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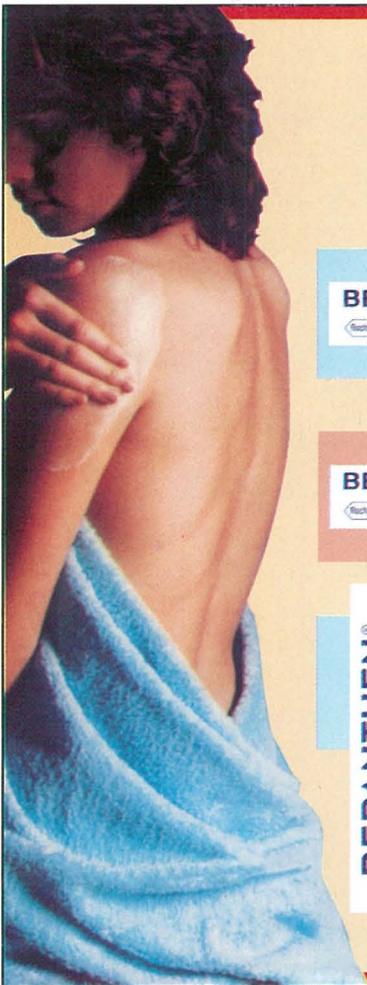
Malta Union of Midwives and Nurses

Awissu 1999



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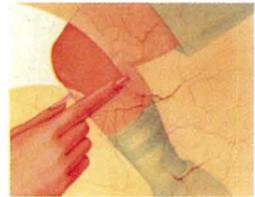
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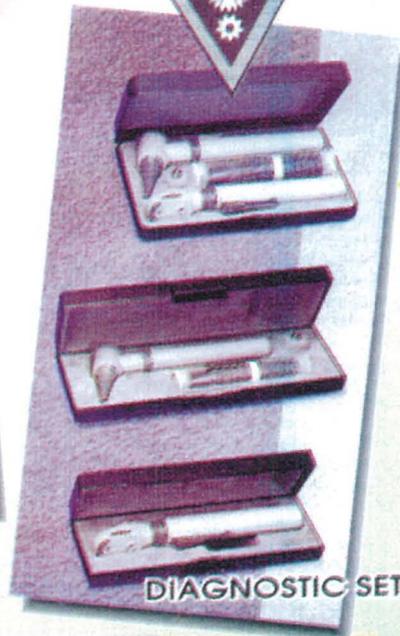
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WERREJ

Editorjal	3
Kelmejn mill-President	4
Female Drug abusers.... do they have the same chances for rehabilitation?	5
X'Ghandek taghmel f'kaži ta' dixiplina	7
Mis-Segretarju Generali	8
Targets 2.	9
The Role of Nurses in Screening Programs	10
FI-Arti nesprimi dak li nhoss	12
Urinary Incontinence in Elderly Patients	15
Sotto Kumitati	16
Targets 3.	17
Estacode	18
Drivin a Car is not a Game	19
Beating the bug	20
Ejjew Nieqfu Ftit	22

Editorjal . . .

Nixtieq Nistaqsi.....?

Ghaliex meta wasalna biex nitilqu mill-isptar tal-passat ghadhom jiddominaw sistemi antiki li jmissna ilna li bdielna. Bhala nurses u midwives ghandna jkollna l-kuraġġ u l-ispazju li nibdlu din l-attitudni. Issa li resqin lejn is-sena 2000 u suppost immorru fi sptar ġdid hemm bżonn li nimmodernizzaw dawn is-sistemi.

Imxejna 'l quddiem meta n-nurses u l-midwives bdew jiġu offruti courses bid-diploma u degrees. Imma fil-fatt xi jfisser dan kollu meta degree fin-nursing ma tiġix ikalkulata bhal degrees oħrajn? X'jiswa jekk wara dawk is-snin kollha ta' studju ma jithallew x jaħdmu skond il-profesjonalita li ghandhom?

'Holistic approach', 'cost effectiveness', 'Individualised care', 'multi disciplinary team' dejjem jiġu diskussi waqt il-laqgħat u konferenzi u fir-realta' ma jiġux attwati. X'qed ifixkel dan il-proċess?

Fuq liema linji b'mod speċjali l-midwives li ghandhom il-warrant mhux qed jithallew jippratikaw b'mod shih il-professjoni tagħhom? Imnejn sa fejn in-nurses ghandhom jiġu mogħtija ordnijiet minn hafna individwi u diversi dipartimenti ta' kif se jamministraw is-sala. L-impressjoni li tiehu hi li hemm xi intenzjoni mohbija li mhux kulhadd jaf biha.

Is-sistemi tas-saħħa f'Malta thares lejn is-sistema ta' l-Ingliterra, imma meta se jasal iż-żmien li nibdew nisperaw għal dawk is-sistemi li jgħollu u jhallu lin-nurses u l-midwives iwettqu l-professjoni tagħhom, biex is-socjeta ikollha is-servizz li jisthoqilha?.

X'inhi l-intenzjoni mogħtija ?

.....*Nistennew u forsi*

Kelmtejn mill-President

Gheżież membri,

Tassew kif jghidu li ż-żmien qed jigi bina u f'daqqa waħda reġa' wasal iż-żmien tas-sajf fostna. Żmien il-vaganzi, id-divertiment, il-baħar u s-shana tax-xemx li tizreg f'pajjiżna. Izda minkejja li f'dan iż-żmien ikollok aptit li tieqaf mix-xogħol, il-Union tibqa sejra f'hidmietha sabiex tkompli thares l-interessi tiegħek u tal-professjoni.

Dan l-aħhar il-Union attendiet żewġ konferenzi li kienu direttament jitrattaw il-Professjoni tagħna, waħda f'Malta u l-oħra f'Londra. Għall-konferenza ta' Malta il-Union ipprezentat 'paper' li kienet tispjega rizzultat minn stharrig xjentifiku li sar permezz ta' 'survey' dwar kif jaħsbuha fuq in-nurses kemm il-pubbliku ingenerali kif ukoll il-kollegi fuq il-post tax-xogħol tagħna fil-qasam tas-Sahha.

Minn dan l-istharrig irrizulta li l-poplu għadu ma jafx ezattament x'inhuma l-avvanzi li n-Nurses qed jagħmlu u għadu jassoċja lil dawn il-haddiema bhala assistenti tat-tobba u jagħmlu biss dak li jigi ordnat lilhom. Ix-xogħol prinċipali tan-Nurse huwa meqjus bhala wiehed domestiku. Ma jfissirx li xogħol ta' hasil ta' pazjenti mhux xogħolna izda dan mhux biss. Ix-xogħol tagħna għandu jkun li jiddefendi d-drittijiet tal-pazjenti tagħna u nikkurawhom b'mod dinjituż u uman, b'holistic approach'. Irridu nkunu sodi u ma nhallux ix-xogħol tagħna jgħaddi f'idejn haddieħor u ahna nispiċkaw nagħmlu dak kollu li jbiegħedna mill-pazjent. M'għandniex niddejqu ngħidu li ahna nurses u għandna nkunu kburin b'dak li qed nagħmlu.

F'din il-paper hareġ ċar li l-ligi li tirregolarizza ir-rwol tan-Nurses, magħrufa bhala *Medical and Kindred Professions Ordinance*, tinsab antikwata. Sahansitra hija Ordinanza u mhux Ligi u ilha applikabbli sa mill-1901. Din il-Ligi tgħid b'mod l-aktar ċar li n-Nurses jistghu jipprattikaw biss taht sorveljanza tat-tabib. Dan ifisser li n-nurses għadhom sal-lum legalment mhux awtonomi. Għalhekk għandna nagħmlu l-persjoni kollha meħtieġa sabiex tigi mibdula din il-ligi għal waħda aktar moderna u tirrifletti l-avvanzi li saru fil-professjoni tan-Nursing u l-bżonnijiet tas-socjeta tal-lum.

Għall-konferenza f'Londra attendejna jien u Colin Galea, Segretarju generali ta' l-Union. Din il-konferenza kienet qed issir biex tigi ċelebrata l-egħluq ta' mitt sena mit-twaqqif tal-Kunsill Internazzjonali tan-Nursing. Il-Union hadet l-opportunita' sabiex waqt din il-konferenza għamilna għall-ewwel darba kuntatti ma għaqdiet Barranin li jirrapprezentaw lin-Nurses u l-Midwives. Ma nistax ma nesprimix is-sodisfazzjon tiegħi għall-laqgħa pozzittiva li kellna mas-Segretarja għall-affarijiet Internazzjonali tar-Royal College of Nurses, RCN. Jidher li issa l-Union qed tiftaħ il-fruntieri tagħha u bdiet tigi magħrufa f'pajjiżi oħra, u saħansitra għamilna kuntatti ma għaqdiet fl-Istati Uniti. Huwa importanti li issa dak li bdejna f'Londra nkomplu nibqghu nibnu fuq dawn il-kuntatti.

Ma nistax ma nirringrazzjax lill-kumpanija ta' l-ajru Air Malta għall-ghajnuna finanzjarja permezz ta' sponsorship li tagħtna sabiex stajna nwettqu dan il-vjaġġ.

Nawguralkom sajf avventuruż.

Rudolph Cini
President.MUMN

Female drug abusers... do they have the same chances for rehabilitation?



Sina Bugeja MSc [Wales]; FRSH;

Drug misuse among women tends to be more hidden than it is in the rest of the population and, because their drug taking is seen as explicitly going against their conventionally perceived role as nurturers and providers, there is a tendency for them to become cut off from the norms of society. The advisory council on the misuse of drugs, 1998.

Female drug abusers are considered as a hard-to-reach population throughout the world. In the UK, the statistics indicate clearly that only a quarter of reported cases are actually females. These figures have influenced a widely held opinion that female drug users are less likely to present to drug treatment programmes. On a global level, many drug services have actively sought to encourage women into treatment yet certain social and interpersonal factors have impeded them from participating.

Drug-dependent women can overcome drug addiction. But to do so, they need the help of individuals including significant others, family members, treatment providers and the community. NIDA, 1998

What are these active barriers to service use?

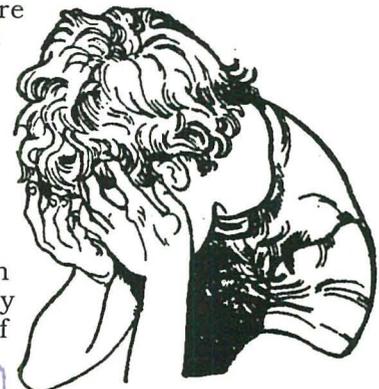
Illicit drug use is inconsistent with the traditional woman's role as carer, mother and wife. Socially speaking, female drug users experience a greater stigma. It is this stigma that stops women from utilising more a service that is theirs by virtue of the problem they are experiencing. Yet, many female drug users have children and must juggle between the demands of their role as mothers and at the same time maintain their drug-taking lifestyle. Obviously, their main concern is the concealing of this very problem. This point has been documented in a number of studies. A study conducted in Glasgow showed that twenty-three out of thirty female intravenous drug users were reluctant to buy or exchange injecting equipment as this would indicate to others that they injected drugs. In the same sample, only two men felt this way. The sample size was the same for

both males and females. In another study carried out in Australia, it was found that more than half of an all-female sample studied, indicated that they had put off going for treatment because they perceived the stigma associated with substance use to be very high. Another issue that needs considering is that prior to presenting for treatment, one must have already internalised and accepted that she is a drug user. This in itself can be a strong deterrent to seek help.

Some health professionals who come across female drug abusers are also a strong obstacle. Although research in this area is limited, the views together with the attitudes of such workers is identical to that of the general population; i.e. the broad idea is that female substance users are generally held in a more negative light than her male counterpart. In fact, research which focused on women drug abusers have been largely medical, psychiatric and psychological in approach, and has tended to present women who use illicit drugs as more passive, psychologically or socially inadequate and disordered than male drug users [Rosenbaum, 1981].

Sexual relationships

Women who are injecting drugs are more likely than their male counterpart to have sexual relations with an injecting partner. It has also been noted that many female drug users were actually introduced to intravenous drug injecting by their partners. In contrast to this statement, only 10% of the males injecting drugs intravenously were introduced to this behaviour by their female partners. Overmore, research indicates that about 70% of women who report using drugs also report having been abused sexually before the age of sixteen.



It has been noted that support from a partner in women presenting to, and remaining in treatment plays an important role. The importance of partners must also be taken in consideration when examining relapse amongst women. As already stated, female drug users are more likely to have an injecting partner which increases their risk of going back to a drug using environment and increasing the risks of relapse.

Childcare issues

A common concern for women presenting for treatment is that they fear having their children put into care. The international literature states quite clearly that a strong control is exercised on women by official agencies through the threat to remove their children. Although many countries including the UK have attempted to develop positive policies for parents needing substance misuse treatment, women continue to fear losing their children if they admit to drug-injecting problems.

Pregnancy and motherhood have both been documented as reason for women wanting to abstain / change / modify their drug use. However, there does not seem to be a solution for such situations because, on one hand the concerned female wants to seek specialised care, on the other hand admitting to the problem is perceived as a risk of losing her offspring. Another complication is the fact that whether one is in a heterosexual relationship or alone, women are expected to shoulder most of the domestic and childcare responsibilities. This may mean that they will not find it possible to enter and remain on a programme without the necessary support services. The extent to which such responsibilities impede opportunities for women to seek help need to be considered.

Service provision

Although, as already discussed, the number of female clients in any given agency constitutes a small percentage of the whole population, there is still a big discrepancy in the services offered when this is compared with client group size. Specific services for pregnant females and for women with children are still hard to come by. Research shows that women receive the most benefit from drug treatment programmes that provide comprehensive services for meeting their basic needs including access to the following: food, clothing and shelter. Transportation, job counseling and training, legal assistance, parenting training, family therapy, couples counseling, medical care, child care, social services, psychological assessment and mental health care, assertiveness training, and family planning services are all considered essential. NIDA, 1998

Projects that do offer creche services along with their day programmes are not the rule, in fact

they are more the exception. Separation from the children causes practical and emotional difficulties and act as a deterrent for treatment both for day and residential programmes. However, the provision of such services make a statement, even if it is implicit; first, it is made easier for these females to attend and second, it is stating that the particular agency is accepting of women with children. As for antenatal services, female drug users can conceive and carry pregnancies to term if they are well monitored by medical and nursing staff and the drug abuse is reduced or better still stopped under professional supervision. Yet, drug use in pregnancy presents particular problems namely low birth weight, premature birth and neonate addiction, therefore requiring specialised care.

Intravenous drug addiction cannot be seen in isolation of the other possible complication that such drug use brings with it. A major concern is the high risk of HIV and other blood-borne diseases and the possible perinatal transmission to the child. In relation to this particular risk, it has been shown that female injectors may be at a greater risk of HIV and other infections than male injectors. This is a result of the relatively low level of condom use amongst drug injectors combined with the fact that female injectors are more likely to have male partners who are injecting drug users themselves. Research has also highlighted the close association in many areas between female prostitution and drug misuse [The advisory council on the misuse of drugs, 1998]. The higher ratio of female / male transmission cannot be ignored either.

AIDS is now the fourth leading cause of death among women of childbearing age in the US. Substance abuse compounds the risk of AIDS for women, especially for women who are injecting drug users and who share drug paraphernalia. In addition, under the influence of illicit drugs and alcohol, women may engage in unprotected sex, which also increases the risk for contracting or transmitting HIV / AIDS.

If the differences related to the issue of gender are overlooked both in research and in service development and provision, it is very unlikely that the health needs of women drug users are met, possibly with consequences on current and future generations.

A Report by the Advisory Council on the Misuse of Drugs, [1998] Drug Misuse and the Environment, London, The Stationary Office

Hunter G, and Powis B. [eds] [1996] Women Drug Users: Barriers to Service Use, and Service Needs, Executive Summary number 47 The Centre for Research on Drugs and Health Behaviour.

NIDA, 1998, Treatment Methods for Women

X'Ghandek Taghmel f' Kazi ta' Dixxiplina



Tommy Dimech

- ❑ Jekk tigi mitlub biex taghmel 'statement' jew taghti taghrif dwar xi incident li jkun gara, ikkuntatja kemm jista' jkun malajr ir-rappreżentant tal-MUMN. Dan ghandu jsir kemm jekk tintalab taghmel 'statement' kif ukoll jekk tintalab taghti xi taghrif dwar xi kaz partikolari.
- ❑ Importanti li minn meta issir taf bil-każ ma titkellem ma' hadd qabel ma tikkuntatja r-rappreżentant tal-MUMN. Lill-awtorita' koncernata tista' tinfirmha li inti se tiehu parir tal-MUMN. Dan huwa dritt tieghek.
- ❑ Kull ma tghid f'dan l-istadju jista' jingieb bhala xhieda f'każ li l-proceduri tad-dixxiplina jipprocedu.
- ❑ F'każ li l-kap tad-dipartiment jipprocedi kontra tieghek, inti tigi infurmat meta sejjer tidher quddiem il-bord ta' dixxiplina, anke meta ssir taf b'dan inti

ghandek taghmel kuntatt mar-rappreżentant tal-MUMN.

- ❑ Meta jibda s-smiegh tal-każ tad-dixxiplina inti ghandek dritt li tiehu persuna mieghek biex taghmel id-difiża. L-MUMN tipprovi dan is-servizz.
- ❑ F'każ li d-dipartiment jiftah investigazzjoni inti xorta ghandek tikkuntatja rappreżentant tal-MUMN ghall-parir.
- ❑ Kull informazzjoni jew xhieda li inti ssir taf biha qabel is-smiegh ghandek tinforma b'dan mill-ewwel lill-rappreżentant tal-MUMN.
- ❑ Meta tircievi ir-rizultat tal-proceduri informa b'dan l-MUMN.
- ❑ Jekk tixtieq tistaqsi ghal aktar informazzjoni dwar id-dixxiplina cempel: 802862, Vodaphone: 09425718 jew pager: 4304 / 6887.

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Message mis-Segretarju Generali

Colin Galea

F' dawn it-tlett snin kemm ilha mwaqfa l-MUMN l-esperjenza dejjem ghalmitna li l-Midwives u n-Nurses iridu lil min jismaghhom u jifimhom. Barra minn hekk wara dak li jkun intqal, irid jiġi evalwat u fil-maġġoranza tal-każi implimentat. Lin-Nurses u l-Midwives ghandha tibda tinghatalhom ċertu awtonomija fix-xoghol taghhom. Jekk id-Dipartiment irid aktar motivazzjoni irid jibda jahseb fuq dawn il-linji. Sfortunatament fil-mument dan ftit qed isehh. Jekk lill-haddiema id-dipartiment itihom l-ghodda neċessarja, l-ambjent xieraq u l-awtonomija fix-xoghol taghhom, dawn minn naha taghhom ituk lura is-servizz li wiehed jaspira ghalih. Illum il-gurnata kulhadd jaf minn x'hiex jghaddu n-Nurses u l-Midwives fix-xoghol taghhom u wiehed faċli jikkonkludi li dawn iż-żewġ kategoriji ta' haddiema jaghmlu saġrifċji kbar uħud minnhom personali biex jaraw lill-pazjent komdu u kemm jista' jkun kuntent. Id-diffikultajiet u l-problemi kif ukoll il-bsaten fir-roti fis-swali u postijiet ohra fejn nahdmu huma kbar. Allahares ma jkunux kultant ċertu Managers Nursing Services u Departemental Nursing Managers li jifmhu l-problemi u mingħajr hafna burokrazzija żejda itaffu ftit mill-ġriehi li dak li jkun ikun qieghed iġarrab. Pero' d-dipartiment mhux qed ikun sensitiv u jikkopera biżżejjed.

Parti mis-suċċess ta' l-MUMN huwa dan. Il-Union tisma' bir-reqqa u attenzjoni kemm lill-individwu kif ukoll lill-massa u tevalwa dak kollu li jkun intqal biex wara taġixxi bil-mod l-aktar li jkun effettiv dejjem fl-interess ta' dak li jkun. M'iniex ngħid li l-MUMN perfetta jew li ma baqghax xi ntejbu pero' żgur li qegħdin fit-triq gusta. Dan jixhdu il-fatt li sakemm qed nikteb dan ir-rapport l-MUMN

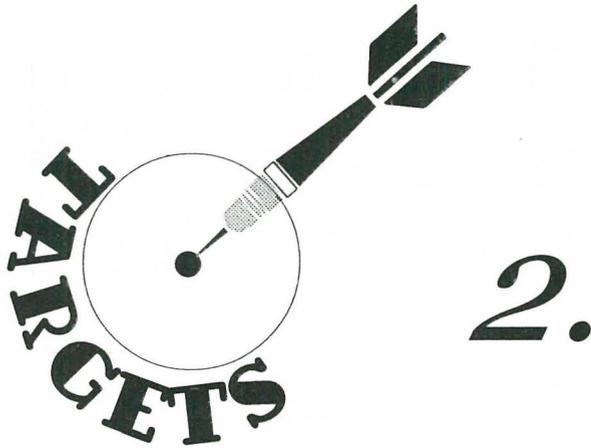
qed tgawdi 91.2% tan-Nurses u Midwives membri fi'hdana. Bhal ma hafna minkom jafu, l-MUMN f'dan il-perjodu għaddeja f'diskussjonijiet mal-Gvern fuq eżerċizzju korrettorju tar-riforma li kienet saret fl-1993. F'dan l-eżerċizzju qegħdin naraw x'anomaliji kienu saru dak iż-żmien biex b'hekk il-Union tkun tista' tipprova tirranghom. Immedjatament wara dan l-eżerċizzju l-MUMN qed titlob biex jinfethu taħdidiet fuq l-affarijiet ohra li hafna drabi nsemmu. Irrid ngħid li t-triq mhux faċli għaliex kulhadd jaf bil-problemi finanzjarji tal-pajjiz pero' ahna nippretendu li nieħdu dak li haqna. Kunu lesti u oqghodu attenti għall-avvizi ta' l-Union halli kif inhossu l-bżonn li nsejhulkom inisibukom preparati biex niggieldu għad-drittijiet tagħna.

Fil-mument qegħdin niddiskutu mal-banek lokali biex il-membership tithallas mill-bank permezz ta' standing order. Din is-sistema tiffranka lil kulhadd il-ġiri u l-inkonvenjent biex wiehed jissettilja l-hlas. Il-maġġoranza tal-membri ilhom hafna jitolbuna din is-sistema u l-Eżekuttiv huwa lest biex jilqa' t-talba tagħkom għax ihoss li issa hu iż-żmien addatat biex naqilbu għal din is-sistema. Ninfurmawkom aktar il-quddiem bl-iżviluppi fuq din il-materja. Kif qegħdin taraw ahna dejjem nippruvaw insahhu lil din il-Union għaliex kif tistgħu taħsbu jekk l-MUMN tissahhah u tissoda aktar, il-professjoni tan-Nurses u l-Midwives

tgawdi aktar rispettt, il-kundizzjonijiet tax-xoghol jitjiebu u s-salarji jiżdiedu fl-interess ta' kulhadd, l-aktar tal-pazjenti tagħna.

Din l-Union tixtieq tinforma lill-membri tagħha li s-Sur Dennis Tanti, minhabba impenji ohra m'ghadux jokkupa l-kariga ta' konsulent Industrijali tal-MUMN.





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THE ROLE OF NURSES IN SCREENING PROGRAMS



By Joe Garzia Stafrace CGN

God knows in how many occasions we said 'but couldn't we have done something to prevent this' or 'couldn't we have foreseen this situation before'. The answer was always there, possibly expressed in phrases like 'prevention is better than cure. Prevent why, how, when and with what means. The word is SCREEN.

It really turns down to having a concept in what you aim to achieve, and believe in it. Take colorectal cancer for instance, the fourth most common cancer and the second most common cause of cancer death in the United States. Approximately 150,000 new cases and 56,000 deaths in 1997. Our local figures, in proportion to population are significantly on the same grounds, 139 new cases in 1994 and 132 in 1995. An important issue at this stage is also to note the stage of presentation of such diseases where a study in the late '80 found that most had already well passed Duke's B classification at diagnosis point. Simply stated, too late!

Effectively, what means is that, whereas colorectal cancer should be an essentially curable disease, it is now being found at a time when the survival is 30-50% at 5-years. These statistics pose serious questions, which might be polemic at times and controversial at others. In this age and era were we are exploiting cardiac surgery, spending so much on implanting almost anything and possibly bioengineering something too, can't we cure what we know so much on. Isn't this extravagance at its best, or what? Studies at the University of Minnesota in Minneapolis U.S. have shown that were colorectal cancer screening was practiced, early detection increased significantly thereby leading to early intervention, increasing the 5-year survival

rate up to 91%. A panel appointed by the Agency for Health Care policy and Research(U.S) and funded by five medical societies reviewed 3,500 peer-reviewed, published studies and concluded that deaths from bowel cancer could be **reduced by one third** if all men and women age 50 were screened.

The message is screening can save lives.

What can we do as nurses, what is our role and where do we stand? Undoubtedly these figures reflect the lack of awareness on this matter, possibly at all levels, but mostly to the general public. Nursing involves advocacy and education among the many roles. It is our main concern to act at our clients best of health, both by prevailing and curing. We spend more time with patients, they confide most of their ifs and buts, express their concerns easily with us since we seem to understand them more than others.

Through our knowledge we can give advice while supporting awareness on many health issues, including cancer screening. Unfortunately the means are at a minimum, although in many cases advice costs nothing to give. As yet, screening programmes are not approved by the state, but tests are available for use were indicated, as Mammograms, FOBTs, Cholesterol Blood tests and many others. These should be used and not abused. Sometimes its just one of these tests followed by an assessment that could save our next client's live or morbidity.

Let us act now, tomorrow can be too late. Collect data, analyse review literature and while you would be expanding your own knowledge, you could also be potentially saving the lives of some. ●

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Fl-Arti nesprimi dak li nhoss

Alex Dalli

L-Arti minn dejjem kien is-suggett favorit tiegħi. L-ewwel għalliem tiegħi f'dan is-suggett kien l-artist George Fenech, artist umli u ta' ftit kliem li ġej mir- raħal kwiet tal-Mellieħa. Meta ġibt l- "A level" fl-arti, iddecidejt li nkompli t- tagħlim tiegħi fl-iskola ta' l-arti tal-gvern. Hemmhekk kelli lil Esprit Barthelet u Harry Alden bhala surmastrijiet tiegħi, żewg esperti kbar fl-arti maltija. Ghamilt sitt snin shah f'din l-iskola (1974 - 1980)

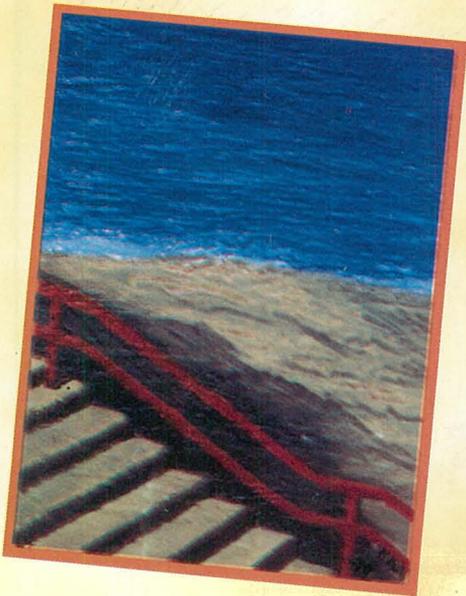
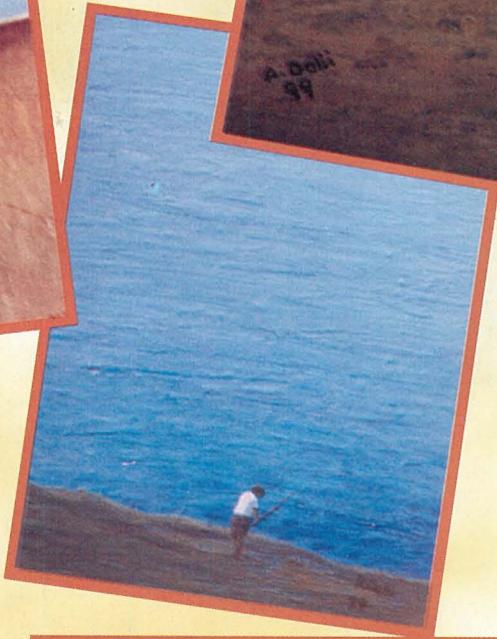
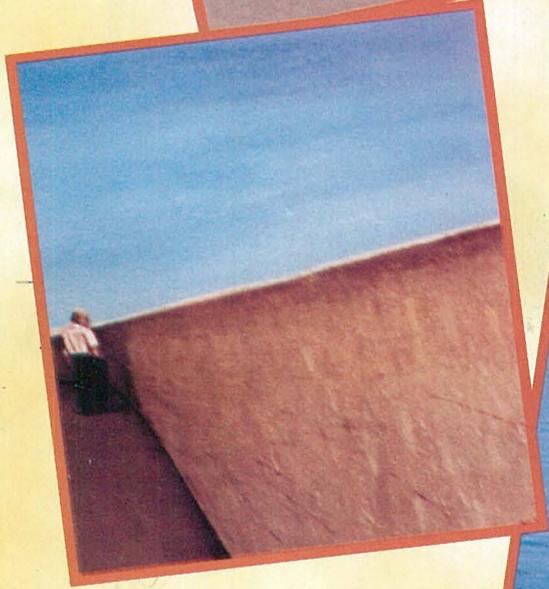
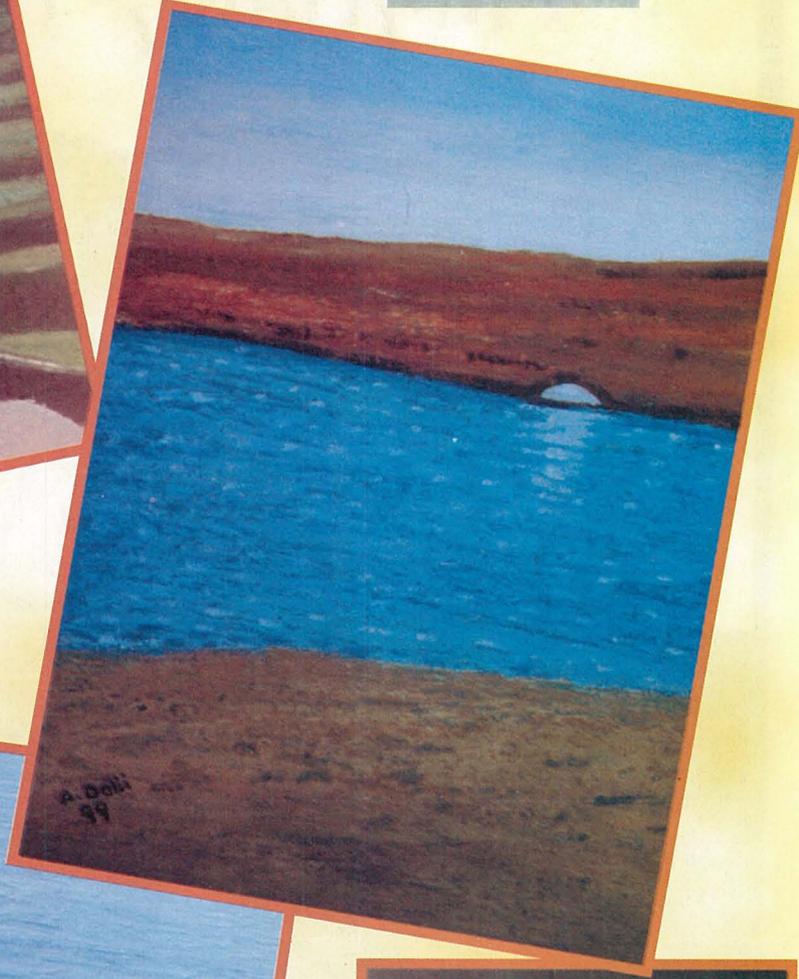
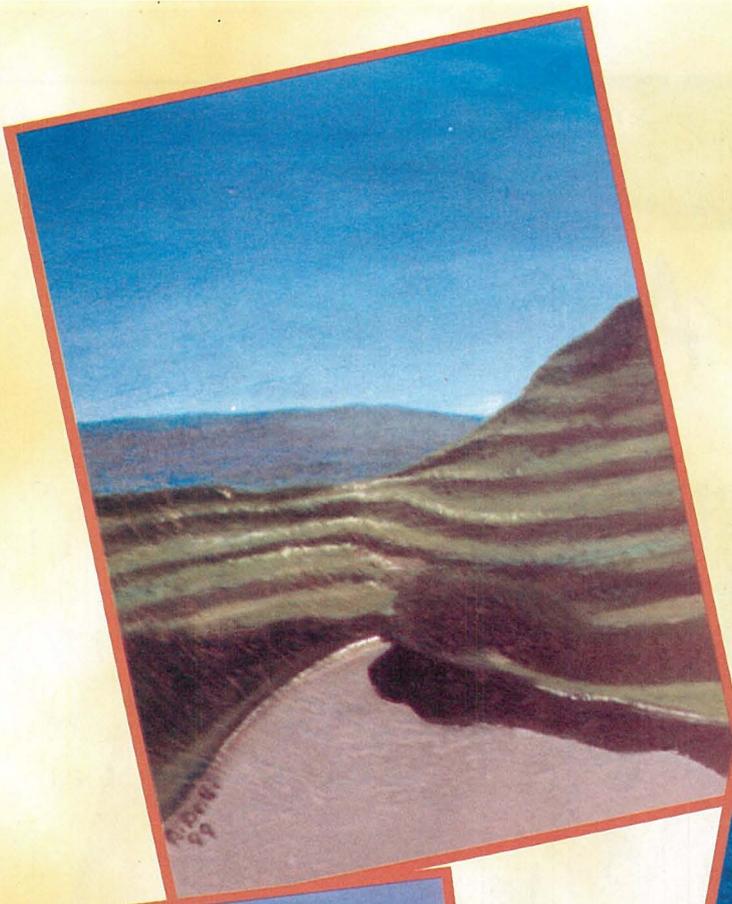
Kontra dak li jaħsbu hafna, minkejja l-fatt li l-esperjenza verbali hija l-aqwa mezz ta' komunikazzjoni tal-bniedem, xorta jeżistu esperjenzi u emozzjonijiet li l-bniedem ma jistax jesprimihom bil-kliem, sew jekk jikteb u sew jekk jitkellem. Għalhekk jiena għażilt il-pittura biex biha nipprova nesprimi dak li nhoss. Ix-xogħol tagħna bhala nurse, b'xi mod jew iehor bil-fors li jinfluwenza is-subkonxju tagħna. Il- hidma kontinwa fost

il-pazjenti tal-qalb, fejn jiena nahdem' affettwat hafna s-sensitivita' artistika tiegħi.

Fil-kwadri tiegħi jien dejjem nipprova nohrog il-kwiet u s-sbuħija tas-semplicita'. Inhobb nuża wkoll kuluri limitati. Il-kulur aħdar huwa għaliya l-aktar kulur favorit tiegħi. Kulur li jserrah l-għajn. L-aktar li nhobb inpingi huwa l-pajsagg Malti. Jien ma nhobbx inkun konvenzjonali, mimli dettalji, imma nhobb ninterpretat l-pajesagg f'mod personali mill-aktar sempliċi. Fl-opinjoni tiegħi il-pittura tista isservi ta' terapija.

Jien hadt sehem f'diversi esebizjonijiet kollettivi u kelli wkoll esebizjonijiet waħdi, fosthom erba' fil-mużew ta' l-arti l-belt u waħda in- "New Dolmen Hotel". Hafna mix-xogħolijiet tiegħi jinstabu f'kollezzjonijiet privati. Xogħolijiet ohra jinstabu f' "Bank of Valletta" taż-Żejtun, VIP lounge "Malta International Airport", "Red Cross Society" u "Park Hotel".

Qabel ma naghlaq l-artiklu tiegħi, nixtieq ngħid x'nahseb jien fuq min huwa veru artist. Għaliya l-artist hu dak li xejn kburi bih innifsu, għadu rassenjat għat-tagħlim ta' l-arti. L-arti hija xi haga hajja li ma tispiċċa qatt.



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Urinary Incontinence in the Elderly Patient

The definition of urinary incontinence is, the involuntary loss of urine. This is a prevalent, disruptive and a costly health problem among the elderly. It is a known fact that about one-third of the elderly population admit to some degree of incontinence.

Incontinence can have widespread ramifications for the individual, for those around him, and for society. It can cause emotional stress and embarrassment for the elderly patient, hostility from staff and rejection by the relatives. Some cope reasonably well with little apparent disruption in lifestyle, but to others it can become a dominant factor in their life. For a few it can tip the balance between living independently, being admitted to a hospital ward, and then, the need of residential care.

Despite the high prevalence of incontinence, its adverse effects on the well-being of those effected, many elderly incontinent people, do not undergo a diagnostic evaluation for this condition. This can be due to, the embarrassing nature of incontinence and the belief that it is inevitable and untreatable consequence of growing old. Health professionals may also contribute, due to the lack of knowledge in diagnosis and treatment of incontinence, ageism, and labeling newly admitted elderly patients as 'social cases.'

Elderly patients are now in the majority, in virtually every hospital ward, while the increase of very elderly people in the population, 'the old old,' has highlighted a whole range of new issues.

To understand incontinence, nursing staff has to have the necessary knowledge on continence, the age related changes that effect it, and that, in order to maintain it, a person must be able to experience the desire to void, know, where to go and be able to 'hold' until that place is reached.

Advancing age is associated with progressive reduction in renal mass, therefore, the ability to rid of the body waste products is decreased. The kidney receives a smaller proportion of cardiac output per day, although this may return to normal at night when the demands of other organs are lessened. This may explain why many elderly people need to visit the lavatory so often during the night. Giving out tea before they retire to bed, surely does not make the situation easier.

With age, the detrusor muscle hypertrophies and there is a significant loss of supporting elastic tissue, resulting in reduced bladder capacity. Bladder sensation often changes with age. Instead of appreciating the sensation of the bladder filling at about half of capacity, as younger people do, many of the elderly firsts feel the desire to void at, or very near, bladder capacity. For the elderly with limited mobility, there is simply not enough time between feeling the urge to empty the bladder, and when the bladder starts emptying it self.

Elderly women may experience perineal discomfort due to lack of oestrogen and elderly men may experience outflow obstruction, slow urinary stream and terminal dribbling due to benign enlargement of the prostate gland.

Management of the incontinent patient is dependent upon accurate diagnosis and assessment of the individual's needs. There should always be a full assessment of the cause. Incontinence generally presents in two basic forms: acute or transient, which is often reversible with appropriate management of the underlying condition, and persistent or established incontinence.

The main causes of transient incontinence are, acute confusional state, infection, atrophic urethritis and vaginitis, pharmaceuticals, endocrine disorders, restricted mobility and stool impaction.

All the above causes, mentioned as being temporary, could lead to more sustained and sometimes permanent incontinence if not properly investigated and managed. Stress, urge, overflow and functional are the main categories that describe chronic or established incontinence in the elderly, each of which have numerous etiologies.

Environmental factors, are other causes that need to be identified and dealt with as much as possible. Unfortunately hospital wards are rarely planned for the use of elderly patients. Toilets are often too far away, not clearly labeled and situated in drafty corridors. Doors sometimes are not wide enough to admit wheelchairs or walking frames. Access must be clear and the floors must be dry and non-slip. Handrails and raised toilet seats also help many elderly people and are easy to install. Beds that are height adjustable must be provided to elderly patients, and adequate space in ward is equally important for the patient to manoeuvre a wheelchair or walking frame.

Commodes with breaks should be provided at the bedside for those who are unable to reach the toilet, particularly at night. Clothing alterations and adaptations may help to maintain continence if there are difficulties in manipulating clothing. Privacy and comfort are essential.

A positive attitude by staff towards promotion of continence is an important factor in its successful management. Proper diagnosis and appropriate and imaginative care in an environment suitable for their needs, parity of care and treatment with other hospital patients is the right to every elderly patient. Nevertheless, while there has been considerable progress, inadequate care have not been eradicated from every ward where old people are treated and the need to encourage a positive approach remains constant.

Antionette Zahra

Sotto-Kumitati

Sptar San Filippu

Il-fatt li l-‘management’ ta’ l-isptar San Filippu biddel l-idejn kulhadd jafu. Immedjatament, l-MUMN resqet proposta biex jibdew taħdidiet mal-‘management’ il-ġdid li jwasslu għall-ftehim kollettiv, bejnha bhala r-rappreżentanta tal-haddiema, u l-‘management’. Din il-proposta ntlaqet tajjeb minn dawn ta’ l-ahhar.

Wara li il-‘management’ ressaq il-proposti tiegħu, l-MUMN, bil-ghajjnuna tas-Sur Freddi Vella ressqet il-kontroposti tagħha. Bhalissa dawn qeghdin ikunu diskussi fil-preżenza tas-Sinjura Doris Pace (tirrapreżenta l-(qwiebel) u tas-Sinjorina Josanne Bason (tirrapreżenta l-infermiera).

Il-“collective bargaining” huwa proċess diffiċli li jiehu fit-tul. Però, ahna l-infermiera u l-qwiebel ta’ l-isptar San Filippu ninsabu herqana li b’rieda tajba miż-żewġ nahat, dan il-ftehim kollettiv ma jdumx ma jintlahaq.

Ahna nittamaw li dan il-ftehim kollettiv - l-ewwel wiehed fl-istorja ta’ l-isptarijiet privati f’Malta - ikompli jtejjeb il-kundizzjonijiet tax-xogħol tagħna, biex b’hekk inkunu nistghu nkomplu nagħtu l-aqwa servizz lill-pazjenti tagħna.

Josanne Bason

Chairperson -Sptar San Filippu

ZCH

L-infermiera ta’ l-Isptar Zammit Clapp nġhataw l-arretrati dovuti lilhom f’Ġunju li għadda. Is-sotto -kumitat ta’ Zammit Clapp, flimkien mad-dirigenti tal-union kienu ilhom jinsistu mal-management ta’ l-isptar sabiex jithallsu dawn l-arretrati, tant li l-union kienet waslet biex tirreġistra tilwima industrijali. L-infermiera, flimkien mas- sotto-kumitat ta’ Zammit Clapp, jixtiequ jirringrazzjaw

mill-qalb lill-Union ta’ l-appoġġ shih li tathom sabiex jinkiseb dan il-gwadan. Fil-preżent, it-taħditiet għall-‘collective agreement’ għadhom għaddejin u huwa ittamat li dawn jiġu konklużi fl-iqsar żmien possibli.

Cettina Saliba
Segretarja - ZCH

MCH

Tkellimna fuq l-Interim Protocol, dwar ‘levels of high risk patients’

a) Gie ċcarat li f’level li l-kliem ‘arm’s length’ ma’ tfissirx litteralment li n-nurse irid joqghod ‘at arm’s length’ iżda n-nurse joqghod f’distanza raġjonevoli.

b) ‘Level 2’ għalkemm ser jinżamm, però se jiġu rranġati partijiet mis-swali biex jakkomodaw ahjar lill-istess pazjenti u jinghataw l-ahjar servizz u kura.

Dwar is-suggeriment ta’ ċerti konsulenti biex jibda’ jsir il-‘home visits’ ahna ġejna aċċertati li din tkun fuq bażi volontarja.

Dwar il- ‘MW 10’, rigward il-hruġ tal-habsin mis-‘single rooms’ għalkemm mill-lat umanitarju qbilna, pero kien hemm kunsens li f’ċerti każi diffiċli, jistgħu jsiru arrangamenti oħra. Gie deċiż ukoll li hġieg għandu jkun kollu ‘triplex’ (safety glass).

Andrew Sciberras
Segretarju- MCH

Centri Tas-Sahha

Bhalissa qieghed isir ‘survey’ fost in-nurses li jahdmu ‘full roster’ adattata għal kulhadd biex ikollna rizzultat mixtieq.

F’ dawn l-ahhar jiem waslu fiċ-ċentri tas-sahha blouses tan-nisa biex fuqhom jittiehdu il-qisien . Sakemm tircievu il-Musbieh jekk il-bambin irid inkunu hadna l-qisien ta’ l-uniformi kompluta.

Doris Debono
Chairperson - Ċentri tas-Sahha
ikompli

Sptar San Luqa

Wara korrispondenza u insistenza mill-MUMN fl-ITU inbniet kamra ġdida li sejra isservi biex nurses irġiel ikollhom post diċenti fejn ikunu jistgħu ibiddu u jiehdu l-break tagħhom.

Fl-‘Orthopaedic Theaters’ ġie iffirmat ‘agreement’ bejn l-amministratur mediku, il-manager tan-nursing services u l-MUMN. Dan l-‘agreement’ jagħti ‘Policies u guidelines’ għal meta jiġu konsulenti barranin joperaw Malta. L-MUMN se tara li dan l-‘agreement’ jibqa’ segwit mill-management.

Il-‘bleeding room’ il-ġdida ġiet miftuħa u anke wara insistenza tal-MUMN ġew installati l-‘air conditioners’ meħtieġa.

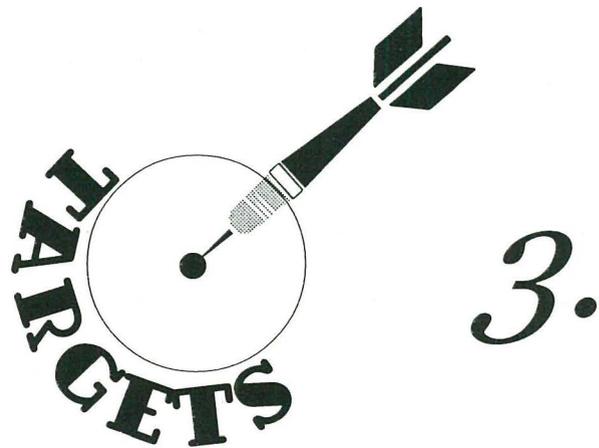
Id-Direttur Generali Dr. R. Busuttil wera rieda tajba u awtorizza rosters ta’ 50% *in* u 50% *out*. Dan jawgura tajjeb fir-relazzjonijiet bejn id-Direttur Generali u l-MUMN. Nispera li d-dipartiment ikun aktar dispost biex jiddiskuti rosters ma’ l-MUMN fil-futur.

L-MUMN ma tridx li d-diskussjonijiet fit-‘Task Group’ tal-GOW ikun diskussjoni biss u tfakkar li issa wasal iż-żmien tal-fatti biex ir-‘refurbishment’ jibda jsir.

F’Disneyland il-Chemotherapy bdiet tithallat fl-ispizerija kif suppost. Jonqos li jinsab post biex jiġi deċiż fejn se jiġu ikkurati id-‘day cases’. Qed nistennew risposta minn għand is-supretendent ta’ l-isptar.

Fir-Renal Unit 5 nurses se jrin jibbenifikaw minn 4 ‘C’ duties wara intervent mil-MUMN. Mhux dan biss imma dawn l-infermiera li jaħdmu 46 2/3 siegħat ukoll rebħu ukoll d-dritt li jgawdu kumpens ta’ 8 ‘C’ duties fl-ewwel sena, biex jagħmel tajjeb għat-telf fil-leave li kellhom fl-aħhar snin.

Tommy Dimech.
Chairperson- SLH



HEALTHY START IN LIFE

BY THE YEAR 2020, ALL NEW BORN BABIES, INFANTS AND PRE-SCHOOL CHILDREN IN THE REGION SHOULD HAVE BETTER HEALTH, ENSURING A HEALTHY START IN LIFE.

In particular:

- 3.1 all Member States should ensure improvements in access to appropriate reproductive health, antenatal, perinatal and child health services;
- 3.2 the infant mortality rate should not exceed 20 per 1000 live births in any country; countries with rates currently below 20 per 1000 should strive to reach 10 or below;
- 3.3 countries with rates currently below 10 per 1000 should increase the proportion of new born babies free from congenital disease or disability;
- 3.4 mortality and disability from accidents and violence in under 5year-olds should be reduced by at least 50%;
- 3.5 the proportion of children born weighing less than 2500 g should be reduced by at least 20%, and the differences between countries should be significantly reduced.

ESTACODE

L-*Estacode* huwa l-ktieb fejn fih insibu gabra ta' l-aktar ċirkularitajiet importanti għall-haddiema tal-Gvern. L-*Estacode* kellu l-bidu tiegħu minn żmien kolonjali. Dan il-ktieb jiġi agġornat kull meta tohrog ċirkulari ġdida.

Hafna jqiesu l-*Estacode* bhala ktieb antikwat u m'ghadux tajjeb għaż-żmien tal-lum. Sa ċertu punt għandhom raġun imma biex wiehed ikun eżatt irid jgħid li mhux l-*Estacode* huwa antikwat imma li fih qiegħed jiġbor ċirkularijiet qodma u antikwati li hemm bżonn jiġu agġornati.

Kull meta xi ċirkulari tiġi agġornata din tidhol flok iċ-ċirkulari ta' qabilha. B'hekk dan il-ktieb qiegħed ikun kontinwament agġornat. Xi whud miċ-ċirkularitajiet ilhom snin twal li hargu u ma nbidlux u huma dawn li qegħdin jgħatu isem hazin lil dan il-ktieb.

L-*Estacode* tfisser 'Establishment Code'. Dan ma fihx rabta legali imma jitqies biss li huwa ordnijiet amministrattivi magħmulin mill-Gvern għall-haddiema tiegħu.

Għalhekk wiehed ma jistax ifittex bil-Qorti il-Gvern għaliex jikser xi parti mill-*Estacode*. Biex ittella' xi hadd il-Qorti dan irid ikun kiser xi liġi u l-*Estacode* mhux liġi.

Hafna drabi il-gudikatur iqis l-*Estacode* bhala il-Bibbja tal-haddiema tal-Gvern. Dan ma jfissirx li l-Gudikatur iqis dan il-ktieb inspirat jew infallibbli. Imma fin-nuqqas ta' kull haga ohra l-gudikatur irid jara jekk d-Diretturi tal-Gvern kienux konformi ma dak li fih l-*Estacode*.

Kien hemm każi fejn il-Qorti hadet deċiżjoni fuq l-*Estacode* fejn kien jidher li l-haddiem ikun qiegħed jittihidlu xi dritt importanti. Bhala eżempju l-Qorti ma taċċettax li haddiem jiġi mcaħhad mill-paga għax-xogħol li jkun għamel skond l-*Estacode*.

F'każ bhal dan il-Gudikanti ikun qies li haddiem għandu dritt sagrosant għal paga u hadd ma jista' jcaħdu minnha bla raġuni. Rigward l-*Estacode* huwa jkun ikkonsidra l-ammont bhal li kieku l-*Estacode* kien xi ftehim kollettiv għall-haddiema.

Il-haddiema kollha ta' Malta minbarra dawk taċ-ċivil għandhom liġijiet industrijali. Hadd ma jista' kollu benefiċċi anqas jew imur kontra dak li fihom dawn il-liġijiet. F'dawn il-liġijiet insibu l-kundizzjonijiet bażiċi tax-xogħol bhal hlas, hinijiet, vakanzi, festi pubbliċi, u hafna kondizzjonijiet ohra. Wahda mill-liġijiet titkellem dwar id-drittijiet tat-'trade-union', kif isiru negozjati, id-dritt tal-arbitraġġ, id-dritt ta' azzjonijiet industrijali, u hwejjeg ohra.

Kif għedna l-haddiema tal-Gvern ma humiex koperti b'dawn il-liġijiet. Minn dan il-lat dawn il-haddiema huma diskriminati hdejn

il-haddiema tal-partikular u haddiema ohra fis-servizz pubbliku.

Ilu li wasal iż-żmien li din l-anomalija diskriminatorja tiġi rranġata. Il-Gvern ma jaqbillux li jirranġa halli jkollu idejha aktar libera li jbidel l-*Estacode* kif irid hu u mhux jintrabat b'xi liġi. Huma l-unions li għandhom dmir li jagħmlu front qawwi u magħqud kontra l-Gvern biex igħaluh jaċċetta li l-liġijiet industrijali tal-pajjiż ikunu jghoddu għal kull haddiem inklużi l-haddiema tal-Gvern.

L-*Estacode* huwa mqassma f'għaxar kapitoli. Wara kull kapitoli nsibu numru ta' appendiċi. Kull kapitoli jitkellem dwar sugġett differenti. L-għaxar kapitoli huma maqsumin f'paragrafi u sub-paragrafi differenti.

Għalkemm kull haddiem tal-Gvern jitqies li jaf sewwa x'fih l-*Estacode* il-Gvern ma jagħtix wiehed lill kull haddiem tiegħu. Huwa diffiċli li ssib tixtri wiehed u jekk jirnexxilek normalment trid tonfoq mhux hazin.

Xi erbatax il-sena ilu l-GWU kienet ippubblikat l-*Estacode* bi prezz baxx ta' 75 ċenteżmu jew anqas. Dan kien inhataf fi ftit granet. Issa li għadda hafna żmien dan m'ghadux tajjeb għal-lum. Minn dak in-nhar hargu hafna ċirkularijiet li emendaw hafna l-*Estacode*. Antikwat jew mhux huwa importanti li xi hadd jerga' jippubblikah agġornat sal-ġurnata tal-hruġ.

L-għaxar artikoli huma:-

- ◆ Dhul u Promozjonijiet (*Recruitment & Promotions*)
- ◆ Pagi u Dhul iehor (*Pay and Allowances*)
- ◆ Siegħat u Hinijiet ohra (*Hours and Extra Duty*)
- ◆ Vakanzi (*Leave*)
- ◆ Sigurta Nazzjonali (*National Insurance*)
- ◆ Tluq mis-Servizz (*Retirement & Superannuation*)
- ◆ Kondotta u Dixxiplina (*Conduct & Discipline*)
- ◆ Transport u Spejjes ohra (*Transport & Subsistence*)
- ◆ L-Ambjent fuq ix-Xogħol (*Staff Welfare*)
- ◆ Tagħlim għall-haddiema (*Staff Training*)

Il-quddiem naraw fil-qosor x'fih kull artikolu. B'hekk wiehed ikollu għalanqas stampa dwar x'hemm fl-*Estacode*.



Alfred Vella

Driving a Car is Not a Game



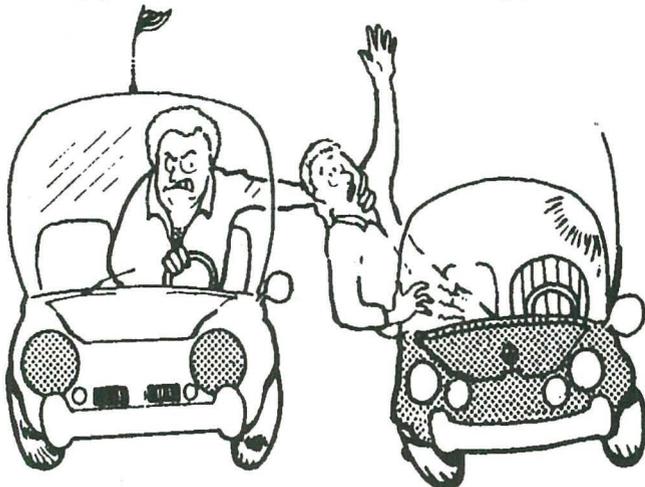
Josanne Bason BSc (Hons) Nursing

Dedicated to my second cousin - Denise Chetchuti

I think by now my name has become associated with the topic of mental health. It's true that I'm fond of mental illness sufferers, however today I would like to write about another subject, in tribute to my second cousin Denise, who died in a traffic accident on the 27th April, this year.

Many people were shocked when they heard the news about the accident, and the horrible scene of a car smashed to an electric pole astounded others. However only a few people, those who have been through a similar experience, can imagine what her parents, siblings and all her relatives and friends went through when we heard about her death.

Was it disbelief? Was it sorrow? Yes, it was both of these, topped with immense anger. Anger at God, at life itself and at the car's driver. Why did God permit that she dies? How did life disappear from her so suddenly, when



she was always full of life, smiling, happy and ready to help others? Too many questions for which no one has any answers. All I am left with is my faith : my strong belief that God is Love. Yea, I firmly believe that He does not want us to suffer in sorrow and despair. Besides this, I am convinced that Denise did not want to see us angry at God, at life or at her friend who was driving the car.

Denise must have wanted to increase the public's awareness for more careful driving. Getting a driving licence at the age of 18 years does not make a person a driver. If the young, inexperienced driver is not careful, he/she might as well be given a licence to kill (him/herself or others).

Having a luxurious car with a high horse power for some people may be a status symbol. Nonetheless, living with the thought and guilty feelings of having killed somebody due to reckless driving is a burden far too heavy for any caring person, in his/ her right mind, to carry.

On behalf of Denise, I would like to derive this message to all the young people and those young at heart. Please don't be carried away by your enthusiasm when driving. Be careful, and do not drink before driving. Remember that pressing the accelerator a little bit too much, may give you pleasure for five minutes, but may easily cost a life.

Infection Control Conference

Beating the bug



The infection control unit is preparing for its biggest event ever by organising the first Maltese conference on infection control & antibiotic therapy on the 6th November. Such a conference will be organised under the auspices of the CME committee and in collaboration with the Directorates of institutional health and of nursing and the Malta college of family doctors.

This conference will be of great interest to all categories of Healthcare professionals-mainly Doctors, Nurses and Pharmacist. For this reason the set-up of the conference would be slightly different from what we are usually used to. In the morning a plenary session will be held for all those who attend in the great conference hall at the Dolmen Hotel. In the afternoon the conference will be divided in three main workshops.

Workshop 1 - "Back to Basics" is mainly for us nurses.

Workshop 2 - "Sensible antibiotics prescribing" is for doctors and pharmacist.

Workshop 3 - "Infections in the community" is for general practitioners.

For the conference we have the privilege to welcome four foreign speakers who will guarantee that the conference will be of the highest calibre. From the nursing perspective two main reputable speakers have been brought from the UK for this great event.

Ms. Linda Taylor who is head of the Nursing & Infection control at the Central Public Health Laboratory in London will be delivering two papers of great importance. She has a vast experience in infection

Paul Pace

Infection Control Nurse

control since she is considered to be one of the pioneers in the field. She is the author of several publications and papers of various subjects related to infection control topics. Her first paper would be presented in the plenary session with the title of "Preventing the spread of multi-resistant organisms". This paper would be delivered to all those attending the conference. Her second paper would be delivered in the afternoon in Workshop 1 which target audience is specifically for Nurses. Workshop 1 will re-visit basic infection control measures vital to prevent and control in the hospital and community settings including Universal precautions, aseptic technique, hand hygiene, isolation methods and employee health.

The second speaker (a personal friend of mine) is a senior infection control nurse at the United Bristol Healthcare Trust in Bristol. She is also a committee member of the Infection Control Nurse Association. Ms Christine Perry has written various articles on Infection Control issues. Such articles (Hepatitis C and the Universal precautions) have been distributed to various hospital wards by our Director Ms. Farrugia due to their great insight they manage to produce to us nurses. Ms. Perry would also be delivering two papers in infection control. Her first paper would be presented in Workshop 1 and would involve the latest innovations regarding hand washing and the universal precautions. The second paper would be presented in the Symposium which will be held in the great hall. This paper

called "The Three Major Issues in Infection Control" was the winner of the UK annual Essay Competition run by CBT Health in association with British Journal of Nursing and Churchill Livingstone.

The participation of such valid speakers will produce not only a very interesting conference but it will help nurses on the latest research implications in infection control and will offer an educational experience that should not be missed. Also at the conference a big number of exhibition stands on various items will be on display. Such stands would range from cleaning equipment to drugs, from hand washing disinfectants / dispensers to sharp containers, from disposable items to equipment.

The infection control unit would also be looking into organising a private to the Gozotians which will take all participants from Cirkewwa to the Dolmen Hotel and back right after the conference, depending on the number of participants from Gozo.



FIRST MALTESE CONFERENCE ON INFECTION CONTROL & ANTIBIOTIC THERAPY

Beating the bug

ORGANISED BY THE
INFECTION CONTROL UNIT
ST. LUKE'S HOSPITAL

UNDER THE AUSPICES OF THE CME COMMITTEE
FACULTY OF MEDICINE & SURGERY
AND IN COLLABORATION WITH
THE DIRECTORATES OF INSTITUTIONAL HEALTH AND OF NURSING
AND THE MALTA COLLEGE OF FAMILY DOCTORS

Saturday 6 November 1999
New Dolmen Hotel, Bugibba

*Final Programme & Application Forms
available from:*

Infection Control Unit - St. Luke's Hospital
Tel: 235447, (2595)1747; e-mail: michael.a.borg@magnet.mt

: We hope you all would appreciate the time
: and effort to organise such a conference
: and we would be happy to see you all
: present. For any applications contact the
: infection control unit on Tel. 235447 or
: 25951747.

FOOD FOR THOUGHT

*The most important person in the
hospital is the patient.
He/She should be the centre of all
our activity as nurses/ midwives.*

*You have nothing to fear but yourself
in covering up. You can loose that
fear by owning up to your mistake.
D. Freemantle 1992*

Ejjew Nieqfu Ftit...

A Prayer to the God of Ebb and Flow

Dear Lord, today I thought of the words of Vincent van Gogh: "It is true there is an ebb and flow, but the sea remains the sea." You are the sea. Although I experience many ups and downs in my emotions and often feel great shifts and changes in my inner life, you remain the same. Your sameness is not the sameness of a rock, but the sameness of a faithful lover. Out of your love I came to life; by your love I am sustained; and to your love I am always called back. There are days of sadness and days of joy; there are feelings of guilt and feelings of gratitude; there are moments of success; but all of them are embraced by your unwavering love.

My only real temptation is to doubt in your love, to think of myself as beyond the reach of your love, to remove myself from the healing radiance of your love. To do these things is to move into the darkness of despair.

O Lord, sea of love and goodness, let me not fear too much the storms and winds of my daily life, and let me know that there is ebb and flow but that the sea remains the sea. Amen.

*A Cry for Mercy
(Seeds of Hope)
Henri Nouwen*

This is a story of four people

Everybody, Somebody, Anybody and Nobody.

There was once an important job to be done, and **Everybody** was sure **Somebody** would do it. **Anybody** could have done it but **Nobody** did it.

Somebody got angry about that because it was **Everybody's** job. **Everybody** thought that **Anybody** could do it but **Nobody** realised that **Everybody** wouldn't do it.

It ended that **Everybody** blamed **Somebody** when actually **Nobody** accused **Anybody**.

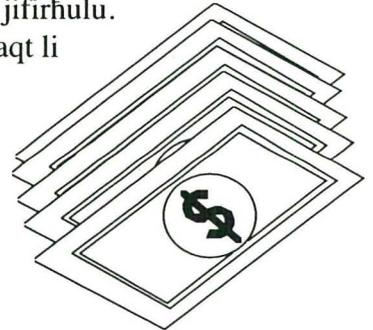
Smajtha Din?

Bidwi xih rebah l-ewwel premju f'Lotterija - premju ta' mitt elf lira. Ġew xi ġurnalisti biex jiksbu xi nformazzjoni u jifirhulu.

Wiehed minnhom, filwaqt li haeg karta u lapas staqsieh:

"X'ser tkun l-ewwel haġa li taghmel bihom hekk kif jaghtuk il-flus f'idejk"?

"Nghoddhom", wieġeb ix-xwejjah.



Student wehel fl-eżamijiet ta' l-aħħar. Baghat telegramma lil ommu fejn qalilha:

"Wehilt minn kollox.

Ipprepara lil missieri"

L-omm baghtilu lura:

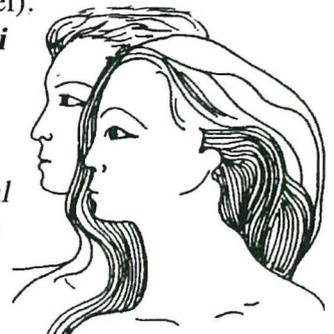
"Missierek ippreparat.

Ipprepara lilek innifsek".

Grupp ta' nisa Amerikani kienu qeghdin iduru l-Mużew tal-Vatikan u waqfu hdejn is-sezzjoni ddedikata lil-Bibbja. Raw quddiemhom l-ikbar Bibbja u l-iżghar wahda. Wahda minnhom staqsiet lill-gwida (ragel).

"X'differenza tghaddi bejn il-kbir u ż-żghir?"

"Fiż-żghir hemm il-kliem kollu li Adam qal lil Eva u fil-kbir hemm il-kliem li Eva qalet lil Adam!"



OWNING UP

In fearing a loss of credibility by owning up, people loose further credibility by covering up.

D. Freemantle 1992.

Ikel tajjeb ta' l-ifjen kwalità ghand McDonald's



L-ghan ta' McDonald's hu li l-ikel li wiebed isib f'kull ristoranti li jmexxu ghandu jkun ipprezentat tajjeb u jtigbem ahjar. L-ikel kollu li wiebed isib fuq il-menu ta' McDonald's huwa maghmul minn ingredjenti baziċi naturali bhal, ngħidu abna: laham, but, halib, gamb u patata.

Ghand McDonald's l-ikel kollu huwa ppreparat u servut skond l-oghola standards ta' kwalità, iġene u sigurta (food safety).

Il-Hamburgers ta' McDonald's huma maghmula minn ċanġa ta' kwalità. Mac-ċanġa ma jithallat xejn. Jintużaw biss l-aqwa biċċiet tal-laħam taċ-ċanġa (primeforequarter and flank). Il-pulpetti taċ-ċanġa (beef patties) huma mhejjija u ppakkjati biss f'impjanti tal-laħam li huma appruvati minn McDonald's. Waqt it-tisjir, ma jiġi miżjud l-ebda tip ta' xaham għaliex ghand McDonald's il-pulpetti taċ-ċanġa jiġu iggriljati.

Fil-ebda stadju ma jiżdedu preservattivi hliet f'it melh ghat-toghma. Il-French Fries (patata moqlija) ta' McDonald's huma

famużi madwar id-dinja kollha. Patata ta' prima kwalità biss tintuża biex isiru dawn il-French Fries. Il-kwalità ghandha mportanza kbira f'dak kollu li jittejjja għall-klijenti fir-ristoranti ta' McDonald's. Hu għalhekk li McDonald's saru wiehed mill-aktar ristoranti popolari mal-familja kollha kullimkien. Fil-preparazzjoni ta' dawn il-French Fries ma jintużaw l-ebda koloranti artifiċjali. Iżda kultant il-patata tiġi sprejjata bi f'it zokkor mahlul biex tidher isbah. Qabel jiġu servuti, il-French Fries jintelgħalhom f'it melh ghat-toghma.

Il-hut li jintuża fill-Filet-O-Fish ta' McDonald's huwa merlużz (cod). Miegħu jiżdedu f'it melh ghat-toghma.

Il-McChicken Sandwich huwa maghmul minn laham bla għadam tas-sidra tat-tiġieġa, miksi b'tahlita hafifa ta' dqiq u bajd.

Iċ-Chicken McNuggets ta' McDonald's huma maghmulin mill-laħam bla għadam tas-sidra u l-koxxa. Il-McNuggets jingħataw forma u qies uniformi biex jiġi żgurat konsistenza fil-piż u valur li għalih huwa intitolat il-klijent. Dawn

jiġu servuti bil-panura maghmula minn hobż li jkun seasoned speċifikament għal dan l-ghan.

Il-McChicken Sandwich, iċ-Chicken McNuggets, il-Filet-O-Fish u l-French Fries jissajru f'żejt veġetali 100 fil-mija pur.

Ghand McDonald's, il-preservattivi jintużaw biss fl-ikel meta dawn ikunu assolutament neċessarji. McDonald's kontinwament qed ifittex biex ikompli jirriduċi l-użu ta' dawn il-preservattivi.

Biex jgħinu lill-klijenti jieklu, ikel li jkun tajjeb għas-saħħa, McDonald's kontinwament jagħmlu l-menu tagħhom aktar nutrijenti.

L-ghan prinċipali ta' McDonald's huwa li jnaqqas l-ammont ta' xaham f'ċerti ikel li għandu fuq il-menu, mingħajr ma l-ikel jitlef xejn mill-kwalità u t-toghma tajba tiegħu.

S'issa McDonald's issostitwixxew ix-xaham fil-panini (buns) b'żejt veġetali u tnaqqas ukoll l-ammont ta' xaham fis-slices tal-gobon.

McDonald's qed jara wkoll kif jista'

jnaqqas l-ammont ta' melh u zokkor li jintuża fil-menu.

Il-klijenti jistaw jorndaw McDonald's sandwiches li jkunu mingħajr grill seasonings jew condiments. Jistgħu jiġu ordnati French Fries mingħajr melh miżjud.

Fejn jidhlu l-prodotti tal-halib, qed tingħata attenzjoni kbira. McDonald's jużaw biss prodotti nutrijenti ta' prima kwalità. L-ingredjenti kollha f'dawn il-prodotti jiġu iċċekkjati bir-reqqa.

Per eżempju, il-Milkshakes ta' McDonald's u l-McDonald's Sundaes (ġelati), huma low fat (fihom anqas kontenut ta' xaham).

L-ghan ta' McDonald's hu li wiehed ibossu komdu jiekol fir-ristoranti tiegħu daqs li kieku qiegħed id-dar. McDonald's jilhem li l-klijenti tiegħu huma nies ta' etajiet u mosi ta' hajja differenti. Il-htigijiet tagħhom ivarjaw minn wiehed għall-iehor.

Huwa għalhekk li McDonald's qegħdin il-hin kollu jistudjaw kif se jtejbu l-ikel tagħhom.

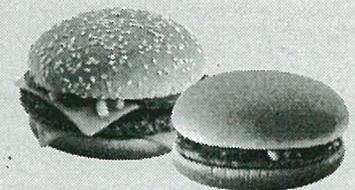
Ic-Chicken McNuggets huma maghmulin minn koxxox u sider tat-tiġieġ li jkun tneħħilhom l-għadam. Qabel dawn jagħslu fir-ristoranti jkunu ġew spezzjonati mill-anqas għoxrin darba.



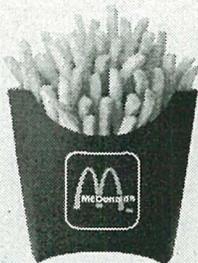
Il-McChicken sandwich ta' McDonald's huma maghmulin minn isrda tat-tiġieġ wara li jkun tneħħilhom l-għadam. Dawn huma msajrin f-tahlita hafifa ta' batter.



Il-pulpetti tal-laħam li jintużaw fir-ristoranti McDonald's huma kollha kemm huma taċ-ċanġa li magħha ma jithallat xejn.



It-tisjir tal-French Fries u t-tiġieġ fir-ristoranti McDonald's isir biss f'100% Vegetable Oil.



Ix-xaham mil-Big Mac sauce, tartar sauce u mayonnaise ġie mnaqqas b'50%.



Wiehed jista' jorndaw sandwich mingħajr sauce. Wiehed jista' wkoll jorndaw French Fries mingħajr melh.





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