Numbers 6:26 (P); Psalm 29:11; Psalm 35:27; Jeremiah 33:9; Jeremiah 16:5; Psalm 85:9; Haggai 2:9; Jeremiah 29:11; man subject Isaiah 27:5 (twice in verse); Malachi 2:6. In this sense Psalm 85:11, Isaiah 54:13; Isaiah 60:17, Isaiah 55:12, is like a river Isaiah 48:18; Isaiah 66:12; Psalm 125:5; Psalm 128:6, Psalm 119:165; Isaiah 53:5 chastisement for our peace (but SS Buhl).

Sixth, shalom is peace from war: make peace (with) Joshua 9:15; Job 25:2; Leviticus 26:6 (H); Judges 4:17; 1 Samuel 7:14; 1 Kings 5:26; Deuteronomy 20:10; Judges 21:13; Micah 3:5; Joshua 10:21 (E), Judges 8:9; Judges 11:31; 2 Samuel 19:25; 2 Samuel 19:31 7t.; 1 Kings 5:4 3t., compare 2 Samuel 17:3 (see Dr); Ezekiel 7:25; Isaiah 33:7; 1 Chronicles 22:9; Songs 8:10; Isaiah 39:8 = 2 Kings 20:19 3t., compare Zechariah 8:19; Ecclesiastes 3:8; 1 Kings 2:5 in time of peace; Isaiah 9:5 (Messianic title), compare Micah 5:4.

Finally, shalom as adjective Psalm 55:21 refers to those at peace with him (read Bae Buhl Du, or; 5 apparently).

From this detailed and analytical study of the word shalom we can say that this term points vertically, horizontally, and intrapersonally. Vertically, because we need to be at peace with God, the only One who is able to invest in us that peace which no human mind can really understand. Because He is Himself Peace, God is faithful, delivers and restores. In times of darkness it is this God who comes to our aid and offers us his outstanding caring love. In the face of our struggles, doubts, hurries, disappointments and lack of confidence in love, and all kinds of insecurities we are to look at God who is our true peace. Irrespective of what we go through.

Hence, a pastoral approach which takes seriously that the Lord is Peace, (Yhvh Shalom), should infect the people it serves with such a spirit which influences one's personal relationship with God, others as well as himself and herself. Obviously, the chaplain needs to follow a faith journey that opens him and her for this kind of experience. It is being in contact constantly with God as peace that the chaplain will then be able to listen spiritually to the people around him and her. Henri Nouwen gives an excellent description of this spiritual listening which is, naturally, the ending result of God as Peace.

Listening is much more than allowing another to talk while waiting for

a chance to respond. Listening is paying full attention to others and welcoming them into our very beings. The beauty of listening is that, those who are listened to start feeling accepted, start taking their words more seriously and discovering their own true selves. Listening is a form of spiritual hospitality by which you invite strangers to become friends, to get to know their inner selves more fully, and even to dare to be silent with you.

The chaplains' spiritual hospitality bridges with the patient's distress and thus helps him and her come to terms with his and her own confusion, doubt and fear for the future. The Sacrament of Reconciliation opens us up for true peace where all these three dynamics of vertical, horizontal, and intrapersonal are at play.

Pope Francis intertwined these three aspects so well in his homily in St Peter's Basilica of March 14, 2015:

The transformation of the heart that leads us to confess our sins is a gift from God ... it is 'His work.' As we leave the confessional, we were his strength that restores life and rekindles the enthusiasm of faith. After confession we are reborn. Jesus' call impels us all not to stop at the surface of things, especially when facing a person. We are called to look beyond, to focus on the heart to see how much generosity each person is capable of. No one must be excluded from God's mercy. Everyone knows that the way to reach it, and the Church, is the house that welcomes all and refuses no one. Its doors are always wide open, so that those who are touched by grace may find the certainty of forgiveness. The greater the sin, the greater the love must be that the Church expresses towards those that convert.

God as peace is, indeed, the fulcrum of any kind of healing one can expect within the hospital setting. May the God of peace himself sanctify you wholly; and may your spirit and soul and body be kept sound and blameless at the coming of our Lord Jesus Christ (1 Thes 5:23).

Fr Mario Attard OFM Cap

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# Advancing Your Career in Public Health and Elderly Care Management with IDEA College

The healthcare sector is constantly evolving, demanding highly skilled professionals who can lead with confidence and compassion. Nurses, midwives, and other healthcare professionals play a vital role in ensuring the well-being of patients, making continuous education and professional development essential for career growth.

In recognition of this, IDEA College is offering two specialised postgraduate degrees designed to empower healthcare professionals: **M.Sc. in Public Health** and **M.Sc. in Elderly Care Management**. These programmes are tailored to equip students with the necessary skills to take on leadership roles, enhance patient care, and contribute to the advancement of the healthcare system. As a further incentive, **Malta Union of Midwives and Nurses (MUMN) members are eligible for a 20% scholarship** on these programmes, making it even more accessible to further one's education.

## **M.Sc. in Public Health**

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Public health is at the forefront of ensuring communities are healthy, safe, and well-supported through evidence-based policies and strategic interventions. **The M.Sc. in Public Health** is designed for healthcare professionals looking to expand their expertise in epidemiology, healthcare policy, and disease prevention while gaining leadership skills to drive systemic change in public health systems.

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- Understand the principles of public health, epidemiology, and health promotion.
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- Gain expertise in healthcare policy, governance, and ethical considerations.
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- Strengthen leadership and decision-making skills to improve healthcare systems.

#### **Who Should Apply?**

This programme is ideal for nurses, midwives, healthcare administrators, and public health professionals who want to influence healthcare policy, develop preventive health programmes, and contribute to improving healthcare at a community and national level. With a strong focus on data-driven solutions, graduates of this programme will be well-equipped to shape the future of public health.

Full course outline at: <https://mt.ideaeducation.com/courses/master-of-science-in-public-health/>

## **M.Sc. in Elderly Care Management**

### **Meeting the Growing Demand for Elderly Care Specialists**

With an aging population, the need for professionals specialised in elderly care is increasing rapidly. **The M.Sc. in Elderly Care Management** prepares healthcare workers to take on the challenges and opportunities of this growing sector, ensuring that elderly patients receive high-quality, compassionate care.

#### **Key Learning Outcomes:**

- Understand the complexities of gerontology, including age-related diseases and long-term care strategies.
- Develop leadership skills to manage elderly care facilities and community-based services.
- Learn ethical and policy considerations specific to elderly care.
- Implement evidence-based practices to enhance the quality of life for elderly patients.
- Gain insights into psychological and social aspects of aging to provide holistic care.

#### **Who Should Apply?**

This programme is ideal for nurses, midwives, care home managers, and other healthcare professionals who wish to specialise in elderly care or take on leadership roles in long-term care facilities, community services, or policymaking bodies.

Full course outline at: <https://mt.ideaeducation.com/courses/m-sc-in-elderly-care-management/>

## **Why Choose IDEA College?**

### **Practical Learning Approach:**

Courses are designed with real-world applications in mind, combining theoretical knowledge with case studies, simulations, and industry insights.

### **Flexible Study Options:**

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### **Experienced Faculty:**

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### **Accredited Programmes:**

Both degrees are accredited at **MQF Level 7**, ensuring international recognition and quality education standards.

### **20% Scholarship for MUMN Members:**

To support professional development in the healthcare sector, members of the **Malta Union of Midwives and Nurses** are eligible for a 20% tuition fee reduction.

## **Invest in Your Future**

The healthcare sector is in need of skilled professionals who can lead, innovate, and provide exceptional patient care.

Whether you are looking to take on a leadership role in public health or specialise in elderly care, **IDEA College's M.Sc. in Public Health and M.Sc. in Elderly Care Management** provide the perfect opportunity to advance your career.

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# Woman becomes first UK womb transplant recipient to give birth

Surgeons are hailing an “astonishing” medical breakthrough as a woman became the first in the UK to give birth after a womb transplant. Grace Davidson, 36, who was a teenager when diagnosed with a rare condition that meant she did not have a uterus, said she and her husband, Angus, 37, had been given “the greatest gift we could ever have asked for”.

They named their five-week-old girl Amy Isabel – after Grace’s sister, Amy Purdie, who donated her own womb during an eight-hour operation in 2023, and Isabel Quiroga, a surgeon who helped perfect the transplant technique. Davidson said she felt shocked when she first held her daughter, who was born by planned NHS caesarean section on 27 February at Queen Charlotte’s and Chelsea hospital in London. She said: “It was just hard to believe she was real. I knew she was ours, but it’s just hard to believe.”

Grace and Angus Davidson with baby Amy Isabel, and the baby’s aunt and the donor of the womb, Amy Purdie. The couple always had “a quiet hope” the womb transplant would be a success and enable them to start a family, Davidson said. “But it wasn’t really until she arrived that the reality of it sunk in.” The development will offer new hope to women born without a womb or whose womb fails to function. Three more womb transplants have been carried out in the UK, using deceased donors, with medics hoping the recipients of those wombs will have babies.

About 10 more women are going through the process of approval for a £25,000 womb transplant in the UK, but hundreds more have expressed an interest in the programme, which is funded by Womb Transplant UK. The charity has permission for 10 deceased donor transplants and five living donor transplants. It hopes the NHS may provide funding in future. The arrival of Amy Isabel follows 25 years of pioneering research led by Prof Richard Smith, clinical lead at the charity, who was in the operating theatre with Quiroga when the 2.04kg (4.5lb) baby was delivered.



Smith told PA Media: “I feel great joy actually, unbelievable – 25 years down the line from starting this research, we finally have a baby, little Amy Isabel. Astonishing, really astonishing.” Smith, a consultant gynaecological surgeon at Imperial College Healthcare NHS trust, said: “There’s been a lot of tears shed by all of us in this process – really quite emotional, for sure. It is really something.” Quiroga, a consultant surgeon at the Oxford Transplant Centre, part of Oxford University hospitals, said: “For me, it’s total joy, delight. I couldn’t be happier for Angus and Grace, what a wonderful couple. It was overwhelming actually, it remains overwhelming. It’s fantastic.”

Davidson, an NHS dietitian from north London, was born with Mayer-Rokitansky-Küster-Hauser syndrome, a rare condition that affects about one in every 5,000 women, meaning they have an underdeveloped or missing womb. The ovaries remain intact and still function to produce eggs and female hormones, however, making conceiving via fertility treatment a possibility.

Before receiving the donated womb, Davidson and her husband had fertility treatment to create seven embryos, which were frozen for IVF in central London.

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**continued on page 36**

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She had surgery in February 2023 to receive the womb from Purdie, 42, who has two girls aged 10 and six. Several months later, one of the stored embryos was transferred via IVF to Davidson.

Angus Davidson said the moment his daughter arrived was very emotional. He said: "Having waited such a long

time, it's kind of odd getting your head around that this is the moment where you are going to meet your daughter. "The room was full of people who have helped us on the journey to actually having Amy. We had been kind of suppressing emotion, probably for 10 years, and you don't know how that's going to come out – ugly crying, it turns out! The room was just so full of love and joy and all these people that had

a vested interest in Amy for incredible medical and science reasons. But the lines between that and the love for our family and for Amy are very much blurred – it felt like a room full of love.

**"The moment we saw her was incredible, and both of us just broke down in emotional tears."**



Purdie said watching her sister and brother-in-law become parents had been "an absolute joy" and "worth every moment" of what she had been through to donate her womb. Davidson took immunosuppressants during her pregnancy to ensure her body did not reject her sister's womb. She said she definitely wanted to have another child. More than 100 womb transplants have been carried out worldwide, with at least 50 babies thought to have been born as a result.

The first successful birth after a transplant took place in Sweden in 2014, with the baby – Vincent – born to a 36-year-old woman who described him as "perfect".

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# Pilgrimage of Compassion and Hope Jubilee Journey to Rome

A group of healthcare workers from Karin Grech and Mater Dei hospitals had the opportunity to participate in the Jubilee of the Sick and Health Care Workers, held in Rome on the 5th and 6th of April as part of the Holy Year of the Jubilee of Hope. This was not just a journey of faith, it was a meaningful experience of renewal, gratitude, and inspiration.

Our group was hosted at the Casa Generalizia of the Sisters of Charity, where we were met with heartfelt hospitality by the congregation founded by St Jeanne Antide Thouret. During our stay, we immersed ourselves in the spiritual and cultural richness of Rome, visiting sacred landmarks and walking in the footsteps of countless pilgrims.

One of the most moving experiences was the passing through the Holy Door of St Peter's Basilica, a symbolic step into God's mercy and love. We also travelled to Naples, where we visited the Convent of Regina Coeli, the place where St Jeanne Antide spent the final years of her life. There, we encountered her legacy of self-giving love to the sick and the poor.

The Jubilee reached its peak during the Mass in St Peter's Square, attended by over 20,000 people. With joyful



Sr Ramona, Jacqueline, Tano, Svetlana, Jamie Lee, Alexandra and Bridgette



invitation to rediscover life as a gift. He encouraged us to allow the presence of the sick to touch and transform our hearts, purifying them of all that is not love, and rekindling the flame of compassion.

surprise, Pope Francis made an unplanned appearance to greet the crowd. Speaking to us as healthcare professionals, he reminded us that our daily work is not to be taken for granted. It is a path of grace an

This Jubilee pilgrimage offered us more than sacred memories, it renewed our sense of mission. We return home with hearts full of hope, love, and a deeper awareness of the sacredness of our calling in healthcare.



## Unseen. Unthanked. Unforgettable

# A hospital patient pays tribute to staff who are often overlooked, underpaid and underappreciated

I was recently hospitalised at Mater Dei Hospital for a severe case of diverticulitis. It wasn't a pleasant experience. But what stood out was not the illness but the quiet professionalism and everyday kindness shown by the people working there. While the doctors treated me superbly, it was the nurses, healthcare assistants, cleaners who made all the difference.

The nurses were the constant presence in my room. They were the ones who took my blood, changed my IVs and checked my vitals with clockwork precision. Their professionalism, care and steady rhythm in the midst of a busy ward were something to behold. They do their job in between howls of pain, screaming, rudeness and occasional abuse, day in day out.

One moment stands out vividly. A nurse came to check my blood pressure at 5am after a patient with dementia had spat yoghurt in his hair. With a smile, he calmly said: "He's confused, poor man. He's actually a very gentle person. It is my job." That's it. No frustration, no drama.

This wasn't an isolated incident. The cleaning person, who quietly tidied my room, often had to rush off to clean blood somewhere else. The person serving my food, made sure I got the food I wanted, telling me "xejn qalbi, l-aqwa li kuntent" (nothing love, the important thing is you are happy) in Maltese with an Asian accent, as she rushed through corridors to find me what I could eat.

Many of the staff I met were foreign workers who have only been in Malta a couple of years; yet, they went out of their way to connect even with just a few words in Maltese. "Kif inti Ġabib?" (How are you my friend?). A simple greeting, yet, it made all the difference to an elderly patient who felt alone or confused. In the hospital, multiculturalism isn't a buzzword; it is lived, it is real and it works, because it must.

The hospital staff worked in perfect rhythm, transcending borders and



backgrounds. Maltese, other Europeans, Asians and Africans, working together as one cohesive team, united by a shared commitment to patient care. Their diverse backgrounds didn't create division; rather, it enriched the collective effort – they created a culture of respect, inclusion and understanding. This collaboration was not just functional; it was a testament to the success of multiculturalism in action.

They're total heroes. They have their own lives, their own problems and their own struggles outside of the hospital. They too have families (frequently thousands of miles away from Malta), illnesses and worries that don't vanish when they put on their uniforms. Yet, they show up, day after day, putting their own lives on pause to care for people like me. The long shifts, often running from early morning until late evening or the whole night, don't come without a price.

Those who literally hold our lives in their hands are often treated as secondary to those with far less substantial contributions to our society. What often goes unnoticed is the rudeness, indifference and verbal abuse that many hospital staff members endure. These are people who work long, gruelling shifts, doing some of the most essential and emotionally demanding work. Yet, all too often, they are treated with disregard, or worse, hostility. I witnessed this first-hand – nurses and

healthcare assistants who faced rude comments or apathy from patients and visitors, and, yet, continued their work with calm professionalism.

A staff member came to serve me my tea one morning. He said to me: "You're polite. Even yesterday, you asked me how I am." The thought that asking a simple question – "How are you?" – or saying "thank you" makes one somehow decent, shocked me. I do not have enough 'thank yous' to utter!

In a world where so much emphasis is placed on superficial roles, it is mind-boggling that the people who do the most important work in our society – the ones who truly keep us alive and provide care – are the ones who often earn the least money and recognition.

Nurses, healthcare assistants and support staff are the backbone of our healthcare system; yet, they are often overlooked, underpaid and underappreciated. The irony is impossible to ignore: those who literally hold our lives in their hands are often treated as secondary to those with far less substantial contributions to our society. So, here's a loud and heartfelt thank you to the nurses, the healthcare assistants, the cleaners and all the staff who care for us when we need it most. In my case, it is the staff in Surgical Ward 2 and in the Surgical Unit. You may not always get the praise you deserve. But you matter. Your work matters. And it will never be forgotten.



## ICN endorses World Health Day theme and urges immediate investment in nursing to support maternal and newborn health

Geneva, Switzerland, 7 April 2025 - The International Council of Nurses (ICN) strongly supports the 2025 World Health Day theme focusing on maternal and newborn health and emphasizes the urgent need for increased recognition and investment in nursing as the path to effective and accessible care for all women and children. To mark World Health Day, today, 7 April, the World Health Organization (WHO) has released a new "Trends in maternal mortality 2000-2023" report and launched a "Healthy beginnings, hopeful futures" campaign to intensify efforts to end preventable maternal and newborn deaths and prioritize women's health and wellbeing worldwide.

WHO's new report reveals that every day in 2023, over 700 women died from preventable causes related to pregnancy, with a maternal death occurring almost every two minutes. Global health inequities mean that these issues disproportionately affect vulnerable populations, with over 90% of all maternal deaths concentrated in low- and lower-middle-income countries in 2023.

### ICN President, Dr Pamela Cipriano, remarked:

"This alarming new data reflects a continuing crisis in maternal and child health that requires immediate action. The statement issued today by UN agencies recognizes the urgent need to invest in nurses and midwives to reduce this tragic and preventable loss of life and improve health for mothers and babies.

'For far too long, the essential role of nurses in maternal and child health has been chronically undervalued, underrecognized, and underfunded. Nurses are vital throughout all stages of women's and reproductive health care, providing the best possible care throughout family planning, antenatal care, childbirth, postpartum, and early childhood development. Beyond their lifesaving clinical skills, nurses also build trusted relationships with

women, families, and communities, providing essential education and advocating to improve quality of care. Advanced practice nurse-midwife roles are especially critical to deliver the comprehensive and preventive Primary Health Care (PHC) needed to address maternal and child health challenges and increase access to care.

'In the face of these shocking statistics, ICN urges the world's leaders to support nurses as champions of maternal and newborn health by investing in sufficient nursing staff, in decent working conditions, in all necessary resources and by involving nurses in the development of key maternal and child health policies and providing them with continuing professional development, education, and training, including simulation-based training programmes. By enabling nurses, we enable mothers and babies to survive and to thrive.'

ICN actively supports nurses in under-resourced regions working to achieve health goals including improved maternal and childcare. Through the Organizational Development of National Nurses' Associations (ODENNA) Africa programme, ICN recently supported the Australian College of Nursing (ACN) and the Uganda Nurses and Midwives Union (UNMU) in a project to improve pre- and post-operative care for mothers who undergo caesarean sections based on research assessing care quality and strategies and best practices to improve maternal care and education.

Agatha Nambi, a Ugandan nurse participating in the project, shared: "This research gives us hope. For years, we've seen mothers suffer, and we've felt helpless. But now, with this research, we will have the data and support to make real, meaningful changes."

### Dr Cipriano said:

"This positive example shows the transformative impact of properly supporting nurses with education and resources in order to reduce preventable deaths and improve the quality of maternal care. However, without

sufficient, well-resourced, and well-trained nurses, midwives, and health systems, we will continue to witness preventable deaths and widening disparities in maternal and child health worldwide. Women, and in particular nurses, make up the vast majority of the healthcare workforce, so let us be clear maintaining the traditional status quo of undervaluing women by perpetuating patriarchal practices and restrictions is unacceptable. Neither nurses nor women are dispensable. They are essential to the health of nations and the world.

'Gender disparities in health care systems undermine nurses' contributions. Women in our health care systems often receive lower compensation, less recognition, and fewer leadership opportunities. This hinders progress towards gender parity and resilient health systems.

Later this month, ICN will release its International Nurses Day (IND) 2025 report and survey of National Nurses' Association (NNA) Presidents. These reports show evidence of chronic understaffing, under compensation, and unsafe working conditions, which jeopardizes the sustainability of the nursing workforce needed to meet maternal and child health needs.

'As ICN has reported, recent funding cuts including the withdrawal of USAID funding will have devastating consequences for mother and infant mortality. ICN's National Nurses' Associations (NNAs) and nurse leaders worldwide have told us of severe impacts on programmes supporting maternal and child health and nurse leadership in many vulnerable regions.

'This World Health Day, as WHO launches its "Healthy beginnings, hopeful futures" campaign, ICN calls on all governments and global health leaders to take action and invest in nursing and in affordable, accessible health care for all. These can be no healthy beginnings or hopeful futures without supporting and enabling nurses as the cornerstone of effective maternal and child health services worldwide.'

# Be smart with your finances Here's how

When Sarah, a midwife with 12 years of experience in the healthcare industry, attended a workplace financial session organised by Bank of Valletta, she didn't expect it to change the way she looked at the future. Like many of her colleagues, her focus had always been on juggling the current demands of her patients and private life. Retirement and long-term planning were things she assumed she'd figure out later.

She's not alone. Long shifts, irregular hours, and a demanding workload leave little time to think about personal finances. Yet financial well-being is essential. It provides stability, peace of mind, and the ability to plan confidently for the years ahead.

## Banking That Meets You Where You Are

At Bank of Valletta, we understand this reality and we have built a practical approach to support the financial needs of healthcare professionals.

The Bank has developed a close working relationship with the Malta Union of Midwives and Nurses (MUMN). Through this alliance, BOV team members regularly attend workshops for healthcare professionals to meet nurses and midwives directly. These sessions are focused, simple, and relevant. They are not about selling products - they are about offering guidance and solutions that match real needs. The conversations typically start with basic questions, like:

How can I manage my income more efficiently?

What should I consider when applying for a home loan?

Is it too early—or too late—to plan about retirement?

These workshops are tailored to different individuals and cover core topics such as budgeting, borrowing, saving, and investing. They also offer practical advice on choosing banking products that fit a healthcare professional's lifestyle.

## Simple Tools for Complex Lives

Time is a major constraint. That's

why, at BOV, we have focused on accessibility and ease of use. BOV's digital banking services, through mobile and internet platforms, allow professionals to handle their financial needs quickly, even on the go.

Recently, the Bank also introduced a Home Loan portal that allows users check how much they could borrow, get a quote, and apply online without having to take time off work. It's supported by the Bank's Customer Service Centre and is designed to simplify what can be a complex process.

## Planning for the Long Term

One of the recurring themes in every financial workshop is the question of retirement. Retirement planning isn't something reserved for those nearing the end of their careers, and starting early can make a significant difference. Most people want to know some basic information on when they should start saving, how much will they need and where should they invest.

For those ready to take this step, the Bank offers a range of pension products, including the Mapfre MSV Life Unit Linked Personal Pension Plan. This plan allows individuals to invest in a broad mix of funds, from conservative bond options to more dynamic growth-focused funds. The key benefit is flexibility. Customers can select funds based on their comfort with risk, change allocations over time, and adjust their plans as their financial goals evolve.

Monthly contributions start from €40, and individuals can stop, increase, or decrease their payments according to their situation. The plan is accessible and designed to adapt. One of the most important benefits is the 25% tax credit available on annual contributions, up to a maximum of €750 per year.

## The Impact of Financial Planning

For Sarah, the workplace session was a turning point, and she signed up for a pension plan and scheduled

a follow-up session to talk about other financial goals. This is the kind of practical impact that Bank of Valletta aims for - providing the tools and support that fit people's lives. Whether it's helping a nurse apply for a home loan, guiding a midwife through her first investment, or answering questions about savings plans, the approach is always to listen, and simplify the process.

## Getting Started

Bank of Valletta is here to support any nurse or midwife thinking about their financial future. To learn more, speak to a member of our Business Development team during your next workplace session, visit [www.bov.com](http://www.bov.com), or email us at [businessdevelopment@bov.com](mailto:businessdevelopment@bov.com). Planning your future doesn't have to be complicated. It just needs to start.

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## Euthanasia. No thank you.

Cognisant of the current national discussion on the introduction of euthanasia I felt it was appropriate to put forward some points related to the subject. I will be clear from the offset; I am not in favour of euthanasia. Through my personal and professional experiences, where I have witnessed suffering firsthand. That said I hope to put forward some pertinent points on aspects of care that interest everyone. In doing so I respect those whose opinion is different to mine. However, I remain steadfast in sharing my views.

The context of euthanasia, particularly locally, tends to focus on conditions individuals experience where the progression of such conditions results in grave deterioration of physical and psychological well-being and are life-limiting. Euthanasia, also referred to as assisted-dying or assisted suicide, is being referred to as a solution to terminate the suffering an individual experiences because of a life-limiting condition. Euthanasia is a means of terminating a life before its natural end.

Clinical and scientific advancements have led to the prolonging of life, where quality of life is not always complimentary to this. Health care systems face many challenges because of this as the need to prioritise resources is not an easy task. That said, a lot can be done to improve care and support given to individuals and their families at end of life and during palliative care, two aspects of care that do not necessarily occur in tandem. What priority is being given to crucial aspects of care in this context? Community care, case management, respite, and acute care are important for optimal care to be delivered in palliative care and end of life.

The benefit of receiving care in the individuals own setting, with an established framework promoting

comprehensive continuity of care through individualised case management should not be underestimated. Together with this, providing a robust respite service that individuals can rely on so as to never feel like they are burden to their informal carers. On the other hand, informal carers will find support and timely intervention without feeling like they may not be fulfilling their responsibilities or the expectations of their loved one. Acute care, that is tied in with individualised care management and does not leave the individual in an awkward spiral of acute care pathways of care when it is palliative care that they need.

The points mentioned here are just the tip of the iceberg, and so much can be added to each one. It must be noted that when nurses working with terminally ill patients are asked to give their opinion on euthanasia the evidence consistently shows that they do not agree with the introduction of euthanasia. In fact they are strongly against. Search this evidence. Perhaps we should pay attention to why nurses who provide care in this setting feel this way.



Palliative and end of life care need to be a priority with the aim of providing care at the highest level. Why? We celebrate achievements in health care and medicine that are prolonging of life, however is this being followed through with the required care and support to safeguard a decent quality of life? The answer to this perhaps is debatable, but I will dare to say not enough support is available. In view of this, wanting the option to end life instead is being seen as an option to avoid suffering.

Let's get our priorities straight. Instead of exploring the need or the right to euthanasia, let alone implementing it; let's turn the focus to providing care that promotes quality of life, adding years to life and a good quality of life to those years. Improve accessibility to services, health professionals and medications, maintain settings that are conducive to the needs of individuals and their families and ensure robust care pathways are implemented and sustained. Yes to life that is cherished and supported to the natural end, that remains grounded in meaning and purpose even when facing futility.

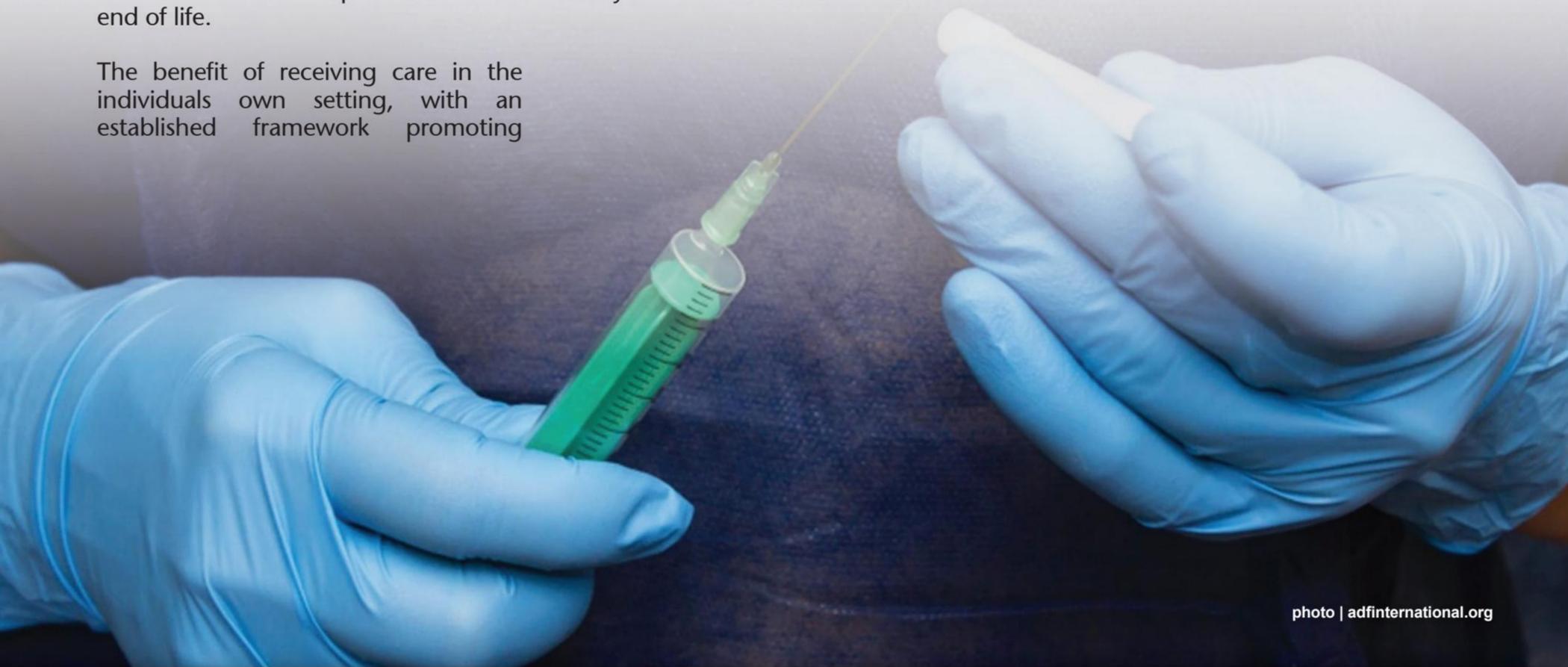
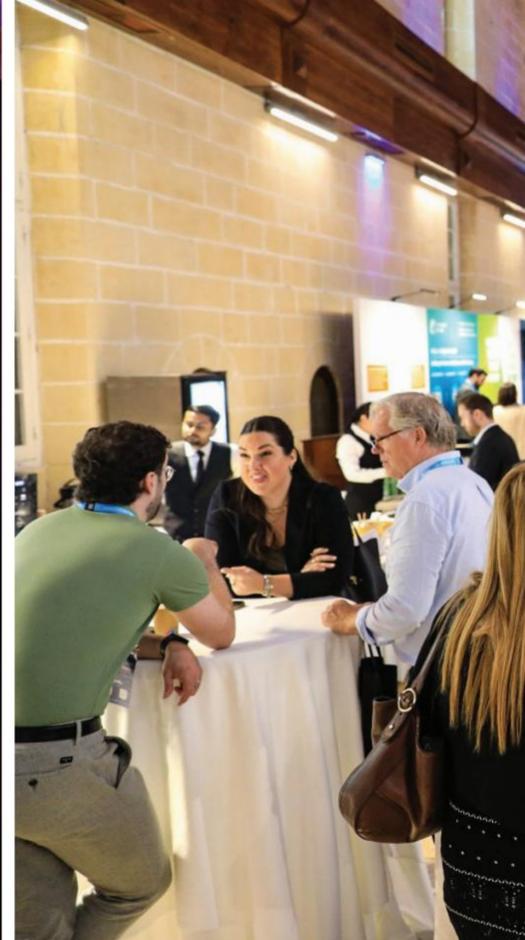


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## The New Global Standard Why Maltese Healthcare Worker Should Drive European Health Innovation

by Dr. Dylan Attard, CEO & Co-founder, MedTech World

Europe is undergoing a fundamental transformation in the way healthcare is delivered, managed, and innovated. Central to this change is the implementation of the European Health Data Space (EHDS). Designed to enable the secure sharing of health data across the European Union, this initiative represents one of the most ambitious efforts to unify and modernize healthcare in the digital age.

The EHDS introduces a harmonized framework for data governance, privacy, and access, laying the foundation for innovation in digital health, clinical research, AI-driven diagnostics, and personalized medicine. According to the European Commission, the EHDS is projected to generate €11 billion in economic value over the next decade, highlighting its strategic importance for member states.

Within this evolving landscape, Maltese healthcare professionals are uniquely positioned to take on a leadership role, not simply as adopters of change but as active contributors and drivers of progress across Europe.

### Malta's Strategic Position in a Digital Healthcare Future

Malta's healthcare system, though relatively small, offers a distinct advantage in its adaptability, connectivity, and alignment with both EU and Commonwealth medical frameworks. Further detail on the nation's innovation readiness and infrastructure can be found in the MedTech Malta 2024 Ecosystem Report.

The island's size and tightly knit medical community allow for rapid implementation and testing of new technologies. This agility is a strategic asset in a continent where healthcare innovation is often stifled by fragmented systems and bureaucratic inertia. Malta can serve as an ideal test bed for EU-wide health tech solutions, particularly in areas like remote care, AI diagnostics, and data interoperability.

### From Healthcare Delivery to Health Innovation

The role of the healthcare professional is no longer confined to bedside care. In modern ecosystems, clinicians are increasingly central to the innovation cycle—offering critical insights during product develop-

ment, validating new technologies in clinical settings, and ensuring that solutions are patient-centered. Maltese healthcare workers—doctors, nurses, pharmacists, and allied health professionals—must be engaged not just as users but as co-creators of innovation. Their clinical expertise, multilingual capabilities, and familiarity with both local and European standards make them invaluable contributors to the broader MedTech and HealthTech movements.

Opportunities to contribute to this innovation pipeline are available through initiatives such as the MedTech World Startup Pitch Competition, which encourages clinical collaboration with emerging ventures.





The establishment of entities like the Malta Life Sciences Park and partnerships with global digital health conferences have already begun to catalyze this shift. However, further structural support is required to embed innovation into everyday clinical practice through research grants, protected innovation time, interdisciplinary collaboration, and startup engagement.

### Regulatory Change as a Catalyst

The launch of the EHDS coincides with a broader trend of pro-innovation regulation across the European Union. From the AI Act to the Medical Device Regulation (MDR), Europe is crafting frameworks that prioritize safety without stifling creativity. These policies open doors

for clinical trials, telehealth, and real-time data applications that were previously difficult to execute across borders.

Healthcare workers in Malta, operating within EU jurisdiction and accustomed to cross-border medical collaboration, are in an ideal position to leverage these changes. By engaging with EHDS pilots, participating in multi-state digital health trials, and partnering with academia and industry, they can play a transformative role in the evolution of care delivery across Europe.

Recent expert-led panel discussions have further explored these themes, offering diverse perspectives from policymakers, clinicians, and technologists. This momentum and spirit of collaboration are evident in the MedTech World 2024 Aftermovie, which highlights key conversations and milestones influencing the sector.

### Seizing the Moment

Europe's new health data infrastructure is not merely a compliance exercise—it is a strategic opportunity. For Malta, this is a moment to assert leadership in the next chapter of healthcare advancement.

By mobilizing its talented and globally minded workforce, Malta can play a pivotal role in guiding the future of European healthcare. The tools, platforms, and regulations are now aligning. What remains is for the nation's healthcare professionals to step forward, innovate boldly, and help usher in a new era of care not just for Maltese patients but for citizens across the continent.

Join the MedTech community in Malta this November at MedTech World Malta 2025. Be part of the conversation, the collaboration, and the change. Contact us for more information at [hello@med-tech.world](mailto:hello@med-tech.world).





# ICN supports World Adherence Day to encourage people to make informed health decisions and stick to their entire healthcare plan

Geneva, Switzerland, 27 March 2025: The International Council of Nurses (ICN) is supporting the inaugural World Adherence Day, an initiative aimed at raising awareness of the critical role adherence plays in achieving better health outcomes.

ICN advocates for the recognition of patients as active participants in their care, empowering them to make informed health decisions, and ensuring they follow their entire healthcare plan. World Adherence Day on 27 March is intended to remind people to actively follow their prescribed treatment, including medications, other interventions and lifestyle modifications.

Adhering to treatments can ensure better management of chronic conditions, reducing complications and empowering individuals to live healthier, more independent lives.

Around the world, adherence to treatments for chronic conditions is just 50% in high-income countries, and lower elsewhere. As part of its commitment to improving adherence, ICN emphasizes the key role of

nurses in patient education and care coordination. Nurses, working alongside other health professionals, are instrumental in facilitating shared decision-making and enhancing adherence to health interventions through an interdisciplinary approach.

World Adherence Day is led by the World Health Federation and supported by a coalition of healthcare organizations, including ICN, in a bid to encourage people to stick to their treatment and reap the benefits, which can include a reduction in long-term mortality risks by as much as 21%.

In a video released to coincide with the launch of World Awareness Day, ICN President Dr Pamela Cipriano said: "Life is full of moments, moments we don't want to miss. Today, we stand united with a shared global commitment to improv-

ing therapeutic adherence for better health outcomes. We call upon your support to join this global initiative, endorse it, sign the declaration letter and get involved to improve therapeutic adherence worldwide.

Together we can empower patients and build a healthier future to enjoy moments ahead. Act today, love tomorrow; act today, own tomorrow; act today, protect tomorrow: don't miss a moment."



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