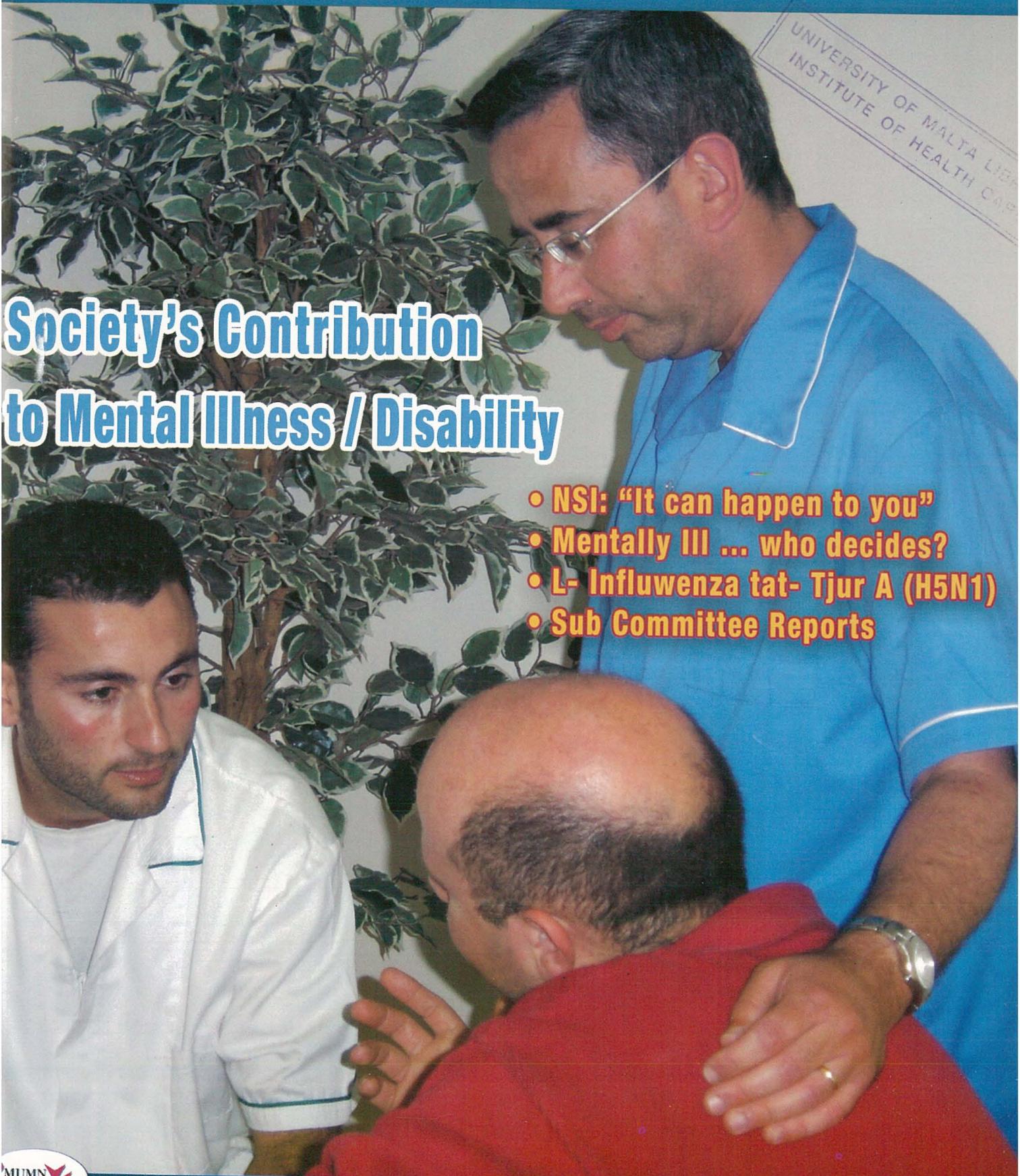


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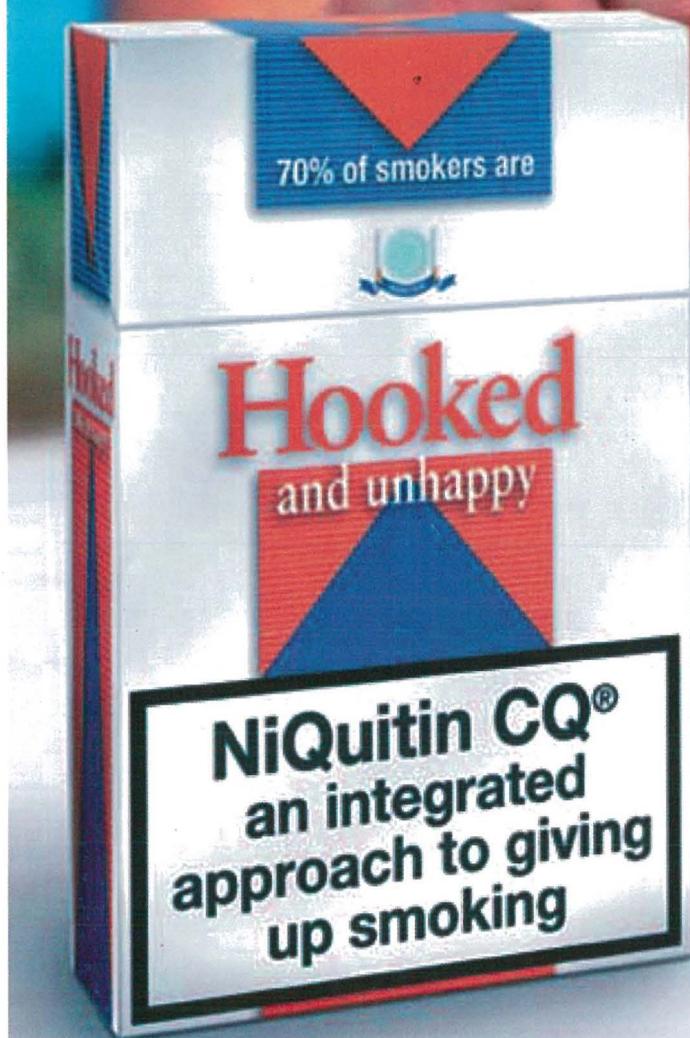
MALTA NURSING AND MIDWIFERY JOURNAL



Society's Contribution to Mental Illness / Disability

- NSI: "It can happen to you"
- Mentally Ill ... who decides?
- L- Influenza tat- Tjur A (H5N1)
- Sub Committee Reports

Why are you vital to every quit attempt?



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Nicotine

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NiQuitin CQ, NiQuitin CQ Clear Product Information.

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F'Din il-Harġa

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PUBBLIKAT: Malta Union of Midwives and Nurses

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Ritratt tal-faċċata minn Tonio Pace

Il-fehmiet li jidhru f'dan il-Ġurnal mhux neċessarjament li jirriflettu l-fehma jew il-policy ta' l-MUMN.

Il-bord editorjali jiggarantixxi id-dritt tar-riservatezza fuq l-indirizzi ta' kull min jirċievi dan il-Ġurnal.

Cirkulazzjoni: 2136 kopja

Dan il-Ġurnal jitqassam b'xejn lill-membri kollha u lill-entitajiet oħra, li l-bord editorjali flimkien mad-direzzjoni tal-MUMN jiddeċiedi fuqhom.

Kull bdil fl-indirizzi għandu jiġi kkomunikat mas-Segretarija mill-aktar fis possibli.

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Bi ftit kuraġġ

Snin ilu meta bdejt nattendi għall xi konferenza li kellha x' taqşam mal- qasam Stan- Nursing u jew Midwifery, kont inkun kemxejn incert fuq jekk għandix nattendi jew le. Dan kien żmien fejn illum ngħid kien żmien 'primittiv' għalina n- Nurses u Midwives li l- parti l- kbira minna, bilkemm kien jaħbilna ma rasna li għandna nħossu l- hteġa li nattendu! Kien żmien meta Nurse jew Midwife kienu mingħajr vuċi, rari setgħu jieħdu deċiżjonijiet b'mod awtonomu, jipprezentaw sugġett f' konferenza, eċċ. Dan qed niktbu għall fatt li verament iż- żminijiet jinbiddu, u dan it- tibdil ma jkunx hażin jekk għall pożittiv. U hekk nemmen li ġara!

Konferenzi illum jiġu organizzati b' mod professjonali u regolari minn diversi għaqdiet jew dipartimenti f'kull qasam tas- saħħa. Diversi kienu daww l- okkażjonijiet fejn fil- passat tkellimt ma numru sostanzjali ta' Nurses u Midwives fejn tlabt l- opinjoni ta' daww li attendew, biex nara jekk l- għan tas- sugġett tal- ġurnata ntlaħaqx jew le. U kien dan l- istess żmien li aċċennajt għalih qabel, fejn kont niltaqa ma negattivita' b' kummenti bħall, "mhux tas- soltu!" jew "insomma huwx", jew l- aktar popolari, "Dan mhux għalxejn!!" Personalment dawn kienu mumentu fejn kienu joggħeluni nahseb bejni u bejn ruħi li l- apatija kbira li kienet hakkmiet lill hafna minnha, diffiċili tingħeleb. Kemm kelli raġun....?!

Fil- prezent jekk ilkoll inħarsu madwarna ninnotaw il- livell li bih qed jiġu organizzati l- konferenzi tagħna. Attivitajiet li lkoll sirna nantiċipaw għalihom, għaliex il- messaġġ qed jasal b' aktar qawwa milli kien qabel. L- interess żdied sewwa tant, li konferenza li sa ftit tal- ġimgħat ilu kellha tiġi mtella għall udjenza żgħira, dan il- hsieb tħassar mill organizzaturi sabiex setgħu jkabbu n- numru għall hafna aktar minħabba d- domanda. Dan jindika li sa fl- aħħar, Nurses u Midwives fehemu li lkoll ma nistgħux nibqgħu lura hdejn professjonijiet oħra, imma rridu naqdfu sabiex nibqgħu minn ta' l- ewwel, nibqgħu kompetittivi, fi kliem ieħor nissahħu billi nagħgornaw mal bidliet.

L- MUMN żgur li kienet il- vitamina li għenet sabiex ilkoll nissahħu bl- għajnuna ta' kull wieħed u waħda minnha. Grazi għall union tagħna, aħna adottajna vuċi li saħansitra qed tasal fi hdan professjonijiet oħra, anke barra minn xtutna. U hawnhekk ma nistax nonqos milli nfaħħar ukoll ix- xogħol siewi li qed isir mid- Direttorat tan- Nursing, li bla dubju jkun minn ta' quddiem sabiex isehħu passi pożittivi. L- Amministrazzjoni fl- isptarijiet tagħna għandha wkoll twitti t- triq għall daww in- Nurses u Midwives f' diversi dipartimenti li juru x-xewqa li jattendu għall konferenzi fil- futur.

Aħna illum nistgħu nħarsu lejn xulxin b' aktar kuraġġ u ntennu li issa lħaqna fazi li mhux qed neżistu biss fiha kif konna sa ftit snin ilu, imma sirna wkoll partiċipanti. Lkoll pero' irridu nahsbu b' mod pożittiv għaliex fil futur qrib ser inħabbtu wiċċna ma sfidi oħra li jitlobu minnha hafna aktar minn dak li qed jirnexxielna naghmlu illum. Inzommu f' moħħna li l- futur huwa minuta ... siegħa oħra. Għalhekk kuraġġ hbieb, it- twegiba nafuha lkoll!!

message from the president

Dear Colleagues,

Once again il-**Musbieh** is being distributed amongst us all, the family of MUMN. This journal is of utmost importance as it keeps us all updated with all the current affairs that are going on within our professions represented by our Union. I appeal to you to find time and read this journal and apart from keeping informed with current issues it is also a means of relaxation.

I would like to take this opportunity to thank you all on behalf of the Union Council and myself for the support you gave the union when you were summoned to attend the extraordinary General Conference on the 19th of April 2005. Your presence and support made a difference as together we managed to unlock a tight situation and shake up the system. Just 24 hours after the General Conference the Government gave the green light to issue a call for applications for full-time posts for nurses and midwives, pending results for promotions and news recruits was also cleared and a call for more specialised posts was accepted. This is a confirmation that the strength and the unity that we enjoy have the ability to exert pressure on the authorities in order to make them take the appropriate decisions. These decisions will hopefully have a positive effect on our professions and our conditions of work. Now that talks regarding sectoral agreement recommenced lets hope that we conclude once and for all.

As usual for MUMN there is never a dull moment and these last three months were very hectic. We have been involved in discussions regarding the pension reform. The union made a position statement regarding this issue, as we believe that by increasing the retirement age the socio-economic problems will not be solved. An increase of 5 % on the national contribution will only have a negative effect on the purchasing power. MUMN is also insisting that certain sectors where the nature of work is considered as strenuous such as nursing and midwifery should be given the option for early retirement.

Two highly attended conferences were organised during April and May regarding the Cardiology services in Malta and Orthopaedic and Trauma Nursing in Malta. I am pleased to say that in both conferences the attendance was well above target and we had unfortunately to refuse applications. It is great to note that all speakers, coming from various professions within the health sector, delivered highly professional presentations.

MUMN managed to achieve another first as on the 9th of May an annual Nurse/Midwife Award was presented. The selection committee was composed by His Excellency, Emeritus Profs. Gwido De Marco, the Director Nursing Services, Mr Jesmond Sharples and the Honorary President of the Union Ms Antoinette Calleja. On behalf of MUMN I congratulate our colleague Raymond Chetcuti for the honourable achievement for being the first Nurse to win this prestigious award. I also thank the selection committee, which I am convinced, that they had a hard task to select one out of the high calibre nominations.

I conclude by thanking you all for the support you have shown to MUMN and myself for contesting the post of ICN Board of Directors. This is a very exciting moment for our professions in Malta as it is the first time that we are now directly represented on an international forum. I am sure that locally our professions will gain the respect they merit and I am committed to see that during my term of office, nursing standardisation both in the educational aspect and for the scope of practise shall be achieved within our region and globally.

I thank you all and wish you a warm and entertaining summer time.

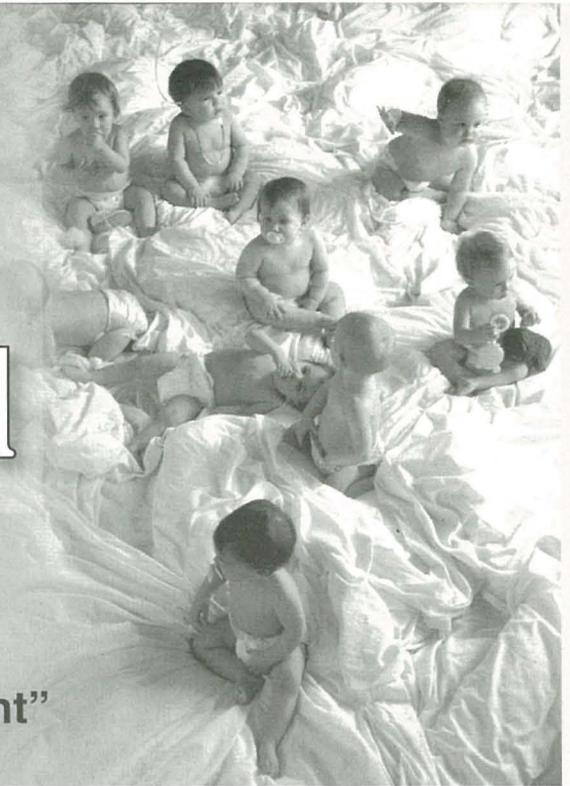
Rudolph Cini
President

Press Information

GENEVA, 7 April 2005

Too Many Babies Don't get Counted

**Nurses and Midwives join forces to
"Make Every Mother and Child Count"**



Every year 48 million babies join those who will spend their lives without an official identity or citizenship, as their births go unregistered in countries worldwide. A child who is not registered is at the risk of being denied basic rights to education and health, may never be immunized, obtain the legal right to work or hold a passport. On the occasion of World Health Day, the International Council of Nurses (ICN), the International Confederation of Midwives (ICM) and Plan, the international child's rights organisation, are taking joint action on the issue of birth registration, raising awareness among their members and calling for governments to encourage and improve the birth registration process everywhere.

"Children who are not registered are extremely vulnerable to exploitation of every kind. They are marginalized from birth, as there is no official recognition of their existence," explains Christine Hancock, President of the International Council of Nurses. "Most unregistered births are in South Asia (63% of all births) and sub-Saharan Africa (55% of all births), but the problem exists in every country.

In industrialised countries 2% of infants are not registered. Awareness of the importance of birth registration and policy to make it happen must be a priority."

ICM President, Caroline Weaver emphasised that: "Midwives and nurses are trusted advisors on immediate and longer-term care for the newborn and enjoy a unique relationship with the family of a new baby. Information about birth registration can be a vital component of the continuum of care provided by these health professionals around the time of birth. On the occasion



of World Health Day 2005 we strongly endorse the theme 'Make every woman and child count' and call upon individuals and governments to work towards protecting the rights of children through birth registration."

"Children who are not registered may be denied vaccinations and other types of assistance, but the necessary prerequisite for this means of reducing child mortality has been left off the international community's agenda. It is the missing link in Millennium Development Goals," according Stuart Singleton-White, Head of Plan's global Universal Birth Registration Campaign.

The importance of birth registration also goes beyond the individual child. Birth registration data, when correctly collected, can play an important role in the planning of a country's economic and social development. It improves a state's ability to plan, implement, monitor, evaluate and report on the impact of its social and economic policies. Achieving universal birth registration is possible. Children represent the future and society must work together to give them the healthiest start in life.

Regional Summaries	Births 2003 (in thousands)	% of unregistered children	Number of unregistered children (in thousands)
South-Saharan Africa	26,879	55	14,751
Middle East and North Africa	9,790	16	1,543
South Asia	37,099	63	23,395
East Asia and Pacific	31,616	19	5,901
Latin America and Caribbean	11,567	15	1,787
CEE/CIS and Baltic States	5,250	23	1,218
Industrialized countries	10,827	2	218
Developing countries	119,973	40	48,147
Least developed countries	27,819	71	19,682
World	133,028	36	48,276

The International Council of Nurses is a federation of 125 national nurses' associations representing the millions of nurses worldwide. Operated by nurses for nurses, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.

The International Confederation of Midwives is a confederation of 83 national midwifery associations from 70 countries, founded in 1919. It aims to 'advance worldwide the aims and aspirations of midwives in the attainment of improved outcomes for women in their childbearing years, their newborn and their families wherever they reside.

Plan is an international humanitarian, child centred development organisation without religious, political or governmental affiliation. Child sponsorship is the basic foundation of the organisation. It operates in 60 countries worldwide.

Editor's Note

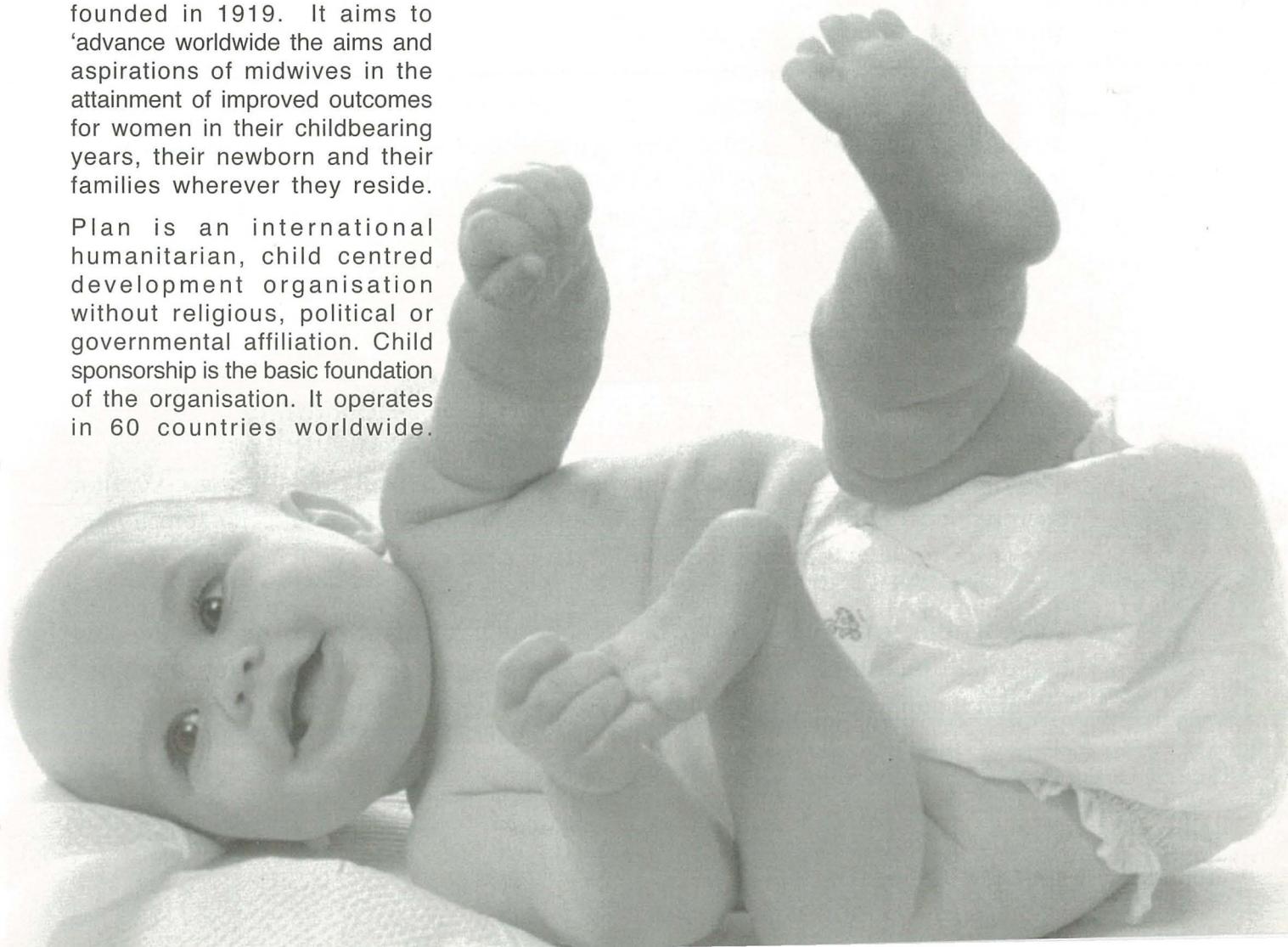
Extent of the Problem: Proportion of annual unregistered births, by region¹[1]

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The International Council of Nurses is a federation of 125 national nurses' associations representing the millions of nurses worldwide. Operated by nurses for nurses, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.

ICN 23rd Quadrennial Congress, Nursing on the Move: Knowledge, Innovation and Vitality 21-27 May 2005, Taipei, Taiwan
<http://www.icn.ch/congress2005.htm>

Footnotes:1[1] UNICEF, Office of Strategic Information Management. 'The 'Rights' Start to Life: A statistical analysis of birth registration', 2005



kelmtejn mis-segretarju ġenerali

Ma nistax nibda dawn il-kelmtejn mingħajr ma niringrazzjax lil ħafna minnkom tas-support li wrejtu lill-Union tagħna meta attendejtu bi ħgarkom għall-Konferenza Ġenerali Straordinarja fejn flimkien iddeċidejna dwar il-futur tagħna. Ftit siegħat wara li spicċat il-konferenza diġa kienu wasslu messagġi ta' ċaqlieg kemm fuq l-iżblukkar ta' promozzjonijiet, *recruitment* u wkoll il-ħrug ta' postijiet speċjalizzati fin-Nursing u l-Midwifery.

Barra minn hekk diġa ltqajna darbtejn fuq il-Ftehim Settorali fejn għall-ewwel darba l-Gvern huwa dispost li jagħti l-Kontroproposti tiegħu dwar l-'Early Retirement Scheme'.

Ftit tal-ġimgħat ilu attendejt laqgħa tal-WHO, Nursing and Midwifery Forum fejn tkellimna dwar l-importanza li l-kura tas-saħħa f'Malta tiffoka aktar fuq il-kura primarja. Bosta pajjiżi Ewropej staqsew ħafna mistoqsijiet meta saru jafu li f'pajjiżna m'hemmx il-'Family Health Nurse' u kif il-Gvern Malti, għalkemm fil-policy tiegħu ddikjara b'mod l-aktar ċar li ma' l-Isptar Mater Dei hemm bżonn kura tas-saħħa primarja soda, għadu ma għamel xejn f'dan ir-rigward. Din il-Union hija nfirmata li d-Divizjoni tas-saħħa qed tiddiskuti kif se tkompli tnaqqas dan is-servizz!

Bhal ma tafu l-Group Committee tal-Florence Nightingale Benevolent Fund (FNBFGC), permezz tas-servizzi mixtrija mir-Richmond Foundation, beda joffri l-Counselling Sessions lill-membri tiegħu fuq l-istress. Tajjeb ngħid li personalment ma stennejtx li ser ikun hemm rispons daqshekk inkoraġġanti. L-istess Kumitat issa anke għamel ċertu arrangamenti fil-mod kif joffri dawn is-Sessions billi ser jibdew jiġu offruti biss meta n-Nurses u l-Midwives ikunu xogħol biex hadd ma jinqala' mill-*off* u b'hekk l-istress ma nżieduhx!!

Żvilupp sinifikanti f'dawn l-aħħar ġimgħat kien l-organizzazzjoni ta' żewg konferenzi speċjalizzati mill-Kumitat Eżekuttiv ta' l-Edukazzjoni dwar il-*Cardiac* u l-*Orthopaedics*. Għal darb'oħra r-risopons kien sostanzjali.

Il-Group Committee ta' l-Istudenti qed jirrapreżenta lill-MUMN fl-organizzazzjoni ġdida taż-żagħżagħ li jirrapreżentaw it-Trade Unions. Irrid ngħid li dan il-kumitat issorprena lil ħafna bil-ħidma u l-entuzjażmu tiegħu. Tajjeb ninfurmakom li diġa bdew il-preparamenti sabiex fl-aħħar ta' din is-sena isir 'Live-In' iehor b'differenza.

Tajjeb li nispiċċa dawn il-kelmtejn billi nitlobkom li żzommu widnejkom miftuħa għal avvizi tal-Union li minn hin għall-iehor terġa' ssejħilkom. Il-Kunsill tal-Union qed jistenna li dan jista' jsir fil-ġimgħat li ġejjin. Niringrazzjakom bil-quddiem.

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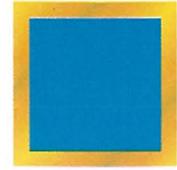
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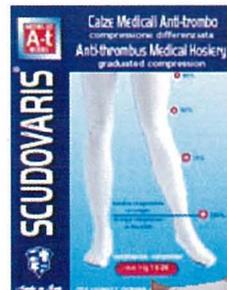


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The Education Committee of the MUMN

The Education Committee of the MUMN this year organized a record number of events short span of time. Trying to be innovative the education committee this year held a 'live-in' for all nursing students at the Galaxy Hotel on the 26th February. Eighty five nursing students participated in the three day event where students participated in both social and education session. Definitely the success of this first time event for our students was shown by the number of the requests for organising the same event next year.

The main two activities which left the whole committee very much surprised by the number of attendees were the conferences organized on the 22nd April and on the 4th May. Both were specialized conferences related to Cardiology and Orthopaedics. The number of delegates were 250 for the cardiology conference and 150 for the orthopaedic conference. Both conferences introduced a new concept. In the cardiology conference one of the speakers was a client who gave his personal experience which left a very profound effect on all participants. In the orthopaedic conference, two nurses were brought from the U.K. representing the Society of Orthopaedic and Truma Nursing (SOTN) as speakers. Hopefully in the near future we will be seeing the birth of the first nursing association in Malta through a twinning project with STON which has promised to support this effort. An evaluation distributed during this conference achieved as 88% satisfaction rating on the overall performance of the speakers and organization.

The future events still need to be seen. As a committee we are not pleased on way things are being run by the IHC. The Lm10 being charged by the University of Malta even for a one day seminar is something which is not acceptable for the MUMN. Also the post registration courses being selected by the IHC need to be evaluated and the committee will requests meetings with the competent persons.

As a committee we thank all those who participated and gave their support for these activities. We hope the future activities will attract the same amount of support and enthusiasm shown in these last two events.

Paul Pace

Chairman of Educational Committee
MUMN

First Announcement and Call for Abstracts

Skin and Wound Care Through the ages

1st and 2nd December – 2005

The Westin Dragonara Resort – Malta

The scientific committee invites abstract submissions from all professionals who are interested in sharing their skills and knowledge with an international audience. Abstracts will be accepted for concurrent, workshop and poster presentations on a research or evaluation project related to skin and wound care. This meeting is an excellent way of disseminating your work – even if you have never done it before.

Closing date for abstracts: 1st September 2005.

For more information about the conference and abstract submission visit the website
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Invited speakers include:

- **Prof. David John Leaper, Wound Healing Research Unit, Cardiff University, Wales**
- **Prof. Terence Ryan, Oxford Wound Healing Unit, Oxford, UK**
- **Dr Steven Ersser, University of Southampton, UK**
- **Dr Patricia Price, Wound Healing Research Unit, Cardiff University, Wales**
- **Mrs. Heather Orsted, Clinical Specialist, Skin and Wound Management, Canada**
- **Mrs. Noreen Heer Nicol, Chief Clinical Officer, Denver, Colorado, USA**
- **Mrs. Vanessa Jones, Wound Healing Research Unit, Cardiff University, Wales**
- **Mr Laurie King, Podiatrist, Churchill Hospital, Oxford, UK**
- **Ms. Madeleine, Hertfordshire University, UK**
- **Mr. Erik Manning, Almelo Hospital, The Netherlands**

The conference has special subsidised rates for Maltese staff. For more information contact Corinne Ward at the Tissue Viability Unit SLH
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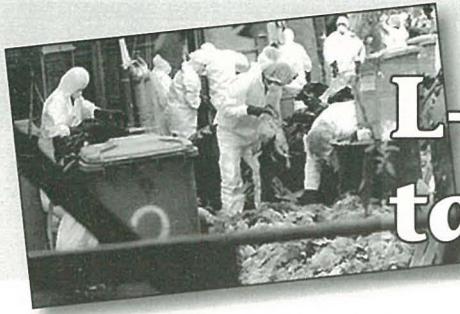
skinandwoundcaremalt@yahoo.com

Midwives Group Committee

As chairperson of the Midwives group committee, I wish to thank all Midwives and Nurses for the trust given to our union. Lately our group committee has had various problems in order to function primarily due to the fact that I was on leave for personal reasons. Problems in our area had to be handled with the help of Maria Cutajar and the council. It was not possible for me to help but now I returned to work. Hopefully, with the help of the group committee I will be able to give my support to all those members who need it.

Doreen Cilia

Labour Ward



L-Influwenza tat-Tjur A(H5N1)

Minn
Amante Darmanin SN
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Fit-8 ta' Diċembru 2004, il-WHO harġet stqarrija fejn spjegat li pandemija (epidemija madwar id-dinja) ta' l-influwenza tista' tkun imminente. Dan minhabba li l-virus ta' l-influwenza jinbidel fi stat ta' 'strain' perikoluż madwar kull 20 sena u għalhekk suppost li pandemija ilha li sehħet. Il-WHO kompliet tfisser li l-influwenza tat-tjur (avian flu), l-istain il-ġdida A(H5N1), jista' jkollha l-potenzjal biex tkun il-pandemija l-ġdida. Il-WHO qalet li stiemi konservattivi juru li jista' ikun hemm madwar 2 sa 7 miljuni mejta filwaqt li oħrajn iqiesu sa hamsin miljun. Xjenzat Russu saħansitra qal li jistgħu jmutu sa biljun ruħ. Miljuni oħra jista' ikunu morda u dan johloq pressjoni fuq l-isptarijiet u l-infrastruttura tal-pajjiżi.

Biex nifhmu x'inhi l-influwenza tat-tjur, tajjeb li nifhmu x'inhi l-influwenza. L-influwenza mhiex sempliċi riħ (common cold), għalkemm is-sinjali u sintomi jistgħu jkunu jixxiebħu. L-influwenza hija infezzjoni virili tas-sistema respiratorja u hija karatterizzata b'temperatura għolja, uġiegh fil-muskoli, sogħla, imnieher iqattar, għatis, griżmejn morda, għajja kbira u telqa. Fl-anzjani tista' tkun il-kawża ta' mard ieħor sekondarju tal-pulmun permezz tal-bacteria, filwaqt li fitfal ikun hemm attacki ta' diarhoea. F'każi fejn l-influwenza tkun qawwija, bħal fil-każ tal-A(H5N1), il-marid ikollu conjunctivitis u pulmonite. L-influwenza tittiehed permezz ta' għatis jew sogħla (droplet infection), kif ukoll billi wiehed imiss ma' xi pum jew oġġett li jkun intmiss

minn xi hadd infettat, li qabel ikun forsi għatas, sogħol jew mesah imniehru mingħajr ma hasel idejh. Għalhekk, huwa importanti li wiehed jahsel idejh sew u li jgħatti wiċċu b'maktur meta wiehed jagħtas jew jisgħol. Importanti wkoll li ma jmurx f'postijiet fejn ikun hemm hafna nies. L-"incubation period" hija minn jum sa tlett ijiem.

Jeżistu tlett tipi ta' influwenza; A, B u Ċ. Dawn it-tlett tipi jinqasmu f'sub-tipi u dawn jergħu jinqasmu fi 'strains'. L-influwenza B u Ċjattakkaw lill-bniedem biss u s'issa qatt ma kien hawn pandemiji tagħhom, għalkemm epidemiji tal-influwenza B ġieli kien hawn. L-influwenza A tattakka l-għasafar (mhux kollha), il-ħnieżer, iż-żwiemel, il-baleni, il-foki (seals) u kif ukoll il-bnedmin u hija l-aġar waħda.

Il-Virus

Fuq il-qoxra tal-virus insibu żewġ għamliet ta' 'antigens' magħmulha minn proteini jisimhom *neuraminidase* (NA) u *haemagglutinin* (HA). Jeżistu sittax il-sub-tip ta', *haemagglutinin* u disgħa *neuraminidase*. Għalhekk biex nifhmu aħjar "H7N2 virus" għandu proteina HA7 u proteina NA2. Dawn is-sub-tipi kollha jistgħu

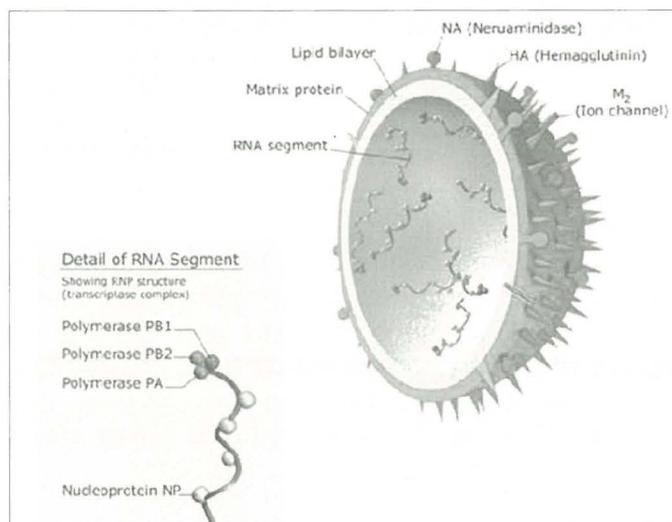
jikkombinaw bejniethom u joholqu sub-tipi ġodda. Ftitt minn dawn jattakkaw lill-bniedem, eżempju A(H1N1), A(H1N2), u A(H3N2), filwaqt li sub-tipi oħra jattakkaw annimali oħra, eżempju A(H7N7) u A(H3N8) jattakka liż-żwiemel. Dawn is-sub-tipi kollha jeżistu fl-għasafar iżda whud minnhom huma aktar virili. Eżempji huma dawk li jibdeu H5 u H7.

Wara attack ta' l-influwenza l-bniedem irabbi resistenza għal l-i'strain' li bih ikun ġie attackat, iżda peress li hemm hafna 'strains', l-antibodies ma jagħrfuhomx u kull darba jrid irrabbi resistenza ġdida. Għalhekk, kull sena x-xjenzati joholqu titqib għal kontra l-iktart tlett 'strains' li jkun hemm qed jiċċerkolaw u jkun hemm bżonn li tittaqqab kull sena. Ġieli jigrri li l-bidla tant tkun kbira, li l-virus jilhaq jinfirex qabel ma l-ġisem johloq resistenza.

Fis-seklu għoxrin kien hemm tlett pandemiji li kollha xterdu madwar id-dinja fi żmien sena.

Il-Pandemija ta' l-1918: A(H1N1)

L-influwenza ta' l-1918 qatlet bejn 20 u 40 miljun ruħ, iktar mill-ewwel gwerra nnifisha li kienet waslet biex tintemm. Kienet imsejha l-influwenza Spanjola, mhux għax bdiet fi Spanja, iżda għax f'Mejju biss kienet qatlet 8 miljuni fi Spanja, iżda l-imwiet kienu madwar id-dinja kollha, inkluża f'Malta. Huwa maħsub li wiehed minn kull hamsa tal-bnedmin ġew infettati minn dan il-virus. L-origini ta' dan il-virus għadu mhux magħruf iżda x'aktarx hareġ miċ-



Ċina. Dan il-virus reġgħa feġġ fl-1970 u għadu magħna sal-lum.

Il-Pandemija ta' 1-1957-58: A(H2N2)

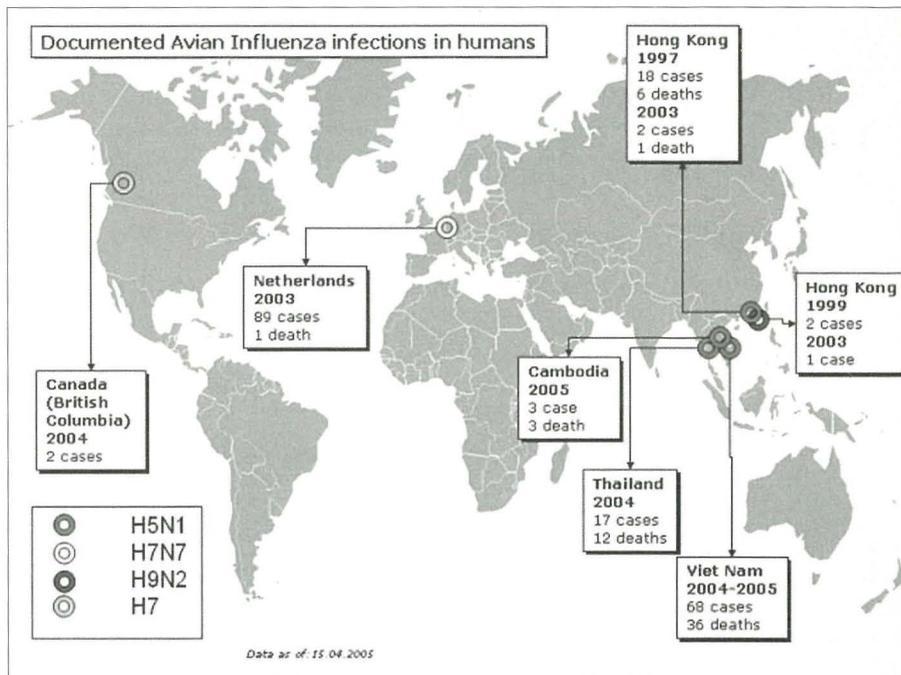
Influenza Asjatika: Il-virus feġġ fiċ-Ċina u qatel madwar erba' miljun ruħ madwar id-dinja. Baqa' jiċċerkola sakemm fl-1968 ma deherx aktar hliet fil-laboratorji, fejn f'April 2005, il-WHO heġġet lil dawn il-laboratorji biex jeqirdu l-virus, wara li kien ġie mqassam bi żball. Globalment affettwa minn 10 sa 35 fil-mija tal-popolazzjoni. Minhabba li l-aħħar li deher kien fl-1968, ma hemm hadd immunizzat kontra dan il-virus jekk mhux jekk aktar minn 37 sena fl-eta.

Il-Pandemija ta' 1-1968-1969: A(H3N3)

Influenza Hong Kong: Qered 700,000 ruħ madwar id-dinja.

1997: A(H5N1)

Influenza tat-tjur (Avian Influenza). Bdiet f'Hong Kong kemm fuq it-tjur kif ukoll fil-bniedem. Dan kien l-ewwel darba li dan il-virus għadda dirett mit-tjur għal bniedem u għalhekk l-bniedem ma kellu l-ebda antibodies għal dan il-virus. Il-biża kienet issa, li dan jithallat ma' influwenza tal-bniedem u għalhekk ikun faċli li jiġi trasmess. Bdiet ġirja sħiħa biex jinqerdu t-tjur morda u b'kollox inqatlu 1.5 miljun tiġieġa. Waqt din l-epidemija mardu 18-il persuna, li minnhom mietu sitta. Il-virus 'inqered' u d-dinja setgħet tieħu



nifs. Izda ma damx wisq żmien li ma reġgħax feġġ. Sadanittant fl-1999 waqt epidemija tat-tjur A(H9N2) fiċ-Ċina u Hong Kong mardu żewġ itfal li wara fiequ. L-evidenza kienet turi li dan ukoll kien trasmess mit-tjur, iżda l-possibilita li għadda minn bniedem għal bniedem qatt ma ġiet eskluża. Iktar każi ta' A(H9N2) ġew irrapportati miċ-Ċina bejn l-1998 u l-1999.

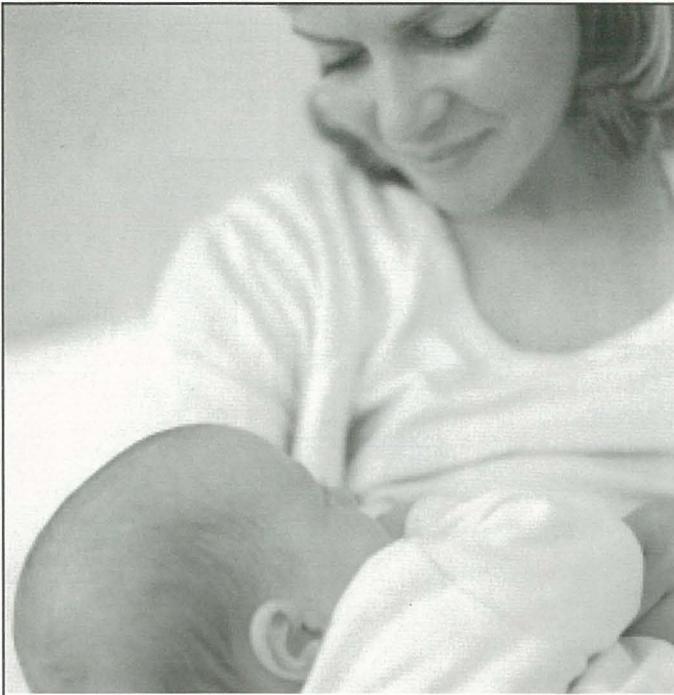
Fil-bidu tas-sena 2003 kien hemm żewġ każi ta' l-A(H5N1); membri ta' l-istess familja minn Hong Kong u li kienu vjaġġaw fiċ-Ċina. Wieħed irkupra u l-ieħor miet. Kif u fejn mardu qatt ma ġie konkluz. Membru ieħor ta' l-istess familja miet fiċ-Ċina iżda l-każ ma ġiex analizzat. Fl-istess sena,

fl-Olanda ġew irrapportati każi ta' l-Influenza A(H7N7) f'diversi irziezet tat-tjur. Wara, każi ta' l-infezzjoni ġew irrapportati fin-nies u l-ħnieżer. B'kollox mardu 89 persuna li wieħed minnhom miet. Dan il-każ kien ta' veterinarju li żar dawn l-irziezet. Hafna mill-każi kienu trasmessi mit-tjur iżda kien hemm possibiltà li xi każi għaddew minn bniedem għal bniedem. Qatt ma ġew irrapportati każi aktar ta' dan il-virus.

Każi oħra ġew irrapportati minn Hong Kong A(H9N2); New York (USA) A(H7N2) u l-Kanada A(H7N3). Izda l-aħar dejjem kienet A(H5N1) u din reġgħet dehret fit-Tajlandja u l-Vjetnam, fejn bejn Diċembru 2003 u Marzu 2004 kien hemm 12-il każ fit-Tajlandja u 23 fil-Vjetnam, li b'kollox irriżultaw fi 23 mewt. Minn hemm infirex anke sal-Kambodja, Ċina, Indonesja, Ġapan, Laos, Korea ta' Isfel u l-Malasja. B'kollox mietu jew inqerdu mal-mitt miljun tajra iżda l-virus għadu ma nqeridx għax sa April 2005 mietu 50 ruħ minn 80 każ, fosthom tlieta mill-Kambodja

Wieħed hawnhekk jistaqsi jekk ċerti pajjiżi, fosthom Malta, humiex ippreparati għal xi epidemija bħal din. Għalissa m'hawn l-ebda 'vaccine' għal kontra A(H5N1). Id-drogi, amantadine, rimantadine, zanamavir, u oseltamivi għadhom ma ġewx ippruvati li jxejnu lil dan il-virus.

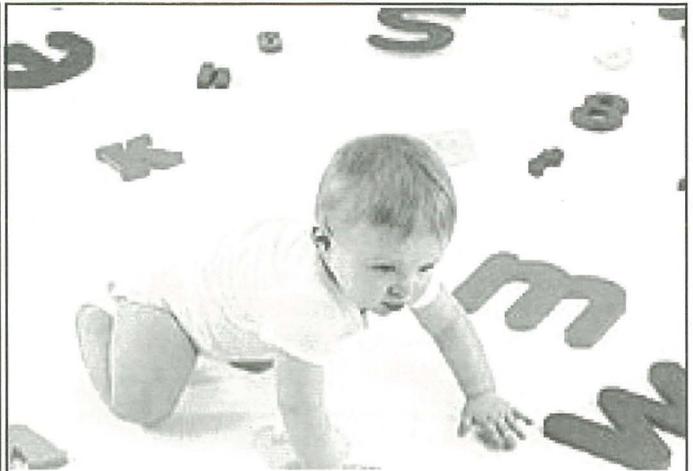




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Society's contribution to Mental illness / disability

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Introduction

The disability associated with mental illnesses presents an increasing concern to various economies worldwide. Murray & Lopez (1996) argued that the social burden of disease associated with mental health disabilities is among the top 3 causes of disability in most countries and in developed countries it exceeds the burden associated with all forms of cancer.

	Percent of Total DALYs*
All cardiovascular conditions	18.6
All mental illness**	15.4
All malignant diseases (cancer)	15.0
All respiratory conditions	4.8
All alcohol use	4.7
All infectious and parasitic diseases	2.8
All drug use	1.5

Table 1-1. Disease burden by selected illness categories in established market economies, 1990.

*Disability-adjusted life year (DALY) is a measure that expresses years of life lost to premature death and years lived with a disability of specified severity and duration (Murray & Lopez, 1996).

**Disease burden associated with "mental illness" includes suicide but excludes substance abuse.

	Total DALYs (millions)	Percent of Total
All causes	98.7	
1 Ischemic heart disease	8.9	9.0
2 Unipolar major depression	6.7	6.8
3 Cardiovascular disease	5.0	5.0
4 Alcohol use	4.7	4.7
5 Road traffic accidents	4.3	4.4

Table 1-2. Leading sources of disease burden in established market economies, 1990

Source: Murray & Lopez, 1996.

"It was estimated that, in 1990, mental and neurological disorders accounted for 10% of the total DALYs lost due to all diseases and injuries. This was 12% in 2000. By 2020, it is projected that the burden of these disorders will have increased to 15%."

(WHO World Health Report, 2001)

This heavy disease burden required international health organizations to identify mental health care as a key priority area in their annual reports. Many countries have been encouraged to change their mental healthcare approach from one focusing solely on mental illness

aimed at the most severely affected with minimal investment (WHO, 2001) to one rooted in a population-based public health model, characterized by concern for the health of a population in its entirety like the broader field of health. This model does not only focus on the traditional areas of diagnosis, treatment, and aetiology, but also on epidemiologic surveillance of society, health promotion, disease prevention, and evaluation of services (Last & Wallace, 1992). The public health model allows for a greater understanding of the link between health and the physical and/or psychosocial environment as its determinants, or factors contributing to health (or the lack of it). It also allows us to realize that mental health is "one facet of mental health that evolves throughout the lifetime" just like other facets of health (US Surgeon General Report on Mental Health, 1999).

In previous times, when health policy was thought to be all about the mere provision and funding of care or treatment, the social determinants of health were discussed only among academics, if at all. This is now changing and while traditional methods still have a role to play, there is more awareness about the health of the population as a whole and the social and economic conditions likely to make people ill. For example, studies have shown a significant difference in mental health status between rich and poor. This has led in particular to a growing understanding of the sensitivity of health to the social environment and to what have become known as the social determinants of health (WHO, 2003). For example Shives (1998) and Stuart & Laraia (2001) identified 3 broad factors, the interplay between which influences the individual's position on the mental health-illness continuum. These were:

- genetic (inherited) characteristics,
- nurturing during childhood, and
- life circumstances.

While the first is highly within nature's control, society could have a major role to play in both other factors, and might indeed contribute towards a largely positive or negative outcome. Social factors can potentially affect the prevalence, onset and course of mental and behavioural disorders (WHO, 2001). Thus such factors might not only contribute to mental ill health, but also act as barriers to its treatment (US Surgeon General, 1999).

For example, the role of stress, especially chronic stress and the individual's reaction to it is widely acknowledged and even implicated in nursing models as a major precipitant of mental ill health as well as a barrier to regaining desirable mental health levels. Furthermore, stress is the channel through which many other social determinants of mental health mediate their effects (Stuart & Laraia, 2001).

Social determinants

The US Surgeon General (1999) defined mental health in a social context, as:

“... a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.”

The WHO World Health Report (2001) had mental health as its central theme, and as such emphasized the two-way relationship between poor social conditions and low levels on the mental health continuum. It highlighted that in the absence of proper and effective interventions taking place at one or both these ends simultaneously, a vicious circle may form, causing individuals' health and that of communities to spiral downwards. Another WHO project (2003) sought to identify various socioeconomic conditions which were increasingly being associated with undesirable health status. An analysis of both these documents, as well as other mental health resources, led to the identification of a variety of (often interrelated) determinants, influencing the sociocultural characteristics both at an individual or collective level:

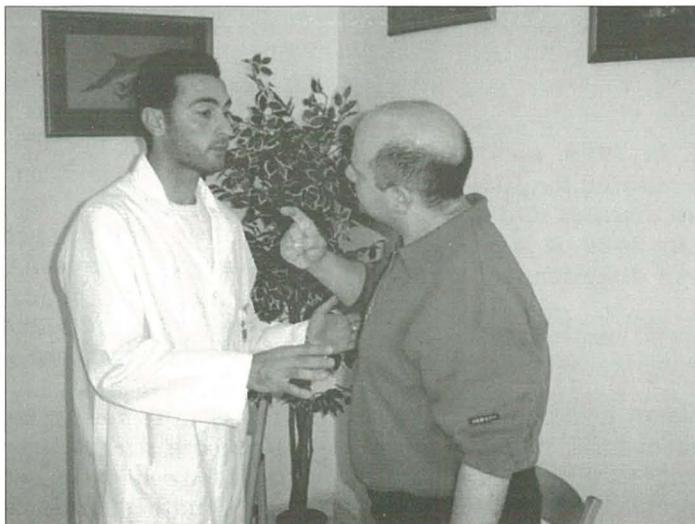
“It is not simply that poor material circumstances are harmful to health; the social meaning of being poor, unemployed, socially excluded, or otherwise stigmatized also matters. As social beings, . . . we need to feel valued and appreciated. We need friends, . . . sociable societies, we need to feel useful, and we need to exercise control over meaningful work. Without these we become more prone to depression, drug use, anxiety, hostility and feelings of hopelessness . . .”

(Wilkinson and Marmot, 2003)

Stress

A small amount of stress usually helps boost up our function in daily life. It will help motivate us to study for exams, for example, prepare ourselves for an interview, and keep up with important deadlines for example. This kind of day to day stress we are usually able to cope with, so we can say it is healthy (Fleldman, 1989). However, excessive and unresolved stressful circumstances have damaging effects on health as they make people feel worried, anxious and unable to cope. Furthermore, if either the amount, frequency and / or duration of exposure to stress become excessive it can leave its toll on human health, particularly, but not exclusively mental health.

WHO (2003) identified a number of psychosocial circumstances which have been observed to cause long-term stress, such as continuing anxiety, insecurity, low self-esteem, social isolation and lack of control over work and home life. It went on that



accumulation of such factors over one's lifetime has powerful negative effects on mental health and that the lower people are in the social hierarchy, the worse the effects. Thus it proposed that strategies for combating excessive stress steer away from the simple medical response of prescription (anxiolytic medication, with all its potential for adverse effects) and focus more on reducing the major long-term determinants of chronic stress, like those outlined later.

Stigma and social exclusion

“Life is short where its quality is poor. By causing hardship and resentment, stigma, social exclusion and discrimination cost lives.”

(WHO, 2003)

Being socially excluded, for whatever reasons, deprives people of full participation in the societies where they belong, and where they are supposed to access the support they need to get along in life. WHO (2003) argued that being excluded from the life of society makes people feel less than equal to other members of the same community and is both socially and psychologically damaging. It may lead to worse health and greater risks, negatively affecting self-esteem, provoking long-term stress and an accumulation of feelings ranging from fear and anxiety to anger and rebellion. The longer people live in disadvantaged conditions, the worse the effects on their health are likely to be (WHO, 2003). Sometimes whole neighbourhoods or even regions may become socially excluded by the rest of the populations, in which case the effects might potentially be worse.

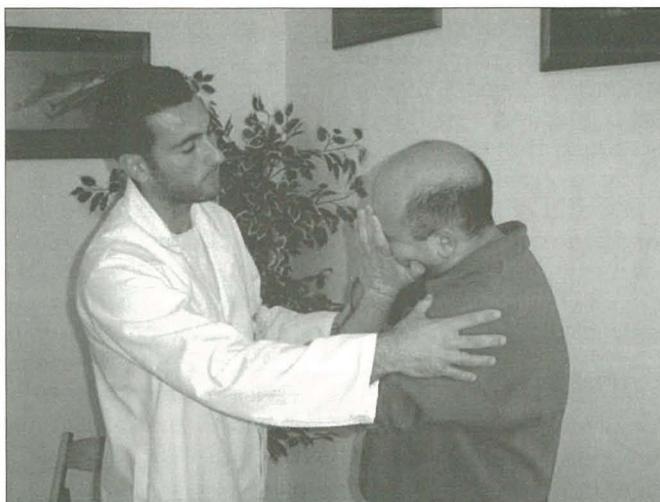
Along with other forms of social exclusion, stigma and associated discrimination also have the potential of causing a good deal of psychological distress for the people affected. These may be persons with mental health problems, disabilities, coming from minority backgrounds and anyone whom mainstream society decides to exclude. Stigma reduces people's access to basic resources and opportunities or even necessities like health, education, housing, employment etc and leads to low self-esteem, isolation, and hopelessness (US Surgeon General, 1999).

Again, stigma surrounding seeking help for a mental health condition prevents up to two thirds of patients from the benefits of early intervention for diagnosable conditions (Regier et al., 1993; Kessler et al., 1996 in US Surgeon General's Report, 1999). Stigma is also reflected in public opinion, where mental health is usually viewed as rather less important than general physical health Culture, Race and Ethnicity Supplement to US Surgeon General's Report (1999).

Work

Though it is generally accepted that having a job is healthier than having no job, there is evidence to show that the psychosocial workplace environment is a strong

determinant of mental health. A job may mean many things to different people. Besides being a source of financial income, it may be an opportunity to socialize, it may be a status symbol and a source of satisfaction; while on the other hand, it has the potential to be a strong source of stress and anxiety. Work environments offering people the opportunity to use their skills and giving them opportunities for decision-making as well as work-related autonomy are generally seen as healthy, while jobs with high demand and low control present a special threat to the mental health of employees (WHO, 2003). While the employees enjoying a high degree of autonomy and opportunities to use their skills generally seem more satisfied and usually progress up the occupational hierarchy, fatigue, burnout and sickness absence, as well as high turnover rates characterize jobs with high demand, low control and no reward whatsoever. WHO (2003) expressed concern that current trends of downsizing and restructuring the labour markets are likely to make it harder for people to get healthy working conditions.



Unemployment

“Job security increases health, well-being and job satisfaction. Higher rates of unemployment cause more illness.”

(WHO, 2003)

Unemployment is understandably a strong determinant of mental ill health. It is widely accepted as a major stressor and a very powerful source of anxiety and depression. In accepting this, WHO (2003) referred to both material consequences of unemployment, as well as the psychosocial problems that come along with it. Without adequate financial support, the breadwinner and his/her family's access to some of the basic necessities and commodities is potentially severely limited. If it persists for a substantial period of time, it might be the source of people's sliding down social classes, and if it persists further still, it might eventually even lead to experiencing poverty (US Surgeon General, 1999).

WHO (2003) also argued that the psychological effects of unemployment would already have started even before the actual termination of employment. Job insecurity and the perception that their employment is under threat is usually enough to deny the individual the benefits associated with employment, such as socialization, self-esteem and satisfaction. It might evoke certain emotions such as fear associated with insecurity and may even be strong enough to precipitate a reactive depression, particularly in the presence of debt repayments. On the other hand, merely having an unsatisfactory or insecure job is not necessarily beneficial in itself. Another WHO document (2001) referred to the economic changes in many industrialized countries during the 1990s, where changes in the labour

markets brought about increased chronic stress resulting from increased job insecurity, accompanied by evident drop in mental health during that phase.

Poverty

“People who are poor are more likely to be exposed to stressful social environments and to be cushioned less by social or material resources. Also, having a mental disorder, such as schizophrenia, takes such a toll on individual functioning and productivity that it can lead to poverty.”

(US Department of Health and Human Services, 1999)

Poverty is usually spoken of in terms of absolute poverty and relative poverty. The WHO report (2001) defined absolute poverty as a lack of the basic material necessities to survive, and relative poverty as living on less than 60% of the median income and lacking decent levels of housing, education and other necessities. It went on that both forms of poverty still continue to be a potent negative social determinant of mental health, even in the richest and most 'developed' countries.

Poverty has long been associated with poorest overall health (Krieger, 1993; Adler et al., 1994; Yen & Syme, 1999), so it comes as no surprise that poverty is also linked to poorer mental health (Adler et al., 1994). Evidence suggests that people in the lowest class of income, education, and occupation (known as socioeconomic status, or SES) are about two to three times more likely than those in the highest classes to have a mental disorder (Holzer et al., 1986; Regier et al., 1993; Muntaner et al., 1998) or at least psychological distress (Eaton & Muntaner, 1999). Evidence from the USA suggested 3:1 (Culture, Race and Ethnicity Supplement to US Surgeon General's Report, 1999), whereas WHO (worldwide) studies suggested a lower rate of 2:1 (WHO, 2001). Still, poverty remains undoubtedly clearly related with poorer mental health and poorer course of disease, even due to fewer resources, social instability and increased distress over the lifetime, associated with poor neighbourhoods and homelessness. These events, as well as the link with other determinants might form vicious circles that deepen the problem (WHO, 2003).

Social cohesion and support

“Friendship, good social relations and strong supportive networks improve health at home, at work and in the community.”

(WHO, 2003)

Social cohesion, support and good social relations make strong positive determinants and provide an important contribution to mental health. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued

while social support helps give people the emotional and practical resources they need, both at individual and at community level (US Surgeon General's Report, 1999). Supportive relationships may also encourage healthier behaviour patterns and studies suggest that good social relations can reduce even the physiological response to stress (WHO, 2003). This has a powerful protective effect on health and its complete breakdown may in itself lead to depression or relapse of serious mental illness. Evidence suggests that societies with high levels of inequality tend to have less social cohesion and more violence (WHO, 2003).

Family / Home environment

The social and emotional environment within the family, or 'at home', wherever that may be (such as sheltered homes, on the street, half-way-houses etc) has long been associated with changes in mental health. The most typical is the theory of "high expressed emotion" implicated in the relapse of schizophrenia, though not necessarily with its onset. Initially it was observed that patients with schizophrenia who went back to live with parents after a period of hospitalization relapsed more frequently than those who didn't (WHO, 2001). Subsequent research suggested that expressed emotions of family members such as critical comments, hostility, emotional over-involvement and warmth and changing the emotional environment within families can have an additive effect on prevention of relapses, not just for schizophrenia. An accumulation of life events (un / desirable) usually precedes the onset of most mental disorders (Brown et al. 1972; Leff et al. 1987), with undesirable events, obviously more likely to precede depressive disorder. Such findings increased the credibility of theories explaining the relevance of social factors in determining the psychosocial component of mental illness.

Sex / Gender roles

Social determinants might also be responsible for the traditional gender differences in the distribution of psychiatric disorder. WHO (1997; 2000) suggested that the social role differences of men and women are responsible for the strong prevalence of anxiety and depressive disorder in females, while men suffer more from antisocial personality disorder and substance misuse. Sartorius et al. (1986) pointed out that even schizophrenia seems to have both an earlier onset and a more disabling course among men. Giddens (1997) explained this in terms of the traditional mothering social role of the female vis a vis the traditional social role of protector and leader which was expected of the male throughout history. He implied that these instincts might also be responsible for the high rate of domestic and sexual violence to which women are exposed. WHO (2001) argued that whereas this theory holds, women report a higher number of physical and psychological symptoms than men, indicating that there may be actual as well as perceived stressors among women. They continued that the same traditional role of women in societies exposes women to greater stresses as well as making them less able to change their stressful environment. Comorbidity is more common among women than men, in the form of a co-occurrence of depressive, anxiety and somatoform disorders (WHO, 2001).

Conclusions

A review of the social determinants of mental health suggests that measurable social indicators may prove to be

a useful tool in the monitoring of the mental health status of a given community as recommended by WHO in its document entitled "Global Burden of Disease 2001". If such information is given its due importance and used sensibly, it might help in the maintenance and promotion of mental health according to the principles of the public health model. Alliances between mental health associations and the media might help deliver the message to the public.

WHO (2001; 2003) also commented about legal safeguards against negative determinants and also warned that inappropriate limitations in countries' budget to develop comprehensive mental health legislation and services at the national level might lead to dismantling of health and welfare systems, with the potential to traumatize entire populations.

Recommendations

Puras (2005) highlighted the importance of social determinants of mental health and urged governments to address them through appropriate legislation. He argued that as contemporary (western) societies move forward and 'progress', they are increasingly running the risk of being marred by intolerance to vulnerable groups and in doing so, they might be contributing towards a culture of exclusion. As market economies gain sway and increasingly replace state-controlled economies, due care must be taken not to let market pressures drive countries' focus away from socially supportive policies. They warned against the disintegration of the social values which they have been so proud of.

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1. The International nursing community was shocked to hear that Mr.Mazen Dehabi, a nurse, lost his life in the tragedy occurred to Mr. Hariri, ex-Prime Minister of Lebanon. MUMN President Rudolph Cini and General Secretary Colin Galea attended personally to the flowered grave when they were visiting Lebanon as part of the ICN Campaign.

2. The MUMN Educational Executive Committee organised a Cardiac Conference where different professionals took part in delivering interesting papers. All those who attended encouraged MUMN to organise similar conference.

3. The Educational Executive Committee took aboard the members' encouragement and organised another conference this time regarding Orthopaedics



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where two English speakers, representing the Royal College of Nursing took an active part in the conference. A very big well done goes to the Educational Committee chaired by Paul Pace.

4. The MUMN Council decided to start organising the Malta Union of Midwives & Nurses Annual Award for that Nurse / Midwife that distinguish her / himself in her duties. I want to congratulate all the nominees especially Raymond Chetcuti who was the first winner of this Award.

5. This was the first time the Educational Executive organised a 'Live-In' for the Nursing / Midwifery students where a mixture of working, pleasure and praying took place. I want to thank the lecturers who willingly came and delivered their presentations, free of charge on a weekend.

6. During the last WHO meeting Rudolph Cini, President of MUMN met Christine Hancock President of ICN where Christine was adjourned about Malta's Nursing situation and challenges that Nurses are facing at the moment.

7. MUMN President and General Secretary met the President of the Jordan Nurses Association where the two organisations exchanged information and agreed to support each other in the interest of the profession.

8. The Union's Council decided that it was high time to call an Extraordinary General Conference for all its members so as to explain and decide what measures are needed regarding the Sectoral Agreement and the Health Reform. I want to take this opportunity for the continuous support that the Nurses & Midwives give to MUMN.



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STOP Poverty!

neqirdu l-faqar!

a call for action against Poverty

2005 is a year of great opportunity. We can really do something to change the world and make it a better place. The time has come to stop talking and start taking some action.

If everyone who wants to see an end to poverty, hunger and suffering speaks out, then the noise will be deafening. Politicians will have to listen.

Archbishop Desmond Tutu, 2004.

The Millennium Development Goals

In September 2000, the largest-ever gathering of Heads of State ushered in the new millennium by adopting the UN Millennium Declaration. The Declaration, endorsed by 189 countries, was then translated into a roadmap setting out eight goals to be reached by 2015.

The eight Millennium Development Goals (MDGs) build on agreements made at United Nations conferences in the 1990s and represent commitments to reduce poverty and hunger, and to tackle ill-health, gender inequality, lack of education, lack of access to clean water and environmental degradation.

The MDGs are framed as a contract, which recognises the contribution that developed countries can make through trade, development assistance, debt relief, access to essential medicines and technology transfer.

Health and the MDGs The Challenge of Mobilising Health Care Resources for the Poor

“Improvements in health are essential if progress is to be made with the other MDGs”

Dr LEE Jong-wook,
Director-General, WHO

Poverty and health are so intricately interrelated that three out of eight Millennium Development Goals (MDGs) are aimed directly at improving

global health as a way to fight world poverty. The challenges are great – to reduce child mortality by two-thirds (Goal 4) maternal mortality by three-quarters (Goal 5), and to combat HIV/AIDS, malaria, Tuberculosis and other infectious diseases (Goal 6).

Yet global health experts agree that, unless unprecedented levels of financial support, policy reform, and programme co-ordination takes place among donors, governments and civil society, it is unlikely that these goals will be met or sustained until 2015. Increasingly, stakeholders recognise that donor harmonisation, human resource capacity building, better monitoring and evaluation of health programs are critical for successfully delivering health care services on the ground.

The MDGs provide a vision of development in which health and education are squarely at the centre. Since their adoption, no one has been able to say that development is just about economic growth.

Having said that, the MDGs do not cover every issue on health and development. They say nothing about the importance of effective health systems that are essential to the achievement of all health goals, about reproductive health or non-contagious diseases.

We therefore have to understand the MDGs as a form of shorthand for some of the most important outcomes that development should achieve:

- Fewer women dying in childbirth;
- More children surviving the early years of life;
- Dealing with the catastrophe of HIV/AIDS;

- Making sure people have access to life-saving drugs;
- Better health - in all its forms - making a major contribution to the reduction of poverty.

The progress

While some countries have made impressive gains, many more are falling behind. Progress is particularly slow in many countries of sub-Saharan Africa.

Goal 4 – Reduce child mortality

Nearly 11 million children under the age of five die every year. Some reduction has taken place but not enough. In 16 countries, 14 of which are in Africa, levels of under-five mortality are higher than in 1990.

Goal 5 – Improve maternal health

More than 500 000 women die in pregnancy and childbirth each year, despite increases in the rate of attended deliveries in South-East Asia and North Africa. Maternal death rates are 1000 times higher in sub-Saharan Africa than in high-income countries.

Goal 6 – Combat HIV/AIDS, malaria, and other diseases

The story is bleak in many countries despite success in selected countries. The worsening global pandemic of HIV/AIDS has reversed life expectancy and economic gains in several African countries.

More resources are needed, but money is only part of the picture

Current health spending in most low-income countries is insufficient for the achievement of the health MDGs. We have global estimates of what is needed:

- A doubling of aid from US\$ 50 to US\$ 100 billion a year for the MDGs as a whole;
- US\$ 20 billion per year total spending on HIV/AIDS by 2007;
- A fivefold increase in donor spending on health.

Progress will equally depend on getting policies right; making the institutions that implement them function effectively; building health systems that work well and treat people fairly and ensuring there are enough staff to do all the work. Faster progress towards the Millennium Development Goals (MDGs) is possible. It is a matter of political choice in both the developed and developing world. We can dramatically transform the lives of millions of the world's poorest people.

Achieving the Goals from a WHO Perspective

Three principles guide WHO's work on the MDGs:



- WHO will work with individual countries to help them develop and work towards a more complete set of health goals that are relevant to their particular circumstances.
- WHO is concerned with equity and will give special priority to helping countries develop goals and plans to ensure that deprived groups share fully in progress towards the health-related MDGs
- WHO, at the global and regional levels, will advocate that developed countries live up to their part of the compact, especially by acting on those elements of Goal 8 that are of central importance to the MDGs.

“When these kinds of targets are set, it seems too soon to take urgent action, and then, after a few short years, it seems too late. Where the targets are the product of a large consensus, there is also the hazard of everyone waiting for everyone else to risk making the first move. We still have time to avoid these pitfalls with the targets for 2015, but to do so we have to act now.”

Dr LEE Jong-wook – Director-General, WHO

For more information please contact us at info@stopovertymalta.org or visit www.stopovertymalta.org

The organisations forming the national coalition are: Amnesty International Malta Group, Dar Nazareth, EAPN Malta, Fondazzjoni Ceratonia, Friends of the Earth (Malta), GWU, Inizjamed, Jesuit Centre for Faith and Justice, Kare4Kenya, Koperattiva Kummerc Gust, Kopin, KSU, Moviment Graffiti, MUMN, MUT, National Platform of Maltese NGOs, Nature Trust, Third World Group, Suret il-Bniedem, YMCA, Youth for Palermo.

Florence Nightingale Benevolent Fund

As secretary of the FNBF committee I would like to thank Mr. Noel Abela for his sterling work as chairperson of this committee. Unfortunately due to personal reasons Noel could not continue rendering his services and his contribution to the FNBF will be dearly felt. Until a new chairperson is nominated Ms. Lora Pullicino will be acting as chairperson of the committee.

The committee continued to provide support and assistance to various members that put forward their requests; regrettably others had to be declined because either they did not fall under the criteria for assistance or had not been members of the fund for the previous six months as stipulated by the committee's regulations.

A very important and complex activity that the committee is undertaking is the organisation of The Staff & Organisation Support Programme. These programmes can be described as a milestone in trade union activities as no other union to date has taken on its shoulders the responsibility to provide such programmes for its members and at no expense for the said members. These Programmes are being organised together with 'The Richmond Foundation' and will certainly be rendering positive results to all those attending for these sessions. The first sessions organised for the nurses in the management sector left much to be desired as attendances were not so encouraging especially at S.L.H. The next sessions that are being organised soon will be for Deputy Nursing Officers with all the other categories of nurses to follow. In order to have better results in the future, the committee decided to use the services of a person in order to group all nurses working in various sections of the health sector according to grade and roster.

Ms. Charmaine Borg was commissioned and is presently collecting the necessary information that will help us organise future sessions. Members of the fund will be informed when and where they are to attend for these sessions.

Personal sessions on a one to one basis are also being organised, with a nominal fee being paid by the beneficiary and a substantial amount covered by the FNBF. In some cases where the committee perceived that the person needing help was in financial difficulties the whole fee was paid by the fund. Members of the MUMN but who are not members of the FNBF are being given a concession to attend for these sessions when they enrol as members of the fund but still could not benefit from all the other entitlements until the six month period stipulated by the fund's regulations. Member's cooperation by attending for these sessions will not only leave a personal benefit but also encourage the committee to organise further activities for all members.

I would like to encourage all members of the MUMN to join the FNBF as this will not only encourage us to continue providing assistance when the need arises but also provide us with the most necessary funds to do so.

George Saliba

Secretary Florence Nightingale Benevolent Fund.

GRUPP PENSJONANTI RAPPORT ANNWALI 2004/2005

Bhalissa dan l-aktar grupp li kien qiegħed fl-attenzjoni tar-Riforma fil-Pensjonijiet. Peress li din tolqot ukoll lil kull impjegat li qiegħed fl-impjeg, konna attivi fiha, bħala laqgħat fil-grupp stess. Ridna minn żmien għal żmien noħorġu b'xi suggerimenti u nghamli l-kummenti tagħna dwar il- White Paper. Dawn qegħdin nagħmluhom anke fl-allejanza ta' organizzazzjonijiet ta' pensjonanti li tagħha a[na membri. Però anke bħala grupp fl-MUMN, ġejna mitluba mill-amministrazzjoni Ċentrali tal-union sabiex nagħtu l-veduti tagħna, fejn wara l-MUMN harġet ir-rapport dwar ir-riforma.

Però xorta attendejna wkoll għall-Assemblea ġenerali fil-kunsill Nazzjonali tal-Anzjani li tiegħu aħna wkoll membri.

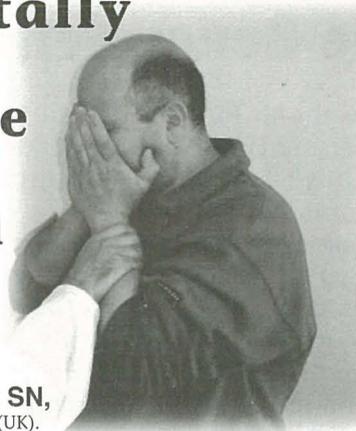
Bhalissa qegħdin nippreparaw harġa ġewwa l-Birgu flimkien ma' ikla ġewwa ristoranti f' Marsascala. Kollox għandna lest. Qegħdin nistennew li shabna jagħtuna risposta jekk humiex ġejjin jew le. Nisperaw li jattendu għax l-anqas haqq ix-xogħol li nkunu għamilna.

Nisperaw li nkomplu norganizzaw harġiet oħra.

Nixtieq inselli għall shabna membri pensjonanti, kif ukoll nixtiqilhom ħajja felici.

Paul Bezzina
Chairman

How mentally ill people experience their illness – a literature review.



Josanne Drago Bason SN,
BSc (Hons) Nursing, MSc Nurs (UK).
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Narratives of individuals with mental illness are quite rare in the literature (Johnson, 1998) though not completely absent. For example, in their book "*Wounded healers: Mental health workers experience of depression*", Rippere and Williams (1985) provided graphic case studies taken from professionals' personal experiences of mental illness. However, very few research studies have endeavored to discern the world of persons who are mentally ill from the perspective of the mentally ill persons themselves.

The three research studies, which specifically addressed the question of what it means to be mentally ill, that were identified in this review are all in agreement about the intense suffering of these people (Chafetz, 1996; Hayne and Yonge, 1997; Johnson, 1998), as they constantly battle against their symptoms to maintain control over themselves (Chafetz, 1996). The participants in Hayne and Yonge's (1997) study described this suffering as one which causes psychic pain which is tangible, soundless, screaming pain entombed somewhere deep inside the body. This struggle and pain often led mentally ill to ask existential questions like "Why me?", "Why am I the way I am?" and "Why am I mentally ill?" – questions for which they do not find an answer and with which they cope with anger (Johnson, 1998).

This finding may be challenged when one takes into consideration that not all patients consider themselves mentally ill. Here, one might argue that these patients lack insight into their illness (Stuart and Sundeen, 1991; Thompson and Mathias, 1994), however there is an issue of who decides that someone is mentally ill and on what criteria. In Szasz's (2000 quoted by Sullum, 2000) opinion, a psychiatrist could, if he were so inclined, diagnose as mentally ill someone with whose worldview he disagreed – "which is essentially what it means to say that a person is 'suffering from delusion'".

Though not intending to be as radical as Thomas Szasz, Peplau (1995 cited in Reynolds, 2001) further developed the notion on delusions in her extensive work on the interpersonal relationship model. She defined a "delusion" differently from the usual medical definition (Reynolds, 2002 – personal communication) of it being a false and fixed idea that is unaccepted by others of the same culture and beliefs

(Stuart and Sundeen, 1991). So much so, Peplau (1995 quoted by Reynolds, 2001) reconceptualized a delusion as an erroneous conclusion that was made by a person from an actual and real experience.

With these theories in mind, Kay et al's (1988 quoted in Johnson, 1998) questioning about the credibility of stories and experiences when these are narrated by psychiatric patients, may be disputed. This team of authors argued that a reader cannot trust these narrations to be true because of their being unintentionally contaminated due to the effects of the narrator's mood or memory deficits (Kay et al, 1988 cited by Johnson, 1998). On quoting this, Johnson (1998) could not help but wonder whether these beliefs have contributed to the paucity of research about how psychiatric patients experience their lives and illness. Nevertheless, she asserted that the issue with such studies is not whether the events happened exactly as the participants reported them, but how they experience their lives and illness.

The literature about this theme provides insight into the lifeworld of people suffering from mental illness. Knowledge of this gives the nurses an opportunity to venture into the lives of their patients. This puts them in a better position to offer therapeutic care and support to their mentally ill clients (Johnson, 1998; Hayne and Yonge, 1997).

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NURSES MALTA JIRRAPREŻENTAW LIN-NURSES MADWAR ID-DINJA

Il-Malta Union of Midwives and Nurses tinsab kburija li l-President tal-Union is-Sur Rudolph Ċini gie elett sabiex jirrapreżenta n-Nurses ta' 129 pajjiż madwar id-dinja f'elezzjoni li sehhet ftit tal-granet ilhu f' Taipei, Taiwan.

Is-Sur Ċini gie elett flimkien ma tlettax il-persuna oħra madwar id-dinja fil-Bord tad-Direttori fl-International Council of Nurses li jirrapreżenta n-Nurses ta' 129 pajjiż. F' din l-elezzjoni kkontestaw 25 kandidat mill-istess ammont ta' pajjiżi. B'hekk issa r-responsabilitajiet tal-President tal-Union infirxu mhux biss għal dawk fuq aspetti lokali iżda ukoll internazzjonalment.

Din hija elezzjoni li ssir kull erba' snin fejn jiġu eletti minfost il-pajjiżi rapreżentati erbghatax il-membri fil-Bord tad-Direttori u President. F'din l-elezzjoni ġiet eletta il-kandidata mill-Ġappun bhala Presidenta wara li din il-kariga kienet kontestata flimkien mal-kandidata mill-Kanada.

Dan huwa avveniment storiku għan-Nurses f'pajjiżna issa li għall-ewwel darba Nurse Malti poġġa n-nursing lokali f'rappreżentanza globali. Dan juri bl-aktar mod car il-livell ta' rispett u appoġġ li n-Nurses Maltin igawdu fost in-Nurses madwar id-dinja.

L-International Council of Nurses huwa l-fora fejn jiġu diskussi u stabbiliti ir-rwoli li n-Nurses madwar id-dinja għandhom ihaddnu. Dawn huma kemm fl-interess ta l-istess Nurses u kif ukoll



fl-interess li tinghata l-aqwa kura. Uħud mit-temi li qed jiġu diskussi f'dan il-Kunsill huma dwar il-prevenzjoni u l-kura tal-marda tal-HIV/Aids, titjeb fil-qasam tal-kura fuq livell primarju kif ukoll qed isiru diskussjonijiet biex jiġi stabbilit l-ammont ta' Nurses li kull pajjiż għandu jkollu skond il-popolazzjoni rispettiva tiegħu.

L-MUMN tinsab sodisfatta li dan il-Kunsill jahdem qrib hafna mal-Għaqda Dinjija tas-Sahħa (WHO) kif ukoll ma l-International Confederation of Midwives.

Permezz ta' din il-kariga li qed ihaddan is-Sur Ċini in-Nurses Maltin ser ikun iktar fil-qrib ma' l'avvanzi li din l-professjoni qed tagħmel madwar id-dinja u b'hekk inkunu aktar aġġornati dwar kif ikunu nistgħu nofru l-aqwa kura liċ-ċittadini tagħna.

MUMN Student Sub-Committee

Dear readers,

A couple of weeks ago I received an sms telling me that I had to write a report of this years activities held by my section. Well first thing that came to mind was that we, as a sub-committee, were only been functioning for this past couple of months. But then come to think of it, from that day onwards we have never looked back and started our work towards reaching our colleagues. The very first thing that we had ever done was organising a two day seminar for the 2nd, 3rd, and 4th year nursing students. We felt the need of this seminar because we thought that it would help the integration between these three different classes, that it would help each and every one attending this seminar to open up and share there experience, both the one gained at work and that one gained on the seats of those class rooms. Another project that we are planning is a questionnaire about trade unionism in Malta. This project is organised between us and other five unions. Something else that we are starting to think about is the employment problem that the 4th years are going to face within a couple of months. Our work as a sub-committee never stops and I hope that whenever someone needed our help found it just right there and I'm quite sure everyone had.

Heather-Lynn Harmsworth,

Vice-Chairperson MUMN Student Sub-Committee,
Group Representative, Diploma Nursing Studies 2001.

Health and Education for Patients Undergoing Laryngectomy

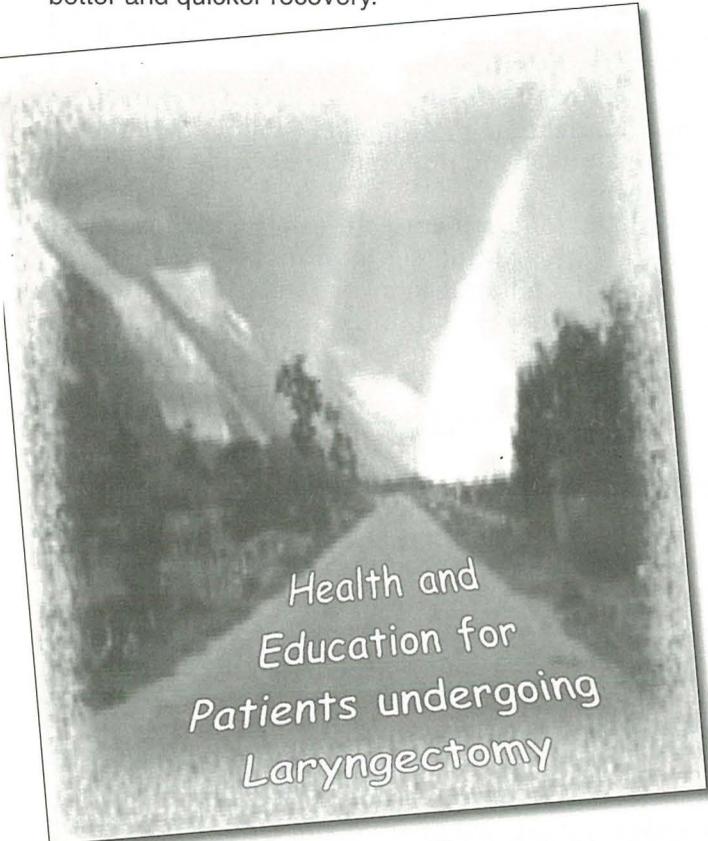
Joseph Deguara

Staff Nurse at the Renal Unit, SLH.
joseph.b.deguara@gov.mt

During the eight years I worked in the ENT ward I had the opportunity to meet and help clients undergoing laryngectomy. I found this very challenging and always thought about how I could be more available for these clients. So when I was doing the conversion course I chose my dissertation on laryngectomy clients and with the help of doctors, colleagues, friends and the clients themselves, I was able to prepare this booklet to be able to help clients undergoing a laryngectomy, and even their relatives.

The Booklet

This booklet is the first patient information aid that has been produced in the ENT department and its aim is to give enough information and educate the clients so that unnecessary fear may be eliminated thus allowing for a better and quicker recovery.



position of the Larynx and the breathing mechanism in a normal person. It also explains the “what’s and why’s” that most of the clients ask about. Another important chapter in this booklet is “Adapting and adjusting to your situation” that includes “do’s and don’ts” which will help the client to adapt to his new life style.

<p><i>TIPS FOR ARTIFICIAL RESPIRATION ON THE LEGAL HOLDER OF THIS CARD:</i></p> <ol style="list-style-type: none"> 1. Expose the entire neck. 2. Give mouth to neck breathing ONLY. 3. Keep head straight – Chin Up. 4. Keep neck opening CLEAR. 5. Use Oxygen supply to neck opening ONLY, when breathing starts again. 6. Prevent liquids from entering neck opening. 	<p>EMERGENCY</p> <p>I AM A TOTAL NECK-BREATHER</p> <p>I HAVE NO VOCAL CORDS. I BREATHE ONLY FROM AN OPENING IN MY NECK, NOT FROM MY NOSE OR MOUTH.</p> <p style="background-color: #cccccc; text-align: center; font-weight: bold;">DIAL 112</p> <p>Name: _____</p> <p>I.D. No.: _____</p> <p>Medical Personnel PLEASE See INSIDE and BACK of this card.</p>
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<p>Medical Problem(s):</p> <table border="0"> <tr> <td><input type="checkbox"/> Epilepsy.</td> <td><input type="checkbox"/> Glaucoma.</td> </tr> <tr> <td><input type="checkbox"/> Diabetes.</td> <td><input type="checkbox"/> Peptic Ulcer.</td> </tr> </table> <p>Others: _____</p> <p>Medicine taken regularly:</p> <table border="0"> <tr> <td><input type="checkbox"/> Anticoagulants</td> <td><input type="checkbox"/> Cortisone or ACTH.</td> </tr> <tr> <td><input type="checkbox"/> Heart Drugs.</td> <td></td> </tr> </table> <p>Others: _____</p> <p>Dangerous Allergies:</p> <table border="0"> <tr> <td><input type="checkbox"/> Drugs (Name).</td> </tr> <tr> <td><input type="checkbox"/> Penicillin.</td> </tr> </table> <p>Others: _____</p> <p>Other information:</p> <table border="0"> <tr> <td><input type="checkbox"/> Hard of Hearing.</td> </tr> <tr> <td><input type="checkbox"/> Speaks NO English.</td> </tr> <tr> <td><input type="checkbox"/> Wearing Contact Lenses.</td> </tr> </table> <p>Others: _____</p>	<input type="checkbox"/> Epilepsy.	<input type="checkbox"/> Glaucoma.	<input type="checkbox"/> Diabetes.	<input type="checkbox"/> Peptic Ulcer.	<input type="checkbox"/> Anticoagulants	<input type="checkbox"/> Cortisone or ACTH.	<input type="checkbox"/> Heart Drugs.		<input type="checkbox"/> Drugs (Name).	<input type="checkbox"/> Penicillin.	<input type="checkbox"/> Hard of Hearing.	<input type="checkbox"/> Speaks NO English.	<input type="checkbox"/> Wearing Contact Lenses.	<p style="text-align: center;">In case of EMERGENCY, please contact one of the following persons.</p> <table border="1"> <tr> <td style="width: 50%;">NAME: _____</td> <td style="width: 50%;"></td> </tr> <tr> <td>Fixed Line Phone No. _____</td> <td></td> </tr> <tr> <td>Mobile No. _____</td> <td></td> </tr> <tr> <td>NAME: _____</td> <td></td> </tr> <tr> <td>Fixed Line Phone No. _____</td> <td></td> </tr> <tr> <td>Mobile No. _____</td> <td></td> </tr> <tr> <td>NAME: _____</td> <td></td> </tr> <tr> <td>Fixed Line Phone No. _____</td> <td></td> </tr> <tr> <td>Mobile No. _____</td> <td></td> </tr> <tr> <td>NAME: _____</td> <td></td> </tr> <tr> <td>Fixed Line Phone No. _____</td> <td></td> </tr> <tr> <td>Mobile No. _____</td> <td></td> </tr> </table>	NAME: _____		Fixed Line Phone No. _____		Mobile No. _____		NAME: _____		Fixed Line Phone No. _____		Mobile No. _____		NAME: _____		Fixed Line Phone No. _____		Mobile No. _____		NAME: _____		Fixed Line Phone No. _____		Mobile No. _____	
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An “Emergency Card”, which could easily be carried in a pocket, is also given out with the booklet. It has all the relevant information about the client. The idea of the laryngectomee card was the result of joint discussion with the practical development nurse in the emergency department. The purpose of the card is to allow the client access to the best and most suitable help in case of emergency. A “windscreen card” is also given to help improve awareness of the needs of these clients.

Statistics

According to the statistics of the Department of Health approximately seven to ten laryngectomy operations are done each year in Karen Grech Hospital. Compared with other operation this may not seem to be a lot, but being personally aware of the trauma that operation leaves, from working with these people, I feel sure that this booklet will be very useful for those who need it.

The booklet has been published both in Maltese and English to make it easy for both the client and relatives to understand. The picture on the front page with the rainbow at the back of the road represents hope for the future. The book is color coded to sustain the information given within the different sections. These include the signs and symptoms, the



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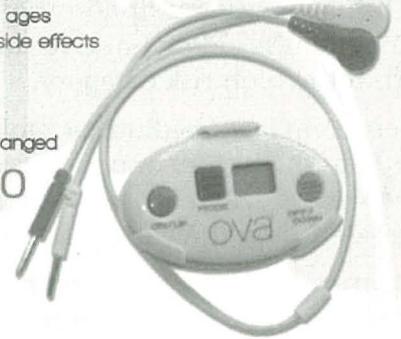
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Occupational Exposure to Bloodborne Pathogens amongst healthcare workers



Noel Abela,
DNO at the Infection
Control Unit, Karen Grech Hospital.
noel.abela@gov.mt

*Have you ever been injured by a used needle
or have been exposed to blood or bodyfluids?*

I believe that the needlestick injuries reported to our unit are just the tip of the iceberg. There may be various reasons why healthcare workers may not report their injury; amongst these reasons could be a mistaken assumption that because they went through the history of the patient, especially if the patient is elderly, and found no obvious risk factors they assume that the patient does not fall within the high risk category.

There is no low, medium or high-risk category in the case of needlestick injuries since no-one cannot tell from the history or appearance that the patient is not a carrier of infections such as HIV, Hepatitis B or Hepatitis C. It is not the first time that a HCW reports a NSI from an elderly patient coming from a residence for the elderly and after testing he is found to be Hepatitis B positive.

One must not take anything for granted in such situations. So many times colleagues argue that "it cannot happen to me" but from experience I can say that "YES it can happen to you".

If you suffer a needlestick injury during the night shift, do not wait until the morning to report it, because it may be too late for any prophylaxis. For if the patient happens to be HIV positive, prophylaxis needs to be administered within a few hours. An 'on call' service is provided by the Infection Control Unit on a 24hr basis through the St. Luke's Hospital telephone operators.

IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL

Feed-back!?!?

If you want to:

- comment
- criticise
- praise
- find out more
- tell us your story
- suggest a topic
- ask a question
- add information

Send your message to:

Malta Union of Midwives and Nurses
No.1, Tower Apartments, Triq is-Sisla, BIRKIRKARA.
Tel: 21 44 85 42
E-mail: mumn@maltanet.net



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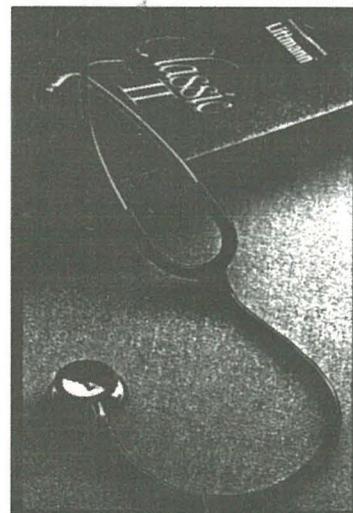
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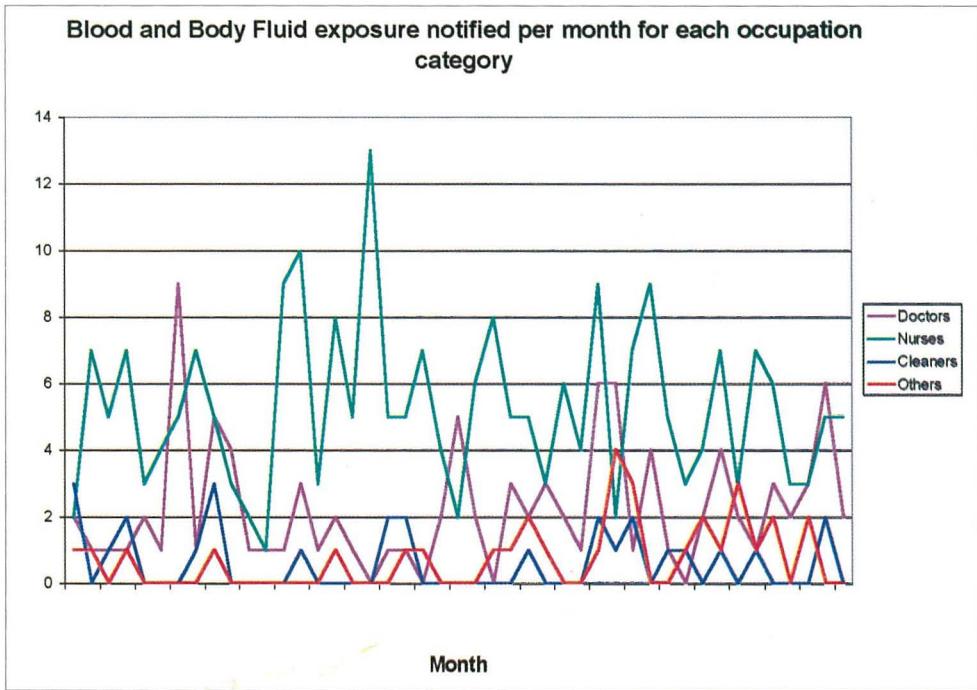
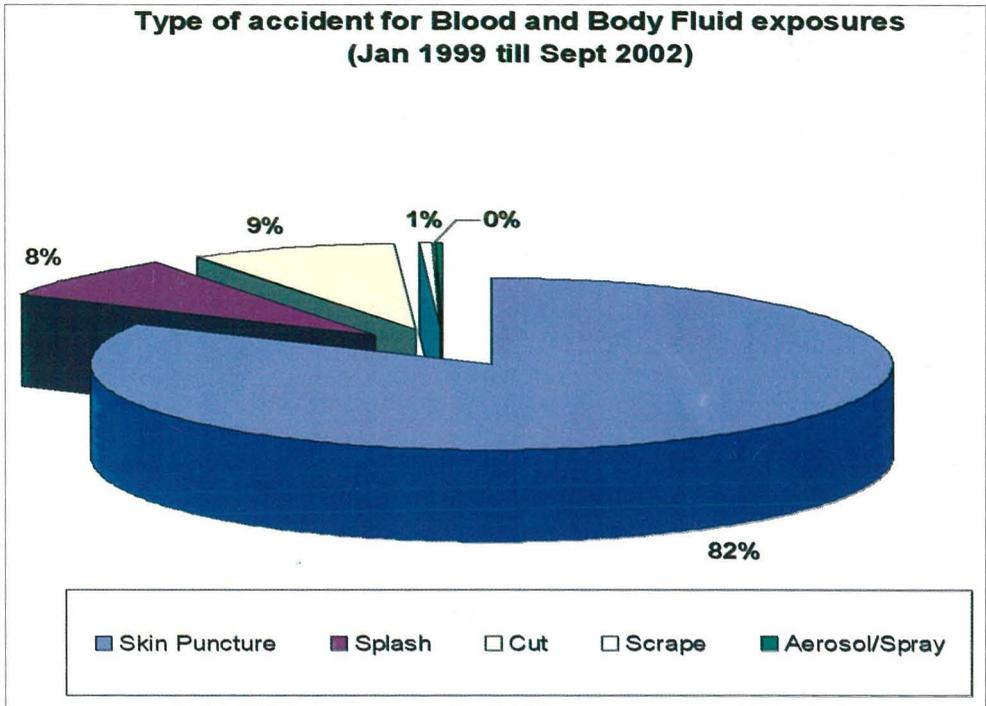
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HealthCare

Data on type of accident for blood and body fluid exposures reported between 1999 to 2002.



Data of Blood and Body Fluid exposure notified per month for each occupation category.

Keeping It All in Perspective

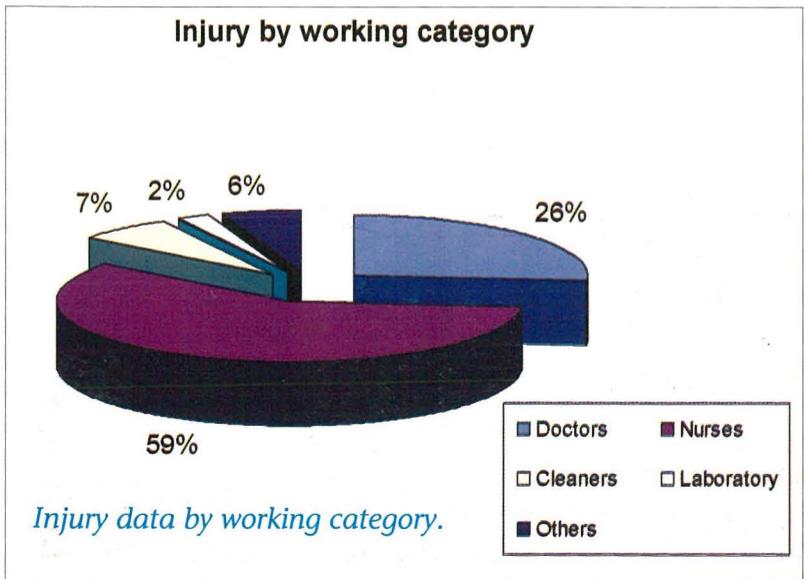
The risks of being infected with a communicable disease from an occupational exposure should be viewed in the same manner as the other risks that are faced on a daily basis. The risks are real, but they can be

minimized. The prevention of HIV and other communicable diseases depends on three major factors:

1. Appropriate Precautions.
2. Availability of appropriate supplies.
3. Awareness, cooperation, and attitudes of health care personnel.

Remember

Self-protection through the use of personal protective equipment provides health care workers with a front line defense against exposure.



Injury data by working category.

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L-ISTORJA TAL-MIDWIFE F'MALTA

Kitba ta' **JOE CAMILLERI**
N.O. M4 KGH
joseph.f.camilleri@gov.mt

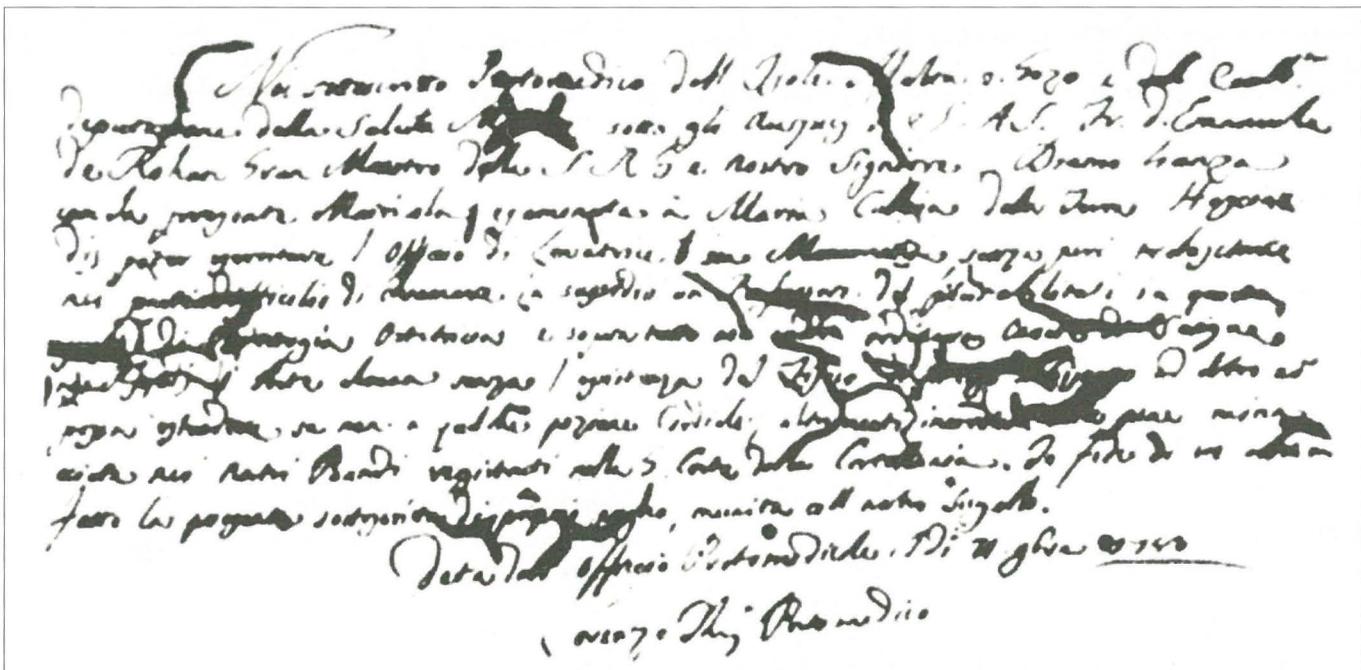
L-ebda qasam tal-medicina m'hi antika daqs l-larti tal-midwifery. Ir-rekord arkejoloġiku Malti rigward affarijiet li għandhom x' jaqsmu mal-midwifery huwa skars.

Fil-Perjodu Medjevali il-midwife ma kienitx ikklassifikata bħala persuna medika. Il-maġġoranza tal-ħlasijiet fis-16-il seklu, u skond dawk iż-żminijiet, propabbilment kienu jsiru fid-djar taħt is-superviżjoni ta' 'health attendant'

tradizzjonali, possibbilment omm l-omm li kellha tkun, jew midwife. L-ewwel midwife li nafu hija Bernarda Micallef li hadmet fl-1598. Huwa rrapurtat li kellha tħabbat wiċċha mingħajr suċċess f' kazi ta' 'foot presentation'. Tajjeb ngħidu li f' dawk iż-żminijiet, il-midwifery kien kollu f' idejn il-qwiebel li hafna drabi ma kienux isejġu għal tabib, saħansitra f' kazi diffiċli. Il-midwife ta' dak iż-żmien ġeneralment kienet taqbad taħdem mingħajr ebda taġġim hliet għal dak li tghalmet minn xi hadd bla ebda skola.

Fi żmien l-Ordni ta' San Ġwann ta' Ġerusalem il-prattika tal-midwifery kienet irregolata b'digrieti Protomedici maħruġa minn żmien għal żmien bħal dawk tat-2 t' Awwissu 1624, 19 ta' Ġunju 1662 u 24 ta' Settembru 1722. Dawn xi żmien wara ġew inkorporati f' kodiċi legali ppublikat fl-1724. L-ebda mara ma setgħet teżerċita l-professjoni ta' midwife sakemm ma tkunx eżaminata u approvata mill-'physician-in-chief' u ingħatat il-liċenzja neċessarja li kellha tipperżenta għal spezzjoni lil kull 'physician-in-chief' suċċessiv ftit wara li jkun appuntat. Registru uffiċjali ta' midwives approvati kien depositat fil-Qorti l-Kbir. Peress li wara l-użu tal-medicini li jaborixxu kien kontra l-liġi, il-midwives li kienu jinstabu hatja b' din l-offiża kienu jehlu penali ta' swat bil-frosta u kienu kkundannati għal tkeċċija minn dil-Gżira skond il-fehma tal-Granmastru. Dawn il-klawsoli kienu mhedda b'digrieti aktar tard u bil-kodiċi ta' deRohan fl-1784. Dawn baqgħu fis-seħħ anke sas-seklu dsatax taħt il-ħakma ngliza sakemm inbidlu b' Kapitlu XIV tal-Liġijiet tal-Pulizija.

Anke l-awtoritajiet Ekkleżjastiċi kellhom kontroll limitat fuq il-prattika tal-midwifery permezz ta' kappillani u kellhom jgħallmu u jeżaminaw lil midwives fuq kif għandhom jgħammdu. Saħansitra anke fl-1575, l-ewwel inkwiżitur ta'



Protomedico Midwifery Licence, 1798 (CEM AO693, fol.118)

Malta Mgr. Pietro Duzina ordna lill-kappillani biex jgħallmu lil midwives kif għandhom jużaw is-sagrament tal-Mgħamudija f' 'casu necessitatis'. Il-kontroll ekkleżjastiku tal-midwives ġie nfużat mill-Qorti Episkopali u t-Tribunal tal-Inkwizitur, u nstabu records ta' numru ta' każi dwar aborti u dfin f'art mhux konsagrata.

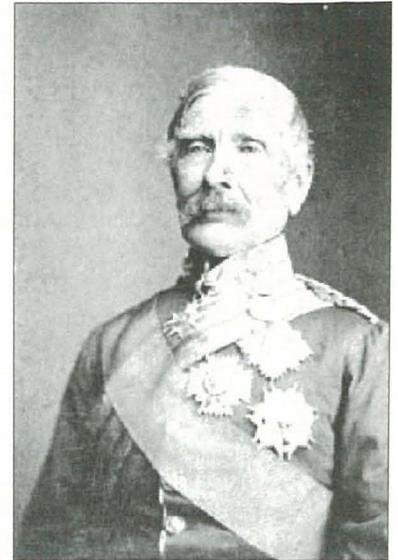
L-obstetrija fis-sbatax il-seklu f'Malta kienet għada pprattikata mill-midwives. Kien hemm midwife li kienet li kienet tiffirma parti minn 'staff' professjonali tal-Isptar tan-Nisa ġewwa l-Belt Valletta. Fl-1630 midwife li kienet taħdem ġewwa Cospicua fl-isem ta' Oliviera Gambino ħalliet rakkont lil Qorti Episkopali dwar twelid ta' fetu deformat li twieled mejjet. Hija qalet li l-omm welldet żewġ 'monstri'-wiehed b' fattizzi ta' bniedem u iehor ta' għasfur u difnithom hi stess mingħajr ritwal reliġjuż.

Fil-11 ta' Settembru 1744 suspett dwar stupru fuq tfajla taħt l-eta' minn Inġliż, ġie investigat billi żewġ midwives eżaminaw lil-tfajla u sabu li hi 'virgo intacta'. Każ iehor fejn il-midwife kienet tiġi msejha mill-Istat jew il-Knisja f' xi każi ta' stupru kien meta Theresa Muscat, spezzjonat il-virġinita' ta' l-istuprata u rrapportat hekk: 'Signori, avendo per ordine di questa Gran Corte visitato ad una giovine, che disse chiamarsi Maria Camilleri figlia di Giuseppe del Zejtun, di anni 17, avendola toccata con le mie proprie mani nelle di lei parti pudente, ritrovai esser già da piu giorni stuprata per piu d'una volta da membro virile, essendo io, con mamman, ben pratica in tal mastiere.'

Din il-prattika ta' spezzjoni kompliet anki sas-seklu 19. Generalment, l-ommijiet kienu jixtru fi djarhom, u l-midwife kienet iżżommilhom 3 tari waqt li għall-bżonnijiet tat-trabi kienu jżommu madwar 20 skud.

Waħda mill-ewwel liċenzja għall-prattika tal-'professjoni tal-midwife' fi żmien l-Inġliżi ħarġet f' Lulju 1813.

Sa nofs is-seklu dsatax il-ħruġ ta' 'warrant' biex jiġi pprattikat il-midwifery sar obligatorju skond ċerti kundizzjonijiet maħruġa mill-Bord Mediku. Li tattendi għal-erbghin każ ta' ħlas kienet obligatorja-ċirkostanza li fil-prattika kienet tfigher ta' l-anqas sentejn taħriġ fl-Isptar Ċentrali qabel jinħareġ il-'warrant'. Din il-liġi kienet strettament obduta u l-anqas l-għola awtorita' fil-pajjiż ma kienet tazżarda li tiksirha. Għalhekk meta fi Frar 1865 mart wiehed mis-suldati Inġliżi għamlet petizzjoni biex tiġi eżentata milli tattendi n-numru sħiħ ta' nisa wara l-ħlas kif preskritt bir-regolamenti, minħabba li r-regiment tar-raġel tagħha kellu jħalli 'l Malta qabel iż-żmien, l-Eċċellenza Tiegħu il-Gvernatur, Sir Henry Storks (ritratt), ma laqax din ir-rikjesta. 'Jekk', huwa argumenta, 'il-Bord Mediku jilqa' l-petizzjoni biex il-'warrant' tingħata qabel jitkompli l-'course' neċessarju biex tikkwalifika u jien intiha l-'warrant' u pazjenta tmut taħt il-kura tagħha, imbghad x' jintqal? Jekk jien nagħti l-'warrant' minħabba dawn iċ-ċirkostanzi, għaliex mhux lil xi haddiehor? U jekk lil kullhadd, għaliex qegħdin il-liġijiet u r-regolamenti? Dik li għamlet il-petizzjoni setgħet hadet edukazzjoni tajba li hija evidenti mill-petizzjoni, li nassumi li nkitbet minnha stess, imma dik ma tikkwalifikahix biex tkun midwife.'



Sir Henry Storks

Ikompri għall-ħarġa ohra...

MEMBRU JAQBILLEK

Għall snin twal naħdem qalb il- morda. Ma jiddispijacinix. Bħala nfermier, iltqajt ma ħafna minn morda sa kważi kull kategorija ta' nies. Sabiħ li xi hadd tagħtih is- solliev li jkollu bżonn fl-iktar ħin delikat. Pero' apparti li trid tkun studjant, hemm xi haġa li tagħmlek professjonali. Din bla dubju tagħmilha billi tkompli tagħmel research u tinteressa ruħek. Imma barra kollox hemm zewġ affarijiet li kull infermier għandu jkun jaf. Dawn huma d- DMIR lejn ix- xogħol u d- DRITT tiegħu fuq ix- xogħol.

Mill esperjenza li għandi d- dmir johroġ mill management lejn l- impjegat, u għalhekk xi hadd għandu jkun biex jgħasses fuq id- drittijiet ta' l-impjegati. Dan ix- xi hadd huwa l- Union, fil- każ tagħna l- MUMN. Fost il- ħafna benefiċċji li tkun membru, hemm li tista tattendi għal xi seminars

organizzati, titjib fil- kundizzjonijiet tal- pagi, għajna waqt xi għawġ permezz tal- Benevolent Fund, tattendi attivitajiet organizzati mill entertainment tal- Union, għajna f' arrangamenti ta' kundizzjonijiet li jinqalgħu minn ġurnata għall ohra, tista tiġi mghejjun f' każi ta' bżonn bħal biex tagħmel incident report u anke tiġi mghejjun f' każ ta' dixxiplina. Dawn li semmejt huma ffit benefiċċji li ġew f' rasi.

Inħoss li aktar Nurses u Midwives għandhom jinteressaw ruħhom fl- għaqda billi jressqu xi suggerimenti. B' hekk il- Union tkompli tikber u meta niġu għas- siegħa tal- prova nsibu li tal- ffit flus li ħallasna kull xahar, jaqblilna.

Thomas Agius

Staff Nurse

Day Surgery Ward

Hidma MUMN SVPR

Il-Union ilha għal dan l-aħhar snin tinsisti mad-dipartiment sabiex jara li s-sezzjoni tal-personnel fl-SVPR ma tibqax tohloq tensjoni fost in-Nurses f'San Vincenz minhabba ċerti nuqqasijiet. Il-Union tinnota li minkejja l-isforzi li saru mid-dipartiment sabiex din is-sitwazzjoni ma tibqax tirrepeti ruħha, dan mhux qed iwassal għall-ebda riżultati positivi. L-MUMN talbet laqgħa mas-Sur M Bezzina Direttur - Kura għall-anzjani u Servizzi fil-Komunita' u ddiskutejna l-issues kollha pendenti. Din il-laqgħa saret fil-preżenza tas-Sur A Briffa MNS li fiha lmentajna fuq diversi suggetti fosthom:

- 1. Conversion Course EN – SN.** L-MUMN insistiet li n-nurse li jattendi għall- kors, jista' jitlob li johrog bit-T.I.L. kemm qabel u kif ukoll wara, dejjem jekk is-sala tippermetti. Dan sar qbil fuqu bejn l-MUMN, is-Sur A Briffa MNS, u s-Sur M. Bezzina Direttur.
- 2. Accumulation of VL.** Tkellimna dwar kif jista' jkun hemm sistema aħjar sabiex l-impjegat ikun jaf kemm baqagħlu leave mis-sena ta' qabel.
- 3. Part Time Nurses** – dwar min u kif ser jaħdem ix-xogħol tagħhom, minn naħa tal-personnel.
- 4. Pay Slip.** Sabiex tibda tinħareg 'pay slip' dettaljata, sabiex kulhadd ikollu stampa ċara dwar kif ħareg is-salarju, mingħajr ma jkollok tistenna granet sabiex tmur il-customer care biex tiċċekja d-deductions u allowances ta' xhiex, u ta' meta....eċċ...
- 5. Customer Care.** Hinijiet aktar raġonevoli tal-customer care sabiex jintlahqu nurses oħra li ma jkunux xogħol fil-hin disinjat fil-preżent.
- 6. Istruttura tal-personnel section.** Jekk ser ikun hemm xi tibdil fl-istruttura tal-personnel section, insistejna sabiex tohrog memo interna fl'SVPR biex l-istaff kollu jkun infurmat.

Dan kollu sar wara li l-MUMN infurmat lis-Sur M. Bezzina – Direttur, li jekk ma jittieħdux miżuri konkreti rigward l-amministrazzjoni tal- *personnel section* – SVPR, il-Union tirreġistra tilwima industrijali. Għalkemm il-Union issuspendiet l-azzjoni industrijali peress li giet insejha il-laqgħa, jekk is-sitwazzjoni tibqgħa l-istess, l-MUMN ma jkollhiex triq oħra li terġa tireġistra tilwima industrijali, għax aħna rridu s-serjeta', m'aħniex lesti li nservu ta' tapit għall hadd.

Supervisor – Cleaners. Ktibna diversi drabi lis-Sur M. Bezzina fejn għednielu li l-MUMN qed tkun prudenti u sal lum ma reġghetx tat avviz ta' azzjoni industrijali dwar dan il-każ. Aħna nemmnu li x-xogħol ta' tindif domestiku ma jaqax taħt ir-responsabilita' ta' l-infermiera, iżda minn naħa l-oħra, l-Union mhux lesta li tibqa passiva jekk din is-sitwazzjoni ma tiġix rimedjata.

Maintenance matul il-lejl. Dan is-suggett iddiskutejni kemm il darba mas-Sur M. Bezzina Direttur, mas-Sur J. Rabinett Asst. Direttur u mas-Supretendent Mediku t-Tabib R. Fiorentino. Pero' hija haga tal-misthija li għalkemm hrigna direttiva lill-N.O.'s ta' bil-lejl sabiex ma jassumux responsabilita' fir-rigward ta' problemi li jistgħu jinqalgħu minn-naħa ta' maintenance, biex ikunu jikkoncentraw aktar fuq ix-xogħol li huma responsabli għalih, id-dipartiment għadu passiv, għalkemm naf li qed jipprovaw isibu triq adekwata sabiex dan jiġi rimedjat wara suggerimenti mill-MUMN, jidher li ma tantx ha mportanza fuq din l-issue. Dan mhux ser nittolerawh iżjed.

Raymond Chetcuti
Chairperson

St. Luke's Hospital Group Committee

MUMN SVPR

Dawn huma l-aktar punti mportanti li ddiskutejna u akkwistajna f'din l-aħhar sena:

- L-overcrowding tas-swali tal-medicina nvolva mpenn shih mill-kumitat kollu.
- Sejjaħna sagħtejn strike biex nirribattu l-problema ta' sodod fin-nofs u nuqqas fl-istaff complement. Dan kien strument importanti biex sehħ ir-reklutaġġ totali tal-infermiera l-ġodda.
- Infurzajna agreement eżistenti regward infermier iżjed fis-swali tal-kirurgija fl-admitting days.
- Żammejna n-Newsletter għaddejja biex inżommu l-membri tagħna nformati
- Konna nvoluti f'taħdidiet fejn ittieħdu miżuri biex jirregolaw dħul ta' pazjenti fis-swali tal-Medicina.
- Għinna biex ikun hemm zieda sodisfacenti fl-overtime ta' tliet nurses kuljum bil-lejl mit-Tnejn sal-Ġimgħa.
- Għinna biex ikun hemm zieda ta' nfermier bil-lejl nhar ta' Sibt u Hadd.
- Għinna biex ikun hemm zieda ta' żewġ infermiera kuljum mit-Tnejn sas-Sibt.
- Tliet membri tas-sottokumitat intaġħzlu mill-Kunsill biex jieħdu hsieb każi ta' dixxiplina.
- Wara hafna nsistenza tagħna, dalwaqt tibda' tiffunzjona l-lending library.
- L-electrical maintenance sheets qed jiġu accettati permezz ta' email b'hila tagħna.
- Qegħdin ninsistu biex, mal-paga ta' Mejju, tingħatalna payslip dettaljata.
- Għaddejjin diskussjonijiet biex jinħoloq ktieb personali ndividwalizzat fejn l-impjegat iżomm record tat-Time Off In Lieu.
- Konna nvoluti fid-decizjonijiet lit tieħdu rigward il-parking, fejn assigurajna li kull min għandu permess jipparkja, jkollu post allokat. Żgurajna wkoll li l-infermiera u l-qwiebel kollha jkollhom badge biex jiġu identifikati l-vetturi tal-impjegati meta jidhru fil-hin stabbilit.
- Solvejna l-problema tar-Rest Room tal-M5.
- Iccarajna s-sitwazzjoni tar-Rosters tal-impjegati l-ġodda mal-management dwar l-extra half day tal-46.66 hours.
- Qed naghmlu pressjoni biex l-uniformijiet jingħataw kemm jista' jkun malajr u fid-dati stabbiliti.
- Qed niddiskutu mas-Sur Martin Farrugia dwar meljorament fis-servizz u kontenut tal-ikel li jisserva fil-mess lill-infermiera u l-qwiebel.
- Qed niddiskutu ma' Ms Margaret Abela dwar linji ta' gwida fuq:
 - il-constant watches
 - risposabbilita' bejn junior staff nurse bid-Degree u senior staff nurse bla Degree.

Aħna nemmnu li tapparezzaw il-hidma kontinwa mill-Kumitat fil-waqt li niringrazzjawkom għall-fiducja li turu fina.

Il-Group Committee tal-MUMN tal-Isptar San Luqa

Blueprint for Health Life Support

By **Paula Kriner**
CONSUMER HEALTH
INTERACTIVE

It's a healing profession, but nurses suffering from overwork, compassion fatigue, and exhaustion could use some healing themselves -- not to mention better protection from violent patients and needlesticks. A guide to nursing hazards and how to avoid them.

In July 1998, Karen Daley was working as an emergency-room nurse in a Boston teaching hospital. With more than two dozen years of nursing experience behind her, Daley did something she had done at least thousands of times before without thinking: After drawing blood from an injured patient, she turned to throw the needle away. But this time was different -- the tip of the needle punctured Daley's right index finger. Daley knew the accident increased her risk of contracting HIV and hepatitis C, and her first reaction was rage and denial. "I was angry that it happened," says Daley. "I didn't want to report it. I was making believe it hadn't happened." But within a few weeks, Daley became nauseous, doubling up with stomach pain. Her weight began to plummet. Usually, it takes just a few weeks to months for HIV exposure to register in a blood test, but in rare circumstances, it may take longer. Daley felt as if she were being held hostage during the entire wait. Then, in January 1999, her worst fears were realized: She had developed both hepatitis C and AIDS. Just one year later, Congress passed the Needlestick Safety and Prevention Act, which requires hospitals to use safer needles and take more precautions.

New threats to nurses' health

Many nurses like Daley love their work because they enjoy caring for ill and injured people. As the largest group of health-care workers, they're essential to America's hospitals, nursing homes, schools, and public health clinics. But they also face dangers -- such as potentially deadly needlesticks -- that they could not envision even a few decades ago. Nurses are exposed daily to many other hazards, including infectious diseases, radiation, and allergic reactions to latex gloves. They suffer back injuries and falls when the job calls for them to move and handle patients, often alone. And staffing shortages mean that many are overworked and unable to give patients the kind of care they want to, causing enormous stress. The nursing profession, in fact, sees more accidents than some industries that would be considered more hazardous, according to a recent Bureau of Labor Statistics study. Consider this: In 1997, nearly 4.6 percent of the 2.6 million nurses across the country suffered sprains, fractures, bruises and cuts at work. In comparison, only 3.4 percent of the 1.1 million carpenters across the country suffered similar injuries on the job that year. These hazards are among the reasons that fewer young people are entering the profession than in the 1980s, according to a recent study reported in the *Journal of the American Medical Association*. "It's safe to say the vast majority of our nurses are under siege," says Kay McVay, president of the California Nurses Association (CNA), who worked for 43 years as a registered nurse.

Some nurses threatened by violence

Many nurses are threatened by the very people they're caring for. Each day in the United States, about 9,000 nurses and health care workers are injured and assaulted at work, either verbally or physically, according to the National Institute for Occupational Safety and Health (NIOSH). In November 1999, for example, a patient at a Peoria, Illinois, mental health centre pushed registered nurse Mary Grimes so hard that she cracked her skull on the floor and fell into a months-long coma.

The incident alerted the profession to examine the growing hazards facing the nursing industry, experts say. According to the Occupational Safety and Health Administration (OSHA), more assaults occur in the health care and social services industries than in any other, and about a third of the 600 nurses surveyed in 1998 said they had been assaulted by patients wielding anything from guns to chairs. Nurses who see patients alone or work alone in isolated wards or in units where people can simply walk in off the street are more likely to be targets, according to *Nursing Management* magazine. Nurses who work in emergency rooms are also vulnerable to physical assaults, OSHA researchers say, because patients and their relatives can easily smuggle in guns. In addition, more violent people tend to end there. "You go into the emergency room, and you never know who's going to come through the door," McVay says.

Who's taking care of the nurses?

Today, nurses are more highly trained than ever. Registered nurses typically have four years of training and help plan the patient's care. When short-staffed, both RNs and licensed vocational nurses (LVNs) may find themselves doing tasks normally reserved for nursing aides -- lifting patients, transferring them to wheelchairs, or turning them in bed, thus increasing their chance of back and muscle strain. In 1997 alone, 11,800 registered nurses reported work-related muscle and joint disorders that forced them to take time off or restricted their ability to work. During registered nurse Nancy Casazza's three decades on the job, she suffered her share of back injuries, some so severe that she had to go on disability until she healed up. And like many other nurses, Casazza attributes the work-related back and neck injuries to staffing cutbacks. Help may be on the horizon, however. Congress has passed a long-awaited needle safety law, and it goes into effect Jan. 1, 2001. Hospitals are also doing more to attract nurses to their workplaces. Some hospitals and clinics are combating a shrinking pool of nurses by offering incentives, including signing bonuses, tuition, flexible hours, and help with student loans and childcare. Others have independently adopted "safe needles" with safety caps, latex-allergy screening programs, and workplace-violence training programs. And see our tips for avoiding common nursing hazards for steps you can take to make your job safer. Meanwhile, Karen Daley is reconstructing her life after having it turned upside down by the discovery that she had contracted AIDS on the job. She still serves as president of the Massachusetts Nurses Association, and even though she no longer works as a nurse, she is still committed to improving working conditions. She recently appeared before Congress to lobby for the bill that would protect health care workers from needlesticks by requiring hospitals to use safer needles. "My injury happened [even though] I was observing the proper precautions," Daley says. "We can do more to increase safety." -- Paula Kriner, M.P.H., has a master's degree in public health and has written for *Medical Economics* and *California Lawyer*, among other publications. As a consultant for California's Department of Health Services and the Centers for Disease Control and Prevention, she has also written clinicians' training materials on breast cancer screening and follow-up.

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Snippets

End of Insulin Injections



Diabetics could soon be inhaling insulin rather than injecting it thanks to a major study into the possibility.

Teams in Birmingham and London worked with colleagues in Miami, USA, in tests to end the use of insulin injections.

And interim results on adults with Type 1 and 2 diabetes showed their work could be on the market within a year.

They showed that for people with Type 2 diabetes already on tablets, inhaled insulin gave better blood glucose control than taking more tablets as treatment.

Among patients with Type 1 diabetes, four years of inhaled insulin treatment combined with a daily long-lasting insulin injection was shown to be effective with no serious side effects.

The current research is looking at short-acting insulin and those currently using long-acting insulin injections would have to continue taking these.

Prof Anthony Barnett, professor of medicine at the University of Birmingham, said: "For some people, one of the difficulties can be having to inject insulin up to four times a day.

"Our hope is that inhaled insulin will provide more choice, making it easier for people with diabetes to stay healthy."

Douglas Smallwood, chief executive of charity Diabetes UK, added: "Many attempts have been made to come up with new treatments and at last we appear to be close to success."

Around 1.8 million people in the UK have been diagnosed with diabetes but it is thought a further million may not be aware they have it.

'Walk don't smoke' say scientists



Going for a walk can help smokers break the habit according to new research by scientists at Exeter University.

Researchers examined the effects of a one mile walk on 15 smokers, who had not had a puff for 15 hours.

The study found that during walking, and for at least 20 minutes after, cravings for a cigarette were lower than when the same person did nothing.

Smokers found their desire to smoke to relieve negative withdrawal symptoms and to feel good were both reduced.

Feeling stimulated

Dr Adrian Taylor, from the University of Exeter's School of Sport and Health Sciences, said: "This is the first time it has been shown that something as simple as a brisk walk can have such a dramatic and lasting effect on the desire for a cigarette.

"It is unclear why, but certainly research with animals suggests that the need for addictive substances can be reduced by exercise.

"When you take exercise, the brain releases the neurotransmitter dopamine which acts on pleasure pathways almost like a reward.

"Cigarettes also trigger a sense of pleasure from feeling stimulated and relaxed, so it is possible exercise could substitute for the effects of smoking by providing the brain with a hit of the substance."

Dr Taylor is conducting further studies to determine just how long the effects may last, if reduced cravings mean a longer time to the next cigarette, and whether smokers will be less likely to light up in the face of triggers such as stress or a lit cigarette.

Nationally, around 8m smokers want to give up, but only 20 to 30% will succeed.

#SIBIJIETI (1)

Issa hekk sew?

Xi żmien ilu, raġel u mara bnew familja. Kellhom hafna tfal. Kienu hawtiela, u anke t-tfal, sew bniet u anke subien kienu jagħtu daqqa t'id biex ikabbru l-ġid. Il-missier xtara post qalb ir-raba' u kulhadd kien jagħmel li jista' biex il-missier iħallas id-djun fuq dan il-post.. Ovvjament it-tfal kienu jmorru l-iskola wkoll. Ġara li aktar ma għadda ż-żmien il-missier kien iħossu li sejjer tajjeb u lit-tfal iż-żgħar fost l-aħwa ġie li



anke baġthom f'xi skola privata u għalhekk kien ikollhom iktar ċans li jistudjaw.

Meta kibru, xi wħud mit-tfal iggradwaw jew kellhom pożizzjoni għolja minħabba l- edukazzjoni tajba li kienu hađu. F'dan il-post ta' missierhom kien hemm drive-in garage. Peress li ż-żminijiet jinbidlu, l-ulied sabu postijiet oħra fejn jaħdmu. Issa kważi kollha kellhom karozza biex imorru għax-xogħol. Ġara li l-imsemmi garage ma kienx jesa' l-karozzi kollha u l-missier ġie fi problema lil min iħalli fost l-ulied idahħal il-karozza fil-garage. Il-missier li kien daħal f'ċertu eta', iddeċida li jħalli biss lil uliedu li kienu ggradwaw jew li kellhom pożizzjoni għolja jagħmlu użu mill-garage. B'hekk ovvjament hađu għalihom l-ulied l-oħra fosthom l-anzjani fejn qalu li huma taw semehom, hadmu u meta kienu żgħar huma, ma kienx hemm faċilitajiet għall-istudju



bħal dan iż-żmien. Oħrajn qalu li mohħhom ma tantx kien itihom pero' għal affariet oħra xorta kienu kapaċi. Kien hemm ukoll min kellu xi diżabilita' li tfisser tbatija żejda li tipparkja l-bogħod. Biex tkompli tagħqad dawk li jdaħħlu l-karozza fil-garage ta' missierhom ma kienu jħallsu sejn u l-oħrajn kienu jħallsu.

B'hekk kien hemm diżgwid fost l-aħwa u fil-familja kien hemm inkwiet u skuntentizza.

Kos dan il-każ jixbaħ is-sistema tal-parkeġġ ta' l-isptar San Luqa!

Thomas Agius
Staff Nurse

Ejjew Nieqfu Ftit:

Love is Magic

Why is it, God within and around us all, that there is magic when two solitudes touch? They touch and greet and protect each other, according to Rilke: and that is love. We don't understand it. It's baffling. How does the magic work, Creator Magician? You are silent. It's a secret? All we know is - you are Love, and everything mind-boggling that you make happen - all your "tricks" (though they aren't illusions) -

*flow
from
that
name:
you are Love.*

*And Love is your greatest magic, forever astonishing to solitudes like us. We must be wary. When ever two solitudes touch,
shazamm!*

Love.

Magic.

Amen.

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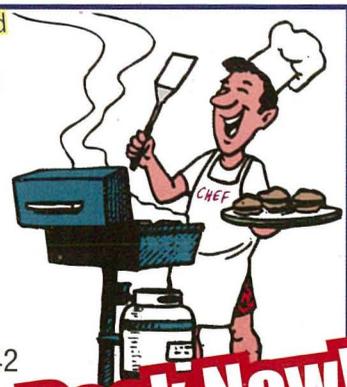
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