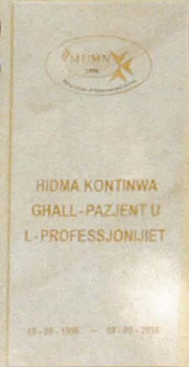
IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

No.72 - Settembru 2016



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Settembru 2016

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HAPPY ANNIVERSARY

20 years young

The Malta Union of Midwives and Nurses kicked off its 20th anniversary celebrations this month by a series of events, marking this important milestone. MUMN has started to grow after a group of nurses held a meeting in a farmhouse where the seeds of a very strong and effective Union started to germinate. Quite a feat at the time, since previous attempts to form a Nursing Sectoral Union always failed. Growing pressure to join unions representing other hospital staff and the ever-widening gap in salaries and benefits between nursing and other professions finally incited nurses to form their own bargaining agent. Thanks to the Midwives Union this dream materialised sooner and the MUMN got its sole recognition and stands were it is today.

MUMN today boasts over 4000 members and it is not only the Union for Nurses and Midwives but also the Union for other Health Care Professionals and Student Nurses/Midwives working in public hospitals, long-term care facilities, public health, mental health facilities, the community, clinics and the industry around Malta and Gozo. This Union has not only been recognised locally but internationally too. Its affiliation with significant bodies such as the International Council of Nurses (ICN), Commonwealth Nurses and Midwives Federation (CNMF), European Midwives Association (EMA), European Federation of Nurses Associations, and the European Nursing Students Organisation (ENSG) explains it all. MUMN has also been the catalyst for the FOR.U.M- Forum Unions Maltin to be established. This organisation consists of twelve unions, with the main objective of the FOR.U.M was to be included in the Malta Council for Economic and Social Development together with the other unions and federations.

This Union has been the leading voice of front-line Registered and Enrolled Nurses and Health Care Professionals working in this country since 1996. MUMN has celebrated many significant victories for the profession of nursing during its history, all with a view to improving patient care. Research has always shown clearly that there is a link between good working conditions for Nurses, Midwives and Health Professionals and positive Patient outcomes.

We become nurses because we care deeply about patient care. We are the health professionals who are on the frontlines, advocating for patients and ensuring the most positive health outcomes possible for them. MUMN, in turn, does the same for its members. This union has done a great deal during the two decades to ensure that our Nurses and Midwives have a quality work life and the respect they deserve so that they, in turn, can provide high-quality, safe health care.

At present this Union has a very strong Council, 3 Executive Committees and a total of 15 Group Committees. MUMN also educates its members by holding seminars and conferences which address issues such as leadership, union-management relations, resolution of nursing practice issues and collective bargaining. Members can easily keep up-to-date by reading this same journal 4 times a year. Since many of MUMN's goals involve the general population, garnering public support has long been important. Billboards, newspaper articles, press conferences, rallies, TV slots and radio campaigns are amongst MUMN's regular advertisement and news contribution especially during Nurses' Week. This Union is 20 years younger, alive and kicking.

Special thank you and appreciation goes to all Union representatives, leaders, past and present presidents, its general secretary, council and committee members who always had the Nursing and Midwifery profession at heart and who always fought for our rights irrelevant of any political pressures which cropped up from time to time. We also appreciate the input of our politicians, the public and sometimes the media, although with the latter there is more work to be done so that both parties understand each other well.

While challenges remain, we have no doubt that MUMN will continue to be at the forefront, advocating for this country's invaluable Nurses, Midwives, Health Care Professionals and the Patients. From its humble beginnings, to one of Malta's largest unions, MUMN's first twenty years have been filled with adversity, hard work and many accomplishments. In 2016, MUMN members can look back on the history of their organisation with great pride. Much has been achieved on behalf of nurses, midwives and patients but there are still battles ahead. Looking back at our history, we can feel confident of success.

President's message

Looking back while looking forward:
Celebrating the 20th Anniversary

Dear Colleagues,

I trust that you had a lovely summer and I hope you will enjoy reading this edition. On the 19th September, the Malta Union of Midwives and Nurses (MUMN) turned twenty. This is a significant milestone. Our organisation has grown and matured because of two full decades of amazing members and colleagues contributing to its growth. I am very thankful for the contributions of the previous Presidents, General Secretary, Council Members, Activists and Office Administrators over the past twenty years. As I think about these colleagues, I can't help but reflect on all of the amazing people that I've had the good fortune to work with, learn from, and be influenced by in the last two decades of my own career. I can say that I started with a good foundation, both as a trade unionist and as a midwife in the clinical setting; as I had great mentors, strong working environments, and the chance to meet great leaders.

This is a special edition as we will be showcasing the celebrations for the 20th Anniversary. I can humbly say that it was exciting beyond measure to be able to witness and celebrate this anniversary. Those that remember the beginning of the MUMN can agree with me, that we saw this union grow and prosper with the assistance of a dedicated group of activists, under the leadership of the Presidents of the organization and diligent council members. Twenty years ago, a small group of very special and formidable colleagues founded what has become one of the leading unions in Malta. In 1996, it was decided that the then called the Malta Union of Midwives (MUM) (which was founded in the 1990), can broaden its base by opening its membership to nurses. A series of consultation meetings were carried out with nurses to explore avenues to find nurses with the right attributes, capable and highly motivated to build further on the MUM's achievement. On the 17th September 1996 an Extraordinary General Meeting was held and a motion to amend the MUM's statute in order to be able to open up its doors to welcome nurses was unanimously approved. The MUM became the MUMN. From its inception the MUMN was a leader and managed to lobby as a major stakeholder to improve both the professional status of its members and also the provision of health care in Malta. Its work continued when in 2014, the MUMN's statute was amended to broaden the membership to other health care professionals. Now 20 years old, the MUMN is representing five health care professions; with all members of the MUMN having equal rights and responsibilities; giving a voice to the health care workforce and influencing policy, education and practice across the Maltese islands and abroad.

It's impossible to separate the history of the MUMN from the achievements and the professional progress gained throughout these 20 years. It's a remarkable story that should inspire each and every one of us – women and men, students and seasoned practitioners alike.

The contributions of all involved who worked diligently to achieve the mission of the organization cannot be understated - from membership to affiliates; from committees to programs; from finances to agreements; from publications and continuous professional development to good governance; from industrial relations to social aspect - behind the scenes these folks were the hands, heads, and hearts of the MUMN. Also discussed in the history of the MUMN is this journal "Il-Musbieh" and its growth and prosperity are interrelated with the MUMN's mission and vision. Through this journal evidence based practice is continuously advocated, while at the same time members are kept abreast of what is happening within the organisation. Reflecting on what the MUMN also achieved throughout the years, I couldn't leave out the excellent setup of the Florence Nightingale Benevolent Fund (FNBF). I vividly recall that in March of 2002 a new Group committee was set up to monitor and administer a fund; the FNBF; that its main aim is to assist members while they are in distress due to medical reasons. Preparing this history was a humbling experience. I am in awe of

• continued on page 7

Kelmtejn
mis-Segretarju Ġenerali

Din il-ħarġa hija waħda speċjali għaliex qed tfakkar l-20 Anniversarju mit-twaqqif tal-MUMN. Beda kollox minn *pressure group* fejn konna niltaqgħu ġo garaxx biex naraw kif ser nagħmlu pressjoni ħalli jiġi ffirmat il-Ftehim Settorali tal-1995 u dan wassalna għall-*union* li għandna llum. 20 sena ta' ħidma kontinwa li jien personali rajthom u missejthom b'idejja t-tnejn.

Fil-ġimgħa ta' attivitajiet sabiex jiġi kkommemorat dan l-anniversarju ġew organizzati attivitajiet varji. L-aktar waħda li qanqlet kommozjoni kienet il-ħarġa organizzata għat-tfal żgħar li jgħixu ġo orfanatrofju. Il-ferħ fuq wiċċ dawn it-tfal ma ninsieh qatt. Baqgħu imqabdin magħna sakemm irritornajna lura filgħaxija. Dawn huma mumenti fejn iġibuk f'sensik u tinduna kemm għandna għalxiex nirringrazzjaw 'l Alla għal dak li għandna.

Il-quċċata ta' dawn l-attivitajiet waslet meta l-E.T. President ta' Malta u l-President tal-Union inawguraw monument f'ġieħ il-membri kollha tal-union f'egħluq dan l-anniversarju. Kulħadd huwa kburi b'dan il-monument anki għall-fatt li sar minn membru tal-union, Antonio Mifsud, Deputy Charge Nurse fis-CICU. F'isem kulħadd ngħid prosit kbira lil Antonio għax-xogħol artistiku tiegħu.

Fil-ħajja normali ta' kuljum qed niffaċċjaw sfidi kontinwi speċjalment fuq is-sitwazzjoni tan-nuqqas ta' *nurses*. L-MUMN ikkummissjonat studju xjentifiku u indipendenti dwar il-*workload* tan-*nurses* fl-SVPR u r-riżultati kkonfermaw dak li konna qed naħsbu, fejn issa bil-provi huwa stabbilit li tinħtieġ żieda qawwija ta' *nurses* f'din l-istituzzjoni li hija ċċertifikata li għandha pazjenti b'dipendenza għolja. Il-problema komuni hija minn fejn se jiġu n-*nurses* però min-naħa l-oħra l-MUMN ma tistax toqgħod b'idejha fuq żaqqa tistenna lin-*nurses* biex xi darba jaslu minn x'imkien! Għalhekk din il-union nehdiet numru ta' instruzzjonijiet fejn in-*nurses* ikunu aktar iffukati fuq xogħolhom sabiex jagħtu kura aħjar lill-pazjenti tagħhom. Min-naha l-oħra tlabna laqgħat mal-*management* sabiex jinstabu soluzzjonijiet kif in-*nurses* ikunu jistgħu jaħdmu aħjar u jiġu n-newtralizzati ċertu instruzzjonijiet.

Issa bdejna nħarsu lejn l-isptar Monte Carmeli sabiex flimkien mal-*management* nesploraw liema huwa n-*nursing compliment* xieraq f'dan l-isptar. Il-Kunsill tal-MUMN huwa kommess li dan l-eżerċizzju isir kullimkien.

F'dawn l-aħħar xahrejn konna involuti ma' sitt *unions* oħra fin-negozjati għall-Ftehim Kollettiv ġdid li jirrigwarda l-impjegati kollha tas-servizz pubbliku. Il-Ftehim preżenti jagħlaq fl-aħħar ta' din is-sena u għalhekk ma naħsibx li se nkunu 'l bogħod milli niffirmaw Ftehim ġdid fl-ewwel xhur tas-sena d-dieħla. Nistennew u naraw.

Min-naħa l-oħra l-MUMN għaddeja b'negozjati mad-Dipartiment tas-Saħħa sabiex jintlaħqu Ftehim Settorali ġodda kemm għall-ECG Technicians kif ukoll għas-Social Workers. Dalwaqt se jibdew ukoll negozjati għall-Ftehim Settorali ġdid għan-Nurses u l-Midwives.

Dwar il-Physiotherapists nixtieq ninfurmakom li l-MUMN ressqet it-talba għall-għarfien ewlieni ta' din il-kategorija ta' professjonisti fejn jidher biċ-ċar li għandna l-maġġoranza assoluta b'mod sostanzjali u għalhekk qed nistennew id-deċiżjoni tal-PAHRO dwar din il-materja.

Nieħu l-okkażjoni biex nawgura lin-Nurses u l-Midwives ġodda li għadhom kemm iggradwaw. Huwa dejjem ta' sodisfazzjon għalina li naraw il-familja dejjem tikber però sfortunatament qatt m'huwa biżżejjed. Fl-istess waqt nixtieq nagħmel kuraġġ lil dawk li se joqgħodu għar-*resits* biex ma jaqtgħux qalbhom u jirsistu biex huma wkoll jiggradwaw. L-isforzi tagħkom huma apprezzati. Żommu dejjem f'moħħkom kemm tistgħu tagħmlu ġid ma' dawk li se jkunu jinħtieġu l-kura tagħkom. L-MUMN hija konxja li mhux dejjem qegħdin issibu s-support minn dawk kollha li jgħallmukom fl-IHC għaliex jidher ċar li hemm uħud minnhom li jippreferu jħeġġukom tfittxu karriera oħra! L-MUMN ma tista' tifhem qatt dan l-aġir irresponsabbli.

F'dawn l-aħħar ġimgħat l-MUMN iffirmat Ftehim mal-Ministru tas-Saħħa dwar it-tmexxija tal-isptarijiet GGH, RKGH u SLH f'isem il-membri kollha tal-*union* li jaħdmu f'dawn l-isptarijiet. Fil-qosor, dan il-Ftehim, iħares u jipproteġi lill-membri tagħna minn dak kollu li akkwistajna matul is-snin. Dan ma jfissirx li l-MUMN se tieqaf hawn. Id-dmir u d-dover tagħna huwa li naraw u nosservaw dak kollu li jkun qiegħed iseħħ biex il-membri tagħna jkunu f'sitwazzjoni li joffru kura eċċellenti lill-pazjenti f'kundizzjonijiet tax-xogħol u f'ambjent daqstant eċċellenti u ta' kwalità.

Għal-llum ħa nieqaf hawn għaliex parlajna biżżejjed. Nieħu din l-okkażjoni sabiex nirringrazzjak tas-support kontinwu tiegħek bil-għan li dejjem ngħollu l-livell tal-professjonijiet kollha li nirrappreżentaw bl-oġġettiv prinċipali li nibqgħu nagħtu kura mistħoqqa lill-pazjenti, ommijiet u t-trabi tagħhom rikoverati fl-isptarijiet, ċentri tas-saħħa u istituzzjonijiet tal-anzjani.

Nselli għalik.

Colin Galea, Segretarju Ġenerali

President's message

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the contributions of many people who made the MUMN the success it is today. I am grateful for the opportunity to be part of such an endeavour. Each one of us made the history of the MUMN.

Since becoming the MUMN President a year ago, I have met many members of the MUMN. I am often overwhelmed with both pride and amazement at the complexity and demands of their jobs and the dedication and commitment they show. They truly are the legacy of the forward-thinking colleagues' who started the MUMN, and this 20th anniversary is a wonderful opportunity not just to showcase the history of the MUMN and the history and achievements of the professions it represents, but to celebrate the wonderful work that goes on up and down the country every day right now.

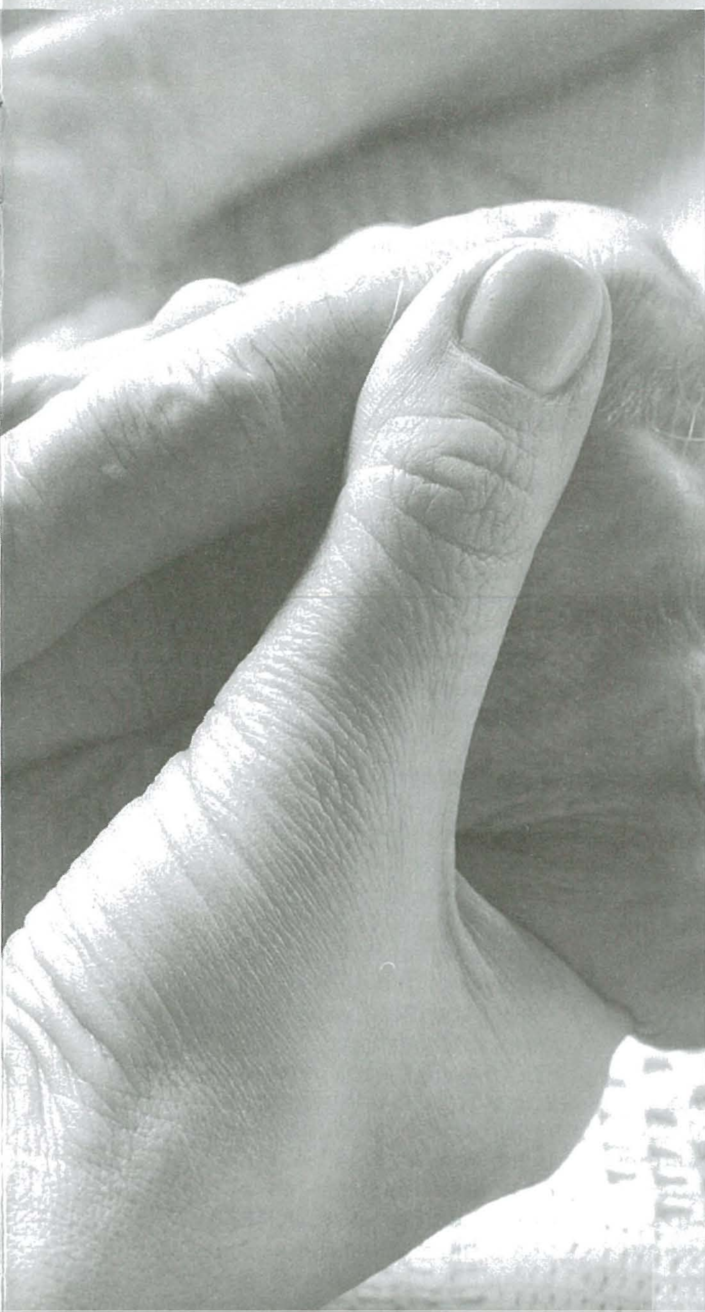
As we celebrate the 20th anniversary, we must likewise look forward to what will be coming in the next 20 years and consider how this union can influence and disseminate evidence based practice in all areas of care. To that end and while moving forward, I am sure that with the support and contribution of all of us we can positively and excitingly face the future; while at the same time the patients remain central to the care. Let's give the MUMN opportunities and wonderful outcomes to review in the next 20 years as we move forward and provide even better care across all settings.

This is the point at which I shift to the all-too-familiar call for leadership. Healthcare is becoming increasingly complex and, with the changing landscape, roles are changing. Have the MUMN members been early adopters of new and emerging trends? When I look back at the history of the MUMN, I can say that the members of the MUMN have risen to every challenge with a positive passion that is evident at every turn. But we need to keep going, to keep challenging ourselves and our professions. We reached our 20th anniversary at a time of potential change and great opportunity. We are at the cusp of transformational changes in our healthcare system. As members of the MUMN, we must imagine new models of practice that will better meet health needs of the evolving Maltese population. We need to bolster a future-proof career for our professions.

Before I conclude, may I take the opportunity to thank all committee members who worked hard to make the celebrations of this anniversary a success. Throughout the week, there were several events to mark the occasion with each one of them leaving a highlight. The last event was the unveiling of the Monument at San Anton Gardens – a monument dedicated to all the members of the MUMN. Thanks goes to the artist; a nurse and colleague Antonio Mifsud.

Until next time,

Maria Cutajar, President



"When you are a nurse you know that everyday you will touch a life or a life will touch yours."

69th World Health Assembly (WHA)

The sixty-ninth session of the World Health Organization (WHO) World Health Assembly (WHA) took place in Geneva, 23-28 May 2016. At this session the WHA discussed a number of public health issues. ICN had a delegation of 69 nurses from around the world who participated in the meetings and sessions.

Below is a summary of the outcomes of agenda items of interest to ICN. In a few months' time we will send through a full report of the meetings and side events linked to issues of importance for nursing and our NNA members.

WHO Framework of Engagement with Non-State Actors

The WHA adopted the WHO Framework of Engagement with Non-State Actors (FENSA), after more than two years of intergovernmental negotiations.

FENSA represents a major step in WHO's governance reform. It provides the Organization with comprehensive policies and procedures on engaging with nongovernmental organisations, private sector entities, philanthropic foundations and academic institutions.

The Framework aims to strengthen WHO engagement with all stakeholders while protecting its work from conflicts of interest and undue influence from external actors, and is based on a standardized process of due diligence and risk assessment. FENSA also facilitates an enhanced level of transparency and accountability in WHO's engagement with non-State actors, with information on these engagements publicly available online in the WHO Register of non-State actors.

Sustainable Development Goals

Delegates agreed a comprehensive set of steps that lay the groundwork for pursuing the health-related Sustainable Development Goals (SDGs).

They agreed to prioritize universal health coverage, and to work with actors outside the health sector to address the social, economic and environmental causes of health problems, including antimicrobial resistance. They agreed to continue to expand efforts to address poor maternal and child health and infectious diseases in developing countries, and to put a greater focus on equity within and between countries, leaving no-one behind.

Delegates also asked WHO to take steps to ensure that the organisation has the resources it needs at all levels to achieve the SDGs, to work with countries to strengthen their ability to monitor progress towards the goals, and to take the SDGs into consideration in developing the Organization's budget and programme of work.

International Health Regulations

The WHA considered the report of the Review Committee on the Role of the International Health Regulations (IHR) (2005) in the Ebola Outbreak and Response. Delegates commended the Committee for its work. They called on WHO to develop a global implementation plan for the recommendations of the Committee, taking forward immediately those recommendations that are consistent with existing IHR (2005) practice and allowing for further discussion and consideration of the new approaches that are proposed.

The Review concluded that the escalation of the Ebola outbreak was not the fault of the IHR themselves. Instead, it identified a lack of implementation of the Regulations as contributing to the escalation. It also characterized the IHR as an invaluable international legal framework that provides the backbone for public health response.

Approaches proposed in the Committee's report to strengthen implementation of the Regulations include the introduction of a new, intermediate level of public health alert and recognition of external assessment of country core capacities as a best practice.

Antimicrobial resistance

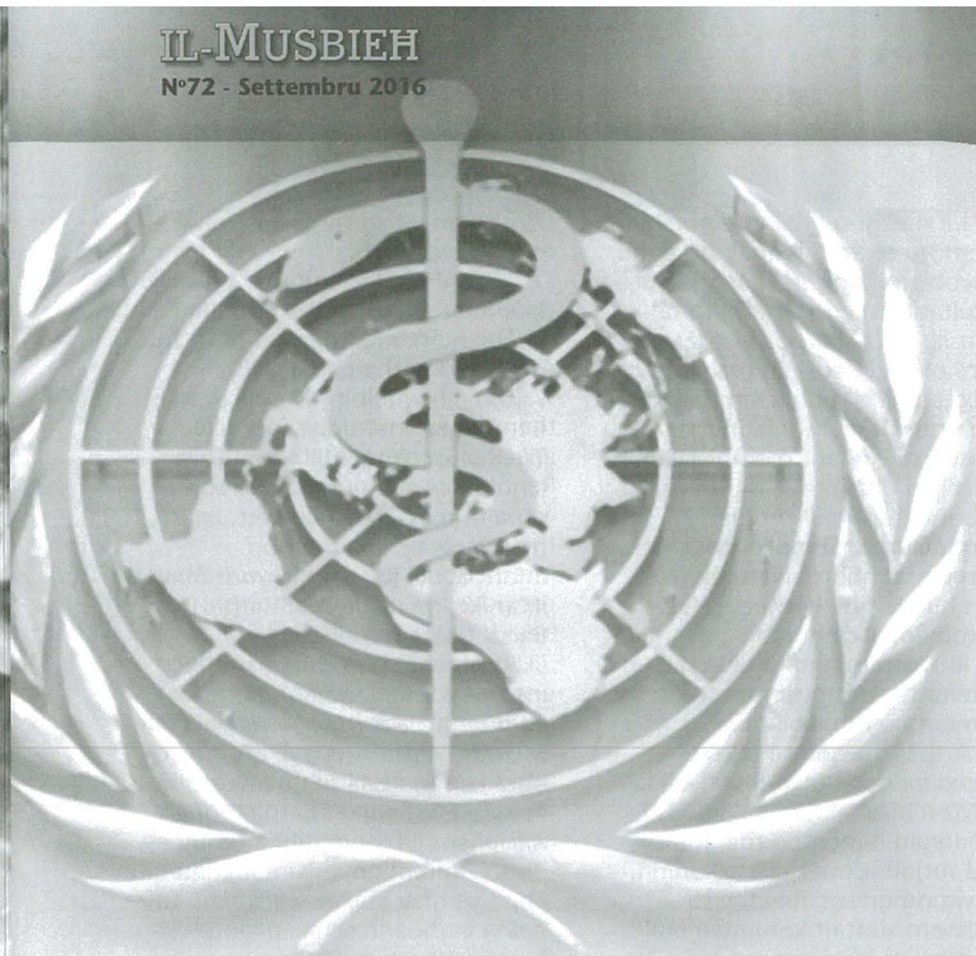
Delegates considered the report on the options for establishing a global development and stewardship framework to support the development, control, distribution and appropriate use of new antimicrobial medicines, diagnostic tools, vaccines and other interventions.

Delegates were provided with a short report on the regional progress of implementation of the Global Action Plan (GAP) on antimicrobial resistance (adopted at the 68th WHA). States highlighted the need for a multisectoral response to AMR including active involvement of the agriculture, industry, environment and finance sectors while maintaining the focus on health.

Under the proposed options for a stewardship framework, developing countries asserted the need to ensure that issues of access are balanced with appropriate use and scientific knowledge of the pursuit of the "One Health approach."

WHO Assistant Director-General and Special Representative for Antimicrobial Resistance stressed three elements essential to move forward: 1) GAP is the technical blueprint and covers many of the issues including preservation, access and prevention. 2) Move ahead

69th World Health Assembly (WHA)



with the options for the global development and stewardship framework – many inputs for countries are needed now. At this point several countries believe a process is needed to take this forward and to take it to the WHO Executive Board and report back. 3) Need for high-level political engagement – the high-level meeting on AMR in September at the UN General Assembly is essential for high level engagement.

Tobacco control

In a move to further strengthen global tobacco control efforts, delegates decided to invite the WHO Framework Convention on Tobacco Control's (WHO FCTC) Conference of the Parties (COP) to provide information on outcomes of this biennial event to future WHA meetings.

They also invited the COP to consider requesting the Assembly to provide a report for information on relevant tobacco-related activities to future meetings of the COP. The seventh session of the COP is being held on 7-12 November 2016, in New Delhi, India.

The WHO FCTC is the first treaty negotiated under WHO's auspices. To date, it comprises 180 Parties and is one of the most rapidly and widely embraced treaties in UN history. It was developed in response to the globalization of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.

Delegates also decided to include a follow-up item on this issue at the 70th WHA.

Nutrition

Delegates adopted two resolutions on nutrition. The first, drawn up in response to the recently launched UN Decade of Action on Nutrition from 2016 to 2025, urges countries to make concrete policy and financial commitments to improve people's diets, and report back regularly on those policies and investments.

It calls on UN bodies to guide and implement national nutrition programmes and support monitoring and reporting mechanisms. It specifically requests that WHO and FAO work together to help countries develop, strengthen and implement their plans and maintain an open access database of commitments for public accountability.

The second welcomed WHO guidance on ending the inappropriate promotion of foods for infants and young children. The guidance clarifies that, in order to protect, promote and support breastfeeding, the marketing of "follow-up formula" and "growing-up milks"—targeted for consumption by babies aged 6 months to 3 years—should be regulated in just the same manner as infant formula for 0 to 6-month-olds is.

In light of the poor nutritional quality of some food and beverages marketed to infants and young children, the WHO guidance also indicates that foods for infants and young children should be promoted only if they meet standards for composition, safety, quality and nutrient levels and are in-line with national dietary guidelines.

The guidance also lays out key principles of how health professionals should interact with companies that market complementary foods. It recommends that health professionals do not accept gifts or free samples from these companies. They should not distribute samples, coupons, or products to families nor allow the companies to provide education or market foods through their health facilities. The guidance also recommends that companies do not sponsor meetings of health professionals.

The resolution urges countries, health professionals, the food industry, and the media to implement the guidance. In the resolution, countries also requested support from WHO to implement the guidance and monitor and evaluate its impact on infant and young child nutrition. They asked WHO to work with other international organisations on promoting national implementation of the guidance, and to report back to the Assembly in 2018 and 2020.

• continued in next issue

Malta Union of Midwives and Nurses 1996-2016

minn Frans Agius

Din is-sena l-MUMN tagħlaq għoxrin sena mit-twaqqif tagħha. Għoxrin sena ta' ħidma ma taqta' qatt, biex jitjiebu l-kundizzjonijiet tal-membri tagħha. 20 sena, li fihom il-Qwiebel u l-Infermiera, urew maturità kbira u kienu ta' eżempju għal ħaddiema oħra, billi fittxew dejjem dak li jgħaqqadhom. Jiena nixtieq nifraħ lill-Amministrazzjoni, il-Kunsill u l-Union kollha għall-ħidma tagħhom matul dawn l-20 sena. Nifraħ meta nara persentaġġ kbir ta' mpjegati membri fl-MUMN. Ikolli sodisfazzjon kbir meta nara numru mdaqqas ta' attivisti, jiltaqgħu bi skop li jkomplu jsaħħu din l-għaqda.

Meta l-Union twaqqfet, lanqas post fejn niltaqgħu ma kellna. Krejna garaxx ġewwa l-Fgura u għamilna l-ewwel snin ta' ħidma Tradeunjonista fih. Il-post kien limitat ħafna, iżda ħdimna u għamilna progress. Il-membri żdiedu u ħadna r-*recognition*. Peress li żdied ix-xogħol u l-post kien żgħir, il-kunsill iddeċieda li għandu jkollna *premises* aħjar. Għaldaqstant inxtara post ġewwa B'Kara. Il-post kien ikbar, ix-xogħol seta' jsir aħjar u b'iktar kumdità. F'dal-post il-Union damet ħames snin għax ġie deċiż li jkollna post ikbar u iktar komdu.

Fil-fatt illum ġewwa l-Mosta l-Union għandha *premises* spazzjuż u komdu. Qed jiġi utillizzat tajjeb ħafna. Fih isir ix-xogħol tradeunjonistiku kollu, bil-kumdità kollha. Isiru laqgħat tal-Kunsill regolarment, laqgħat ta' xi *group committe*, laqgħat edukattivi u soċjali u laqgħat oħra konnessi mal-Union. Il-post waħdu mhuwiex garanzija ta' union b'saħħitha. Trid *membership* tajjeb, li għal grazzja t'Alla m'aħniex neqsin. Dawn il-membri rridu nibżgħu għalihom, għal kull wieħed u waħda minnhom. Kull membru għandu x'joffri. B'membru inqas inkunu nqas sinjuri jew iktar fqar.

Kif nibżgħu għall-membri? Kull membru għandu l-uġiegħ tiegħu, il-problemi tagħha.Tkun idea tajba li kultant żmien xi membru tal-Kunsill, imur fuq postijiet tax-xogħol biex jitkellem ma' membri li jixtiequ jkellmuh. Dan biex l-interess fil-membri jidher ċar. Ma ninsewx li kultant membru jkun biżżejjed għalih/a, li jsib uffiċjal li miegħu jesprimi l-problemi li jolqtu lilu/ha. Sempliċiment isibu min jismagħhom. Naturalment fejn hu possibli wieħed isolvi l-problemi tagħhom.

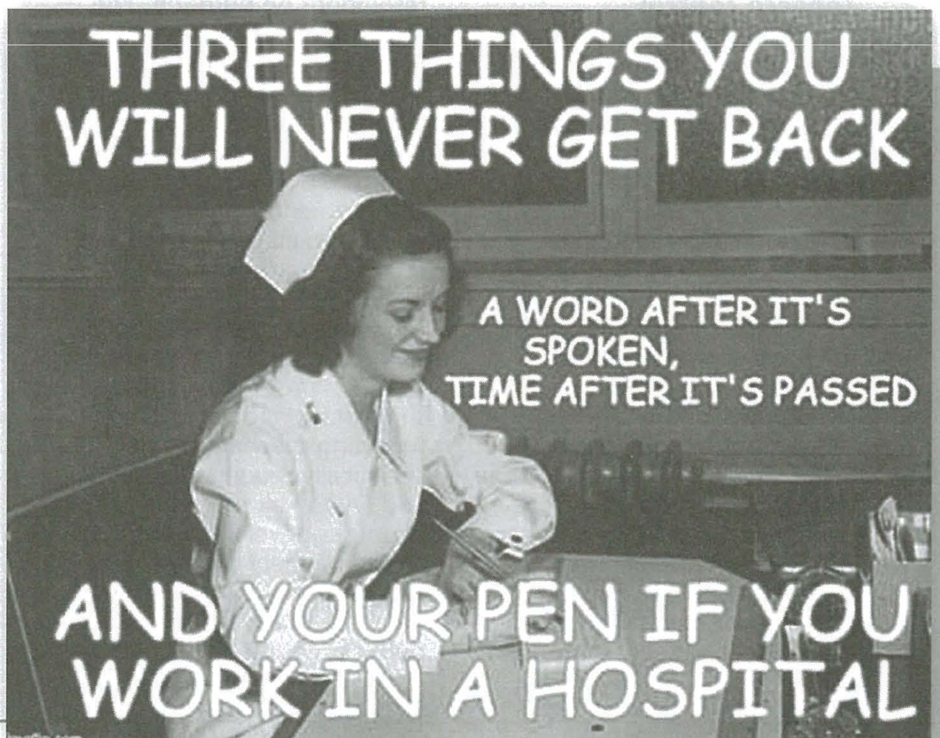
Il-Union għandha diversi kumitati - Group Committees. Kull kumitat hu mmexxi minn *chairperson* u numru ta' attivisti. Iċ-*chairperson* huwa/hija dik il-ħolqa li bl-għajnuna tal-attivisti, tgħaqqad il-membri mal-Kunsill, mal-Amministrazzjoni tal-Union. Huwa mportanti li l-attivisti jkollhom kuntatt kontinwu mal-membri. Iċ-*chairpersons* iridu jkunu dedikati u paċenzjużi biex iżommu l-attivisti u l-membri nformati b'li qed isir.

La qed insemmi l-*group committees*, nixtieq nagħmel kumment żgħir. Għalkemm kull *group committee* qed jaħdem tajjeb ħafna, il-membri tal-union, għandhom għax ikunu kburin bil-Florence Nightingale Benevolent Fund. *Fund* li dejjem kien immexxi min *chairpersons* abbli w attivisti dedikati. *Fund* li serraħ ħafna membri fil-bżonnijiet tagħhom. *Fund* li hu, "ħajt tal-kenn", għal min jiġi bżonn.

Is-saħħa tal-Union ma titkejjilx biss fuq l-attivisti. Hemm bżonn kontinwament li membri oħra jiġu mħajjra jkunu attivi. Tajjeb li l-Amministrazzjoni tistudja l-ħsieb, li torganizza taħditiet fuq Trejdunjoniżmu, billi torganizza laqgħat għal attivisti u membri oħra interessati fis-suġġett. Iktar mal-*union* ikollha membri informati kif taħdem it-*tradeunion*, iktar ikollna *union* b'saħħitha. Baqa' ħafna x'wieħed jikkummenta però ma nixtieqx intawwal. Nixtieq nagħmel kumment qasir fuq l-*Affiliations* tal-MUMN. *Affiliations* ma' għaqdiet oħra kemm f'pajjiżna u anke f'pajjiżi Ewropej u internazzjonali. *Affiliations* li bihom, aħna u huma nitgħallmu minn xulxin, inkunu ta' appoġġ għal xulxin. *Affiliations* utli ħafna li għoxrin sena ilu lanqas ħjiel tagħhom ma kellna.

Fl-aħħar nixtieq nappella lill-mexxejja tal-Union, li m'għandhom qatt jieqfu milli jfakkru lill-membri kif kienu l-kundizzjonijiet tax-xogħol, qabel it-twaqqif tal-MUMN, u l-progress li sar f'dawn l-aħħar għoxrin sena. L-MUMN għandha għax tkun kburija bil-progress u l-benefiċċji li akkwistaw il-membri tagħha tul dan iż-żmien.

Frans Agius
Membru, Pensioners Group Committee



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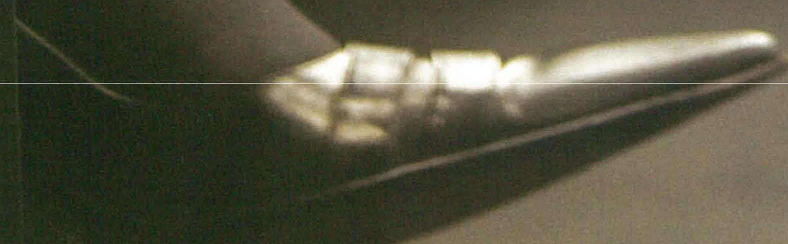

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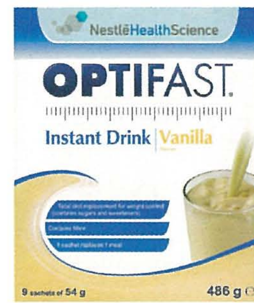

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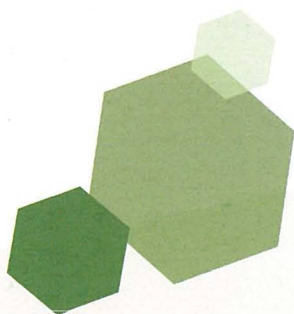

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OptiFibre®

OptiFibre® is a soluble dietary fibre that helps maintain normal bowel function. The difference between insoluble and soluble fibre is that insoluble fibre is completely insoluble in water and minimally fermented in the colon, thus serving primarily as bulking agents; in contrast, soluble fibre dissolves in water and may be fermented by intestinal microflora. Additional beneficial effects of fibre are associated with their fermentability. Partially hydrolysed guar gum (PHGG), the active component of OptiFibre® is fermented by colonic bacteria liberating short chain fatty acids (SCFA's) which accelerate colonic absorption of salt and water. SCFA's are used as an energy source by the intestinal mucosa and are absorbed through the colonic wall, where they are metabolized to produce energy or transported into the general circulation. SCFA's also promote a healthy gut environment by stimulating the growth of beneficial bacteria such as bifidobacteria and lactobacilli, and inhibit the growth of harmful bacterial strains. Beneficial bacteria promote intestinal health by stimulating a positive immune response and out-competing the growth of harmful bacteria.

OptiFibre® helps maintain normal bowel functions in patients suffering from constipation, diarrhoea and irritable bowel syndrome. Besides a regulatory effect on gastrointestinal function, Optifibre® has shown positive effects on lipid metabolism and mineral absorption. The main clinical benefits of Optifibre® are listed below:

- Prevents constipation and increases transit time.
- Increases Calcium and Iron absorption.
- Prevents and treats acute diarrhoea.
- Improves glucose and insulin response.
- Helps in preventing hyperlipidemia.

OptiFibre® has the advantage of improving patient compliance, given that it does not alter taste, texture or colour when added to food. Unlike other dietary fibres, OptiFibre® mixes easily into hot and cold meals and beverages without impacting texture or flavour, thus assuring maximum acceptance by patients. Consequently, OptiFibre® may be added to both hot and cold meals such as soups, pasta and other hot dishes or to liquids such as tea, coffee or juices. OptiFibre® is non gelling, making the product also suitable for patients that use a PEG tube and require a fibre rich diet. This product may be recommended for both short and long term use.

Optifibre® should be introduced gradually by simply adding 1 scoop (equivalent to 1 sachet) to foods or liquids for the first 3 days. This dose may be gradually increased by adding another scoop every 3 day interval until the desired effect is achieved. The maximum amount administered should not exceed 8 sachets equivalent to 8 scoops per day.

Reference:

Slavin. J., N. A. Greenberg. (2003). Partially Hydrolyzed Guar Gum: Clinical Nutrition Uses.

Discover KerraPro

KerraPro Pressure Reducing Pads help protect the skin in at-risk patients as part of a pressure ulcer prevention programme.

KerraPro shaped pads are made from silicone, which is flexible, hardwearing and has the ability to redistribute pressure to protect the skin on bony prominences such as the heel or sacrum. These pads are comfortable, yet hardwearing, shown to withstand autoclave temperatures of 121°C without losing their properties. However, we simply recommend that you wash KerraPro with soap and water – enabling them to be re-used on the same patient and helping to reduce the cost of pressure ulcer prevention even further.

A common problem

A pressure ulcer can occur at the point where the skin is in constant contact with a surface (such as a patient's bed or chair), or with another part of the body (for example where the knees or ankles rest together). The high pressure that builds up can disrupt the flow of blood and oxygen, causing the skin to break down.

An easy & effective solution

KerraPro effectively redistributes this pressure, dissipating it over the pad to protect the skin from pressure ulcers.

KerraPro is available from leading pharmacies

NNA consultation, UN High Level Commission on Health Employment and Economic Growth

18 May 2016 - Part 1

What are the conditions needed for investment in health and social sector employment to achieve universal health coverage and inclusive economic growth?

- Move towards prevention and promotion model, primary care, better distribution, local level disconnect with national level, need more nurses at service delivery to be involved in MOH and national planning, good example from Sweden to link these - patients with kidney dialysis have key to the wards, they come in and make their own medicines, do the dialysis themselves, nurses have new rules - reduce cost 40%, the savings go back to health professions
- Govt increase GDP, move from curative to preventative, top down political reforms for entire health system based on real needs.

What are innovative ways of effectively and efficiently financing health workforce investments towards achieving universal health coverage and other sustainable development goals?

- Insurance, tax based, progressive taxation with ring-fence, performance based financing, reduce waste, better information for financing - how much society should value each service delivered and pay based on that value
- Partnerships but with clear outcome indicators and robust governance arrangements
- Payments systems to incentivise and reward quality and safety and encourage collaboration

What are the social and economic returns on health workforce investments? How can these be maximized? How could these returns on investment be measured?

- Better quality of care, reduced length of stay, more satisfaction of patients, economic prosperity, efficiency and productivity, life expectancy, better health, decrease in infant mortality and maternal mortality, reduced poverty, family stability, less social problems - violence and addictions, decrease in epidemics and communicable diseases
- Shortage of nurses means lower quality care and higher risk of death but investing in nursing and safe staffing results in higher quality and safer care
- Short staffing is also bad for the health of the workforce; for example back injuries, stress, burnout, needles tick injuries, increase sickness rates and absenteeism
- CPD and in service education important to maintain high standards of care plus support development of staff and aid staff retention
- Improved education also leads to early detection of health problems, health prevention and better management of chronic conditions
- More investment in extended roles of nurses, nurses must be supported to work at the top of the scope of practice, nurses understand the connections between health and the wider

• continued on page 16

NNA consultation, UN High Level Commission on Health Employment and Economic Growth

• continued from page 15

social determinants of health including, for example, housing and education
- Nurses frequently work at the boundary between organisations providing different services, this expertise is critical to developing more integrated care
- Pay must be fair in order to both recruit and retain staff
- Many communities are now very diverse and the health workforce must reflect this and understand cultural differences and sensitivities
- Nurses are often the key access point into health services for patients,
- Nurses frequently supporting patients and families with mental health as well as physical problems
- Insufficient resource and attention paid to mental health and the consequences not just for individuals but also their families of mental health problems and breakdowns
- Recognition of poverty and unemployment also as major factors resulting in poorer health,
- More investment in training HWs, both quantity and quality of training,
- HWs should be provided with positive practice environment, better salaries and benefits, retaining strategies, recognition of contribution and opportunities for their voices to be heard in the workplace
- Health is not a drain in economy but crucial to a thriving and growing economy

What are the social and economic costs of continuing the current health and social workforce situation in the future?
- Ageing, quality of care compromised, access and equity issues, less responsive and resilient workforce, migration, waste of resources, economic impact, no standardization of care and evidence
- Must create positive practice environment (adequate staff, CPD and clear career pathways)
- More research on the cost/benefit of specialist and advances nurses to prevent patients to come to hospitals and to help patients to self-manage
- It's more expensive when we don't get care right first time e.g. readmissions , infections rates,
- Investing in education for nurses will improve the health of public create job opportunities and reduce inequalities including gender inequality,

• continued in next issue

Deskrizzjoni fuq il-Monument tal-MUMN f'egħluq l-20 Anniversarju tal-Union

Dan il-monument sar biex ifakkar ix-xogħol fejjiedi li jsir mill-membri tal-MUMN mal-pazjenti, ommijiet u trabi fl-okkażjoni tal-20 anniversarju mit-twaqqif tal-Union.

Il-monument huwa maħdum minn żewg materji, il-ġebel taż-żonqor maqtuħ mill-barrieri Għawdxin u mill-bronż sabiex l-iskultur seta' jgħaqqad dak li ħalaq Alla ma' dak li joħloq il-bniedem. Il-panewwa ċentrali tal-bronż tirrakkonta l-vokazzjoni tal-Health Care Professionals mal-pazjenti. Il-figura ċentrali tirraffigura l-virtù tal-benevolenza, il-ġid li jsir, l-empatija li tingħata, l-imħabba li tissarraf ta' kuljum mal-pazjent.

Dan kollu jibda sa mit-tnissil fil-ġuf, mat-twelid, kif ukoll fit-tfulija, għalhekk hemm l-omm tagħti il-ħalib tas-sider u mal-ġenb tagħha hemm tifla bil-ġugarell f'idha. L-istess valuri jissarfu matul il-ħajja tal-bniedem sal-mewt. Dan hu raffigurat minn raġel fl-aħħar ta' ħajtu b'għajnejh mgħamdin għaliex għal min jaħdem l-isptar kull pazjent huwa ugwali, maħbub indaqs u jingħata l-aqwa kura. Jakkumpanjaw dan kollu hemm it-tama, raġġ ta' dawl tal-mużbieħ li jingħata lill-pazjenti permezz tal-kura.

Hemm ukoll l-emozzjonijiet espressi f'uċuh differenti, li jħabtu wiċċhom magħhom ta' kuljum dawn il-professjonisti.

Il-ġebla fiha wkoll element skultoriku. Ċentralment hemm ċirku li huwa ċ-Ċirku tal-Ħajja. Il-ġebla fiha frammenti skultoriċi li jirraffiguraw il-ġranet fil-ħajja tal-bniedem, ġranet mgħoddija, bl-ewwel framment għadu intatt li jfisser sebħ ġdid.

Il-monument hu xogħol u disinn tal-iskultur Antonio Mifsud. Il-bronż inħadem mill-Fonderija Artistika Chetcuti filwaqt li x-xogħol tal-ġebel sar minn Agius Marbel/ Stone Works. Dan il-monument ġie mikxuf uffiċjalment mill-E.T Marie Louise Coleiro Preca, President ta' Malta flimkien mal-President tal-MUMN, Maria Cutajar u imbierek mill-Arċisqof Emeritus Mons. Pawlu Cremona nhar id-19 ta' Settembru 2016.

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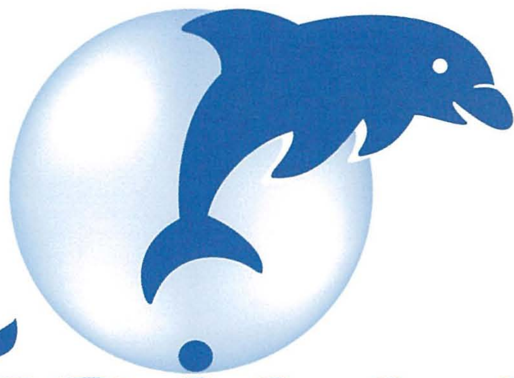

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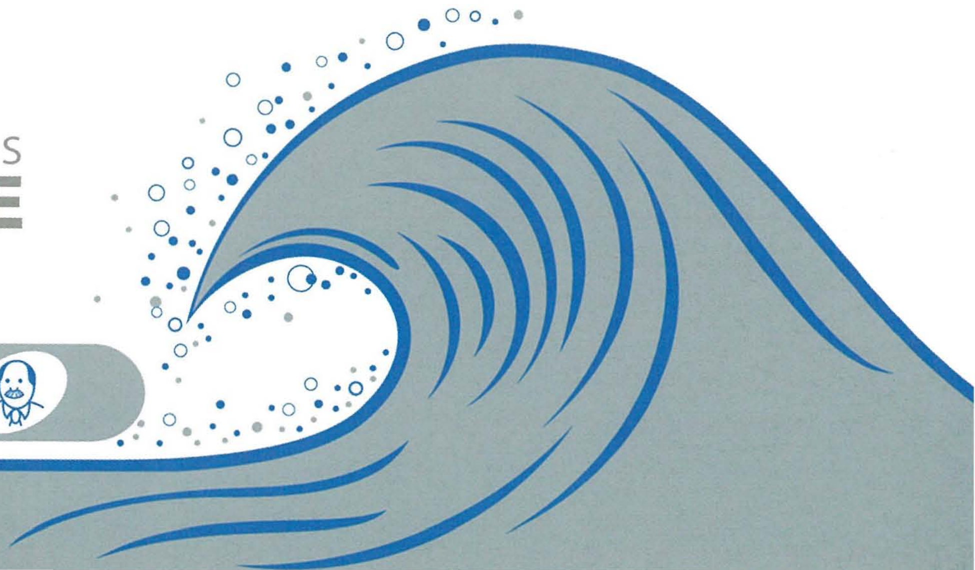

from our diary

H.E. President of Malta together with MUMN President unveiling the 20 Anniversary Monument representing the Health Care Professionals

MUMN's celebrations started with a Thanks Giving Mass celebrated by Fr. Ivan Scicluna who is also a Staff Nurse

MUMN took also the opportunity to visit its retired members who are residing in an elderly home or other institutions

MUMN also organised a Donation Blood Day where all those who participated were presented with a Commemorative Mug

Second activity was a day outing organised by MUMN for children who are residing in a Children's Orphanage

FNBF Group Committee organised its annual ceremony for the retired MUMN members to thank them for their sterling long service towards our patients.

MUMN organised an Enchanted Night Reception at the Verdala Presidential Palace where all the extra funds are donated to the Malta Community Chest Fund. During this activity H.E. President of Malta presented a Commemorative Memento to all the Council Members that served the Union during these 20 years

Action urged over social workers' loads

by Hannah Richardson BBC News education and social affairs reporters - 13th July 2016

High drop-out rates among England's social workers must be tackled urgently as they grapple with the pressure of increasing workloads, MPs say.

The Commons Education Committee says the government has not addressed the "endemic retention problems" in the profession.

Its report highlights how the vacancy rate has grown by a quarter since 2014, leaving 17% of jobs unfilled in 2015.

The government said it was investing to improve the quality of social work. The average career in social work lasts less than eight years, compared to 16 for a nurse and 25 for a doctor.

Immense pressure

And high vacancy rates have led to increased reliance on agency workers. This is at a time when the number of children in care is at its highest rate for three decades.

Ministers need to work more closely with the profession at a time when "social work is under immense pressure" the report says, before adding that social workers are facing increasing workloads and local authorities are wrestling with tighter funding.

"The government's new reforms do not focus enough on tackling the endemic retention problems", it continues.

"Poor working conditions, caused by high caseloads,

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Action urged over social workers' load

negative media coverage and a dysfunctional "blame culture', are driving experienced social workers from the profession."

"Limits should be placed on caseloads and a national workforce planning system created to forecast supply and demand."

The committee heard how social workers' morale was "extremely low".

Excessive workloads were one of the primary causes of this and evidence suggests caseloads are at dangerously high levels, it heard.

Ofsted's most recent social care report from 2013-14 found that reports from various sources cited high caseloads year on year.

A survey in 2012, by the British Association of Social Workers, found that 77% of respondents thought their caseloads were at an unmanageable level.

Blame culture

Committee chairman Neil Carmichael said: "The government's new reforms do not focus enough on tackling the endemic retention problems in children and families' social work and ministers must now make it a priority to fix this issue."

"Improving post-qualifying prospects, increasing the voice of social workers at a national level and changing the 'blame culture' persistent in social work, are important steps which can be driven forward by a strong professional body."

The committee also recommends that the government's many reforms are allowed to settle before others are introduced.

It calls for ministers to draw up an in-depth delivery plan for the reforms it has already launched as well as new ones - and suggests a national public awareness campaign to celebrate the positive aspects of social work.

A Department for Education spokeswoman said the government agreed "both that social work is one of our most important public services and that work is needed to improve its quality. Excellent social work transforms lives".

She added: "That's why the government has invested over £700m in training and recruitment, why we have committed a further £200m to innovation projects intended to increase the quality of social care practice and why we intend to accredit every children and family social worker in the country to a high standard."

The spokeswoman added that the government was working on plans for a specialist regulator for social work in conjunction with the profession.

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L-MUMN irreġistrat tilwima industrijali fl-Isptar Mater Dei

Il-Union tal-Infermiera u l-Qwiebel (MUMN) irreġistrat tilwima industrijali fl-Isptar Mater Dei dwar in-nuqqas ta' uniformijiet u tagħmir għall-protezzjoni personali għall-infermiera li jaħdmu fid-Dipartiment tal-Emerġenza, filwaqt li tat *ultimatum* lill-*Management* tal-Isptar biex iwettaq dak li wiegħed.

L-MUMN stqarret li tinsab iddiżappuntata ferm kif l-infermiera li jaħdmu f'dan id-Dipartiment għadhom ma rċevewx l-uniformi u t-tagħmir għall-protezzjoni, li ilhom imwegħda x-xhur.

Il-Union tat *ultimatum* li jekk sal-aħħar ta' Lulju l-infermiera ma jirċevux l-affarijiet dovuti lilhom, l-MUMN se tordna azzjonijiet industrijali lill-infermiera kollha fid-Dipartiment tal-Emerġenza.

Sadanittant, fl-istess stqarrija, l-MUMN talbet għal laqgħa mad-Direttur tas-Servizzi tal-Infermiera f'Mater Dei, Victoria Sultana, biex il-Union tassigura li matul l-azzjonijiet industrijali jintlaħaq l-ammont ta' infermiera meħtieġa ħalli d-Dipartiment jibqa' jaħdem kif suppost.

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No health workforce, no global health security

The Lancet

Since the recent epidemics of Ebola, MERS, and Zika viruses, the ever-present threat of pandemic influenza, and now the menace of a yellow fever crisis, the notion of global health security has risen to the top of concerns facing the 194 member states attending next week's 69th World Health Assembly (WHA) in Geneva, Switzerland. Without global health security, the common goal of a more sustainable and resilient society for human health and wellbeing will be unattainable.

But what is global health security? Much attention has rightly been devoted to the International Health Regulations - an international agreement "to prevent, protect against, control, and provide a public health response to the international spread of disease". But, as David Heymann and colleagues outlined in a series of essays on global health security and the wider lessons from the west African Ebola epidemic published in The Lancet last year, there can be no global health security without individual health security. There is a clear need to go beyond rapid detection and response to reduce collective vulnerability to cross-border infectious disease threats, and to ensure individuals have access to safe and effective health care. For Heymann and colleagues "Collective health security is the sum of individual health security." And what is the most important determinant of individual health security? In one word, people. Or, more programmatically, skilled health professionals.

Next week's WHA is therefore crucially important, as we set out in an Editorial last month. Member states will discuss a new draft Global Strategy on Human Resources for Health: Workforce 2030. This strategy has been a decade in the making - a decade, some critics might say, of failure. In 2006, the World Health Report: Working Together for Health identified the shortages of skilled health professionals as a central challenge for the health-related Millennium Development Goals. During the past 5 years, the WHA has adopted five resolutions on human resources for health. Last year, "recruitment, development, training, and retention of the health workforce" was adopted in target 3c of the Sustainable Development Goals (SDGs). The new draft Global Strategy aims to accelerate progress towards universal health coverage and the SDGs by ensuring the equitable availability of and access to high-quality health workers. Importantly, the draft Global Strategy provides updated projections on the health workforce required to accelerate and sustain progress towards universal health coverage. It estimates that the global needs-based shortage of health-care workers will be more than 14 million in 2030, and others a needs-based "SDG index" of minimum density of doctors, nurses, and midwives: 4á45 per 1000 population as a minimum threshold to meet SDG targets.

Adopting a strategy is one thing. Implementation is another. Even the most optimistic observer must conclude that efforts to strengthen the health workforce over the past decade have fallen severely short of expectations. This is no time for complacency. We see two opportunities for advancing human security with the health workforce at its core, thereby turning aspirations into actions. First, this month's G7 meeting in Japan (May 26–27), where Prime Minister Shinzo Abe will make human security a key part of his G7 agenda. Protecting human security has been a core concept of Japanese foreign policy for many years - as stressed in Kenji Shibuya and colleagues' Health Policy article published in this week's issue. And second, the recently created Commission on Health Employment and Economic Growth, jointly chaired by Presidents Hollande (France) and Zuma (South Africa), which has been tasked with proposing actions to guide the creation of health sector jobs as a means to advance inclusive economic growth. It will report in September at the UN General Assembly in New York, USA.

Global health security depends on many factors - robust disease surveillance systems, reliable health information, prevention, diagnostic, and treatment services, financing, and strong political commitment. But without skilled health professionals, who should be valued and protected everywhere, to act as the first line of defence of individual health security, other efforts will be in vain. That is why we endorse the Workforce 2030 strategy and hope that WHO's member states will too. There can be no health security without a skilled health workforce. That is the lesson of Ebola that remains to be learned.

23% of A&E patients could have been treated at health centres

National Audit Office calls on government to allocate higher proportion of health budget on primary healthcare

23% of patients who were treated at Mater Dei's Accident and Emergency Department in 2014 could have been treated at health centres, a National Audit report has found.

"Most of these were self-referred, implying that patients are intentionally by-passing health centre services to the detriment of increasing pressures on Mater Dei' resources," the NAO said in an audit report on GPs.It called on government to spend a higher percentage of the national health budget on primary healthcare, arguing that it will result on a long-term high rate of return.

The NAO called on the Primary Health Care Department (PHCD) to coordinate with the A&E Department to launch information campaigns aimed at decreasing the volume of patients at Triage Three at the A&E."Dealing with this category of patients at health centre level is conducive to a more patient-centric approach, relieves the pressure from Mater Dei's resources and infrastructure and reduces the overhead costs," it said.

It encouraged the PCHD to "exploit the complementarities of services" provided by doctors in the public and private sectors, based on recent public private partnership initiatives. It also urged the PHCD to continue to shift the balance of its services from immediate care towards health promotion and disease prevention. "The opportunity exists for the PHCD to build on current awareness campaigns by encouraging GPS to reemphasise the messages of these campaigns during patient visits," it said."

A survey commissioned by the NAO indicated widespread satisfaction – 95% - with GP services in the country. Only a third of respondents said they sought GPs through public health centres, even though the service is free of charge. 18% of people who visited health centres in 2014 said that they did so because their private GP was unavailable or because their condition was an emergency.

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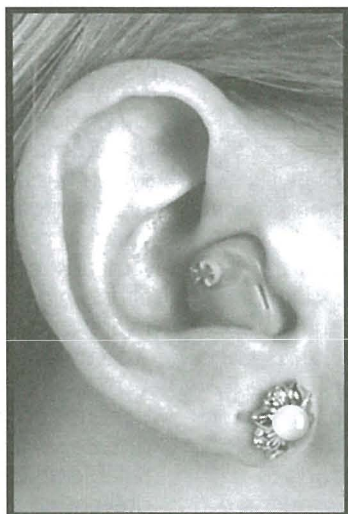

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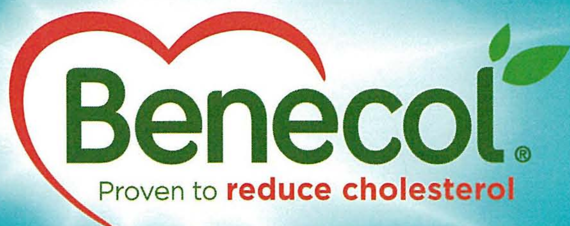

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Smartcare recognises nurses as care coordinators in integrated care

Meeting in Trieste for the final Conference of the 3-year EU project, aiming at joining up ICT and service processes for quality integrated care in Europe, the Smartcare partners were presented the project outcomes, namely: the results of the evaluation of the SmartCare services, piloted in nine European regions; the lessons learned by the people developing, implementing and operating the frontline; the socio-economic and business aspects of up-scaling integrated care; and the project guidelines for the implementation of integrated e-care services. EFN has contributed to these deliverables by making sure the chronic care model and case management are taken up in the users' recommendation.

One of the major challenges faced in the delivery of health and social care in Europe is the increase in the number of people living with chronic conditions - result of the global population ageing. As the citizens of Europe grow older, they live longer with their conditions and require on-going access and support for health and social services. At EU level, the introduction ofeHealth services is facilitating this access to healthcare, whatever the geographical location, or innovative tele-health and personal health systems. Furthermore, through eHealth it is possible to shift the focus towards person-centred care, enhance patient empowerment, and to ensure continuity of care across primary and secondary health and social care sectors. In this process, EU guidelines are a first step forward. These guidelines, building on existing good practices across the European regions, relate to Prevention, Clinical Practice, Advanced Roles, Integrated Care, and ePrescribing, and make clear that nurses and social workers, with the right knowledge and skills, will add considerable value and form an important link between technological innovation, health promotion and disease prevention (ref.: EFN EU projectENS4Care).

Also, integrated care as a way to ensuring optimal health and social outcomes being achieved for all people living in the EU, and in special regional development of integrated care, is key. In many EU countries integrated care is at its very early stage of development as bringing care closer to citizens is not yet perceived as contributing to the sustainability of health and social systems. However, national legislation should follow in merging health and social care, including their budgets. A good example is Finland (Eksote, South Karelia), where particular attention is given to enhancing the remaining resources of the elderly and supporting independent living. A nurse lead process, which also plays an important role in SmartCare project, is the service need assessment, aiming to analyse and determine a person´s needs for care and various services, and ensuring that the person receives the right care and service in a timely manner. Service needs assessment is done as the first step in every contact between a patient/customer and nurses in advanced roles available 24/7, 365 days, to make sure this continuity is guaranteed. The primary objective in elderly care is to allow the elderly persons to live in their homes as long as possible.

Finally, we can say that for the past decade the European Institutions, and the European Commission in particular, have been championing a range of initiatives and making steady steps towards improving the quality, safety and efficiency of health service delivery in Europe; however, success has been variable. But a renewed focus on delivering health and social care in the community implies an appropriately designed frontline community, as the nursing workforce, at the interface of health and social care services. This is instrumental in co-ordinating care pathways and promoting a healthier population that is empowered and fully engaged in policy decision making. The EU needs to engage more frontline, its citizens.

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TRIAD Communique 2016

Government chief nursing and midwifery officers, leaders of national nursing and midwifery associations and regulatory bodies from 95 countries, together with the International Confederation of Midwives, the International Council of Nurses and the World Health Organization, met in Geneva on 20-21 May 2016 for the sixth Triad meeting. The Triad focused on the future of the nursing and midwifery workforces and addressed issues critical to the provision of safe, quality nursing and midwifery care and effective regulation of the professions.

Often the only available health professionals for many are nurses and midwives who have a great responsibility to improve the health of the population as well as contribute to the achievement of global development goals. Evidence shows that nurses and midwives, in collaboration with interprofessional teams, have expertise in building on the strengths of individuals, families and communities to achieve better health outcomes. We are encouraged by the global commitments to improve the health of populations and ensure equitable access to quality health care. The newly adopted Sustainable Development Goals (SDGs) support universal health coverage (UHC) as a means of ensuring healthy lives and promoting well-being for all at all ages. These commitments provide the nursing and midwifery workforces an opportunity to continue to make significant contributions to the provision of quality people-centred health services throughout the life course.

Evidence on health trends shows an increasingly evolving and complex context in which nurses and midwives deliver services. Therefore, greater commitment to investment in nursing and midwifery workforce management, education, practice, regulation and legislation is required.

The Triad commits to enhancing the effectiveness of the nursing and midwifery workforces in relation to all areas of nursing and midwifery development through the following mechanisms:

Advocacy for strong investments in nursing and midwifery

Delivering effective health interventions requires human, material and financial resources. Mutual collaboration, coordinated action and resource sharing among the nursing and midwifery communities, other health professionals, policy makers, labour organisations, governments, non-governmental organisations, donor agencies and all relevant stakeholders is essential.

The Triad commits to:

1. Support the implementation of the WHO Global Strategy on Human Resources for Health: Workforce 2030 and the Global strategic directions for strengthening nursing and midwifery 2016-2020 and related strategies to enhance quality people-centred health services.
2. Undertake evidence-based advocacy for the acquisition of adequate resources for nursing and midwifery development including the development

and expansion of advanced nursing and midwifery practice roles that contribute to improved outcomes and a more effective use of resources.
3. Form sustainable intra and interprofessional collaboration to increase nursing and midwifery capacities to deliver the essential services in the context of UHC and the SDGs.

Management of the nursing and midwifery workforces

Evidence-based and effective health workforce planning and management are needed to meet the goal of scaling-up competent and diverse nursing and midwifery workforces. Adequate numbers of competent, well-prepared nurses and midwives, able to perform to their full scopes of practice, are pivotal to the achievement of UHC and the SDGs. This will maximise the highest return on investment made in education, recruitment and retention of nurses and midwives in the health care workforce.

The Triad commits to engage with relevant stakeholders to:

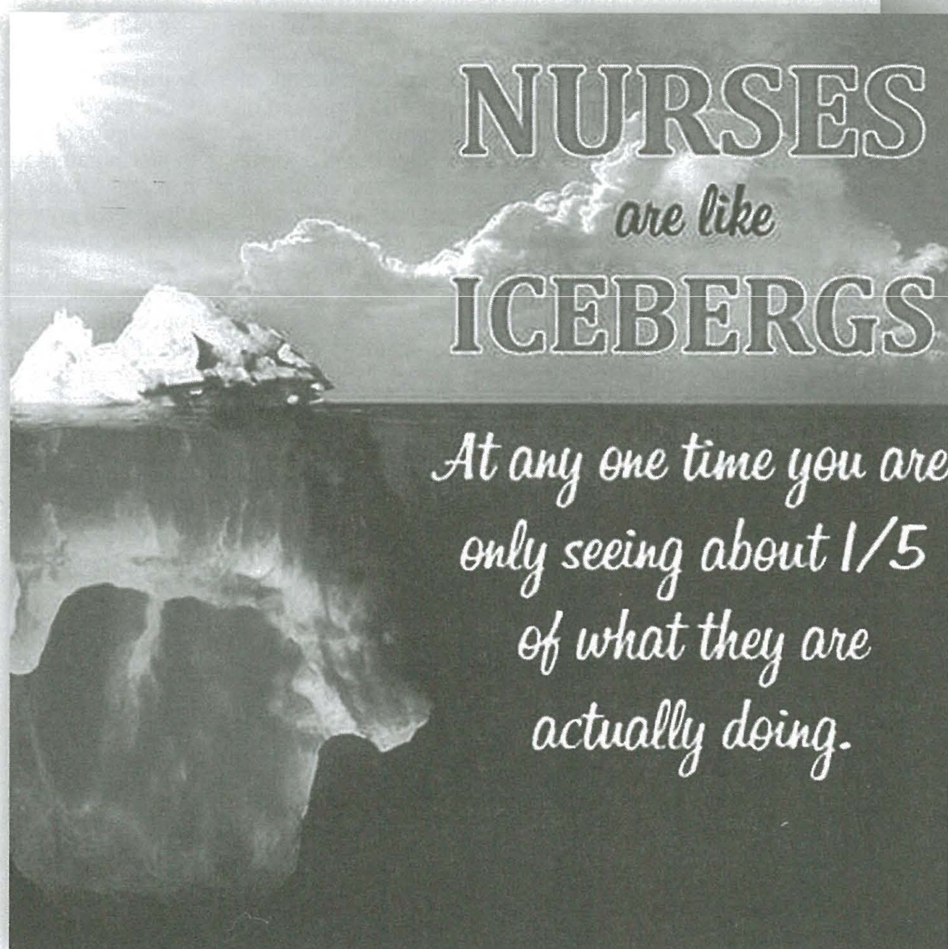
1. Improve health information systems so as to inform policy development and management of the nursing and midwifery workforces.
2. Create a better balance between the clinical and educational settings in scaling-up the numbers, quality and relevancy of the nursing and midwifery workforces.
3. Assure the scopes of practice of nurses and midwives provide for the meeting of the current and future health needs of the populations they serve.
4. Generate evidence to make improvements in nursing and midwifery education and practice.
5. Establish and strengthen platforms for sharing evidence and best practices.
6. Formulate policies and strategies that ensure the availability, accessibility and acceptability of quality nursing and midwifery workforces.

Governance and accountability

It is crucial that systems and processes are in place to ensure the quality and capacity of pre-service and continuing education, and that education accreditation/ oversight mechanisms are achievable, acceptable, credible and supported by legislation. Furthermore, to ensure equitable access to quality health services, supportive and enabling work environments focused on quality of care are needed. It is essential that nurses and midwives are involved in policy dialogue and decision making regarding the planning, development, implementation and evaluation of services and policies.

Therefore, the Triad commits to:

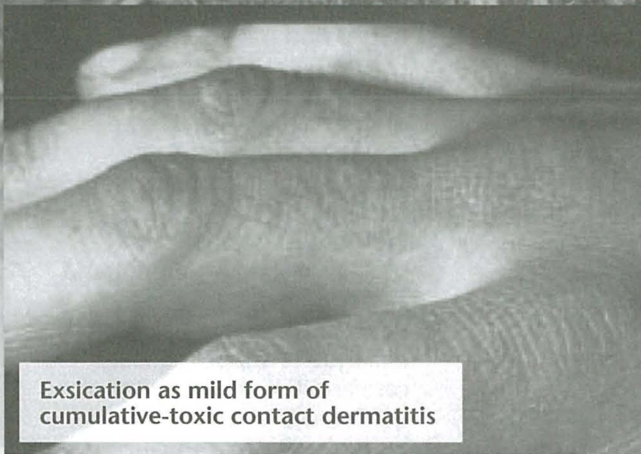
1. Strengthen or support the establishment of regulatory mechanisms to ensure the professional entry and ongoing competency of nurses and midwives.
2. Promote a supportive work environment for the delivery of safe, quality health care and the personal security and pay equity of nurses and midwives.
3. Promote leadership, professional development and career paths.
4. Actively engage in policy dialogue to support quality care and the achievement of UHC and the SDGs to ensure better health for our citizens.



Latex Allergy

A Potential Health Risk in the Medical Field

Part 1 - Increasing Awareness



Exsication as mild form of cumulative-toxic contact dermatitis

Latex, or natural rubber, is the milk obtained from the bark of the tropical tree Hevea Brasiliensis[1]. The main function of this "milk" is to seal any wounds inflicted to the plant[2]. Latex milk is harvested by collecting the fluid flowing out of the bark of the tree after cutting notches into it. This milk is composed of poly-isoprene (India rubber) and vegetable proteins. Ammonia is added as a stabilizer, to ensure that latex does not coagulate during transportation [1, 2]. Further processing may consist of vulcanization, or heat treatment with sulphur, resulting in increased elasticity, strength and stability of rubber. However, other chemicals may be added to accelerate curing or give desired properties to the final product [2].

A wide range of products contain latex, including medical devices, personal protective equipment, as well as household items. Certain substances found in latex can cause allergic reactions, which can be mild or even severe. Persons using latex products can experience three types of reactions. These are cumulative toxic eczema, allergic contact dermatitis (Type IV allergy or delayed hypersensitivity), and immediate hypersensitivity Type I allergic reaction [1, 3].

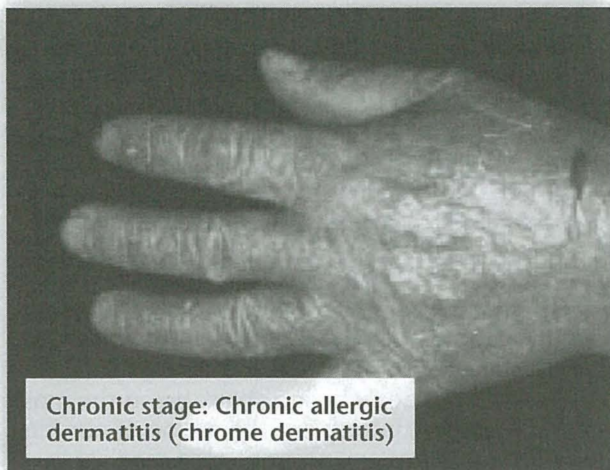
Cumulative toxic eczema or irritant contact dermatitis results in the development of irritated skin areas, which are dry and itchy, often occuring on hands. This skin irritation is often caused by exposure to chemicals, cleansers, frequent hand washing and drying, and is not a true allergy. The mild form exhibits itself as a chronic inflammation with dry, finely scaling skin surface with erythema. Further exposure results in epidermal cracks and the chronic stage involves also lichenification and oedema especially on the fingers, interdigital spaces and the back side of hands[1, 3].

Allergic Contact Dermatitis (Type IV allergy) to latex is considered to be a less serious condition, since it involves a delayed reaction to latex resulting in Contact Dermatitis. It usually starts off as a rash within 24 to 48 hrs of exposure to latex. It may develop into skin blisters which can spread away from the specific area in contact with latex. It is actually an allergic reaction to chemicals added to latex during harvesting, processing and manufacture and is only possible if the skin has been already sensitized from previous exposure to the allergen. Allergic contact dermatitis is influenced by the allergenic potential and concentration of the substance; the frequency and duration of contact; and the permeability and size of the exposed skin[3, 4].

Immediate hypersensitivity (Type I allergy) to latex is an IgE antibodies and mast cell mediated reaction. It is considered as a serious condition since it has a rapid onset and can result in life-threatening symptoms such as anaphylactic shock [3, 4]. It usually starts within minutes of exposure to latex, and is triggered by natural latex proteins. Immediate hypersensitivity reaction manifests itself according to the route of allergen absorption depending on the area of exposure. Hence, contact urticaria may result from direct exposure of skin or mucosa to latex (Eg. during surgical procedures through the use of latex gloves). Whereas, inhalation latex allergy may result from inhaling latex proteins, such as those bound to glove powder particles released, into room air, during glove changes[1, 3]. The amount of exposure required to trigger sensitisation is not known. However, in some sensitized individuals, an allergic reaction can be triggered even on very low levels of exposure[3].

Eczéma craquelé with deep cracks in the epidermis

Latex Allergy


Chronic stage: Chronic allergic dermatitis (chrome dermatitis)

Contact urticaria syndrome appears as erythema with weals, often at knuckles and wrists, within 10-30minutes after dermal exposure to latex. According to definition, stage I and II of this syndrome are only limited to skin symptoms; whilst in stages III and IV the mucous membranes are affected and progression of allergy may lead to anaphylactic shock[1].

Inhalation latex allergy takes place when airbourne particles containing latex allergen reach the mucuous membranes of eyes, nose and bronchi (Eg. inhalation of latex proteins bound to glove powder) without prior direct skin contact. This allergy is often manifested as urticaria on the face and throat, and may develop to angio-neurotic oedema, conjunctivitis, rhinitis, asthma and anaphylactic shock[1].

Percutaneous exposure to latex allergen can also take place from injection of latex contaminated medications. This contamination may result from medication packing, such as multi-dose vials with rubber stoppers or latex injection ports, where latex allergens may dissolve into the drug. Although the amount of latex allergen in the injectable may be small, in highly sensitive individuals, this may be sufficient enough to induce severe reactions[2].

Cross reactions between food and latex are also possible in persons with latex allergy. Latex-specific IgE antibodies can react with plant antigens of various species. These include banana, pineapple, figs, avocado, melon, kiwi, peach[1] and less commonly tomatoes, strawberries and plums. Such reactions can also be attributed to the fact that proteins in these plants are similar to latex allergens[4].

Risks for latex allergies in the medical field are greater due to the fact that about 50% of medical devices contain latex. These include surgical and examination gloves, urinary catheters, aneasthetic masks, compression bandages and stockings, and others [5]. In the 1980's there was an unprecedented increase in the prevalence of latex allergies. This may be due to the increase in use of latex gloves as part of the universal precautionary measures for the prevention of transmission of pathogens[2, 6]. Studies showed that in 2011, sensitivity to latex occured in 8 to 12% of healthcare workers and in 1 to 6% of the general population[7].

A higher risk of developing latex allergy is expected in relation to atopic patients, since these have a higher predisposition for type I hypersensitivity and eczema. Other groups at high risk include medical professionals, patients who undergo several surgical procedures and catherisation; and venous leg ulcer patients, where susceptibility is increased due to frequent exposure[1, 4, 6, 8].

Statistics show that in 1997, 1200 cases of perioperative latex hypersensitivity reactions were reported, of which 13 cases were fatal[5]. In the nineties, screening tests for latex allergies showed a prevalence of 2.3% in the general population and 17% in medical professions. However, from 1999 onwards, a decrease in latex allergy reports in the medical field has been observed. This might be due to the adoption of preventive measures undertaken at medical practices[1].

Preventive measures in health-care should be aimed at reducing risks for both employees and patients of developing latex allergies and should ensure safety of those persons already affected[9]. The best way to prevent latex allergies is to avoid exposure[2]. Pre-treatment evaluation of patients, regarding history of allergic reactions, does not ensure patient safety, unless medical staff is fully aware of the severity of the possible consequences of exposure to latex[5].

"Despite the demand of low priced dressing materials, which, it must be said, are rarely dependable or of high quality, I refuse to abandon my principle of delivering the best there is to offer, time after time."
Paul Hartmann, 1885

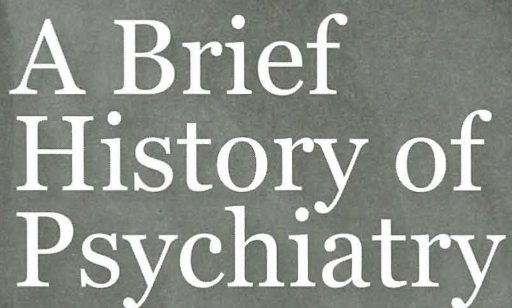
Tanya Carabott, P.Q.Dip.HSc (Mgmt)

References:

1. Rimmele-Schick, E. Latex allergy –An occupational disease, 2004. Medical Edition PAUL HARTMANN AG; Heidenheim, Germany.
2. Nursing Link—Latex Allergies, 2007. Available: http://nursinglink.monster.com/training/articles/235-latex-allergies Accessed: 14/11/12
3. Washington State Dept of Labor & Industries, 2011. **Latex Allergies**—Overview of hazards and safety measures. Available: http://wisha-training.lni.wa.gov/training/presentations/LatexAllergies.ppt. Accessed: 14/11/12
4. Department of Allergy, Immunology and Infectious diseases, The Children's Hospital, Sydney, Australia, 2010. Fact Sheet—Latex Allergy. Available: http://kidshealth.schn.health.nsw.gov.au/sites/kidshealth.chw.edu.au/files/fact-sheets/pdf/latex-allergy.pdf Accessed: 20/11/12
5. Mota AN, Turrini RN. Perioperative latex hypersensitivity reactions: an integrative literature review. Rev Lat Am Enfermagem. 2012. Available: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692012000200026&lng=en&nrm=iso&tlng=en Accessed: 14/11/12.
6. Blaylock B. Latex allergies: overview, prevention and implications for nursing care. Ostomy Wound Manage. 1995. Available: http://www.ncbi.nlm.nih.gov/pubmed/7612136 Accessed: 14/11/12.
7. Center for Desease Control & Prevention, 2011. Latex Allergy. Available: http://www.cdc.gov/healthcommunication/ToolsTemplates/EntertainmentEd/Tips/LatexAllergy.html Accessed: 29/08/16.
8. Tavadia S , et al; Allergic contact dermatitis in venous leg ulcer patients. Contact Dermatitis. 2003. Available: http://www.ncbi.nlm.nih.gov/pubmed/12868967 Accessed: 29/08/16.
9. Zahariev VukšiniĐ K, KneževiĐ B, Bogadi-Šare A, Bubaš M, Krišto D, PejnoviĐ N. Anaphylactic Reaction to Latex in a Health Care Worker: Case Report. Acta Dermatovenerol Croat. 2012. Available: http://www.ncbi.nlm.nih.gov/pubmed/23069310 Accessed: 14/11/12.

A Brief History of Psychiatry

Until a century ago, people with mental illness were locked away in large segregated asylums, away from the eyes of society, in the most degrading and inhumane conditions, with little (if any) of the treatment and care that is available today.



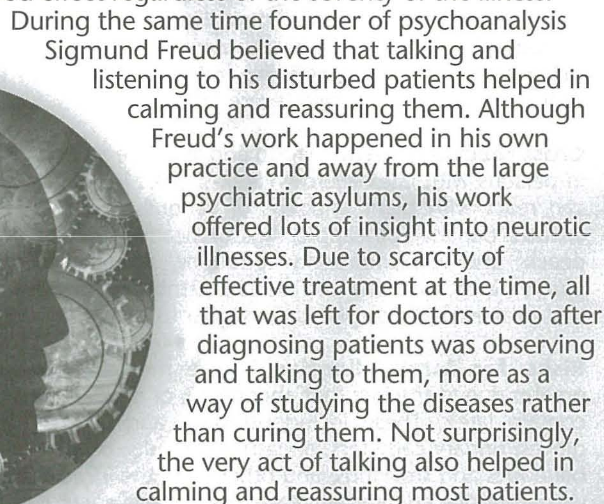
These so called asylums, employed attendants, who were mostly men who had to be well built, who were brave enough to work in horrendous environments and who required no knowledge or training of psychiatry or nursing.

In 1908, the Medico-Psychological association published the first "Handbook for Attendants on the Insane", which to this day makes up for a fascinating read. This was the first attempt at providing so much needed human care to people who suffered from mental illness, and although it describes certain antiquated and nowadays extinct procedures (the "cold bath" and the "whirling chair" being the most mind boggling), it introduced the notion of nursing inside these asylums and attempted to medicalise most interventions carried out by doctors, nuns and attendants working there.

However, it was in the second half of the 19th century that real progress and awareness in psychiatry started to appear. Europe was the birth place for the most influential heads in psychiatry. Emil Kraeplin was an asylum doctor in Dorpat (now Estonia). He distinguished dementia precox (which later became known as schizophrenia) from manic depressive disorder. One could say he started the classification of mental disorders (eventually developed into the famous DSM IV and ICD-10).

Eugen Bleuler was a Swiss psychiatrist who first used the term schizophrenia in 1911. His sister actually suffered from the illness and he worked in the same hospital where she resided. He used to spend hours talking to patients with the illness, and established that patients suffering from schizophrenia could still have a good effect regardless of the severity of the illness.

During the same time founder of psychoanalysis Sigmund Freud believed that talking and listening to his disturbed patients helped in calming and reassuring them. Although Freud's work happened in his own practice and away from the large psychiatric asylums, his work offered lots of insight into neurotic illnesses. Due to scarcity of effective treatment at the time, all that was left for doctors to do after diagnosing patients was observing and talking to them, more as a way of studying the diseases rather than curing them. Not surprisingly, the very act of talking also helped in calming and reassuring most patients. And it was this effect that Freud mostly focused on.



By the 1930's and 1940's, countries like the U.S. and the U.K. started noticing the effects of the First and Second World Wars on their soldiers and there was the urgent need to treat shell-shocked soldiers, or as it is currently known, PTSD. This boosted a vested interest in the care for the mentally ill and instigated governments to invest resources in improving the care provided.

However it wasn't before the 1950's that the first drug which showed effectiveness in the treatment of

mental illness was discovered. Chlorpromazine was found by a French anaesthetist who noticed how it calmed patients post-operatively. Its effect on psychiatry was huge. The treatment of mental illness was consequently not only about restraint and control, but about reduction of symptoms and less agitation, which allowed for more human conversations and alleviation of suffering. Mental illness became more manageable and discharge from hospital was then a reality. Psychiatric hospitals became less daunting and the atmosphere on wards less chaotic.

In the meantime in the United States, Hildegard Peplau was working with leading figures in psychiatry, to reshape the mental health system in America. Influenced by the works of Freud and Harry Sullivan, she was interested in the role of the nurse in caring for patients with mental illness. She was the first person to acknowledge the power of the therapeutic relationship between nurse and patient in psychiatry. She eventually published the "Theory of Interpersonal Relations", which was a ground breaking theory in the psychiatric nursing profession, and to this day remains the foundation of nursing practice.

Although the 1950's saw an improvement in the conditions of mental hospitals, by the 1960's another difficulty started to be noticed in patients suffering from mental illness and who had spent a considerable time being treated inside the hospital. Institutional neurosis was noted by Russell Burton who emphasised that long stay hospitalization was the cause of most of the symptoms present in patients with mental illness. Burton insisted that patients in institutions were stripped away from their independence and due to having the hospital taking care of the most basic needs; patients lost their ability to function independently and psychologically outside of the hospital.

One of the most fascinating (and sometimes shocking) things about mental health care is its history.

De-institutionalization instigated the focus of mental health care in the community. The 1970's and the 1980's saw a boost in the development of community mental health care in Europe, and psychiatric nurses followed the patients at mental health clinics and even at their own homes.

The U.S. and the U.K. made the mistake of suddenly closing down large psychiatric hospitals, without offering an alternative and much required community services, which resulted in an excessive number of people becoming homeless, and dying to the elements, illness and suicide. This also led to extensive reform in mental health law, with human rights, compulsory care and stigma being at the forefront of much debate and controversy.

Nowadays, hospitals and community services work hand in hand in providing the required care patients entail. Nurses also work more closely with other mental health professionals like social workers, doctors and therapists as mental illness involves a broad range of psychological, medical and social problems which not one profession can attend to alone. The therapeutic relationship remains a fundamental component of the psychiatric nurse's work and new developments in mental health nursing led to new specialized roles of nurse therapists and crisis intervention teams.

Pierre Galea is the president of the Maltese Association of Psychiatric Nurses (MAPN).

MAPN will be organizing and hosting the Horatio European Festival of Psychiatric Nurses in Malta, between the 11th May and the 14th May 2017. The theme for the event is going to be "Working in Partnership" and the festival will see a range of professionals from different fields working together in mental health.

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A model of pastoral care

As an enthusiastic learner and follower of courses on Saint Augustine I cannot help but openly confessing that this magnificent Bishop of Hippo and a prominent Western Church Father has been for me, up to now, a dominant figure both in my religious as well as pastoral life. In this brief article I want to explore why Saint Augustine have been such a driving force in my life, particularly as a hospital chaplain.

In his numerous writings, which scholars believe amply exceed 5,000, 000 words, there is a concept coined by Augustine that makes alot of sense in the world of medicine and, concomitantly, in the hospital setting as such. Augustine provocatively and interestingly presents Jesus Christ as Christus Medicus, or, Christ the Doctor. In his writings Christ features as the Healer, the Doctor, the Physician, the Surgeon, the Therapist, the Pharmacologist.

Augustine approaches God as his medice (doctor) within the context of prayer. God's medicine for Augustine is the forgiveness He gives him of his past sinful life. Thus, at the beginning of Book Ten of the Confessions the Bishop of Hippo confesses:

"But yet do Thou, my most secret Physician, make clear to me what fruit I may reap by doing it. For the confessions of my past sins—which You have forgiven and covered, that You might make me happy in You, changing my soul by faith and Your sacrament,— when they are read and heard, stir up the heart, that it sleep not in despair and say, I cannot; but that it may awake in the love of Your mercy and the sweetness of Your grace, by which he that is weak is strong, 2 Corinthians12:10 if by it he is made conscious of his own weakness. As for the good, they take delight in hearing of the past errors of such as are now freed from them; and they delight, not because they are errors, but because they have been and are so no longer" (Confessions 10.3.4).

It is clear that for Augustine God, as his medice meus intime, which various English translations portray this profound phrase as "O my inmost Physician" (Sheed), "my inward Healer" (Boulding), "physician of my most inmost self" (Chadwick), is his Physician and Healer inasmuch as his very presence implies eternal forgiveness, joy and sweetness for Augustine the sinner. God's forgiveness of his past sins empowers Augustine to rejoice in the Lord that, thanks to Him, he is in the state of grace since sin is no more in his soul.

For Augustine salus animae "the health of the soul" was much more imporant than salus corporis – "bodily health". In Book One of the Confessions Augustine powerfully emphasizes the primacy of spiritual health when he says:

"Oh! How shall I find rest in You? Who will send You into my heart to inebriate it, so that I may forget my woes, and embrace You my only good? What are You to me? Have compassion on me, that I may speak. What am I to You that You demand my love, and unless I give it You art angry, and threatenest me with great sorrows? Is it, then, a light sorrow not tolove You? Alas! Alas! Tell me of Your compassion, O Lord my God, what You are to me. Say unto my soul, I am yoursalvation. So speak that I may hear. Behold, Lord, the ears of my heart are before You; open them, and say unto my soul, I am your salvation. When I hear, may I run and lay hold on You. Hide not Your face from me. Let me die, lest I die, if only I may see Your face" (Confessions I.5).

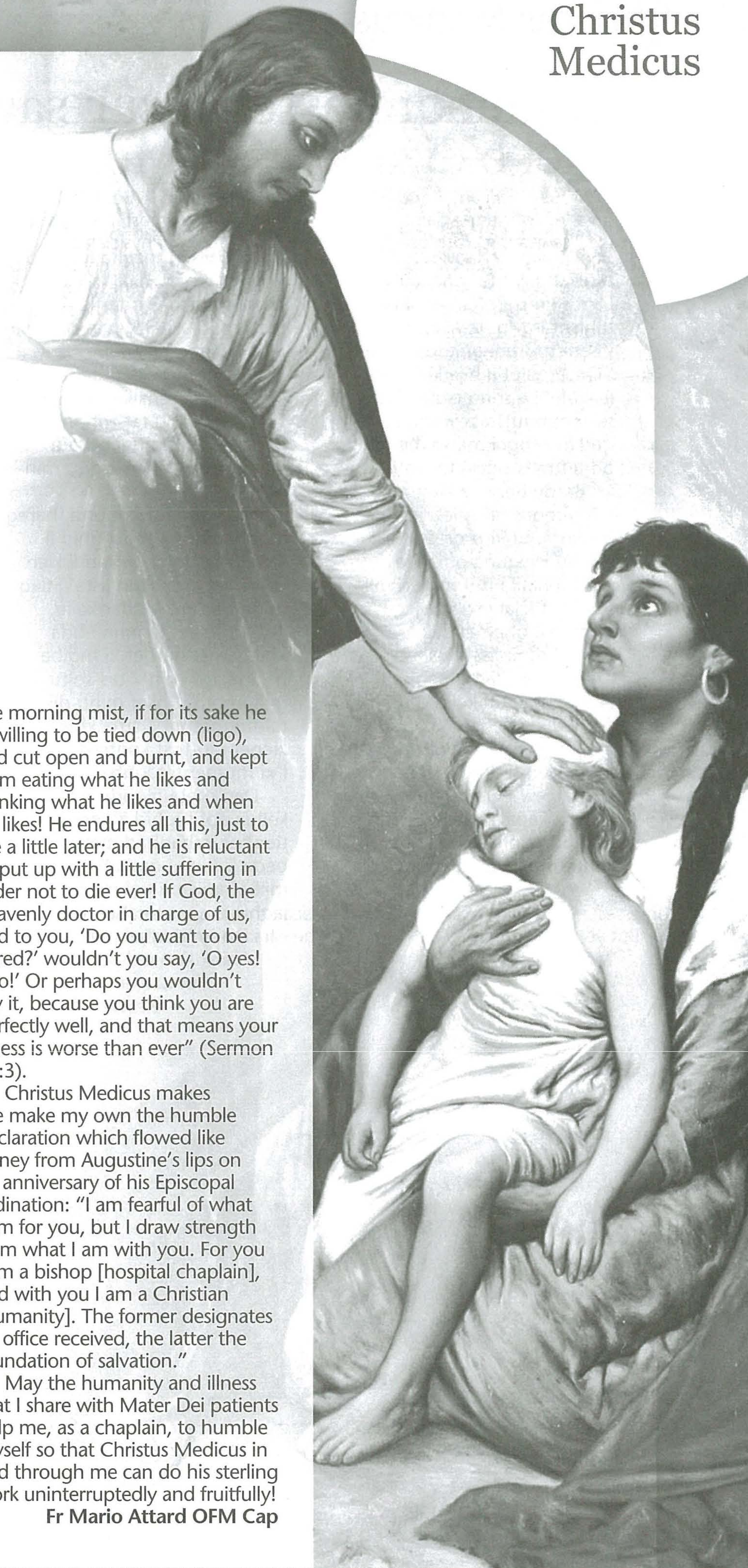
In the Confessions Augustine craves for the healing touch which emanates from Christus Medicus. In Chapter 28 of Book Ten, when addressing the issue of the misery of human life, the Bishop of Hippo strongly points to God as his only refuge and stronghold through the rough seas of his life.

"When I shall cleave unto You with all my being, then shall I in nothing have pain and labour; and my life shall be a real life, being wholly full of You. But now since he whom Thou fillest is the one Thou liftest up, I am a burden to myself, as not being full of You. Joys of sorrow contend with sorrows of joy; and on which side the victory may be I know not. Woe is me! Lord, have pity on me. My evil sorrows contend with my good joys; and on which side the victory may be I know not. Woe is me! Lord, have pity on me. Woe is me! Lo, I hide not my wounds; You are the Physician, I the sick; Thou merciful, I miserable" (Confessions 10.28.39).

Does not Augustine's cry perfectly resemble the psalmist lament in Psalm 40 when he says: "Do not thou, O Lord, withhold thy mercy from me, let thy steadfast love and thy faithfulness ever preserve me! For evils have encompassed me without number; my iniquities have overtaken me, till I cannot see; they are more than the hairs of my head; my heart fails me. Be pleased, O Lord, to deliver me! O Lord, make haste to help me! Let them be put to shame and confusion altogether who seek to snatch away my life; let them be turned back and brought to dishonor who desire my hurt!" (Psalm 40:11-14)?

Every sick person is assailed by shame and confusion due to his and her medical situation. In the great waves of doubt, panic and utmost life blur it is normal that anxiety and helplessness creeps in. What the person is looking for at that perilous moment is security. On the horizon of that complete uncertainty, fuelled by the breeze of fear, one thing stands out: the urgency of encountering the Doctor who can give hope to the drowning patient. The Doctor is Jesus Christ, represented in the person of the hospital chaplain. It is Him whom the psalms depict as "my Father, my God, and the Rock of my salvation" (Psalm 89:26); "my stronghold, and my God the rock of my refuge" (Psalm 94:22).

As Augustine shows us praying to God when we are spiritually sick helps us to approach his healing grace. How many times have I witnessed people who have been far away from God for many years yet they were spiritually revived because they and myself humbled ourselves before God's Throne in prayer. This perfectly concords with what Augustine says about prayer when he states: "Many cry to God, but not with the voice of the soul, but with



the voice of the body; only the cry of the heart, of the soul, reaches God". So let us cry with the voice of our troubled hearts so that our cry reaches the Merciful God!

But what happens when our cry reaches Christ? The person involved becomes open to his life-giving grace and receives His help accordingly. Principally, of course, through the sacraments of the Anointing of the Sick, Reconciliation and the Eucharist.

However, the Christus Medicus pastoral care model is a continual self-examination and reflection to the hospital chaplain himself. If he wishes that the people he ministers to are opened to Christ how much more he needs to let Christus Medicus heal him in every aspect of his life and mission. Sermon 80, wherein the theme of Christ the Physician is present, deals quite extensively on this point:

"So then, seeing that in this chapter of the Gospel the Lord exhorts us to prayer after saying 'It was because of your unbelief that you could not cast out this demon,' he exhorted them to prayer, you see, by concluding like this: 'This kind is only cast out by fasting and prayers'. If a person is to pray in order to cast out someone else's demon, how much more to cast out his own avarice? How much more to cast out his own habit of drunkenness? How much more to cast out his own loose living?

How much more to cast out his own uncleanness? How many things there are in us which, if they persist, bar our entry into the kingdom of heaven! Just think, brothers and sisters, how urgently people beg doctors for merely temporary health, how if someone is desperately ill he's neither slow nor shy about cling to the man's feet, about washing the expert surgeon's feet with his tears. And what if the doctor tells him, 'The only way you can be cured is if I tie you down, cauterize, wield the knife?' He will answer, 'Do what you like, only cure me!' How keenly he must long for a few day's volatile health, as fleeting as the morning mist, if for its sake he is willing to be tied down (ligo), and cut open and burnt, and kept from eating what he likes and drinking what he likes and when he likes! He endures all this, just to die a little later; and he is reluctant to put up with a little suffering in order not to die ever! If God, the heavenly doctor in charge of us, said to you, 'Do you want to be cured?' wouldn't you say, 'O yes! I do!' Or perhaps you wouldn't say it, because you think you are perfectly well, and that means your illness is worse than ever" (Sermon 80:3).

Christus Medicus makes me make my own the humble declaration which flowed like honey from Augustine's lips on an anniversary of his Episcopal ordination: "I am fearful of what I am for you, but I draw strength from what I am with you. For you I am a bishop [hospital chaplain], and with you I am a Christian [humanity]. The former designates an office received, the latter the foundation of salvation."

May the humanity and illness that I share with Mater Dei patients help me, as a chaplain, to humble myself so that Christus Medicus in and through me can do his sterling work uninterruptedly and fruitfully!

Fr Mario Attard OFM Cap

Illiberat minn akkużi li sawwat tifel b'diżabbilità f'Monte Carmeli

Infermier kien illiberat mill-akkużi li sawwat tifel b'diżabbilità ta' għaxar snin fir-residenza għall-adoloxxenti tal-Isptar Monte Carmeli f'Settembru li għadda wara li l-Qorti qalet li hija konvinta li l-ġrieħi li sofra t-tifel, kienu saru minnu stess waqt li kien qed jixxengel min-naħa għall-oħra fuq is-siġġu tar-roti.

Brady Bezzina kien mixli li b'nuqqas ta' ħsieb jew bi traskuraġni fil-professjoni tiegħu kkaġuna offiża ta' natura ħafifa fuq minuri u li bħala uffiċjal jew impjegat pubbliku għamel dak li kellu d-dmir jissorvelja biex ma jsirx jew li minħabba li l-kariga tiegħu kellu d-dmir li jimpedixxi li jsir.

Bezzina kien mixli wkoll li meta kien fi dmir li jieħu ħsieb ta' tfal jew persuni oħra li ma jkunux kapaċi li jieħdu ħsieb tagħhom infushom, naqas milli jieħu ħsieb kif jeħtieġ ta' dawk it-tfal jew persuni oħra.

Mill-provi rriżulta li l-minorenni daħal l-Isptar Monte Carmeli nhar is-7 ta' Settembru, 2015, fejn dan ma tantx deher li kien anzjuż li jibqa' hemmhekk u beda jkun imqareb fis-sens li billi huwa jimxi bis-siġġu tar-roti, huwa beda jiġri wara tfal oħra u beda jixxengel bis-siġġu min-naħa għall-oħra.

Mix-xhieda prodotta, ħareġ li l-minorenni beda jgħid li kien se jgħid lil ommu li kien issawwat biex ikun jista' jitlaq minn hemm. Madankollu, il-Qorti qalet li minn ebda xhieda ma ħarġet xi mġiba ħażina jew mhux tas-soltu mill-imputat ħlief minn dik tal-minorenni, liema xhieda kienet pjuttost kontradittorja f'xi mumenti tagħha.

Dan meta fil-bidu huwa ma kellux aptit jgħid il-verżjoni tiegħu, imbagħad meta beda jgħid xi ġralu ħafna mill-affarijiet li qal ma kinux jagħmlu sens bħal pereżempju li kien imġiegħel minn Brady biex jinħasel waħdu fix-xawer meta ftit wara qal li dejjem kienet ommu li taħslu u sussegwentement meta qal li Brady ġiegħlu jinżel mal-art minn fuq is-siġġu tar-roti biex jiġbor il-primli meta kien ċar u evidenti li t-tifel ma setax jinżel waħdu.

Dan kien ikkonstatat mill-Qorti stess meta huwa kellu jiġi merfugħ minn terza persuna biex ikun jista' jgħaddi mill-bieb tas-sigrieta tal-istess Qorti. Intant, irriżulta wkoll li mill-inkjesta interna li saret mill-Isptar Monte Carmeli ma ħareġ xejn fuq xi mġiba ħażina jew irregolari min-naħa tal-imputat.

Il-Qorti qalet li hija sodisfatta u konvinta li l-ġrieħi kkonstatati minn ċertifikat mediku, li kienu jikkonsistu fi tbenġil fuq iż-żewġ naħat ta' taħt l-idejn u jiġifieri juru li l-minuri kien għamilhom bil-mod goff li kien qed jixxengel min-naħa għall-oħra meta kien fuq is-siġġu tar-roti.

Finalment, wara li semgħet ix-xhieda tal-imputat innifsu, il-Qorti qalet li hija sodisfatta li l-verżjoni illi huwa ta, filwaqt li kienet kostanti mal-istqarrija li kien ta oriġinarjament, kienet ukoll waħda li kienet aktar verosimili. Għalhekk, il-Qorti saħqet li hija konvinta bl-innoċenza tal-imputat.

Għal dawn il-motivi, il-Qorti ppreseduta mill-Maġistrat Dr Claire L. Stafrace Zammit ma sabitx lil Bezzina ħati tal-imputazzjonijiet miġjubin fil-konfront tiegħu u għalhekk illiberatu minnhom.

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1. Grathwohl DJ *et al.* Abstract at EAPS congress, 2010. **2.** EFSA. Scientific Opinion on the essential composition of infant and follow-on formulae. EFSA Journal 2014; 12(7): 3760. **3.** SMA® PRO First Infant Milk Datacard. **4.** Protein and Amino Acid Requirements in Human Nutrition. Report of a Joint WHO/FAO/UNU Expert Consensus 2007. **5.** Nestlé data on file. 2014. **6.** Kirchberg FF et al. J Clin Endocrinol Metab 2015; 100(1): 149-58. **7.**Yan J et al. Abstract at the Europediatrics Congress, Florence 2015"

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