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Kwistjoni ta' tolleranza

Ta' sikwit nitkellmu fuq kemm naqas ir-rispett b'mod ġenerali bhala Soċjeta'. Bhala Infermieri u Midwives dan internnu fid-diskursati taghna fuq il-post tax-xoghol.

Xi kulant jinħass li anke bejnietna stess, infermiera u midwives hemm nuqqas ta' tolleranza u rispett, u din hija hasra. Sew jekk wiehed huwa Staff Nurse jew jekk Enrolled u sew jekk gradwat u mhux. Fuq dan pero', b'nota positivista jidher li aktar ma jghaddi ż-żmien aktar qed tittaffa, u tagħmel sens, għaliex ikoll inhossu li l-professjoni taghna tieħu r-rifikonximent li jistħoqilha u spinta 'l quddiem.

Ma ninseww li hafna mill-infermiera u midwives minn xi snin 'l hawn, naqsu li jiltaqgħu f'post wiehed ta' rirkazzjoni waqt il-hin tal-mistrieh taghhom. Dan kien ikun ta' żof u lok għal diskussjonijiet biex jgharfu aktar lil xulxin u jħossuhom ħaġa waħda. Xi kulant hemm indifferenza sottili bejn Sptar u ieħor, bejn sezziun u ohra, u anke għall-infermiera barranin.

Tidher hafna drabi intolleranza min fuq għal isfel u viceversa. Fejn jidhol Manġament u Amministrazzjoni, fejn sforuntatament għad għandna liġijiet li jirregolaw b'mod strambi l-operat tal- Infermiera, din tinhass b'mod specjali. Iridu għalhekk ngharfu 'l xulxin dejjem aktar permezz ta' laqgħat formali u nformali b'mod regolari.


Ir-riflettu ta' laqgħat formali u nformali b'mod regolari. L-istudenti li qed isegwu korsijiet fin-Nursing fl-IHC, qegħdini jiddixxiplina ruhhom tassew għad-dinja tax-xoghol? Jibqghu suspetti, bħal f'żmienietja ohra, li għad hemm individwi li jifttix n-Nursing u l-Miħwifery bhala garanzija ta' xoghol fiss u salarju li forsi pparagunat ma setturi li dejjem aktar permezz ta' laqgħat formali u nformali b'mod regolari.

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Ghezież membri,


Bhal ma tafu dan hu wiehed mill-hafna ftehim li din il-Union irnexxielha tilhaq f’dan il-perjodu ħekk qasir ta’ ‘erba’ snin, minn mindu din il-union ġiet stabbilita. Ftehim wara l-ieħor dejjem bid-direzzjoni biex l-identita’ tan-Nurses u l-Midwives tiehū d-dimensjoni li tixraqiżhom.

Issa din l-Union qed tara t-tieni Eżekuttiv fl-istorja tagħha. Eżekuttiv li għandu wċuħ ġodda iżda d-dinamiżmu ma naqqas, iżda żdied.


Dawn il-kumitati kollha u anke is-suċessi tagħhom f’perjodu daqshekk qasir seta jsir biss bl-Ħajjnuna ta’ kull wiehed u waħda minnkom. Permezz tas-shubjja tagħkom il-Union tkun tista tiffunzjona u tiffinanza l-operat ta’ dawn il-kumitati. Ghalhekk waħda mill- prijoritajiet li jien qed isostni li għandha tkun matul iż-żmien tal-kariga tieghi, ta’ President tal-Union hi li inżommu din ir-rata għolja ta shubija u nkomplu inżidu n-numru tal-familja tagħna. Hadd ma jista jinnega li l-professjonijiet tan-Nursing u l-Midwifery hadu l-protezzjoni xierqa u qed jiġu aktar rispettati minn professjonijiet ohra biż-sahha tal-MUMN.

Nagħlaq billi inheġġeg lilek sabiex tingħaqad magħna il-iskema l-ġdida ta’ ‘Direct Debit System’ sabiex il-menswalita tiegħek tiġi mnaqqsa mingħajr inkonvenjenza ta’ xejn u b’hekk tkun qed tghin aktar lil Union tiegħek.

Rudolph Cini
HIV/AIDS
A CONCERTED EFFORT

Sina Bugeja MSc (Wales); FRSH

Is HIV on our agenda or isn’t it? Are we concerned about possible outcomes or have we come to believe that we have some kind of special immunity? These two questions are being posed here simply to indicate my level of frustration at how we are handling or better still not handling the situation.

In committees, discussion groups and any sort of gatherings among various professionals, it is unanimously recognised that Malta needs to address this issue now and not when a major problem is on our hands forcing us to implement some kind of crisis intervention.

Looking at the local figures as presented in our statistics, one may argue that there is no need to kick up a fuss over HIV. If this approach is found acceptable, I would like to pose another question; Are we going to get ourselves organised when the numbers are bigger?; how much bigger must these be? What is going to make us move? If we are not dealing with the status quo, why should we assume that we shall be capable of handling future realities?

My background in health promotion and my current position heading the national agency against abuse of drugs and alcohol puts me in a particular position to understand the real threat. All literature indicates clearly the connection between substance abuse and the high risk associated with HIV. Sharing of drug injecting paraphernalia and the transmission of the virus are so well documented that if I go on talking about this issue I will be insulting your intelligence. Furthermore, numerous studies indicate the risk element associated with abuse of alcohol as a direct link of loss of control and lack of basic inhibitions.

If I take the drug using population that frequent our Detox OP I shall be looking at 753 individuals in 1998. Quite a significant number when seen as a separate body with its own specific health and social needs.

When asked about the route of administration of the primary drug we find that 61% of them inject drugs. In 1997, 60% of the respondents answered in the affirmative to the same question. A minor increase one may say but still an increase.

For the same period, looking at the new cases that attended the Detox OP one finds 190 new cases in 1998. Of these new cases, 72% administer their drug of choice via injection. Looking further at the statistics, we find that from the new cases of 1997, 54% were injecting and going even further back to 1996, 43% of the new cases were injecting. A simplistic conclusion is that taking drugs via injection is on the increase. If there ever was any piece of worrying news, then this is it. However, worrying does not help much!
Another phenomenon that cannot be ignored because it plays a crucial part is needle sharing among drug users. This issue has also been very well documented in various international studies. Because of the importance of needle sharing, several investigators have attempted to understand what factors influence the decision to share. A qualitative study by Des Jarlais et al. [1987b] has explained many of the psychological, social, and cultural reasons why IVDUs share needles. Bakeman et al. [1987] comment that the epidemiology of AIDS may indicate that needle sharing is more widespread among minorities. The evidence of this however is mixed. Dolan et al. [1987] surveyed the needle sharing habits of 224 intakes to a 30-day inpatient drug programme in Dallas from 1983 -1985. Three variables discriminated needle sharers [68% of the sample] from other drug abusers:

Greater severity of drug use,
Multiple drug use, e.g., opiates and cocaine,
And use of shooting galleries.

An earlier study noted that sex roles may make men more likely to use needles on their own [Howard and Borges, 1972]; needle sharing may be more common among women [Rosenbaum, 1981]. More recent patterns of cocaine use indicate "that the cocaine dealing system tends to be male dominated, and a majority of women often are dependent upon men for their cocaine source. Consequently, women may be more likely, when sharing works, to shoot after a male partner, a behaviour that puts women at risk for HIV exposure when works remain uncleaned" [Chitwood, McCoy and Comerford].

Considering that the route of transmission of the HIV is similar to Hepatitis C, what do we make of the following local figures?

In 1995, 505 [89% males and 11% females] clients attended Detox OP. Out of this number, 365 were tested and 106 were positive; i.e. 29%
In 1996, 635 [87% males and 13% females] clients attended Detox OP. 388 were tested and 144 were found to be positive; i.e. 37%
In 1997, out of 741 [88% males and 12% females] clients that attended, 472 were tested and 40% or 187 were positive.

Last year, 1998, out of 753 [88% males and 12% females] attendees, 543 were tested and 39% or 214 were positive.

Considering that sexual transmission is absent or rare, and that most HCV infected individuals are either IVDUs or recipients of blood products not screened for anti-HCV the element of sharing takes on paramount importance.

To reduce the risk of sharing due to unavailability of sterile syringes, the Division of Health has, since 1995, been distributing large amounts of free syringes to drug users from the health centres making the acquisition of sterile equipment that much easier. However, distribution alone is not enough. This point of contact could be a crucial point for intervention through education. But to change the current situation, much training is needed. Unless all the professionals involved are given particular training on how to handle these special situations, we will find ourselves shooting our own little feet. Primary health care personnel are front liners and as such must be exposed to special training including not just giving out of syringes but on how to reach out to someone without actually passing judgement on the lifestyle s/he has chosen. Furthermore, social workers also should be trained on the needs of this particular client group. Back in 1992, my own research indicated clearly that this particular population, i.e. social workers, had not received any special training in preparation for the eventuality of having to work with HIV positive persons and worse still, they needed it badly.

Perhaps it is high time to separate in our own minds drug abstinence from HIV prevention. Perhaps this shift will help us deal with the problem better. Unless we adopt this thinking, we will, forever, blame those who do not change their behaviour completely.

Quoting from Battjes, Leukefelt and Amsel: 'Behaviour change is often difficult, especially when targeted behaviours are valued and /or reinforced. Yet, many Americans are changing their behaviours to improve their own health - fewer people are smoking; more people are exercising; and many more have reduced fat consumption. These behaviour changes within the general US population have
been achieved slowly and incrementally over the past few decades, and many Americans continue to smoke, lead sedentary lives, and consume excess fat.

Drug abusing behaviours most specifically, needle use are among those behaviours that have proven difficult to modify. Drug dependence is a chronic mental disorder, not a temporary condition. Overcoming dependence requires extensive lifestyle change, and long-term abstinence is difficult to achieve without help. Even with intensive drug abuse treatment, most IV drug abusers require repeated and prolonged treatment to overcome drug dependence. Short of abstinence from drugs, behaviour change to reduce risk of HIV is also difficult to achieve. However, IV drug abusers are generally concerned about their risk for AIDS, and many are taking steps to reduce their risks' [Des Jarlais et al. 1988; Newmeyer, 1988]. Yet, it appears that risk reduction efforts by drug abusers are often incomplete and inconsistently applied, and many IV drug abusers continue to regularly engage in high-risk behaviours. Sexual behaviours are also difficult to modify and may be even more resistant to change than drug abusing behaviours [Newmeyer, 1988].

Thus using behaviour change approaches to prevent AIDS associated with IV drug abuse presents a challenge. Providing information alone is not sufficient. It is apparent that IV drug abusers and their sexual partners will need considerable help to consistently and effectively reduce their risks for contracting and transmitting HIV. Consider ing the urgency of this need, it is essential that AIDS prevention initiatives be designed for maximum effectiveness.

Experience with other behaviours, such as dietary modification, smoking cessation, and performance of a regular exercise regimen have shown that both the initiation and the maintenance of behavioural change can be successfully achieved within the context of the target's environment or community [Fortmann et al. 1986; Pushka et al. 1983]. Community prevention approaches are designed for specific target groups, are delivered by individuals and organisations that have credibility and are trusted within the target groups, and incorporate social support within the community to reinforce behavioural change [Nelkin, 1987]. Thus rather than relying on a single intervention strategy, community prevention approaches use multiple sources to encourage, support, and reinforce change. Based on the success of community prevention in changing selected health behaviours, this approach provides possible models for designing programmes to prevent the spread of HIV.

Accepting the separation of drug abstinence from HIV prevention will help us move further on and possibly understand the principle of harm reduction slightly better. Methadone maintenance programmes are based on this principle. 'This daily ritual is followed seven days a week, 365 days a year, in sunny or stormy weather. These people are motivated by the desire to quench their drug hunger safely'. We can be part of their safety net. When describing Connie's life situation in HIV/AIDS and the Drug Culture - Shattered Lives' the authors state that 'the team helped her make choices that built her self-esteem. By accepting her as she was and consistently being both available and supportive, they helped her deal with past issues of failure.'

Success is measured in daily or weekly accomplishments. Success is taking advantage of each and every opportunity to educate. Success is accepting failure today and looking toward tomorrow as a new beginning.

Many fragmented initiatives have taken place over the years but for as long as they remain fragmented we cannot achieve the standard necessary for this kind of work to leave some effect on our society.

We need an urgent concerted effort void of judgmental attitudes outlined on a professional approach and implemented by professionals. We need one unanimous message, too many mixed messages are hurting those who need to be cared for.

We need to pool our limited resources, prepare a national plan over a time frame and start acting. Now while an intervention can still be effective enough!

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National Institute on Drug Abuse, 1990 AIDS and intravenous Drug Use: future Directions for Community-Based Prevention Research NIH Publication # 94-3714 USA


The Manly Art of Fathering

Extensive studies have been carried out pertaining to bonding, especially bonding to the mother. What about the other part of the important pair that brought this new human being to life? The Father. Pursuing through the various books and articles, which I have researched before writing this article, a thought crossed my mind. Could it be possible that sometimes the father is left out? I might be wrong but if one analyses the prospect of bonding as a whole, this query might arise.

The metamorphosis that makes a man a father does not happen overnight. He usually acquires the title 'father' much more quickly than he captures the spirit of fathering. In fact, men cannot even count on the natural assistance of hormones, which aid the mother. It has been said that when a baby is born, so is a mother. Fathers emerge more gradually. Have you ever heard of a pregnant pause? Well that is just what pregnancy is for a man, a 280-day pause.

The father's personal adjustment to the development of his offspring during pregnancy is likely to be different from the mother's. Due to lack of personal physical evidence, the father might seem to long behind mothers in 'adjusting' to pregnancy itself and to the prospect of fatherhood. As a compensation for the lack of physical changes, some fathers tend to experience or report experiencing a symptom known as 'couvade' symptoms. This means that he will experience higher than normal levels of physical symptomology during their partner's pregnancy. It is evident that fathers-to-be, like mothers-to-be, find pregnancy stressful. Accordingly, one can note, that the quality of material relationships seems to effect, and to be affected by the fathers-to-be adjustment to his partner's pregnancy.

Studies have termed the father's emotional involvement with the baby as 'engrossment' and were regarded as the male equivalent of maternal bonding. Although a baby's primary attachment is to the person who provides most of the early care. Other familiar persons are a source of security, too. Studies of The Strange Situation using the father indicate that the baby react to his presence or absence in ways similar to those described for the mother. (Kotelchuck 1976)

As important as it is the bond between the father and his child is only one aspect of the picture. The father's role has many dimensions. He frequently stands as the main provider. At times he is protector. He is a helpmate when needed and always he is a companion to his wife. Ever uncertain, ever unreliable, ever unpredictable - most of life's offerings are fickle - Fatherhood is forever.

Doris Spagnol Abela
Midwife

References:
Nurses make significant contributions to the health of the nation in many ways. One remarkable way is through participation in the Harvard Medical School's Nurses' Health Studies. More than 200,000 nurses have participated in these epidemiological studies. Results from Nurses' Health Study I, were based on 12 years of data collected from 1976 through 1988. Nurses' Health Study II began in 1989 and is ongoing. Data is obtained by mailing questionnaires to participants every 2 years. These questionnaires are now beginning to provide remarkably valuable data on the association of diet, exercise, contraceptive practices and other factors to long-term risk of breast cancer and other major health issues among women.

The relationship between Colorectal cancer (CRC) and aspirin has been investigated for several years. Most data suggests that regular aspirin use reduce CRC risks. What is not evident is the dose and duration that offers this protection. A 1995 New England Journal of Medicine article (Giovanucci et al., 1995) revealed the results of the aspirin and CRC association in women. Based on the information from the Nurses' Health Studies, the "cardiovascular" dose of aspirin substantially reduces the risk of CRC after at least a decade of regular aspirin use.

For many years the effects of obesity and leanness on health have been investigated. While the relationship between obesity and cardiovascular disease and cancer are well established, diverse findings have been published about leanness and mortality. Body weight and mortality from all causes were directly related among the middle-aged women in the first study. Lean women did not have excess mortality, in fact, the lowest death rate was observed among women who were at least 15% than average.

Other studies included smoking habits and related diseases. A correlation between cigarette smoking and CRC has been reported for men, but not for women. Using the first study, the investigators looked at the risk of small adenomas, large adenomas and CRC in terms of pack-years of smoking. They found that women who had smoked for more than 35 years had an increased risk of developing colorectal cancer. After 35 years of smoking, the relationship grows progressively stronger.

A particularly interesting topic was the fact that, contrary to the dominant theory that high fat intake increases breast cancer risk, evidence strongly suggests that there is no relationship between fat intake by middle-aged women and their risk of breast cancer. While we have no control over genetics, we each have the power to influence the lifestyles of others through education and, more importantly, as role models. We are in a unique position to teach lifestyle factors that will promote health. As individuals, we should also adopt healthy lifestyle practices into our own lives. Our practices, attitudes and habits are influential to others, in the many aspects of life. Can we practice what we preach? Nurse, heal thyself for thou must heal others.
Sfidi Godda

Matul dawn l-ahhar erbgha snin it-trejduunions Maltin kellhom jiffaċjaw fil-konfront taghhom sentenzi tal-Qrati li sa ftit snin ilhu ma konniex nahsбу li l-employer jew il-Gvern kienu se jaslu biex jirrikorrogha Qrati biex jigggielju direttament lil haddiema li b'tant sagrifijċċju jippruwaw dejjem jghatu l-ahjar li jistghu.

Dan kollu juri li anki l-isfidi tal-haddiema qeghdin dejjem jinbidlu u jissofistikaw ruhhom. Il-Gvern jew l-employer qed jitharrgu u jhaddmu aktar rashom u qed jinstabu meżżi ta' kif id-drittijiet tal-haddiema jibdew kull ma jmorru jitnaqqru. Forsi dan jikkontribwixxi ghal qaghda finanzjarja mwergha tal-pajjiż ?


L-MUMN hija wahda mill-aktar Unions hielsa minn irbit, kemm dawk politiku kif ukoll trejduunistiku. Ghalhekk nhossu li il-Union taghna ghandu kull kriterju u l-obbligu li tkun il-katalist ghal-bidu ta' din ir-relazzjoni aktar mill-qrib bejn il-Unions f'pajjiżna.

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1. Ġustifikata l-ġlieda li qed taghmel L-MUMN f’dan l-Ispitar?

2. F’din il-kwistjoni, ghandha x’taqsam l-'issue' tas-sahra?
L-'issue' tas-sahra dejjem dahnhalha fil-kwistjoni id-

3. Bl-azzjonijiet, il-pazjenti ġew affettwati jew le?
Filt li xejn. Ahna dejjem qghadna attenti li l-pazjent, ghalkemm konna qed niddendu anki d-drittijiet tieghu, ma jiġix affettaw. Anki meta l-kwistjoni hraxet il-MUMN qatt ma neħħiet il-pazjent minn quddiem ghajnejha.

4. Il-medjazzjoni li sarat biex din il-kwistjoni tirrisolva falliet; allura dan ifisser li m'hemm l-ebda xaqq ta’ tama li din il-kwistjoni tirrisolva?
Wara li l-medjazzjoni falliet u min hawn nerga nirrirgrazzja il-Patri Dijonisju Mintoff ghal dak kollu li ġ temas...
8. X-appoġġ min Organizzazzjonijiet Internazzjonali ghanda l-MUMN fuq din l-kwistjoni?

L-appoġġ li ghandna, biex nghidlek il-verita, l-anqas ahna stess ma stennejjieh li se jkun daqshhek b'sahhtu. Il- 'Public Service International', Federazzjonijiet b'20 miljun membru madwar id-dinja, nolshom ġejjien mill-Ewropa, kitbet l-ewwol lil Gvern Malti fejn talbitu l-informazzjoni minn naha tieghu dwar il-każ u wara, fuq dak li irrisponda il-Gvern, kitbet lil-ILO fejn talbita tiehu passi kontra l-Gvern talli dan minn naha tieghu qed jkser Konvenzjoniijiet li hu stess iffirma li se jżomm magħhom. Wahda minnhom hi l'fejn jidlu'issues' fuq is-Sahha, id-Dipartiment irid jittkellem u jasal fi ftehim ma l-Unjons u bl-edba ma jimpjimla wahdu kif fil-fatt ipprova ġhamel.

9. Jistghu l-azzjonijiet jihraxu jew ikun hemm azzjonijiet ta' simpatja fi Sptarijiet ohra?

Wieheid ma jista' jeskludi xejn. Irrijed nizommu f'mohħna li kemm fil-personali kif ukoll fil-kollettiv kulħadd jappreżza l-ħgajnuna meta nkunu fid-diffikulta'. Hadd wara tħadd jasal ta' kulħadd.

10. Hemm membri tagħna li mhux qed jobdu d-direttivi u kemm hemm li rreżenjaw?

Meta l-Unjons ma baqghux flimkien u b'hekk inħolqot qasma, kienet l-MUMN stess li għamliża ċara li qed inħallu fil-liberta' kollha lil dak li jkun, biex jiddemiddi hu jew xi x'gangħom jażmħid. Hemm kien minn ħasbe li kulħadd se jmjar l-postu pero ġara eżatt bil-mqgħlu, għalix il-Membri kieku fil-principju taċċetta dak ta' l-Isphtar San Luqa b'għajnejnix magħluqa, għaliex għall-MUMN il-pazjenti kollha huma xorta u l-istess jgħodu għall-Membri tagħha. Għalhekk dak li sar f'mount Carmel kien importanti, għall-Union.

11. Bl-azzjonijiet li qed jittieħdu, ġew affettwati xi partijiet mill-'code of ethics'?

Kull darba li kienet tkun se tiġi mghotija direttiva jew azzjoni dejjem konna nnirreferu għal 'Code of Ethics', tant li klawssola 4.4 ta' l-istess kodici tghid" .......Nurses should resist the introduction of roster or any other measure which may result in a lowering of standards of care. They should also strive to have the worth of their work appreciated and adequately remunerated."

Dan hu proppju dak li għamlet l-MUMN.

Nixtieq nirringrazjazzjali sibb il-hin biex stajt nintervistak fuq kwistjoni li hafna Nurses u Midwives xtaqu jkunu jafu aktar fuqha.

Grazzi lilek u l-Bord Editurjali għax b’din l-intervista konvint li issa għamilha l-affarjiet aktar ċari.
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L-MUMN, il-Union tieghek, wara talbiet konsistenti minn hafna Membri qed tuża sistema ġdidad sabiex tiġbor il-hlas tal-Membership.

Permezz tal-firma tieghek fuq formola speċjali inti tkun qed tawtorizza l-bank, biex darba fis-sena, eżatt fix-xahar li tiskadilek il-Membership, tinqghatalek Lm10 mill-kont tieghek u tidhol fil-kont tal-Union. Iridu Nghamlu emfasi kbira li b'din is-sistema m'hemm l-ebda hlas iehor f'charges hlied L-M10.

B'hekk tiġi ffrankata hafna enerġija mill-kolletturi shabek fuq il-post tax-xoghol, enerġija li tista tiġi utilizzata f'afflejjet importanti ohra u fl-istess hin tiffranka liilek il-battikata li trid tqoghdift takar meta jmissek thallas.

F'din is-sistema jista jidhol fiha kulhadd, kemm dawk li din is-sena diġa hallsu kif ukoll dawk li ghad iridu jhallsu ghalix tiskadielhom fix-xhur li ġejjien. Min din is-sena diġa halls il-Membership, issa jkun imiss li tinqatghalu is-sena dieha, eżatt fix-xahar li tiskadi.

Ghadaqstant nheġġek biex hekk kif persuni awtorriżati mill-Union javvċinawk biex tibda tuża din is-sistema biex thallas il-Membership tieghek, inti tiffirma fuq il-formola apposta u b'hekk tkun qed taghmel il-hajja aktar faċli ghal kulhadd. Wiehed irid iżomm f'mohhu li l-uniku 'income' ta'din il-Union huwa l-hlas tal-Membership u ghadaqstant huwa mportanti li dan il-hlas jingabar fil-hin. Bi-hlas tieghek tkun qed issahhah l-MUMN. Aktar ma l-MUMN tkun b'sahħitha u organizzata, aktar tista tkun ta' tarka ghalik u ghal shabek.

Nirringrazzjawk bil-quddiem.

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Tony Bugeja - 5661
George Mallia - 09457738
George Fenech - 3106

MUMN b'sahħitha u organizzata....
....tarka ghalik u ghal shabek
Sotto Kumitati

**Sptar San Luqa**
- ‘Theatres’: Wara laqgha ma l-haddiema tat-theatres ‘gew proposti xi soluzjonijiet f’laqgha ohra separata. Gew ukoll preżentati il-‘protocols’.
- Vandalizmu fil-‘Car Park’ biswit l-Istruttura tal-Endoscopy Unit; fuq din jidher Theatres: Wara laqgha ma’ dan il-kumitat.
- Dishus biex ma ’dan il-kumitat. F’Stro. igawdu minn pool ta’ relievers, nurses u ‘reliever’ o Saret Sanha qalbna ghax fadal hafna xi jsir.
- Bormla, Qormi, u Rabat.

**Sptar Generali ta’ Ghwadex**

- Waslu l-uniformijiet kif ukoll iż-żraben ta’ l-irġieł. Iċ-Chairperson huwa f’kuntatt kontinwu ma’ l’ ’Store Officer’ fuq affarriżiet li huma pendenti.
- L- ‘Overtime’ li kellu jittħallas f’Novembru ġie inkluż fil-paga ta’ Ġunju. Il-Uniżn kemm il-darba ghamlet l-oġġezzjonijiet taghha ma’ l-awtoritajiet fuq dwemien ta’ dan il-hlas ta’ ‘overtime’.
- Fuq is-sistema l-ġdid ta’ ‘Direct Debit System’, tistgħu tavviċinaw ilċ- ‘chairperson’ t’Ghwadex jew l-uffieju tal-Union.

**Centri tas-Saflfla**
- Ġie ffirmat il-ftehim bejn l-MUMN u Direttur tas-Saflfla Dr. R. Busuttil dwar iċ-Centi tas-Saflfla ta’ Bormla, Qormi, u Rabat. Ġie żgurat li n-nurses ma jitiflu xejn min ħin u kundizzjonijiet ta’ flus minn kif ikunu qabel.
- Id-diskussjonijiet dwar l-air conditioning’ imxew tajeb mas-Sur Bezzina. L-unika intopp huwa dwar iċ-Centru tas-Saflfla ta’ Paola peress li mistenni jinghalaq ghal ‘refurbishing’.

**Benevolent Fund**

**Atanasio Degiorgio**
Chairperson - GGH

**Frans Aguis**
Chairperson

“Two important things are to have a genuine interest in people and to be kind to them. Kindness, I’ve discovered , is everything.”

Isaac Bashevis Singer
Maslow, Abraham Harold & Rogers, Carl.

Maslow Abraham Harold (1908-70) American psychologist and leading exponent of humanistic psychology. Born in Brooklyn, New York, and educated at the City College of New York and the university of Wisconsin, Maslow spent most of his teaching career at Brandeis University. Judging orthodox behaviorism and psychoanalysis to be too rigidly theoretical and concerned with illness, he developed a theory of motivation describing the process by which an individual progresses from basic needs such as food and sex to the highest needs of what he called self-actualization the fulfillment of one's greatest human potential. Humanistic psychotherapy, usually in the form of group therapy, seeks to help the individual progress through these stages. Maslow's writing includes Towards a Psychology of being (1962) and Farther Reaches of Human Nature (1971).

The American psychologist Abraham Maslow devised a six-level hierarchy of motives that, according to his theory, determine human behavior, Maslow ranks human needs as follows:

1. Physiological
2. Security and safety
3. Love and feelings of belonging;
4. Competence, prestige, and esteem
5. Self-fulfillment
6. Curiosity and the need to understanding.

No single theory of motivation has been universally accepted, but a direction is evident. Formerly, many psychologists stressed the reduction of stimulation to its lowest possible level. An organism was thought to pursue the behavior most likely to bring about this desired state of no stimulation. Many human physiological systems do in fact operate in this manner. Recent cognitive theories of motivation, however, portray humans seeking to optimize rather than minimize stimulation and are thus better able to account for exploratory behavior, the need for variety, aesthetic reactions and curiosity.

Rogers, Carl (1902-87), American psychologist, known for his development of new methods of therapy. Rogers obtained his doctrine from Columbia University in 1931, and by that time was already involved in work with abused children. He later taught at Ohio State University (1941-45) and the universities of Chicago (1947-57) and Wisconsin (1957-61). Dissatisfied with current therapeutic and diagnostic techniques, he founded what is now known as client-centered therapy, "client" meaning "patient". This method stresses the relationship between therapist and client and the client's use of this relationship between therapist and client and the client's use of this relationship to guide the course of therapy. Roger's techniques predominate today in psychotherapy in the U.S.

For constructive personality change to occur, it is necessary that these conditions exist and continue over a period of time.

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence being vulnerable or anxious.
3. The second person, which we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to minimal degree achieved.
IL-MUSBIEH - Nru. 11 • Awissu 2000

ESTACODE

IS-SEBA’ KAPITOLU - DIXXIPLINA

Id-DIXXIPLINA hija sugett li zgur jinteressa l-haddiema tal-Gvern ta’ kull grad, klassi, jew kategorija. Fi Frar ta’ din is-sena qiet introdotta sistema ta’ twettiq ta’ dixxiplina differenti minn dik li kienu ndorrnij biha l-impjegati statali dawl l-ahhar 23 sera.

Is-sistema l-gdida f’hafna partijiet minnha hija ahjar minn dik ta’ qabilha. Dan ma f’sissirx li ma fihiex difetti imma ghall anqas fiha anqas difetti mis-sistema ta’ qabilha.

Kull sistema ta’ dixxiplina timxi tajjeb jekk kemm il-darba minn ikun qieghej jezerċita jkun ġust. Sabiex wiehed ikun ġust u sabiex id-dixxiplina tkun l-istess ghall kulhadd huwa importante li wiehed japplika r-regolamenti l-istess u bl-istess procedura ma kull persuna u taħt kull cirkożanza.

Jidher l-a’kbar nuqqas fid-thaddim tas-sistema qgida ta’ dixxiplina hija t-tahrir tad-dmrijiiet u drittijiet tal-‘Boards’ tad-dixxiplina. Is-‘Chairman’ u l-membris tal-Bord ma humiex jinghata tahrir adekwat biex jaqdu fedelment id-dmrijiitt taghhom.

IL-KAP TAD-DIPARTIMENT -: Skond ir-Regolamenti ta’ 1977 tal-PSC —Proċedura ta’ DIXXIPLINA—kull kap ta’ dipartiment kellu s-setgha li xiiji, jiġudika, u jippenalliza (skond il-każ) f’każijiet li ma kienux jitqiesu gravi.


Il-Kap tad-dipartiment kellu dritt li jitratta l-każ huwa jew lqabbad uffiċjali jew uffiċjali biex jisqimhu x’ghanu jghid ġiakkuzat dwar il-każ. Wara il-Kap suppost kellu jeżamina dak li jkunu ppreżentawlu dawn l-uffiċjali u jasal ġal ġudijuz tiqghu.

Hatna drabi kien iqim is-suspetti li l-Kap ikun injora dak kollu li jkun sa qr awt il-bord ma jkunx qara u fehem sewwa xi jkun sar. B’hekk kien jgri li hafna drabi l-Kap ma kienux jasal ġal cicdizzjoni ġusta.

Id-deċżjoni tal-Kap tad-dipartiment kienet tiqiqies finali jew ahjar l-akkuzat ma setax jappella kontra dak li jkun iddiedaċda il-Kap.

KASTIGI:- Taħt is-sistema li spiqċat, li-haddiemi akkużat ma kienux jiġi informat sa fejn jista’ jiġi penalizat skond l-akkuza. B’ċeccozzi jahda fejn il-każ ikun jimmerrita biss ‘verbal warning’.

Mhux l-ewwel darba il-L-Kap kien jiddiedied pieni differenti ghall-istess ġażi u ġal l-istess cirkożanzii. Id-deċżjoniijiet tal-Kap kienu jkunu skond il-burdata li jkun fiha l-Kap meta jasal ġal ġad-deċżjoniijiet tiegħu.

B’hekk kien ikun hemm differenzi fil-pieni skond il-persuna, il-ġurnata, u raġunijiet oħra li wiehed jista’ jobiżor, u skond jekk ikunx hemm xi nfluwenza minn haddieħor.

L-esperjenza uriet li l-akiżijiet mhux l-ewwel darba li kkaġtigaw innocenti jew ġarigu liberi lil dawl li kienu ġatja. Ġieli kienux horor f’każi żgħar u ġieli kienux lenjanti f’każi aktar gravi. Mhux dejjem kien ikun tort tal-Kap ġhax kulant l-akkużat u min jiddekkien kienu jużaw kull mezz biex l-akkuzat ma jeħlik.

Wiehed jista’ jikteb volumi dwar ir-nuqqasijiet komnessi mill-akiżijiet taħt is-sistema ta’ qabel. Imma wiehed irid japprezzżu lil dawk il-akiżijiet li qedwe dmirjiethom f’hafna każi ta’ dixxiplina. Mhux darba jew tejn Kap ma kienux jingħogob ma ta’ fuqu jew ma l-impjegati tiegħu ġhax kien ġust fit-tweetiq tad-dixxiplina.


Ma humiex r-regolament li jgibu serjeta u dixxiplina. Ir-regolament huma biss l-ghodda li wiehed ghandu juża biex tidħahhaħ is-serjeta. Tkun hasra jekk il-Kapijiet ifarrku u jgib fuq jisir jwassalx dawn ir-regolamenti.

PROCEDURI GODDA:- Mhux possibbli li wiehed fi fitnlin jsjipjega t-tibdil li saru bejn is-sistema li spiqċat u dik qgida. Forsi il-futur viċin isiru taħdidi jew ‘seminars’ dwar dan is-suqgiet tant importanti.


Qabel ma l-Kap jasal ġall-konklużzi jieġħu l-akkużat ghandu dritt jappella biex il-każ jinstema’ quddiem Bord tal-PSC. L-appell jista’ jisir jekk l-akkużat jinstab hadi ta’ każ ġravi, meta jkun ġummaq twissja ta’ tkeċċija, u meta jkun hemm nuqqas serju ta’ osservanza tal-proċeduri.

Il-Kap tad-Dipartiment irid jiddikjara jekk il-każ ikunx reat minuri, jew serju, u jekk serju jwassalx sa tkeċċija. Il-piena mghotija mill-Kap tirid tkun skond jekk il-każ ikunx minuri jew ġravi u skind l-Iskeda ta’ reali u pieni ta’ dawn ir-regolamenti.
Il-penali trid tkun skond jekk il-każ jew ikunu l-ewwel darba jew kienx hemm hijja f'każi ohrain. Jekk ir-reati precendentu ikunu saru fi żmien stabballi bhal f'sitt xjur, f'sena, jew aktar. Taht is-sistema l-antika jekk wiehed kien jehel ġurnata paga (jew aktar) kien ikollu jahdem il-ġurnata (jew aktar) u ma jithallasx. Taht is-sistema gdida jekk wiehed jehel ġurnata paga (jew aktar) f'dik il-ġurnata (jew aktar) ma jidholx ġxax-xoghol. Ghalkemm il-Bord tad-Dixxipplina jkun magħżul mill-Kap tad-Dipartiment dan il-Bord minn meta jkun magħzul ġhandu jinx li istess mal-akkużat kif jinx ji mal-Kap tad-Dipartiment. 


DIFFERENZI:- Il-Kapijiet tad-Dipartimenti bhall-haddiemohra jeksru r-regolamenti tal-Gvern u ġħana drabi minhabba l-poter taghhom dawn jeksru r-regolamenti aktar mill-impjegati taqghom. 

Aħna Konxji tar-Responsabilità li Ġhandna?


Fil-fatt, il-persuna marida ġhandha wkoll id-drittijiet taghha bħala persuna, u mhux hekk biss, iżda ġhandha drittijiet oħra bħala persuna li qiegħda f’sitwazzjoni fragli biex aktar tkun protetta. U min sa jiddefendihom dawn id-drittijiet ta’ dawn il-persuni jekk mhux aħna stess. kull persuna li taħdem fil-qasam tas-sahha ġhandha thares id-drittijiet taghha personali, waqt li fl-istess ġin ġhandha r-

Madanakollu d-dixxiplina l-aktar li ssir tkun mal-haddiem fil-gradi baxxi.

Ċerti dipartimenti, bħad-Dipartiment tas-Sahha, ikollu kju t’ ġhaddiem kull ġimgha li jiġu akkużati b’reati. Dipartimenti oħra jghaddu s-snin mingħajr ma xi ġhaddiem jiġi akkużat b’reat.

Ma jidhirix li huwa l-każ li ġhaddiem maqrin huma fid-dipartimenti bħal tas-Sahha u ġhaddiem bziezla u obbiedjenti huma fl-ohrajn. Wiehed jistenna li l-Gvern u l-PSC jgħalimu lill-Kapijiet tad-Dipartimenti kollha biex jibdew jeżerċitaw l-istess metodi ta’ dixxiplina.


Alfred Vella

Fr. John Vella ofm Cap. 
S.Th. Lic.(Pastorale Sanitaria)
That morning I was as happy as a lark. Full of enthusiasm, full of life. I was counting the days to go to work abroad. Only ten days to go. I had everything ready, everything prepared, everything planned. I had only a few things to sort out, left, and a few more "goodbyes" to say.

On that bright Friday morning, I decided to go to Mount Carmel Hospital to say "goodbye" to my ex-colleagues and friends and to the patients. I said "hello" and "goodbye" to almost everyone present that day.

The digital clock in my car marked 12.14 when I left Mount Carmel Hospital to return home. But I did not make it. Everything happened in a split of a second. I was driving out of the hospital..... Then a crash and darkness. I opened my eyes to find myself in a completely deformed car, surrounded by people-doctors, psychiatrists, nurses from Mount Carmel Hospital and policemen. I was confused. I felt pain .... excruciating pain all over my body. I struggled for breath.

My life had changed completely, in a split of a second. Just like switching off the light. It was as if the clock stopped ticking, and when it resumed, nothing was the same again. My plans, my dreams, everything I was aspiring for - all disappeared in a haze.

From then on, I was a patient!

Becoming a patient is something, which can happen to anyone of us at any time. No one becomes a patient willingly. People cannot control the advent of their illnesses. Being a patient calls for adjustments to a new routine and perhaps a new dependency on others, until the symptoms are alleviated, and a return to usual life routine can occur. Or else, adjustment to a new health problem that cropped up has to take place. It is already difficult to become a patient when one is prepared for this transition in life. However, a road traffic accident, or any other accident, without warning and within moments can 'change' a person into a patient who requires hospitalisation - can change a person's life completely.

The nursing profession calls for us nurses to be in continuous contact with patients who are vulnerable and in some ways or other are dependent on our care (Fagermoen, 1997). Years of this continuous contact, day-in-day-out, can easily alienate and desensitise us from the individuality of the patient we have in front of us, as we become machine-like - doing things "to" and "for" the patient in a routine which often accommodates us, but not the patient.

Every patient has a story to tell. Each patient is different and special and needs to be nursed accordingly. We have a crucial role in transforming, what
may be, a patient's nightmare into a more bearable dream. I understand that it is difficult most of the time to stop and listen attentively to a patient's ailment. We are often very busy, more often than not, short of staff, and some patients are more demanding then others. Nonetheless, approaching a patient with a smile, talking to him / her calmly and slowly, or a friendly pat on the back do not take much of our time but are highlighted in research, as being crucial aspects in our profession to communicate and convey care to patients (Ramos, 1992; Radwin, 1996).

Being a nurse, and a patient at the same time, gave me the opportunity to observe nurses at work. My own experience opened a small window upon nurses' practice, including my own. It also helped me change my attitude towards demanding patients, as I myself was one. It is amazing how being in excruciating pain, unable to move, and completely dependent on others can change a person's personality, drastically. I screamed in pain, I shouted when I needed something, I cried inconsolably, I lost control over myself. I was misdiagnosed by doctors as being fussy and making much a-do about nothing (even though I had a displaced fracture in my right superior pubic ramus which no doctor dared notice). Nonetheless, all of this time, it was always me - Josanne-who was scared, overwhelmed by sudden losses in life and a dramatic change in my life plans.

However, I received VIP treatment from the nurses on Orthopaedic Ward 3. I could easily describe my experience as a patient as horrible, had it not been for nurses, whose kind gestures and communication may be described, as impeccable, which enrich the art of our profession and raise it to a professional standard.

Myself being a nurse, who worked at a private hospital, may have triggered some of the nurses who cared for me to give me special treatment. However, their behaviour shows that if we want to give excellent care to our patients, we will manage to overcome all our obstacles. Where there is a will, there is a way. Keep it up, colleagues.

Acknowledgements: I am greatly indebted to Mr John Giles (EN - A&E department) and Mr Joseph Abela (SN - Mosta Health Centre) who managed to, skillfully and efficiently, get me out of my smashed car and handle me into the ambulance without hurting me. I also would like to thank all the nurses, Dr Carmen Salafia and the psychiatrists at Mount Carmel Hospital who were on the accident spot to provide me with support and give a hand where it was needed.

Thanks to Charmaine Vassallo (SN - MCH) who accompanied me during the torturous and bumpy journey in the ambulance. Thanks go to the nurses at Casualty who were there to say a word of encouragement. I am also grateful to the nurses at Orthopaedic Ward 3 whose handling and lifting techniques are second to none, and the CNP students who acted as my guardian angels when I greatly needed support.

Last but not least I also would like to say a big thanks to Mr Ivan Esposito MD FRCS(Eng) DSMRCS who appropriately diagnosed me and cared for me until I regained my health.

References:
“Why are more people not enlightened?”

Because it isn’t Truth they seek but their convenience,” said the Master.

He showed this by means of a Sufi tale:

A man in need of money sought to sell a rough carpet in the street. The first man to whom he showed it said, “This is a coarse carpet and very worn.” And he bought it very cheaply.

A minute later the buyer said to another man who happened along, ‘Here is a carpet soft as silk, sir; none like it.”

said a Sufi who had witnessed the scene, “Please, carpetman, put me into your magic box which can turn a rough carpet into a smooth one, pebble into a precious stone.”

“ The magic box of course,” added the Master, “ Is called self-interest: the most effective tool in the world for turning truth into deception.

Anthony de Mello sj
( One Minute Nonsense )

TERMS COMMONLY EMPLOYED IN PRESCRIPTIONS

<table>
<thead>
<tr>
<th>Latin</th>
<th>Abbreviated Latin</th>
<th>English</th>
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<tbody>
<tr>
<td>Ad.</td>
<td>a</td>
<td>Up to.</td>
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<td>Ana.</td>
<td>a.c.</td>
<td>Of each.</td>
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<tr>
<td>Ante cibo.</td>
<td>b.i.d.</td>
<td>before meals.</td>
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<td>Biss in die.</td>
<td>c.</td>
<td>twice a day.</td>
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<td>Cum.</td>
<td>ex.aq.</td>
<td>in water.</td>
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<td>Ex. aqua</td>
<td>ft.</td>
<td>make.</td>
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<td>Fiat.</td>
<td>hst.</td>
<td>a draught.</td>
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<td>Hora somni</td>
<td>h.s.</td>
<td>at bedtime.</td>
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<td>Misco.</td>
<td>m.</td>
<td>mix.</td>
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<td>Mistura</td>
<td>mist.</td>
<td>A mixture.</td>
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<td>Mitte.</td>
<td>m.d.u.</td>
<td>used as directed.</td>
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<td>More dicto utendus</td>
<td>n.et.m.</td>
<td>night and morning.</td>
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<td>Omnini mane</td>
<td>o.m.</td>
<td>every morning.</td>
</tr>
<tr>
<td>Omnini nocte.</td>
<td>o.n.</td>
<td>every night.</td>
</tr>
<tr>
<td>Post cibus.</td>
<td>p.c.</td>
<td>after meals.</td>
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<td>Pro re fata</td>
<td>p.r.n.</td>
<td>as required.</td>
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<td>Quantum sufficient</td>
<td>q.s.</td>
<td>a sufficient quantity.</td>
</tr>
<tr>
<td>Quartis horis</td>
<td>q.h.</td>
<td>every four hours.</td>
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<td>Recipe</td>
<td>R/</td>
<td>take.</td>
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<tr>
<td>Repetatur</td>
<td>rep.</td>
<td>Let it be repeated.</td>
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<td>Seminor Seminis</td>
<td>ss.</td>
<td>A half.</td>
</tr>
<tr>
<td>Signetur</td>
<td>sig.</td>
<td>Let it be labelled.</td>
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<tr>
<td>Si opus sit.</td>
<td>s.o.s.</td>
<td>if necessary.</td>
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<td>Statim</td>
<td>stat.</td>
<td>At once.</td>
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<td>Ter in die</td>
<td>t.i.d.</td>
<td>three times a day.</td>
</tr>
<tr>
<td>Ter in die sumenda</td>
<td>t.d.s.</td>
<td>to be taken three times a day.</td>
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</tbody>
</table>

“DID YOU WASH YOUR HANDS”

“Once you get people laughing, they’re listening and you can tell them almost anything.”

Herb Gardner

Knowledge comes in many guises: you can be totally ignorant one minute, enlightened the next. It also comes in small packages, enabling us to learn only what we need for the moment. We choose what we learn; we have freedom of choice over what we know.

Knowledge itself is power.

Francis Bacon
1561-1626

Without knowledge there is no progress. Without progress I can only stand still.
Mental Health Conference

'Mental Health is everyone's business - No health without mental health'

It will be a great opportunity for all nurses working in Mental Health to attend. However, Mental health is not just a problem for nurses working in Mount Carmel Hospital or related fields in Psychiatry - it is everyone's concern and should thus appeal to the majority of nurses at practice level. There will also be a midwife presenting her paper on post-natal depression so it will be a varied seminar and an opportunity to network. It is also our intention to involve all health care professionals to really be a Multi-disciplinary conference.

The invited speakers include Mr. Martin Ward, Director, Mental Health (RCN) and Mr. Marc Harrison, (WHO). Additionally, there will be local nurses and other health care professionals bringing their expertise in this field. I am sure there will be something of interest for all health care professionals. I encourage your participation.

Date: 23rd September 2000 • Venue: The Suncrest Hotel - Qawra
Organisers: Nurses' Association of Malta in collaboration with The Directorate Nursing Services
Price: Lm 10.00 • Student Price: Lm 8.50

(Registration forms may be collected from all Manager Nursing Services in every Hospital).
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