DR IAN ELLUL

Mr Jo-Etienne Abela's Wheel of Fortune

Let us face it. In the past few weeks, the new Minister for Health has inherited a cornucopia of challenges. Challenges which many of us know and some of us know even better.

But let me go one step back and analyse the decision to appoint Dr Jo-Etienne Abela to the post of Minister for Health. You may loathe politics and strongly dissent from the current political administration, but I believe that the majority of people hailing from both sides of the political spectrum will agree that the decision by the Prime Minister to appoint Dr Abela as Minister for Health was a chess master's move. Let me explain better.

Everyone in the field knows that Dr Abela is an excellent surgeon with a distinguished career trajectory. Tick. However, in politics that does not suffice. You also need a likeable, well-meaning, and charismatic leader. Tick. Someone who can build bridges and not burn them. Tick. A person who calls a spade a spade and then, takes the bull by the horns to address any shortcomings. Tick. A visionary. Tick. Add to that the fact that he is Gozitan, and you have the ideal person. Historically, Dr Abela is the first Gozitan to occupy the post of Minister for Health (as well as Active Ageing).

I love to read. One book which has nurtured my forma mentis is *'The Politics of Persuasion'* written by the late Prof. Guido De Marco. I have that book at home personally signed by the author. It narrates an infectious sense of nationalism that inspired prominent figures in our island's history. In my opinion, our current Minister for Health fits that description. However, he will need to draw from that same nationalism the stamina to address the same gargantuan problems which Malta has been facing for the past decade.

Of course, we have an excellent level of care in many departments such as cardiology, vascular, diabetes, primary care, procurement, and so on, which are managed by dedicated and competent healthcare professionals. We take them for granted at times. This should not be the case.

For me, Malta's healthcare challenges are like a wheel of fortune with different-sized wedges. One is spoilt for choice. By fortune, I mean chance/luck of experiencing one of the following … level of care administered in our healthcare settings which may not be standardised, audits which may not be universally conducted/accepted, confusion of policies with procedures, increasing reliance on a foreign workforce as a stopgap measure, increasing waiting lists, silo mentality of specific departments, repetitive union actions, inadequate strategy to vertically increase bed space [stemming from defective concrete utilised for MDH], inadequate parking spaces at MDH and SAMOC, the fact that the renovation of Mount Carmel hospital - built 162 years ago exactly when Abraham Lincoln was made president of the US - has recently been scaled down, and list goes on. Many of those issues, and much more, have been elephants in the room for many years.

Other more pressing matters include the opening of the Regional Centre in Paola, which is overdue. I understand that this will serve as an opportunity for the career progression of younger doctors and other staff when shifting from MDH to the Regional Centre, but then again, we will lose them from MDH. Are we robbing Peter to pay Paul?

Dr Abela has managed to press on various pressure points, even though he has been in office for barely a few weeks. These include the need for a second general hospital, Public-Private Partnerships (PPPs), as well as a strategy for weight-loss surgeries to mitigate the rise in non-communicable diseases. In keeping with this, I sincerely hope that an oncology-dedicated emergency unit is set up, possibly through a PPP, to offer focused care for oncology patients who may be immunocompromised. In my opinion, this unit should be housed adjacent to the A&E at MDH, with a separate waiting room, and would address emergency care for the treatment of adverse effects or those needing procedures like paracentesis; careful triage is recommended with high-risk oncology patients referred to the general emergency department. This idea, I believe, merits a feasibility study in keeping with the fact that according to the WHO's International Agency for Research on Cancer (gco.iarc.who.int/en) the estimated number of new cancer cases in Malta in 2025 will be 3287 i.e. nine new daily cases; nine families crushed each day.

Of note is Dr Abela's track record. The services which have been introduced when he was solely responsible for Active Ageing speak for themselves. Borrowing a quote from the late US coach Vincent Lombardi, "Perfection is not attainable, but if we chase perfection, we can catch excellence." This is what we have experienced in the Ministry for Active Ageing since Dr Abela took its helm. Of two things I am sure.

1. Dr Abela's path is no yellow brick road, but
2. He will nurse our healthcare system back to health.

This, I am convinced, will be his greatest legacy, for all to see and emulate.