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BORD EDITORJALI:

Editur: Louise Cini
Asst. Editur: Ronald Barbara
Set-Up: Norbert Debono
Membri: David Attard
 Lora Pullicino

PUBBLIKAT:

Malta Union of Midwives and Nurses
 Vjal Kottoner, Fgura.
 Tel/Fax: 802862
 E-mail: mecos2@geocities.com

EZEKUTTIV MUMN:

President Rudolph Cini
Vici-President Carmen Wareing
Segretarju Colin Galea
Asst. Segretarju Norbert Debono
PRO David Attard
Kaxxier Mary Gambin
Membri Lora Pullicino
 Francis Agius
 M'Anne Abela

Nota:

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Editorjal . . . Inharsu lejn il-Futur...



Illum nistghu nghidu li s-sena 2000 tinsab wara l-bieb. Ser jibda seklu iehor, seklu ġdid u anke ahna nurses u l-midwives għandna nharsu b'vizjoni ġdida u wiesa lejn ix-xogħol taghna. Hemm bżonn li nahsbu għal futur differenti. Ma noqgħodux inharsu lura u nieqfu imma nitgħallmu u nkomplu nimxu l-quddiem.

Ma nistghux nibqgħu nibżgħu mill-bidliet li l-professjoni taghna ser ikollha, anzi li qed thabbat wiċċha magħhom. Kull mhu ġdid, irid jindara, forsi ma jkunx komdu mill-ewwel imma mhux f'kull professjoni jsir hekk?. Fin-nursing iridu jinbidlu sistemi li issa wasal iż-żmien li jiġu arkivjati u nghidu li darba kien isir hekk. B'dan il-mod inkunu qed infejbu l-image taghna nurses u l-midwives.

Xi nghidu għar-rispett li għandna lejn xulxin?, għax nitilgħu xi skalluna m'għandniex ninsew jew niddisprezzaw lil ta' tahtna. Fuq kolloxx kull nurse u midwife bdiet il-karriera tiegħu jew tagħha minn wara l-istess linja.

U jekk ir-rispett lejn xulxin huwa nieqes xi nghidu dwar ir-rispett lejn il-pazjenti. Forsi nharsu lejhom bħala persuni li jridu kolloxx minna, u nghidu li huma "demanding", "social cases" Ftit nahsbu li huma persuni li għandhom dritt għal kura, support u r-rispett tagħna.

Ahjar nibdew inharsu bis-serjeta' lejn dak kollu li jagħmel il-professjoni dik li suppost hi. Li noffru s-servizz tagħna lil kulhadd, b'kuxjenza u rispett u mingħajr ma noqgħodu inharsu lejn l-uċuħ jew il-kuluri. Qed jinhass il-bżonn li dak kollu li qed itellef il-professjoni tagħna milli tilhaq l-ghan tagħha għandu jitwarrab. Ma nistghu nistennew lil hadd li jibda din il-biċċa xogħol xi ftit iebsa għalina. Ahna lkoll flimkien nistghu naghmlu xi haġa. Ejjew nibdew billi nirrispettaw lil xulxin u l-pazjenti tagħna.



*Il-Bord editorjali
 jixtieq
 il-Milied u
 s-Sena t- Tajba
 lilkom u l-familji
 tagħkom.*



Kelmtejn mill-President

Gheżież kollegi,

Rega' wasal iż-żmien sabih tal-festi tal-Milied. Nirrejalizzaw li ż-żmien għaddej sew minn fuqna, u mhux talli hekk, talli din id-darba dawn il-festi ser iġibu okkazzjoni x'aktarx unika fil-hajja taghna, dak ta' ċentinarju ġdid, aktar popolari, Millenju Ġdid. Wiehed jistaqsi, issa li wasalna biex nidhlu fis-sens 2000, il-Professjonijiet taghna tan-Nurses u l-Midwives, fejn sejin? Ser nibdew seklu ġdid u disgrazzjament in-Nurses f'pajjiżna għadhom jiġu kkunsidrati bhal fi żmien Florence Nightingale. In-Nurses u l-Midwives għadhom jgħamlu kollox, ikunu flessibbli u ma jistghu qatt jgħidu le, u dan suppost fl-interess tal-pazjent. Insibu li n-Nurses u l-Midwives għadhom jiġu kkunsidrati ta' wara t-tabib. dan qed iwassal biex iż-żagħżagħ taghna jippreferu karriera oħra u jevitaw li jagħzlu n-Nursing u l-Midwifery. Wara r-riforma tal-1993 konna hsibna li se tonqos il-problema tan-nuqqas ta' Nurses iżda gara bil-kontra. In-Nurses għadhom qed jiġu mqabbdha xogħol li mhux fil-kompitu li jagħmlu. Jien nistaqsi "meta se jergħu jiġu ngaggati nies li xogħolhom ikun ta' appoġġ għan-Nurses?"

In-Nurses u l-Midwives iridu jibqgħu magħqudin sabiex flimkien nużaw is-saħha taghna u nqajjmu kuxjenza ma' l-Awtoritajiet li għad baqa' hafna x'isir biex il-professjonijiet tan-Nursing u l-Midwifery f'pajjiżna jibdew igawdu id-dimensjoni professjonali li tixirqilhom. Għalhekk għandna niehdu hsieb il-Union taghna, inżommuha hajja u nkunu lesti għall-appelli u sejhiet il-tagħmel il-Union u nirrispondu bi ħgarna sabiex inwasslu l-messaġġ lill-Awtoritajiet li ahna nafu x'iridu u determinati li dak li hu taghna niehduh.

F'Marzu li ġej ser tissejjah Konferenza Ġenerali u f'dak iż-żmien ser isiru l-elezzjonijiet għal-eżekuttiv ġdid. Jien nixtieq nappella lil kull wiehed u waħda minnkom sabiex ma toqogħdux lira u min ihoss li jista' jagħti kontribut lill-Union fl-interess tal-Professjonijiet għandu jikkontesta għal post fl-eżekuttiv.

Jien niehu l-opportunita' wkoll sabiex minn qalbi nringrazzja lill-eżekuttiv prezenti għall-kontribut li tagħha b'mod speċjali f'mument diffiċli bhal ma kellna fil-bidu nett ta' din il-Union.

Nieqaf hawn nawguralkom l-isbah xewqat għal milied mill-isbah u millenju ġdid mimli risq u b'dak kollu li tixtieq qalbkom.

Rudolph Cini
President.MUMN



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HEALING a spiritual process HEALTH a holistic approach



Sina Bugeja MSc [Wales]; FRSN;

Health has been defined as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity by the World Health Organisation in 1946.

Ewles and Simnett, 1992 added three new dimensions to the definition of health. These are the spiritual dimension, the emotional and the societal one. Quoting from their book *Promoting Health*, they give the following definition:

Physical health - perhaps the most obvious dimension of health, and is concerned with the mechanistic functioning of the body.

Mental health - the ability to think clearly and coherently. We distinguish this from emotional and social health, although there is a close association between the three.

Emotional health - this means the ability to recognise emotions such as fear, joy, grief and anger and to express such emotions appropriately. Emotional or affective health also means coping with stress, tension, depression and anxiety.

Social health - means the ability to make and maintain relationships with other people.

Spiritual health - may be connected for some people with religious beliefs and practices; for others it is to do with personal creeds, principles of behaviour and ways of achieving peace of mind and being at peace with oneself.

Societal health - health has been considered at the level of the individual, but a person's health is inextricably related to everything surrounding that person. It is impossible to be healthy in a sick society which does not provide the resources for basic physical and emotional needs. For example, people obviously cannot be healthy if they cannot afford necessities like food, clothing and shelter, but nor can

they be healthy in countries of extreme political oppression where basic human rights are denied. Women cannot be healthy when their contribution to society is undervalued, and neither black nor white can be healthy in a racist society where racism undermines human worth, self-esteem and social relationships. Unemployed people cannot be healthy in a society which only values people in paid employment, and it is very unlikely that anyone can be healthy if they live in an area which lacks basic services and facilities such as health care, transport and recreation. Michael Wilson puts this graphically when he says that health cannot be possessed, IT CAN ONLY BE SHARED. THERE IS NO HEALTH FOR ME WITHOUT MY BROTHER. There is no health for Britain without Bangladesh.

The holistic view

The identification of these different aspects of health is a useful exercise in raising awareness of the complexity of the concept of health. But in practice, it is obvious that dividing people's lives into physical, mental, and so on often imposes artificial divisions and unhelpful distortions of a situation.



Nutbeam, in 1986 defined health as the ability to achieve one's potential and to respond positively to the challenges of the environment. Health is seen as a resource for everyday life, not the object of living. Kickbusch gave her own definition when in 1986, she defined health as the extent to which an individual or group is able, on the one hand, to realise aspirations and satisfy needs, and, on the other hand, to change or cope with the environment.

Other authors define health in different ways but the basic concept remains the same throughout. Philosopher and sociologist David Seedhouse in 1986, wrote *The predominant image which overshadows medicine and the British Health Service* is that health is a commodity: something which is supplied. Equally it is something that can be lost. Ideas like these suggest that health is something that can be bought [by investment in private health care, for example] and sold [via health stores].

There are a number of reasons why we should be sceptical of viewing health in this manner. First, this kind of approach seeks to equate health with a series of clearly definable and measurable qualities - things that can be readily obtained from others, moreover things that can be bought and sold. Second, it suggests that health is something that is in a sense removed from the person. Thus restricting an individual to health is little more than a technical matter - something to be performed by experts through the administration of drugs or by surgical intervention.

This approach is totally removed from the empowering element that is typical of health promotion in this time and age. Seedhouse's definition proposes the idea of health as the foundation for achieving a person's



realistic potential: enabling people to fulfill their own potential. It is about empowering people: enabling them to become all that they are capable of becoming. Working for health is thus linked closely with improving people's quality of life.

The Spiritual dimension

Ross [nee Waugh], 1995 defined the spiritual dimension as the need for meaning, purpose and fulfillment in life; hope / will to live, belief and faith in her paper 'The spiritual dimension: its importance to patients' health, well-being and quality of life and its implications for nursing practice'. The spiritual dimension is important for the attainment of an overall sense of health, well-being and quality of life [referred to as the health potential].

O'Brien, 1982 stated that the need for spiritual integrity is a basic human need. This spiritual dimension has been given importance for many years by a number of authors in the nursing literature. To name but a few, we have: Dickinson, 1975; Henderson, 1973; Piepgras, 1973; Travelbee, 1971. The common factor in all these studies is the meaning and definition attributed to the spiritual dimension, it strives for meaning and purpose in existence.

Fish and Shelly, 1978; Henderson and Nite, 1978; Martin and Carlson, 1988; O'Brien, 1982; Stoll, 1979; defined the spiritual dimension as striving for transcendence beyond the here and now in search of some higher power.

It inspires, motivates and hopes, directing the individual towards values of love, truth, beauty, trust and creativity is the definition used by Dickinson, 1975; O'Brien, 1982; Stoll, 1979; and Travelbee, 1971.

From the above definitions, the spiritual dimension would appear to be a complex phenomenon. It has been regarded as the central artery which permeates, energises, and enlivens all other dimensions of an individual and around which all values, thoughts, decisions, behaviours, experiences and ultimate concerns are centred. As such, it has been described as the mainstream of life and it has been suggested that without spiritual well-being the other dimensions, i.e. the biopsychosocial, can never function or be developed to their fullest capacity and hence the highest quality of life is unattainable.

From the descriptions and the definitions given it would appear that the spiritual dimension is a dual concept consisting of both vertical and horizontal elements. The vertical element could be considered to encompass the transcendental, i.e. the individual's relationship with a power beyond self or the individual's value system. The horizontal element could be thought of as an outworking of the vertical in the individual's lifestyle and relationship with self, others and environment.

The definition which probably best captures and summarises the spiritual dimension is that of Renetzky [1979] who defines it in terms of its three component parts namely:

- the power within man giving meaning, purpose and fulfillment to life, suffering and death;
- the individual's will to live;
- the individual's belief and faith in self, others and a power beyond self [God].

The power within man has been discussed at length by various authors and in different contexts; all have agreed on its importance. The concept of fulfillment to life, suffering and death is what gives meaning to areas that are not readily understood. The individual's will to live is in reality what makes us tick and what makes us hang on in there when the going gets tough. The individual's belief and faith in self, others and in a power beyond self only makes sense when the holistic approach is applied!

Florence Nightingale [1820 - 1910], a pioneer in the emergence of nursing, considered that: the sick body is something more than a reservoir for storing medicines. In addition to caring for patients physical needs she described nursing as a fine art dealing with: the living body - the temple of God's spirit.

Most health care professions have their origin in religious orders where the body and the spirit were cared for together. About a century ago, however, the importance attributed to the spiritual dimension was to change, the philosophy of care moving away from a holistic to a dualistic approach. Care of the individual's spirit and body gradually separated, the latter increasing in importance while the former declined. Despite evidence of attempts to rediscover holism, e.g. complementary therapies, the health care professions remain largely

dominated by the medical model which concentrates on the disease process with medical and surgical treatments. Moving away from the medical model and concentrating more on the sociological perspective involves more of the individual. This sociological approach is being introduced and acted upon, and although it enhances the current stand, clearly it is not enough.

Holistic Health Care

Health is the basic quality of life as the family is the basic unit of society. Just as the meaning of family is changing over time and proving problematic, so must the new definition of health revert back to its original meaning. Dr. C. Henderson Smiley states that holistic health care takes into consideration total quality health care that addresses the spirit, mind and body of the individual as opposed to addressing solely the body, which is only a part of total well-being. The natural way forward is the holistic approach.

Dr. B. Siegel [1986] states in his book *Love, Medicine and Miracles* In the early '70s, after more than a decade as a practicing surgeon, I was finding my job very painful. It wasn't a case of typical burnout; I could cope with unending problems, the intensity of the work, and the constant life or death decisions. But I've been trained to think my whole job was doing things to people in a mechanical way to make them better, to save their lives. This is how a doctor's success is defined. Since people often do not get better and since everyone eventually dies, I felt like a failure over and over again. Intuitively, I felt there must be some way I could help the hopeless cases by going beyond my role as a mechanic, but it took years of difficult growth before I understood how to do so.

Siegel explains how in the words of Rene Dubos, Sometimes the more measurable drives out the most important is what is happening on the medical front. Importance is vested in the physical because it is the physical that one can see and measure! The other dimensions, although they are known to be very important are missed totally. Relating an experience from the same author: I began to see how reliance on statistics had warped my own thinking. Long ago I had operated on Jim, a patient with colon cancer. I told



his family he had six months at most - this was back when I still predicted how long patients would live - but he proved me wrong. Several times he returned to me, and each time he walked in I'd think, Aha! It's recurred at last, but it was always some minor unrelated problem. Every time I offered follow-up therapy for his cancer, he refused. He was too busy living and had no time for my treatment based on statistics. Jim has been healthy for well over a decade now. The power within the man as described by Renetzky was missed totally.

At the other extreme are patients like Irving, a financial adviser who invested people's savings according to statistics. He came to me with liver cancer. His oncologist told him what statistics said about his chances, and from then on he refused to fight for his life. He said, I've spent my life making predictions based on statistics. Statistics tell me I'm supposed to die. If I don't die, my whole life doesn't make sense. And he went home and died. The modern medicine man has gained so much power over certain diseases through drugs, however, he has forgotten the potential strength within the person.

A big part of the healing process is the ability to believe in one's powers and to exercise the will to overcome whatever is wrong with the bodily system. It is well documented in the medical, nursing and sociological literature that as soon as the will to live breaks, then the person will simply die whether the diagnosis is fatal or not. This element cannot be ignored much longer and although it plays a major role in nursing practice, it is obviously missing from the other approaches. Unfortunately even though the evidence is fairly clear, we seem to be unable to move from the status quo. Siegel states that when doctors and patients understand the healing powers within the individual, we will begin to add another dimension to medicine. This dimension is the spiritual one. Then we will be well on our way to the glorious revelation predicted by Teilhard de Chardin in these famous words: 'Someday, after we have

mastered the winds, the waves, the tides, and gravity, we shall harness for God the energies of love. Then for the second time in the history of the world, man will have discovered fire.

Humanistic theorist Abraham Maslow's hierarchy of needs expresses ideas that are considered humanistic because they stress human potential and wholeness. Unlike machines or animals, humans strive to be better, stronger and more loving - and less bound to physical demands to keep individual parts running.

Physiological needs, in fact, fall at the bottom of Maslow's list of motivational priorities. It is possible to be stuck at the bottom, like a semi-starved individual! But once needs such as hunger are met, in fact, only when these needs are adequately met, people can move up a kind of a ladder, or hierarchy, towards higher needs. The next step up is the need for safety, followed by needs for love and a sense of belonging. Then, when these lower requirements are fulfilled, humans seek self-esteem, and in the next step up, self-actualization; i.e. fully living up to a potential.

This clearly indicates that within the remit of the humanistic approach, the spiritual dimension is very important. Yet, we still present a very basic picture - the emphasis are only on the physical. Society is not encouraging the moving up on the ladder of life! On the contrary it is selling the idea that once all the basic needs are met, there is nowhere else to go, so we make our basic needs more sophisticated and work very hard towards this achievement forgetting that there are other dimensions that require such, if not more intensive investment.

The Future

A WHO draft document titled 'Health For All For the Twenty-First Century' - the Health Policy For Europe states that we need to focus more on people. In the past, health policies in many countries were principally concerned with organisation, resources and intervention strategies, but gave little attention to their impact on people, who in many cases were seen mainly as receivers of services. This outlook failed to recognise the tremendous potential

that individuals, families, and local communities represent as producers of their own health and as active partners in designing and implementing health development strategies for themselves, their families and their local communities.

However, if the idea that everyone should have the opportunity to attain their full health potential and participate in decisions that affect not only their own health but that of the society in which they live is to be accepted, the attitudes of health care providers and of those who design and decide health policies and programmes will have to undergo a fundamental change.

Such change is indispensable if the formidable potential for health gain is to be realized. With some shining exceptions, there has been a lamentable failure to empower people to participate in making the critical choices which affect their lives. This lack of broad involvement in decision-making vital to individual and societal health is no longer acceptable. The methods of the past will not suffice if we are to grasp the opportunities of the future and manage the expected changes effectively.

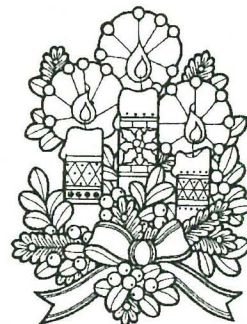
Health care is for people not machines. The condition under which care is given, and the principles guiding choices, must therefore be guided by respect of human dignity, coloured by compassion and be based on respect for human rights.

Health and development are intimately interconnected. This, however depends on the ability to manage successfully the interaction between the physical, spiritual, biological and economic social environment. Sound development is not possible without a healthy population; yet most developmental activities affect the environment to some degree, which in turn causes or exacerbates many health problems. Conversely, it is the health condition of many people, which can be alleviated only through development.

The health sector cannot meet basic needs and objectives on its own; it is dependent on social, economic and spiritual development. This spiritual development cannot grow unless this reality is acknowledged first. ■



Messagg mis- Segretarju Generali



Colin Galea

F'dawn l-ahhar xhur l-MUMN kienet involuta fil-proċess ta' 'Screening' biex nannalizzaw u nevalwaw x'implikazzjonijiet jista' jkollna fl-eventwalita' li Malta ssir membru fl-Unjoni Ewropeja. F'dan il-proċess rajna kif il-liġijiet Maltin, dejjem f'dak li jiigwarda lilna, huma 'compliant' mad-Direttivi ta' l-Unjoni u fejn ma naqblux, x'hemm bżonn li jinbidel.

L-aktar Zewġ punti li din il-Union sahqet fuqhom kienu il-kwistjoni tal-lingwa u dik ta' l-ispeċjalizzazzjoni. Fuq il-lingwa ahna tlabna li kull Nurse jew Midwife li tkun eliggibli li tahdem f'pajjizna ikun jehtiegielha li tkun taf sew kemm il-lingwa Maltija kif ukoll dik Ingliza. Dan tlabnieh ghalieq wara studju xjentifiku kif ukoll bl-esprjenza nistghu ngħidu li 78% tal-poplu Malti jittellem bil-Malti fil-hajja tiegħu ta' kuljum, ahseb u ara kemm dan il-persentaġġ se jikber meta niġu biex nitkellmu f'sitwazzjonijiet t'emergenza. Din it-talba għamluha ukoll kemm il-MAM kif ukoll ic-Chamber of Pharmacists. Illum il-gurnata kemm il-Germanija kif ukoll l-Irlanda qeghdin igawdu min din il-konċessjoni u għaldaqstant dan juri kemm ahna m'ahna nitolbu xejn ta' barra minn hawn.

Il-punt l-iehor huwa rigward l-ispeċjalizzazzjoni. Id-dipartiment tas-Sahha sal-lum għadu ma jispeċjalizax lil dik in-nurse jew midwife li tkun trid taqbad ċertu linja. B'dan se nkunu fi żvantaġġ fil-konfront tal-pajjizi msiehba li għandhom is-sistema, ta' l-ispeċjalizzazzjoni kemm meta napplikkaw biex nahdmu barra min xtutna kif ukoll meta d-dipartiment tas-Sahha jagħmel sejha għal xi post partikolari. Għaldaqstant l-

MUMN talbet li sakemm il-gvern Malti jintroduċi is-sistema ta' speċjalizzazzjoni għandu awtomatikament iqies l-esperjenza tax-xogħol bħal li kieku nurse jew midwife tkun speċjalizat f'dak il-qasam.

Fl-ahhar t'Ottubru bil-kollaborazzjoni, tad-Dirrettorat ta l-UE, organizzajna Seminar bit-tema 'UE - Id-Dmirijiet u D-Drittijiet tat-Trade Unions'. Dan sar biex inkunu infurmati aktar fuq id-diversi aspetti li jolqtuna biex b'hekk inkunu f'pożizzjoni inwasslu dan it-tagħrif lilkom. Kien interessanti hafna u l-aktar punt li laqatni kien meta wiehed mill-kelliema infurmana li bħalissa fl-Unjoni Ewropeja qed tiġi diskussa direttiva li tirrikonoxxi l-esperjenza tax-xogħol tal-haddiema bil-hsieb li l-quddiem jimplimentawha.

Qabel naghlaq niringrazzja lil shabi ta' l-eżekuttiv għal dawn it-tlett snin li għaddejna flimkien. Kienu żminijiet diffiċli pero' mimlija sodisfazzjon. Minn naha l-ohra nixtieq inhegġeg lil kull min hu nteressat fl-eżekuttiv għall dawn it-tlett snin li ġejjen biex japplika fil-fomola li qeghda parti mill-Musbieh. L-ingredjenti huma, rieda soda, enerġija u dedikazzjoni.

Tinsewx li din is-sena l-attivitá tal-Milied ser issir fl-20 ta' Dicembru. Ibbukkjaw min kmieni biex ma jiġrix bhas-sena l-ohra. Il-

prezz huwa baxx hafna għaliex l-uniku skop huwa dak li minn diversi postijiet tax-xogħol differenti niltaqghu flimkien taht saqaf wiehed. Nixtieq illum ngħalaq billi minn qalbi nawgura Milied hieni u Sena Ġdida mimlija risq u barka lill-membri u l-familji tagħhom. Awguri.





Nursing: What a carrier?

When I passed my final examinations about fourteen years ago, I was allocated to the Operating Theatres. At that time one of the nursing tutors told me that I was fortunate. A couple of years later I asked the same tutor what were the students being taught about theatres and the chances to have new nursing staff on the unit? She answered back with a shocking statement; "Do you think I am a fool to send a student into a snake pit?" Well she was right! To begin with I am still a staff nurse allocated to the theatres. Nobody recognizes me as a theatre nurse. Obviously the posting does not exist within the Department of Health. At the Institute of Health Care there is not the faintest idea of teaching theatre nursing - it is not in the course curriculum. So this makes me wonder: "Did I waste fourteen years of my life in Nursing?" I think I was given the answer about four years ago when my experience was flushed down the drain in a ten-minute interview by three Managers, who in my opinion have not got an idea of how an operating theatre runs. It was made obvious that since I had no clinical experience, I did not stand a chance for any of the promotions. All the odds were against me, I had no godfather either, nor did I threaten any one that will resign if I am not promoted. The courses I did in the UK and the experience I brought with me in two key specialties in theatre nursing, That is cardiac surgery and neurosurgery were not good enough factors for the examiners.

Never the less with great arrogance the Department who did not consider me to be good for a promotion, at the same time pretends that as a senior nurse and head of shift (Nice names but a lot of bull!) I have to be in charge of the theatres in the absence of my Nursing Officers after normal duty hours, that are from 5 p.m. onwards when I am on duty. Is this the way to raise the profile of nurses and nursing?

I read the newspaper every morning and till this very day I have not read even one sentence written by the public to thank the theatre staff, starting with the Prime minister to the most common people. They thank everyone but us. We hold seminars so us nurses will get together and talk, maybe even express our feelings; but I

sincerely ask how much talk do we have to do? Isn't it time that we start acting rather than just keep on talking? Through my personal experience I can say that we do have a say in the running of our Hospitals and the care of our sick clients.

All we need is to take a stand and back up our feelings while we express them to other professionals. Way back, about five years ago I was one of those who took a stand and insisted that for the patient's safety, three nurses should be allocated in a theatre during major interventions. The resistance and opposition I met by the Hospital administration and the consultant surgeons were big. The threats were even bigger. The only reaction that annoyed and really hurt me was that the nursing administration sided with the surgeons. The funny thing was that even though they boast of being by far more professional none of them wanted to give the patients or us nurses a written guarantee and take responsibility for the operations. They always find convenient to blame the nurse if something went wrong. At the end all this paid off because since then the rate of accidents in theatre went down by 100%.

As for students, they are being thought by a different school - a branch of the University, so they might look down on us. I advice the administration not to play about with nurses, let us not bring back litigation amongst the nursing staff. Let us not build walls or bear grudges for one another like the time of the promotions. Why not choose the road of helping one another? Don't we all have something to learn from one another? Cannot the nurses be the student's mentors on the wards so as to help them put on practice what they learn and at the same time keep the tutors informed of their student's progress?

After all one must keep in mind that we are all human beings and getting old. We have to keep in mind that we are candidates to be the future patients of today students.

Finally I would like to say that the attitude towards life itself is what makes you a good nurse. As long as one is at peace with him, nothing can keep him from doing his duties properly.

George Fenech S.N.



Free to Grieve

Doris Abela Spagnol

Regardless of how resourceful we may be in coping with problems, the circumstances of life inevitably involve stress and grief. Occasionally a baby is born stillborn. This poses a considerable number of problems as death for our society is rather as sex was for the Victorians. As this "death taboo" is a very general one in contemporary society, it is difficult for individuals to overcome. It may be that our attitudes to these two essential aspects of human life have become reversed. The result is that the taboos have become transposed. (*Gorer, 1965*).

A hundred years ago, a pregnant woman knew it was questionable that she'd finish the pregnancy with a healthy child in her arms. A stillbirth was perhaps less painful because expectations were not high. In an age of medical miracles we have come to expect that pregnancies end in, of course, babies.

Nothing, no bits or pieces will be added to this living human, from the time of fertilization until the old man dies, except nutrition. "The body of the unborn baby is more complex than ours. Before he is born, the baby has several extra parts to his body that he needs only so long as he lives inside his mother. He has his own space capsule, the amniotic sac. He has his own root system, the placenta. These all belong to the baby himself not to his mother. They are all developed from his original cell". (*Day & Liley 1968*).

The baby on which the mother focuses her fantasies during pregnancy is the baby she comes to love at time and whom she may eventually need to grieve. Women, who lose pregnancies sometimes feel frightened, other times guilty, often confused, but nearly always alone. Fear is often a sister to grief, fear of another pregnancy, fear of not being able to have more children, fear for one's health or the safety of the one's she loves. The mother may experience all of these fears as she grieves for her lost child.

For some women there remains after a stillbirth the sense of having failed themselves, their husbands and friends but also their babies.

Powerlessness is one of the quagmires of grief that the woman encounters and one of the most painful stages in coming to terms with grief. She may find that upcroppings of guilt can plague her for months after a stillbirth. Several years after her loss, she will see how unwarranted her guilt was. There is no medical evidence to suggest that a different diet or a more expensive doctor or additional rest would have saved her child. But guilt is griefs devoted tagalong.

During pregnancy, a woman experiences two kinds of changes. There is of course, the growth of the fetus, but a woman also feels physical and emotional changes within. Having a stillbirth is the loss of a 'loved' one; it is also the loss of a part of 'her'. And these two separate losses mixed into one procedure a peculiar kind of pain unlike most others. Researcher E.P. Furnum observes that with the loss of a loved one, there must be a readjustment in one's self-image. "It is however", he notes "altogether different to have to readjust to thinking of oneself as an imperfect human being, a human being that cannot walk or cannot see. That is a pain of a different kind and the feeling that accompanies it, are emptiness, loss of self-esteem and feeling low. When a newborn dies, the parents especially the mother often describes these sensations". (*Marshall H., Klaus, M.D. et al, 1982*).

Parents often report that the death of their baby was worse than the loss of parents because the work of grief was so much harder to do. With a stillbirth, there are few memories and the ones that live exist only to the woman and perhaps her husband. If a mother has delivered a stillbirth, she has lost a child. "Grief may be openly expressed or it may remain hidden and unexpressed in feelings of guilt, bitterness, and sadness. The overt expression of grief can be highly beneficial to the person who has experienced



a loss. Hidden grief on the other hand may remain unresolved; further more it can be detrimental to the physical, mental and social well-being of the grieving individual." (Peppers and Knapp, 1980). If grief is refused a natural outlet, it chooses an unnatural and more destructive way to express itself. The question is not whether or not one will choose to mourn, but whether or not one allows oneself a constructive way to mourn. If one cuts off natural outlets for mourning the sadness will take its toll in other ways. Sometimes on one's body. Much of what is known about the mothers' grieving applies equally to the fathers but they have some particular problems relating to society's expectations of themselves. The heartfelt plea of a bereaved father is that they need to be treated as fathers who have just lost a baby not as a man whose woman-folk are a bit unwell just now." (Fairbairn, 1992).

Each of us finds his own way to work through sadness. There is no set mould, any "right" way, for mourning a loss. One counsellor advises, "Grieving involves physical, mental, financial and interpersonal pain. Not all who grieve will experience all these aspects. Nor do we experience them in an orderly fashion necessarily. Also we do not experience them "once and for all" and more steadily up-or-down! the rungs of the ladder. The grief experience is more like riding a roller coaster, unpredictable, sometimes scary and once you're on, you cannot get off until the end of the ride." (Mildred Tengborn, 1981).

Denying the loss is a normal reaction. But it must be a temporary reaction if healing is to come. Having a body to view may be much more crucial to the resolution of grief than we realize. "Psychiatrists have said that the

amount of truth that comes when the living persons face the dead body can be of the most significant and therapeutically useful parts of the process of coping with death. Until the whole person is willing to face the facts that change that death brings, it is difficult or impossible to begin the true work of mourning... Unpleasant and painful as it often is to face reality head-on the choice you have is simple and unavoidable. You either face reality and release yourself from the hold of denial or you go on living with self-deception. As long as you persist in the denials and delusion you are unable to do the work of mourning, and unless you can do the work of mourning you will build your life upon illusory attitudes that cannot stand as you move into new and demanding situation." (Jackson, 1971).

In "The Bereaved Parent" author Harriet Schiff recalls the circumstances following her son's death. "In the Jewish faith, following the funeral, we have a seven-day period of intensive mourning called 'Shiva' during which prayers are offered and people are encouraged to visit and to bring food to the bereaved family. Our house was nearly always filled and without question we found this most helpful and therapeutic. When we needed to talk about our son we had many sympathetic ears and they were necessary. While some privacy is essential, being alone with my thoughts after the funeral was the last thing in the world I needed. People were called and people we got." (Harriet Schiff, 1977).

Where does the midwife come in? Nothing can ever make delivering a still born an easy task. But one thing is certain- it is good to feel that she has made the experience as positive for the parents as it is possible to

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do. By comforting them, the midwife will receive comfort. When a baby dies in utero it is a tragedy for the parents. This might seem a trite observation, but it is a tragedy even for parents who originally did not much want the baby.

It may be the midwife, who originally cannot hear a fetal heartbeat. It may be she who hold the mother's hand when the obstetrician examines the uterus with ultrasound scan after fetal movements have not been felt for a period. The father is also desperately upset and frightened about what is going to emerge from his beloved's body.

To help a mother, who has just borne a stillbirth, a midwife needs, as well as an empathetic response to the mother, considerable self-understanding. A midwife who feels compelled to mask her own emotions by efficient busy-ness, is unlikely to be able to offer a mother much understanding. Observing reactions to the loss of a baby, psychiatrist describes how staff are 'Flung apart' by such a loss (Bourne, 1979). The midwife finds herself disconcertingly and acknowledges the personal implication of a death is fundamental to being able to care effectively for those who are dying and grieving (Osterweis et al., 1984). The tragic part of parenting a stillborn baby is that the contact with the baby is for such a short time. The midwife can help to prolong the time the parents have with their baby so that they get the longest time possible. The more they can be with their baby the more memories they will have of the short time they had with their child. This can be: -

- Cuddling the baby
- Dressing the baby or watching the baby being dressed
- Talking to the baby
- Arranging the baby in the receptacle ready to go to the mortuary
- Putting a few fresh flowers around the baby
- Putting one of the baby's toys in with him
- Taking photos of the baby.

In view of the haste with which the mother is likely to go home, her care by the community midwife assumes greater significance. Home visits were found to be appreciated for both their physical and their psychological value. (Lowvell, 1993; Cooper, 1980).

The funeral is a very sad and painful for all who attend. But it is important. It is recognition that a person has died, and it is also a public goodbye, which often helps parents enormously. After the midwife has helped the couple to face their loss, they may need to create a quite memorial of their own, something tangible and physical to mark the child's existence. It is important that they

face the loss squarely, because such an acknowledgement marks the beginning of healing.

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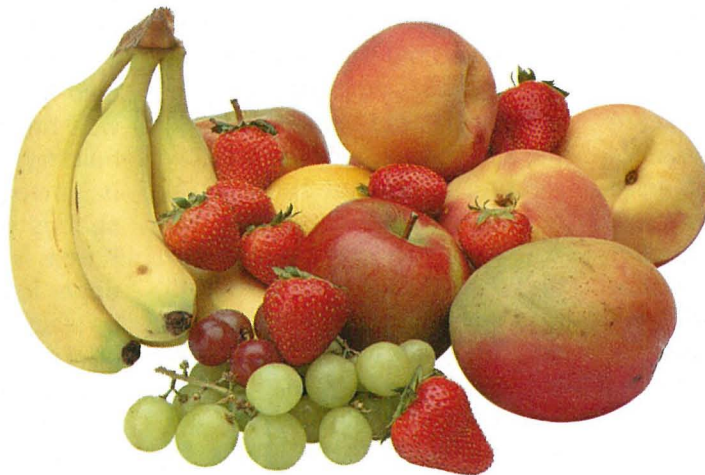
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IT COULD BE YOU

It is difficult for a person to know what is going to happen in his/her life. Things that you do not expect could happen, whether good or bad. I finished my studies when I was twenty years old. First I started working in a factory for some years. I never dreamed that one day I will become a nurse, as the word hospital used to scare me. I felt I wanted to give part of myself more directly to humanity. I joined the hospital and spent a year as a health assistant, later moved to C.N.P. student that successfully became an enrolled nurse. I always felt to do voluntary nursing in a third world country, but I did not know who shall I contact, and also was afraid of diseases. My first experience abroad was in the Amazon (Brazil) in 1995, Guatemala in 1996, Calcutta (India) in 1998 and last April 1999 in Korca (Albania) with the kosovar refugees.

News were being heard following the events in Kosovo. We all saw and heard acts of violence on T.V. and newspapers. People of all ages were being tortured and being forced to move out of their country. Thousands of ethnic Albanians living in Kosovo found themselves refugees in the neighbouring countries of

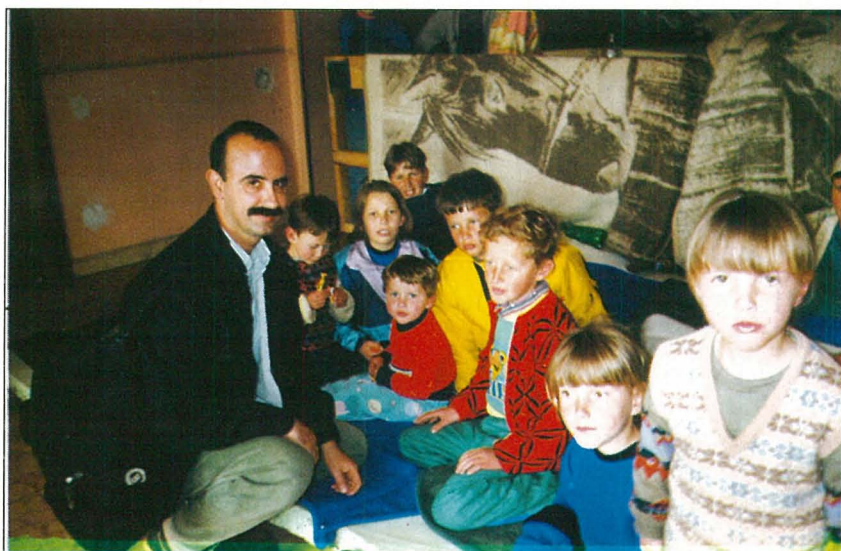
Albania, Macedonia and Montenegro.

The day was 8th April, just a normal working day at the hospital. At around mid-day I received a call from one of the representatives of S.O.S. Albania and asked me to travel to Korca to do nursing among the refugees. It was very alarming to me and I had to decide within few seconds. At that time I got frightened, but I plucked up courage immediately. I accepted, and on that same day at around mid-night I joined two other colleagues Dr. Mark Muscat and David Grech S.N. and two other members from S.O.S. Albania. We took off from Malta to Thessaloniki and continued our journey to Korca by car that took around 13 hours to reach our final destination. We were welcomed by the maltese museum members and Fr. Gary. As you enter Albania you feel the difference. Feeling of insecurity and poverty. We were lodged with an Albanian family and treated us very well. Our work consists of an assessment that includes the needs of the refugees, treating minor wounds and first aid in three camps which the humanitarian organisation S.O.S.

Albania took over all the responsibility. The three refugees sites namely 'The Workers Camp' with 350 refugees, 'University Dormitory' with 250 refugees and 'Poultry Warehouse' with 195 refugees. Other camps that have been given aid and supplied with medicine and food are 'The Lozhan camp', 'The stadium', 'The sock Factory' and hosts' families.

The workers camp building also known as Puntrove Camp was having 350 refugees. The building is situated up on a hill and is surrounded by wide open spaces overlooking the city of Korca. It is five storeys high, the upper four storeys were serving as sleeping quarters. Both water and electricity were available. There were several health problems. Most illnesses were mild and consisted of diarrhoea diseases, upper respiratory tract infections and gastro-enteritis. There were also reported cases of headlice and scabies. We came across other people suffering from chronic illnesses such as cardiac problems, hypertension, diabetes and one case of renal failure, who was sent to Tirana for dialysis. Immunisation programme that was adopted in Kosovo one refugee said that the immunisation for T.B. given in 1986 was expired, thus children who received such immunisations are not immune at all. Documents have been destroyed, thus any documents related to health most probably have been destroyed or left behind. It was difficult to know the exact dosage and type of treatment that they were receiving back home. They need to be reviewed again, assessed and cared according to their needs.

Toilets facilities were found, there were not enough to cater for the needs of refugees. Moreover, these facilities are poorly kept to the extent that this state of





cleanliness was unsatisfactory. In certain camps, water was available 2-3 hours in the morning and the same in the evening. We advised people to boil water before drinking, and provided bottled water donated from Malta for the use of babies. Food supply was adequate with the provision of one warm meal a day at lunch time, tea and soup in the evening. However the need for more milk powder for infants was requested. We also provided every family with vitamin supplements. An assessment of the situation was carried out to identify the main needs of these camps. Clinics in each camp were visited as there were bare and no medicine. camps were supplied with medicines, first aid kits, food, toys and clothing, all donated from Malta. We visited various refugees, talk with the help of an interpreter, asked for their main needs and where possible provided them with the needs required. Treated minor illnesses such as high temperatures, colds, diarrhoea diseases and other various problems. We also provided the clinics with translation from English to Albanian of the uses of the medicine. We discussed with doctors and nurses who were Albanians and were caring for the refugees and considered the health care needs of the people in the camps. The sleeping rooms



were overcrowded but at least foam mattresses and blankets were available. We came across many people who said that they are suffering from nightmares and again experience what they passed from during their flees from Kosovo. One refugee said in tears that his pregnant wife was shot dead in front of him and afterwards soldier drove over her dead body

Many people saw their own beloved being killed, elderly, young, husbands, wives and even children. People who are healthy physically need psychological help. these people have lost their homes, lost their belongings, lost their own identity and lost many of their loved ones. There is no curative medicine to make up for such

losses, these people have suffered, are suffering and will suffer for a very long time. It is the whole world's duty to cater for the needs of these people, to provide with adequate food, clothing and all the medical attention required. Everybody in a way or another should help the people of Kosovo to lead an adequate life. We, the Maltese even though a small island have a very kind heart. We cared for all the refugees in the Workers camp, University Dormitory, Poultry warehouse and other camps and provided care for refugees staying with hosts' families.

The title it could be you has two meaning aspects. What ever happened to the Kosovars, it can happen to us. A natural disaster, war earthquake, accident and all theses situations can throw you in some sort of critical condition. On the other hand it could be you as a nurse to join the humanitarian organisation and help society. I would like to thank Dr Mark Muscat and David Grech S.N. for their support and assistance during our stay in Korca. Special thanks go to the Nursing Officer and the nurses of the Ophthalmic Ward for their support and for replacing up my duties while I was in Korca.

Donio Cini





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IN-NURSES' U L-E.U.



Kuljum nisimghu u naqraw dwar is-shubija ta' Malta u l-Ewropa Magħquda. Hawn min jaqbel u hawn min ma jaqbilx. Hawn min jaqbel ma xi kondizzjonijiet li trid l-EU u hawn min ma jaqbilx ma' xi kondizzjonijiet ohra. Imma hadd jew ftit li xejn qeghdin jiktbu u jtkellmu dwar is-servizz tas-sahha jekk Malta tkun membru shih tal-EU.

Wasal iż-żmien li jibda jsir studju b'urgenza dwar l-impatt li jkun hemm fuq daww kollha li jipprattikaw il-professjoni tas-Sahha. Dan is-suġġett huwa forsi aktar importanti minn taxxi, 'levies', dazji, 'retention taxes', agrikoltura, turizmu, newtralita', u mijiet ta' suġġetti ohra. Min ma jaqbilx ma dan għandu kull dritt u forsi wkoll għandu raġun. Sabiex wiehed jaqbel jew ma jaqbilx għandu l-ewwel iżomm quddiem għajnejh x'hawn aktar importanti mis-sahha. It-tobba, il-midwives u n-nurse, il-paramediċi, u kull minn jahdem fis-settur tas-sahha, flimkien qeghdin jamministraw is-servizz tas-sahha. Jew ahjar is-servizz huwa tajjeb daqs kemm dawn qeghdin jagħtu servizz tajjeb. Daqs kemm dawn ikollhom il-faċilitajiet u kondizzjonijiet li jeżerċitaw il-professjoni tagħhom.

M'hemm dubju li l-akbar impatt bi dhul ta' Malta bħala membru shih tal-EU sejjer jolqot il-midwives u n-nurses. Dan ma jfissirx li dawn il-haddiema sejr in morru hażin bħal ma l-añqas ifisser li dawn il-haddiema sejr in morru tajjeb.

L-MUMN mingħajr għajnuna ma tistax tonfoq eluf ta' liri biex tagħmel l-ispejjes meħtieġa biex isir studju serju. Il-'unions' il-kbar ma jistgħux jikkoncentraw biss fuq il-problemi tal-haddiema tas-sahha u jutilqu minn taht idejhom is-suġġetti l-ohra kollha. Jistgħu forsi jagħmlu xi studju u forsi jinkorporaw fil-kwadru ta' studju shih ta' kull impatt li jkollha s-soċjeta Maltija. Dan

mhuw biżżejjed fejn jidhol is-servizz tas-sahha.

Hawn iqum l-argument li l-Gvern Malti permezz tad-Dipartiment tas-Sahha għandu jagħmel dan l-istudju dettaljat u jagħti l-pariri tiegħu. Huwa veru li l-Gvern għandu dan id-dmir imma l-Gvern iddikajara li huwa favur id-dhul ta' Malta bħala membru tal-EU.

Dan ifisser li jekk għamel dan l-istudju u sab li huwa tajjeb il-Gvern ma ppubblikahx. Jekk ma għamlux s'issa jfisser li jew ma taħx importanza jew ma kellux hin biex jagħmlu jew haseb li ahjar li dan is-suġġett ma jingħatax importanza biżżejjed li jkun jaf x'fih kulhadd.

Wiehed jista' jargumenta li n-nurses m'għandomx ihabblu rashom dwar l-EU. Fl-ahhar mill-ahhar il-kura m'għandiex fruntieri. Fl-Ewropa, f'Malta, u f'Zimbababwe, s-sintomi tal-mard jibqgħu daww li huma.

Il-Maltin ma jfiegħu x jimmordu billi nidhlu jew ma nidhlu fl-Ewropa. Dan ukoll jista' jkun veru. Imma wiehed ma jridx jinsa li biex nurse tagħmilek f'faxxa jrid ikun hemm nurse u f'faxxa. Skond kemm in-nurse tkun taf tagħmel il-faxxa jew tkun f'pożizzjoni li tagħmel il-faxxa ikollok ir-riżultat.

Inkunu jew ma nkunux fl-EU xorta wahda jkollna bżonn in-nurses. Dan huwa veru. Imma dan huwa veru daqs kemm huwa veru minn ikunu n-nurses, xi standard ikollhom in-nurses, x'inhuwa n-numru tan-nurses, u kemm insibuhom fejn u meta jkollna bżonnhom.

Dawn huma mistoqsijiet kruċjali minhabba li bid-dhul ta' Malta fl-EU nkunu aċċettajna il-helsien tal-moviment ta' haddiema minn stat għal iehor. Nurses Maltin jkunu jistgħu jahdmu f'pajjiżi ohra tal-EU u nurses mill-pajjiżi tal-EU jkunu jistgħu jahdmu Malta.

In-nurses u l-Maltin ikun jaqbillhom li jsir dan? Wiehed ikun prużuntuż

li jgħid qabel ma jkun sar studju serju dwar l-impatt li dan igħib fuq il-kultura u l-livelli ta' kura li ahna lhaqna sal-lum.

Il-pagi u l-kondizzjonijiet tan-nurses fl-artijiet tal-EU jridu jiġu analizzati qabel ngħidu x'jaqbel jew ma jaqbilx.

Il-pajjiżi tal-EU jirrikonnoxxu d-diplomi tan-nurses ta' xulxin. Dan ifisser li l-EU kif insiru membri sejr in mingħajr kondizzjonijiet jirrikonnoxxu ċ-ċerifikati ta' Staff Nurse, Enrolled Nurse, Nursing Aid, Hospital Assistants, u gradi ohra. Jekk iva jfisser li ahna wkoll iridu nirroknu tagħhom mingħajr ma għandha nformazzjoni ta' kif l-haddiema tagħhom jakkwistaw dawn iċ-ċerifikati. Jekk le dan ifisser li għadna ma nafux x'iridu ngħamlu biex iċ-ċertifikati tagħna jiġu rikonnoxxuti.

Huwa d-dmir tal-Gvern li jghin sew finanzjarjament kemm ukoll b'materjal iehor biex minnufih l-MUMN tkompli tagħmel ir-riċerki meħtieġa f'dan is-suġġett tant kompless. B'kollox nistgħu nilgħabu u f'kollox nistgħu niehdu deċiżjoni politika. Kulhadd għandu dritt li jkun favur jew kontra d-dhul ta' Malta bħala membru shih tal-EU imma hadd ma jista' jinjora r-riperkussjonijiet fuq is-sahha.



Alfred Vella



Sotto-Kumitati

Gozo General Hospital

On September 29th a meeting was set up with the Gozo Health Council Chairman Prof. Cauchi and Secretary Mr. Grech. MUMN President Mr. Rudolph Cini and General Secretary Mr. Colin Galea were also present.

It was an introductory and informative meeting. we discussed important and pending matters concerning both nurses and patients at Gozo General Hospital.

Our main concern for both nurses and patients was, and still is, airconditioning of the main wards at our hospital, namely female and male general wards. We stressed the importance of installing air conditioning in these wards especially during the ever increasing hot summer months. Prof. Cauchi agreed fully with us and told us that this problem is one of the council's priorities for next year (we hope that these will be installed next year). We also discussed post-graduate nursing education and nurses being transferred to Gozo from Malta.

I would like to thank all our members at GGH who support the MUMN , they know that when the needs arise , we are there for them. Unfortunately, some are still backwards in their renewals. Please, remember that unless renewal of membership is done, the union may find it difficult to negotiate on an individual basis.

Thankyou for your support.

Atanasio Defiorio
Chairperson- GGH

Sptar San Filippu

Fl-ahhar harga ta' 'Il-Musbieh' kont infurmajtkom dwar il- 'collective agreement' li kien beda bejn il-management ta' l-isptar San Filippu u l-MUMN bhala r-rappreżentanta tal-haddiema.

B'dispjaċir ikolli nghid li 'collective bargaining' li kellu jwassal ghal dan il-'collective agreement', intemm hessrem minghajr l-ebda raguni min-naha tal-management.

Min- naha taghha , l-MUMN kitbet diversi

drabi lill-management u meta rat li qed tigi njojata, irregistrat tilwima ndustrijali bejna u bejn il-management ta' l-isptar San filippu, filwaqt li harget 'press release' Bis-sahha ta' l-intervent mill-MUMN, l-infermiera u l- qwiebel impjegati fl-Isptar San Filippu nghataw il-paga dovuta lilhom ghax-xahar ta' Settembru.

L-MUMN qieghda toffri support u servizz kontinwu lill- membri taghha li qeghdin jahdmu f'dan l-isptar, li bhalissa huma ghaddejjin minn perjodu ta' sfruttazzjoni min-naha tal-management.

Peress li minn Dicembru 1999, jiena sejra nibda nahdem l-Ingilterra, minn hawnhekk niehu l-opportunita biex insellem lil shabi l-attivisti tal-MUMN, nirringrazzjom minn qalbi tas-support li dejjem tawni u nixtieqilhom il-Milied it-tajjeb u bidu tal-millennju mimli risq.

Josanne Bason
Chairperson- Sptar San Filippu

Centri tas-Sahha

Wara hafna ilmenti ta' shana fic-centri tas-sahha l-MUMN kellha laqgha ma' Dr. Baldacchino agent direttur fil-kura primarja,intlahhaq ftehim biex sa sajj li gej jigu nstallati xi 'air conditions' f'xi whud mic-centri tas-sahha.

B'sodisfazzjon wara hafna zmien bdew jitqassmu l-informijiet, nisperaw li sa kemm jasal li tircievu dan il-magazine, il-blouses u z-zraben jkun waslu ukoll. Kull min ghandu xi lmenti jew suggerimenti dwar l-uniformijiet ghadduhom lir-rappreżentanti taghkom fic-centri tas-sahha.

Doris Debono
Chairperson - Centri tas-sahha

SVPR

Bis-sahha tal-MUMN b'insistenza kontinwa, il-problema akuta tan-nuqqas ta'nurses nisa fuq naha ta' 'St Francis Wing' bdiet tittaffa' bl-14 l-enrolled nurses godda .

It-talba ta'l-MUMN sabiex in-naha ta' 'St.Francis Wing' ikun hemm kompliment ta' staff bhalma hemm 'St.Joseph Wing' li hu ta' nurse wahda ma zewgt nursing aids, f'kull shift bhala 'minumum staff' giet rikonoxxuta. Wkoll

taħdidiet għadhom sejrin ma' l-awtoritajiet biex din it-talba tiġi implimentata.

L-MUMN għanda pjaċir thabbar li anke f'San Vincenz se jkollna ufficju li nisperaw li dalwaqt se nhabbru l-ftuh ufficjali.

George Mallia
Chairperson- SVPR

Sptar San Luqa

Team Midwifery

L-MUMN insistiet u sejra tibqa' tinsisti fir-rigward tal-professjonalita' tal- midwives. Il-Midwives għandhom il-'warrant'u dan jaghti il-facilita' lill-istess midwives biex jippratikaw b'mod indipendenti u awtonimu. Qalilna li jista' jithaddem Team multidixxiplinarju' dwar dan il-union ma għandhiex oġġezzjoni, imma ikollha oġġezzjoni qawwija jekk il-professjoni tal-midwives ma tiġhiex rispettata jew imgeghela tbaxxi il-livell li akkwistat matul is-snin. Il-ftehim li intlaħaq huwa li jinghata tlett xhur żmien biex issir evalwazzjoni ta' kif qiegħed jithaddem it-Team Midwifery' bhala parti mit- team multidixxiplinarju. Dan isir b'mod speċjali lejn l-effetti li din is-sistema qiegħda thalli fuq l-istess midwives u anke fuq l-ommijiet.

Ftehim dwar is-swali tal-Medicina

Dan il-ftehim gie emendat kif xtaqt l-MUMN u d-diviżjoni għas-saħha sejra taghti is-sitt relievers tar-relieving pool. Ma'l-ewwel okkażjoni possibli, dawn ikunu allokatu mad-dipartimental nursing manager tas-swali tal-medicina. kopja tal-emenda giet imqassma fis-swali kollha tal-medicina u d-diviżjoni tas-saħha anke lagħet it-talba tal-MUMN fir-rigward ta' punt 6 fl-imsemmi agreement.

Sigurta fl-outpatients department

Intlaħhaq ftehim li security guard jibda jagħmel ir-ronda' fl-outpatients department u n-numru ta; security guards kif ikun possibli mill-ewwel jizdied għal tnejn waqt il-hin tax-xogħol. Id-Direttur Ġenerali informa wkoll lill-MUMN li qegħdin issiru diskussjonijiet mal-korp tal-pulizija, li l-pulizija wkoll jiġi mitlub biex immur l-out patients department.

Tommy Dimech
Chairperson - SLH

MCH

• Is-Sotto kumitat f' Monte Carmeli jkollu hafna problemi sew individwali u anke kwistjonijiet fejn ikunu involuti ammont ta' nies. Dejjem kellna sodisfazzjon kif dawn l-affarijiet ġew irrangati.

• Kellna wkoll diskussjonijiet ma' l-awtorita' dwar nuqqas ta' staff fis-swali speċjalment bil-lejl, fejn fis-swali suppost li jkun hemm żewġt infermiera, xi drabi thallew b'infermier wiehed.

• Fid-29 ta' Ottubru l-MUMN organizzat Seminar interessanti dwar il-Kommunita Ewropeja, fuq kif din tolqot lilna nurses u fuq diversi sugġetti li jolqtu l-problemi ta' l-infermiera f'hafna setturi. Hawnhekk kien ta' sodisfazzjon għax kważi attendew għalih is-sotto kumitat ta' Monte Carmeli kollu. Min dan is-seminar hargu hafna idejat u kulhadd seta' irressaq l-opinjoni tiegħu.

Andrew Sciberras
Segretarju



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A Label... A Near Miss Diagnosis

Bed number 20. In the far end corner of a surgical ward. There lay a 21 year old girl, curled up in a foetal position, her head covered with bed sheets, creating herself her own night, though she could not sleep. No, she was not trying to shut out the hustle and bustle of the daily ward routine, nor was she trying to stop the obsessional thoughts in her head, of which she so used to, by now. She was trying to stifle her occasional moan, which naturally came to her with every pang of pain she felt in her tummy. Yes, she was a mentally ill girl, suffering from generalized abdominal pain.

She was told that it was probably constipation and that there was nothing to worry about. All the preliminary investigations showed nothing abnormal. She was also urged by the consultant to stop moaning and to pull herself together, unless she wanted to end up in a psychiatric hospital again, for the umpteenth time.

Yet, she had to wait for another couple of days for an abdominal and pelvic ultrasound, for as her consultants put it, he had to have a clear conscience that he ruled out any physical cause of pain.

But there was no urgency. No analgesia was prescribed.

He was certain that all the pain she was complaining of was all in her mind. What else could he expect from a mentally ill person?

The ultrasound revealed a mass behind her left ovary.

Every one left open-mouthed. The consultant said that it is not the typical textbook case. Poor



thing she did have something to complain about; she did not moan because she is crazy; she was truly in pain!

Oh! What a discovery!!!!!!

MacCaffery (1976, 1992), stressed that pain is what the patient says it is and occurs whenever he/she says it does no matter whether the patient is mentally healthy or ill, no matter whether there is any physical cause for it or not. Pain remains pain.

The patient in bed 20 could at any time be anyone of us or maybe one of our beloved relatives. Would not we want the best of all attention and physical care, despite of the strange behavior we may exhibit and the deranged thoughts we may possess? Would not we want to be taken seriously and have our suffering alleviated whilst awaiting an objective diagnosis? Mentally ill patient do get physically ill as all of us at times do; and like all of us, they have the right to be treated with dignity, to be supported all along the way, and to be given the best of care possible.

Sufferers of mental illness may appear on our wards as unattractive, strange people,

who use up most of our precious time in attention-seeking behavior, exaggerated expression of their feelings or in demands, which to us seem unreasonable. They may be difficult to give a clear account of their complaints. They may take a long time to understand and accept treatment which is vital and which would have been easily understood and accepted by a mentally healthy person.

My working experience at Mount Carmel Hospital taught me that anybody under the sun, including myself, could suffer from one form or another of mental illness. Now that I am working on a medical-surgical ward I learned that mental illness can be the worst enemy of any physically ill person. I realize how easy it is to attribute a patient's complaint to mental disorder, leading to misdiagnosis and increased suffering.

Next time a mentally ill person is admitted on our ward, let us look at him/her objectively and not let our stereotypes of mental illness mask our judgement. Let us all for once face the dreadful reality and think that the girl in bed number 20 could well be any of our relatives or us. Let us provide all our patients with the best of all care and love we wish others should give us if we ourselves are ill.



Joanne Bason
BSc (Hons) Nursing



MALTA RED CROSS SOCIETY

L-istorja tar-Red Cross tmur lura fl-1859, meta Henry Dunant ma felahx jara pjanuri shah ta' suldati feruti, moribondi jew mejta, waqt il-gwerra ta' Solferino.

Ghal din il-miżerja huwa xammar idejh biex jaghti l-ewwel ghajnuna lill-feruti u jorganizza kemm jiflah lill-korpi mediċi li ma setghux ilahhqu.

Fuq dik l-esperjenza, Dunant kiteb ktieb u fl-ahhar spicċa b'żewg; proposti,

1. Li kull pajjiż ikollu gruppi volontarji biex jghinu lill-feruti tal-gwerrer.

2. L-Istati jiftehmu biex jipprotegu lill-voluntiera ta' l-ewwel ghajnuna.

L-ideat tieghu ;raw realta' meta giet imwaqqfa l-'International Committee of Red Cross' u l-ewwel soċjetajiet Nazzjonali bdew jiffunzjonaw. Fil-Geneva Convention kompliet issahhah dak li Dunant kella f'mohhu u giet stabbilita' l-arma tar-Red Cross. Is-Salib abjad fuq sfond ahmar huwa protett bil-ligi u ma jistax jiġi abbużat.

Illum, mad-dinja kollha hemm madwar 150 soċjeta' nazzjonali tar-Red Cross u Red Crescent u dawn jahdmu mhux fejn hemm konflitti biss, iżda fi żmienijiet ta' paċi ukoll bhall:

Donazzjonijiet tad-demem, prevenzjoni ta' mard, assistenza lir-refugjati u dawk vulnerabbli, vittmi ta' diżastri naturali u fl-Ewwel Ghajnuna.

Il-moviment tar-Red Cross u Red Crescent huwa l-akbar organizzazzjoni umanitarja fid-dinja b'madwar 250 miljun membru u voluntier u Malta taghmel parti minn din l-organizzazzjoni.

Fl-1991 il-Malta Red Cross giet mwaqqfa u fl-1992 giet accettata mill-Gvern ta' Malta. Fl-istess sena b'att parlamentari, is-soċjeta' giet unanimament approvata skond il-Geneva Convention.

Il-Malta Red Cross hija kkunsidrata bhal soċjeta' wahda, volontarja, indipendenti u awżiljarja ghall-awtoritajiet pubbliċi.

Fl-1993 is-soċjeta' kisbet l-'International recognition'.

Il-Malta Red Cross management committee huwa kompost minn 21 membru fejn 6 rappreżentanti ta' dipartimenti mportanti tal-Gvern huma mahtura mill-Prim Ministru.

Il-Prinċipji li jaghmlu l-Malta Red Cross b'sahhitha huma l-Umanita', l-Imparzjalita', in-Newtralita', l-Indipendenza, is-servizz volontarju, l-Unita' u l-Universalita'. Il-Malta

Red Cross trid tipprevedi u ttaffi kemm jista' jkun is-sofferenzi b'imparzjalita' kompleta u bla diskriminizzazzjoni lill-kwalunkwe nazzjonalita', razza, sess, twemmin reliġjuż, klassi jew opinjoni politika.

Priorita' ewlenija tal-Malta Red Cross hija fl-Ewwel Ghajnuna. Grupp ta' Instructors huma nvoluti fit-tagħlim ta' l-Ewwel Ghajnuna lill-pubbliku ingenerali u anke fl-industrija. Il-course bażiku huwa ta' 12 il-siegha u ċ-ċertifikat li jingħata huwa validu għal tlett snin. Dan il-course huwa konformi mal-'European Red Cross and Crescent standard of First Aid'. Fil-Futur qarib se jibda course ieħor bl-isem 'Psychological Support' u li huwa ta' disa' sieghat.

Il-voluntiera tal-Malta Red Cross huma nvoluti ukoll f'attivitajiet ta' l-Ewwel Ghajnuna billi joffru s-servizzi tagħhom waqt manifestazzjonijiet diversi bhall-'Beach posts', 'Parties', 'sports', u fejn ikun hemm il-massa. Il-voluntieri huma mharrġa għal kull eventwalita' bl-użu ta' materjal u apparat ta' l-Ewwel Ghajnuna flimkien ma' l-ambulanzi.

Grupp ieħor ta' voluntiera huma mharrġa fir-Rescue fejn dawn jistghu jassistu għal każi aktar diffiċli ta' Emergenzi.

L-iskop ta' dawn il-gruppi kollha huma, li fl-eventwalita' ta' diżastru nazzjonali, dawn jahdmu flimkien kemm bhala ghanjuna, kif ukoll bhala preparazzjoni.

Il-Malta Red Cross ghandha ukoll grupp ta' laqgħat li qed jorganizzaw diversi attivitajiet soċjali li huma ta' attrazzjoni u fl-istess hin jiddedikaw hafna mill-hin liberu tagħhom għal skop ;genwin, bhal assistenza soċjali.

Il-Grupp ta' l-'International Humanitarian Law' ghandu l-iskop li joffri courses u assistenza lil min b'xi mod jista' jiġi f'kuntatt ma' detenuti tal-gwerra, il-vittma tal-gwerra jew is-suldat.

Il-Malta Red Cross kienet ukoll involuta fi 'tracing service' u ghanjuna relatata ma' refugjati hawn f'Malta.

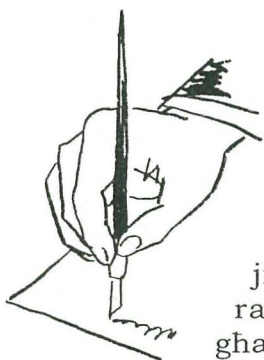
Kull min b'xi mod jixtieq joffri s-servizzi tieghu lill-Malta Red Cross, jattendi course fl-Ewwel Ghajnuna, ikun membru jew joffri donazzjoni, jista' jċempel fuq in-numru tat-telephone 222645 jew jasal wasla sal-Headquarters gewwa 104/5, Triq Ursola, il-Belt Valetta.

Joe Camilleri
First Aid Convenor



L-Union Taghna

Norbert Debono



Madwar tlett xhur ohra kull nurse u midwife membri tal-MUMN ser jerga' jkollhom id-dmir li jmorru biex jagħzlu lir-rappreżentanti tagħhom għal tlett snin li ġejjin. Tlett xhur ohra ser ikollhna kumitat ġdid mtella minna n-nurses u l-midwives.

X'ghamel il-kumitat preżenti għal ġid tagħna, tul dawn it-tlett snin li għaddew? Żgur li l-kumitat hadem biex poġġa lil din l-union f'post li żgur jixirqilha.

Żgur li hadd ma basar li f'żmien tlett snin din l-union żagħżugħa ser tkun kunsultata fejn jidhlu bidliet li jolqtu lilna. Illum L-MUMN wehedha rebhet id-dritt li tinnegozja ftehim korrettorju ġdid għalina n-nurses u l-midwives. L-MUMN qiegħda semmi lehinha fuq meżzi tax-xandir u fi programmi u seminars fejn ikunu mistiedna ukoll unions stabbiliti u ferm akbar minnha. L-MUMN tgawdi rispettt mill-awtoritajiet kif ukoll min unions ohra. Żgur li l-MUMN saret l-ghira ta' unions ohrajn li jirrappreżentaw lill-haddiema ohra gewwa l-isptarijiet.

Din is-sena l-MUMN hadet sehem f'konferenza internazzjonali tan-nurses li saret gewwa Londra. B'hekk in-nurses u l-Midwives maltin kellhom min jirrapreżenthom bhal haddiehor min pajjiżi ohra f'din il-konferenza. Matul il-mawra tagħhom iż-żewġt rappreżentanti tal-MUMN tkellmu ma' unions internazzjonali kemm Ingliżi kif ukoll Amerikani u f'żmien mhux fil-bogħod nistghu inkunu niffurmaw parti minn dawn l-unions kbar internazzjonali.

F'daqs tant żmien qasir l-MUMN għanda warajha l-appoġġ ta' 90% tan-nurses u l-

midwives li jahdmu fl-isptarijiet ta' Malta. X'giegħel lil dawn il-haddiema jidhlu f'din l-union? Kemm jinbidel iż-żmien, kemm ostakoli minn ċertu nurses sabet din l-union ma' wiccha hekk kif twieldet!. Żgur li il-lum kull membru ta' l-MUMN huwa kburi b'din l-union. Kull membru fehem li hadd daqs union iffurmata min nurses u midwives ma tista' tifhem u thoss il-polz tagħna. Għalhekk ejjew minn issa nibdew naħsbu biex meta jasal iż-żmien li jkollnha nergħu nivvutaw għal kumitat ġdid, dan naghmluh bhala dmir u minn qalbna, u napprezzaw is-sagrificċju li jagħamel kull membru tal-kumitat biex jara lil din l-union tkompli miexja il-quddiem għal- ġid tagħna in-nurses u l-midwives.

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IT-TREDJUNJONIZMU

Meta grupp ta' haddiema jiddeċiedu li jinghaqdu u jiformaw 'Union', dan jagħmluh biex l-ewwelnett itejjbu l-kundizzjonijiet tagħhom. Iktar ma' l-haddiema jkunu magħqda u jkunu lesti li jagħmlu saġrifċji, iktar huwa ċ-ċans li jiksbu drittijiet aħjar. It-Tredjunjonizmu huwa xogħol delikat hafna, xogħol diffiċli, iżda nteressanti.

'Trade union' tkun iffurmata minn uffiċjali, attivisti u membri. L-attivisti jkollhom hafna taħbit u xogħol. Huwa l-holqa li tghaqqad l-membri ma l-uffiċjali. Iridu jiltaqghu ma shabhom il- membri biex jisimgħu l-'claims' tagħhom, jiddiskutu magħhom u ma shabhom tal-kumitat x'inhi l-aħjar soluzzjoni għall-problemi billi jkellmu l-'management'. Meta ma jaslux jirrikorru għand l-uffiċjali tal-union biex jieħdu l-problema f'idejhom.

Minn naha l-oħra l-uffiċjali jkunu mhabbta hafna aktar mill-attivisti, għax huma jkollhom l-inkwiet tas-sessjonijiet kollha ta' l-union. L-uffiċjali jkollhom diversi laqgħat ma l-'Employers', liema laqgħat trid preparazzjoni kbira għalihom. Preparazzjoni li teħodlok hafna hin u li xi drabi jsiru f'hinijiet strambi u diffiċli għall-uffiċjali ta' l-union.

Il- 'Malta Union of Midwives and Nurses' taħdem bejn wiehied u iehor fuq l-istess linji li ktibt hawn fuq. Hija union organizzata tajjeb hafna. Hemm ċerta dedikazzjoni kbira. Fl-eżekutiv hemm armonija li jgagħlek tkompli taħdem. Il-kumitati tal-gruppi jahdmu u jagħmlu d-doveri tagħhom mill-qalb.

Kemm il-membri ta' l-eżekutiv kif ukoll l-attivisti jagħmlu x-xogħol tagħhom bla ħlas. Hafna drabi jahdmu fil-hin liberu tagħhom u xi drabi b'xi spejjeż għalihom. Iżda dan kollu jsir bil-qalb u b'għerożita'. Uħud mill- membri xi drabi jippretendu wisq, u ta' malajr mill-union. Jahsbu li problema kemm tfaqqqa seba' u jissolva kollox. Trid xogħol, għaqal u paċenzja. Il-progress kultant tarah bil-mod wisq. Dana jghodd għal kull 'Trade union'. Il-membri għandhom iżommu quddiem għajnejhom li l-union hija bħala 'Insurance', tridha dejjem għax ma tafx meta ser tiġi bżonnha.

Aħna n-nurses u l-midwives Maltin, għandha inkunu kburin li għandna l-union tagħna. Union minn nurses u l-midwives għan-nurses u l-midwives. U hawn nixtieq nappella l-membri, biex ikunu aktar attivi, għax iktar ma tkun l-attivit, isbah u aħjar tkun l-union. Iktar xogħol, iktar bnin ikun il-frott.

Il- festi t-tajba.

Francis Agius



Hidrasec is a novel antidiarrhoeal agent.
Its mode of action is:

- ☐ Antimotility
- ☐ Absorbent.
- ☐ Anti-secretory.

(Choose 1 response)

Hidrasec is site of action is:

- ☐ In the brain.
- ☐ In the intestinal wall.
- ☐ In the capillaries.

(choose 1 response)

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"Hidrasec Quiz"

MUMN, Vjal il-Cottoner, Fgura.

Haddiem tas-Sena'99

TONY BUGEJA li kien innominat mill-MUMN huwa l-Haddiem tas-Sena 1999. Il-kumitat Eżekutiv tal- MUMN flimkien mal-bord Editorjali tal- Musbieh



jixtiequ jifirhu lill Tony Bugeja li rebaħ dan l-unur misthoqq. Prosit.



EJJEW NIEQFU FTIT...

KOMPETIZZJONI WORDSEARCH

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K	L	O	I	H	B	B	G	T	Y	U	U	K	L	A	O	L	Z	Y	X	C	K	V	B	G	H	R	N
H	S	D	E	R	F	L	F	G	H	T	R	T	Y	Y	V	B	N	E	Z	Q	E	C	F	G	H	O	Y
E	Z	X	C	F	D	S	O	B	G	U	R	H	J	S	F	R	H	M	N	G	T	E	N	D	O	N	N
P	A	I	N	Q	W	E	P	O	E	R	T	G	Y	Y	U	I	K	L	L	D	O	A	S	D	F	E	N
A	M	N	U	B	V	C	H	C	D	E	A	S	F	F	G	H	H	O	J	K	A	L	O	P	I	P	Y
R	A	W	T	R	T	Y	T	U	R	S	D	G	H	J	U	I	I	L	Q	W	C	R	T	Y	U	H	U
I	M	J	R	G	C	K	A	F	E	K	A	D	G	J	J	H	S	I	B	T	I	R	I	D	J	R	Z
N	Z	X	I	H	J	K	L	D	S	Y	S	M	A	D	S	R	F	S	H	Y	D	C	F	H	N	O	D
P	A	A	T	D	W	E	M	E	S	U	P	I	P	I	Y	Y	G	I	N	J	O	U	G	F	D	S	A
U	S	E	I	F	G	Y	O	G	I	B	H	N	H	L	A	S	E	M	U	I	S	H	F	B	M	I	I
M	Z	Z	O	F	G	H	L	G	N	J	Y	V	H	A	E	M	A	T	U	R	I	A	D	C	F	S	J
P	X	C	N	B	N	M	O	T	G	G	X	A	S	D	F	G	H	J	T	U	S	H	J	K	L	G	J
D	E	R	F	T	Y	U	G	B	S	F	I	S	D	F	G	T	Y	J	E	H	J	U	T	G	Y	H	A
A	E	I	O	X	F	T	Y	F	G	H	A	D	F	T	G	H	F	I	R	S	T	A	I	D	B	N	M
K	I	U	Y	T	R	E	W	S	D	F	G	H	J	K	I	K	J	H	U	B	G	G	T	Y	H	H	S
S	S	D	F	G	H	J	K	C	A	R	D	I	A	C	A	R	R	E	S	T	Z	S	Z	A	Q	E	R
L	K	J	N	F	V	C	X	Z	Q	D	W	R	E	R	R	T	Y	U	I	O	L	K	J	H	G	F	D

Admission
Asphyxia
First Aid
Blood Sample
Cardiac Arrest
Dressings
Doctor
Enema
Emergency
Haematuria
Hydronephrosis
Incubator
Heparin pump
Ketoacidosis
Midwife
Nurse
Nutrition
Nursing report
Ophtalmology
Oedema
Pharmacy
Pulmonary
Embolism
Pain
Resuscitation
Sutures
Tendon
Uterus
Ventilator
Wards
Xrays

Irbah Camera tar-ritratti gentilment moghtija minn Technoline.

Ibghat ir-risposta tieghek lill: Kompetizzjoni Wordsearch, Malta Union of Midwives and Nurses, Vjal Kottoner, Fgura.

Jubilee : Celebrating 2000



The close of a year offers an occasion to review history and to imagine the future. More so the end of a decade, a century or especially a millennium. Judeo-Christian tradition proposes these at times to rejoice in gifts received, to repent past failings and to make resolutions. We are invited, not only as individuals, but also as communities, to mark this moment in a public way. We are asked to consider the state of our world, refugees offer valuable pointers.

Described in the Leviticus 25, the Jubilee called for a year of grace after seven times seven years, or every 50 years. Attention was paid to those who had lost land, possessions or freedom,

and a gratuitous redistribution was made. Indeed Jesus' own manifesto in Luke 4, "to proclaim the Lord's year of favour", was a direct echo of that Jubilee tradition.

Each of us is called on to face the truth of how we live, and if we have the humility to acknowledge it, we are given the opportunity for a new beginning. If we are rich at the benefit of others we are to be attentive to those in need. If we have freedom, we are to work to set free those who are not. If we enjoy our human rights, then we ought to consider and seek justice for those deprived of their rights. For the close of this millennium, Christian churches, following this tradition, invite us to review, repent and to set right historic and contemporary wrongs. Among those denied their rights, the Jubilee tradition turns the spotlight on refugees and asks that justice be given them.

The presence of millions of refugees 'hosted' in so many parts of the world point us continually to the need for a global view. They urge us to open not our purses, but our hearts

to the whole world. Refugees pose the uncomfortable question: 'What sort of society do I belong to?'

After 24 years of waiting, the world has learned of the suffering of the East Timorese people in their home land and recently we have been able to know of those deported forcibly to West Timor. Knowing of this, it is more possible to act on their behalf. But who knows of the Haitians living as slaves in the 'bateyes' and sugar cane fields of the Dominican Republic? Who defends the Burmese women and girls traded across the border to Thailand, exploited in every way and thrown back after use? Who will search for the Sierra Leonean man whose country has been destroyed and who now risks drowning on a European shore as he seeks to find a way to live and survive?

The state of our world demands conversion. Turning to the refugee is a way to begin our own conversion and that of the world. "I was a stranger and you welcomed me". (Matthew 25:35)

Mark Raper sj
JRS International Director
(Servir- October '99)



**A Form for Motions to be presented during the General Conference,
on Friday 24th March, 2000**

Motion:-

Proposed by: _____ ID No: _____ Signature: _____

Seconded by: _____ ID No: _____ Signature: _____

N.B. - All those who fill in this Motion have to be adjourned paid members.



**Formula għall-Mozzjoni biex tigi mressqa fil-Konferenza Generali,
fl-24 ta' Marzu, 2000**

Mozzjoni:

Proponuta minn: _____ ID No: _____ Firma: _____

Sekond data minn: _____ ID No: _____ Firma: _____

N.B. - Membri li jressqu l-Mozzjoni iridu jkunu aggornati fil-hlas tas-Shubija





Nomination Form for the Posts of Members in the Executive Committee, MUMN 2000 - 2003

This form has to be sent at MUMN, Cottoner Avenue, Fgura by not later than 20th January till 6.00 p.m.
The Election is going to be held during the General Conference on Friday, 24th March 2000.

~ • ~

I _____ ID No: _____ nominate _____

ID No: _____ for the post of a Member in the Executive Committee of MUMN 2000

- 2003, seconded by _____ ID No _____ .

Signature of the Proposant

Signature of the Secondant

I _____ accept to contest the election of the Executive Committee
of MUMN 2000 - 2003. Furthermore, I accept to abide the rules of the Electoral Commission.

Signature

N.B. - All those who fill in this form have to be adjourned paid members.

Formula ta' Nominazzjoni għall-Membru fil-Kumitat Ezekuttiv MUMN 2000 - 2003

Nomina li trid tasal sa l-20 ta' Jannar, 2000 sas- 6.00 p.m., fl-Indirizz, MUMN, Vjal Kottoner, Fgura.
Elezzjoni li se ssir għall-perjodu tal-Konferenza Generali, nhar il-Gimgha, 24 ta' Marzu, 2000.

~ • ~

Jiena _____ ID No _____ ninnomina lil

_____ ID No _____ sabiex ikun Membru fil-Kumitat Ezekuttiv

ta' l-MUMN, 2000 - 2003, sekondant minn _____ ID No _____

Firma Proponut

Firma Sekondant

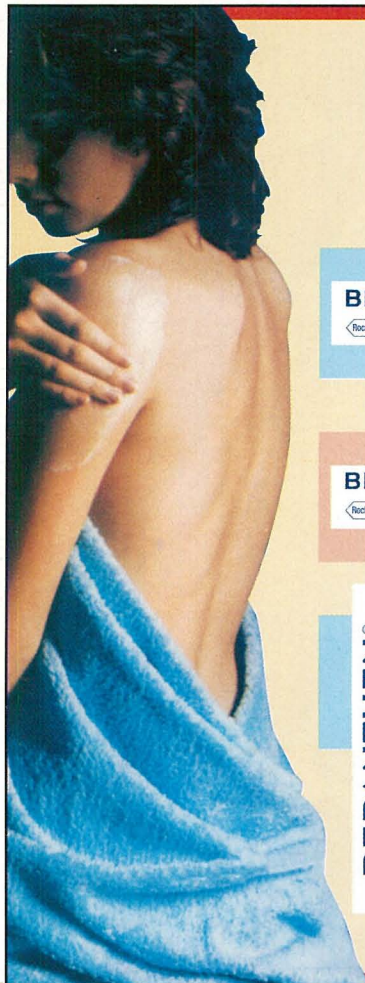
Jiena _____ naccetta li nikkontesta għall-Elezzjoni tal-Kumitat
Ezekuttiv ta' l- MUMN, 2000 - 2003, u lest li noqghod għar-regolamenti li l-Kummissjoni
Elettorali tipprovdi.

Firma

N.B. - Kull min jippartecipa fidin il-formola irid ikun Membru aggornat fil-Mizata.

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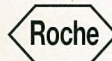
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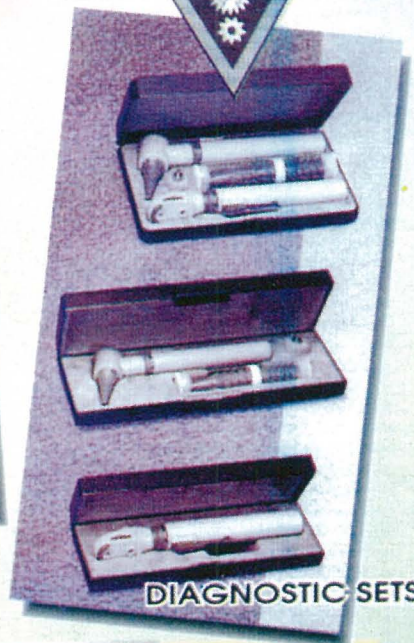
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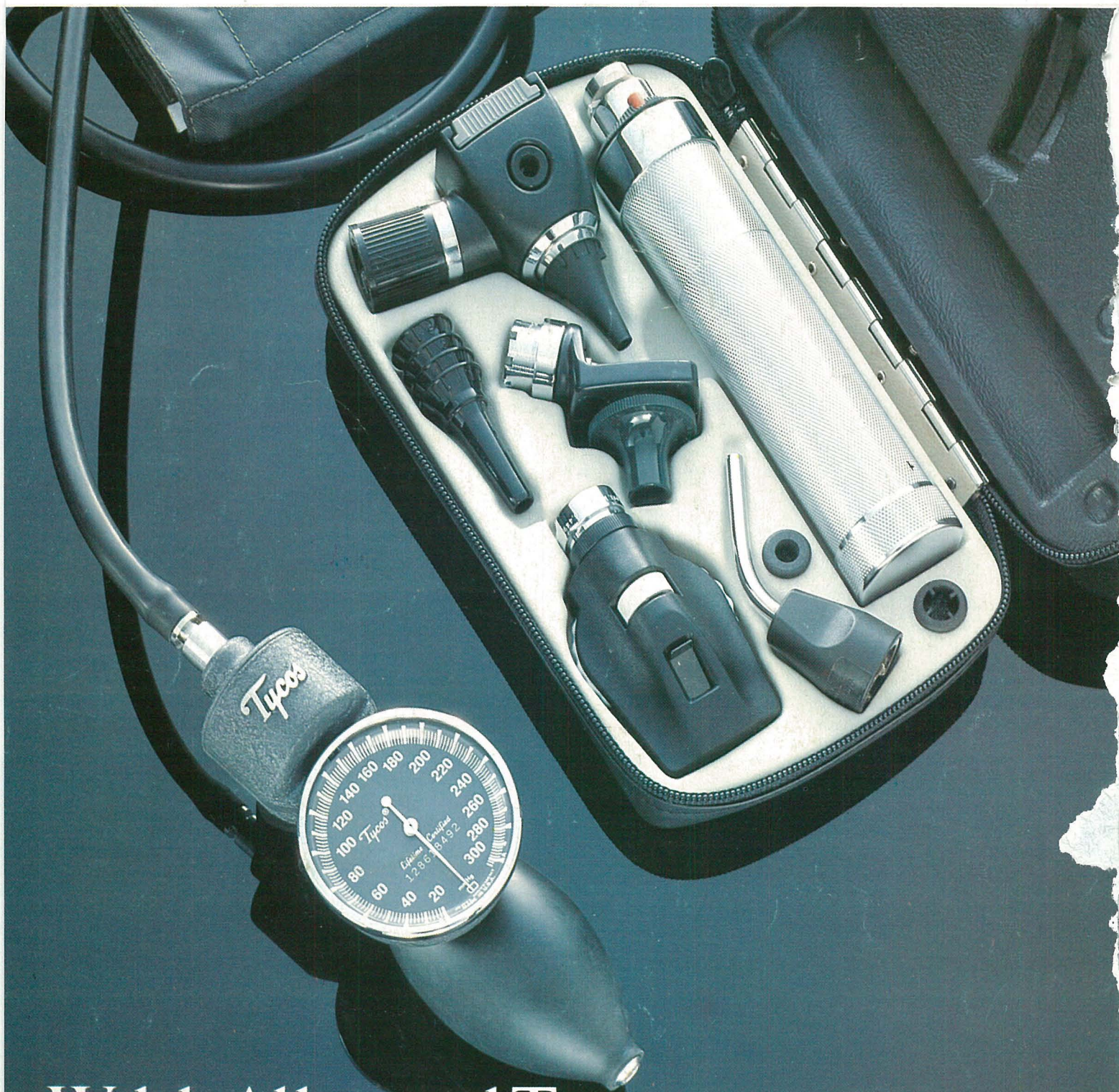
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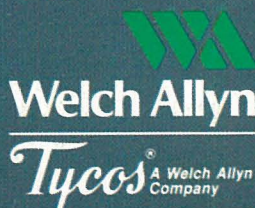
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