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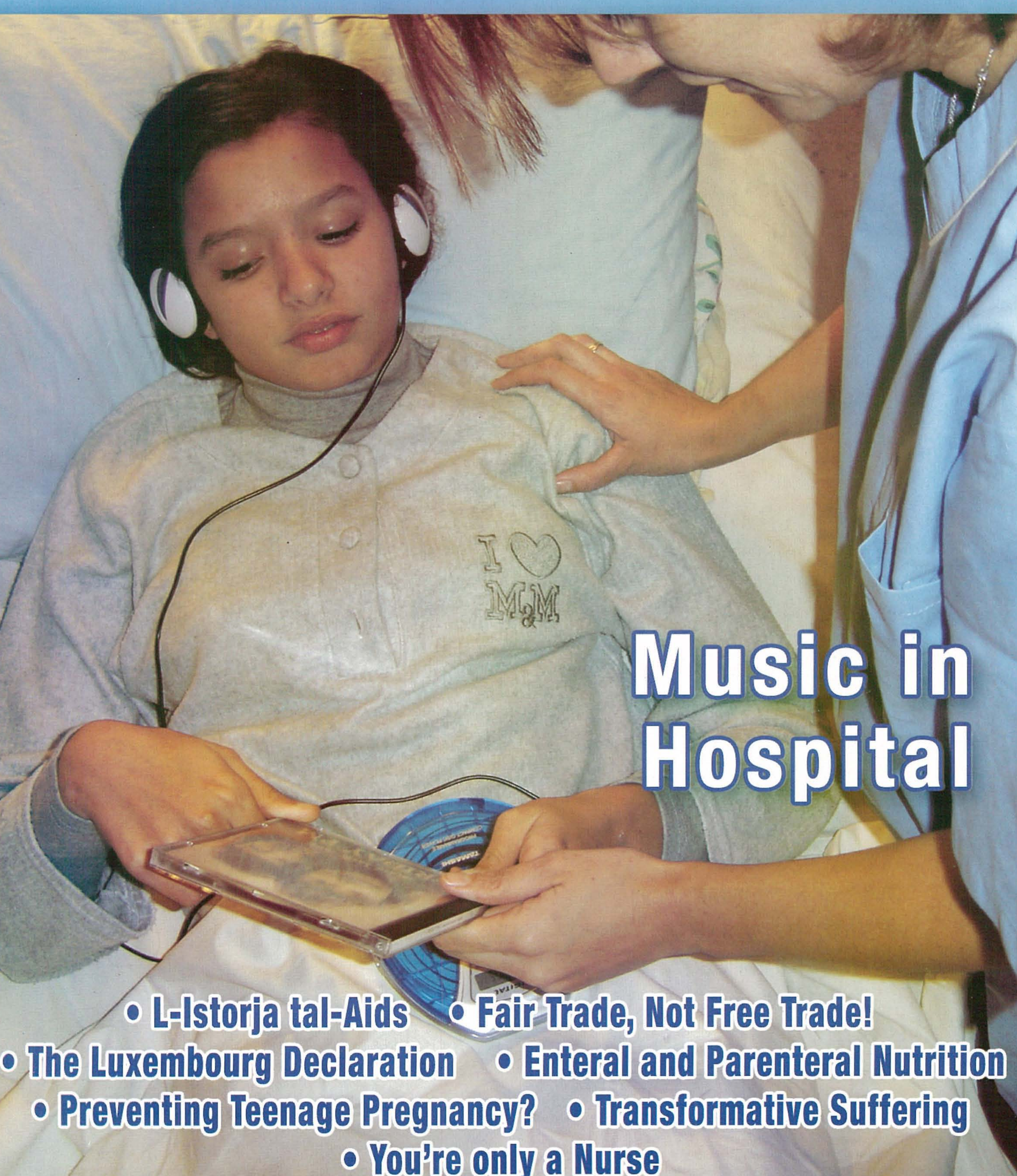
MALTA NURSING AND MIDWIFERY JOURNAL



Music in Hospital

- L-Istorja tal-Aids
- Fair Trade, Not Free Trade!
- The Luxembourg Declaration
- Enteral and Parenteral Nutrition
- Preventing Teenage Pregnancy?
- Transformative Suffering
- You're only a Nurse

MUMN 1996

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MALTA NURSING AND MIDWIFERY JOURNAL

Ħarġa Nru 29 • Diċembru 2005

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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: 2200 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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editorjal

Il-Pjan ta' Migrazzjoni

Le dan l-editorjal la se jitkellem fuq l-*issue* taħraq rigward l-immigranti irregolari u l-anqas fuq emigrazzjoni lejn xi pajjiż ieħor barrani biex jinqiseb xi futur.

Qed jinħass però, forsi aktar minn qatt qabel, li fl-aħħar hemm xi ħaġa tanġibbli rigward Il-pjan ta' migrazzjoni għall-Isptar il-ġdid Mater Dei f'tal-Qroqq. Dan minħabba diversi fatturi, iżda l-aktar huwa attribwit għaċ-ċaqliqa 'l quddiem fil-kostruzzjoni u t-tagħmir tiegħu li allura wieħed jista' faċilment japprezza l-ammont ta' progress li sar.

Jidher ukoll li l-*Management* ta' dan l-Isptar qed ikompli jipprepara kemm lilu nnifsu kif ukoll lill-*istaff* kollu li se jkun involut, biex jibdew jiġu ppreparati kunċetti ġodda, riformi ġodda jew għallinqas bidliet żgħar jew kbar qabel issir il-migrazzjoni vera. Dan għaliex wieħed irid japprezza li ċertu tibdiliet iridu jsiru speċjalment meta se mmorru fi Sptar ġdid fjamant li l-ispiża tiegħu hija waħda fenomenali.

L-awgurju tagħna huwa li barra li jsiru sensiela ta' laqgħat, isiru wkoll konsultazzjonijiet mill-qrib ma' kull minn b'xi mod se jkun viċin il-morda u l-klijenti f'dan l-isptar waqt Il-pjan ta' migrazzjoni u allura huwa ovvju li n-*nurses* u l-*midwives* iridu jiġu avviċinati dejjem. Dan ifisser ukoll li anke rigward il-kundizzjonijiet tax-xogħol tagħna, l-MUMN trid tigi nvoluta mill-viċin ħafna, kif m'għandniex dubju li se jsir. Nibżgħu biss li dawn ir-riformi se jibdew tard speċjalment meta l-ħsieb hu li nimxu mill-Isptar San Luqa fis-Sajf tal-2007, u dan dejjem jekk ma jinqala' xejn u vera tinżamm data. Tajjeb wieħed ifakkar li L-Union ilha tfakkar lill-*Management* rigward l-urġenza ta' dan il-fattur, biss issa jidher li hemm rieda tajba.

Jidher li hemm il-ħsieb li jsiru diversi riformi fosthom sistemi ta' kif jopera Sptar f'sistema integrata ta' *Health Care*, li jkun *state of the art*, li jħares għall-bżonnijiet tal-Maltin għall-anqas sa' ħamsin sen'oħra, il-kunċett ta ċentru ta' riċerka u tagħlim eċċ. Wieħed għalhekk ma joħodiex bi kbira li jiġu estiżi ħinijet ta' servizzi fl-Ispar biex jaqdu l-bżonnijiet ta' kullħadd, jiġu ntrodotti *family-friendly shifts*, jiġu onorati n-*nurse-patient ratios*, jiġu standardizzati il-*work practices* tagħna, jitneħħew l-istrutturi monolitiċi, ikun hemm devoluzzjoni u deċentralizzazzjoni tal-*Management*, l-*istaff* jiġi *deployed* b'ġustizzja, jissaħħaħ l-IT, isiru *cost centres* u jiġu ntrodotti *policies* f'kull qasam. Dan kollu jfisser li l-Isptar irid jiġi awtonomu bit-tajjeb u l-ħażin tiegħu. Wieħed jawgura li n-*Nurses* u l-*Midwives* ikollhom għax jiggwadanjaw BISS b'dawn ir-riformi kemm f'kuntest personali u anke f'ambitu aktar wiesgħa. Nippretendu għalhekk li ma jintilef assolutament xejn minn dak li b'sagrifiċċju akkwistajna s' issa.

Ma nippretendux li ma nagħmlux aktar sagrifiċċji meta niġu biex nimplimentaw bidliet mhux zgħar; ma ninsewx li aħna ta' stoffa u qatt ma konna beżgħana. Żgur m' aħniex se niddejqu b'xi Liġi gdida li tirregola s-Sevizzi tas-Saħħa, jew li jkun hemm *transfer of tasks*, jew isir taħriġ intensiv, anzi nkunu minn tal-ewwel li nikkoperaw jekk dan se javvanza l-professjoni tagħna.

Finalment wieħed jawgura li biex isiru tibdiliet bażiċi trid tinbidel **kultura sħiħa**, u din ma ssirx mill-lejl għan-nhar. Biex l-*istandards* u l-kwalita' tas-servizz li nagħtu jitjiebu qabel issir il-migrazzjoni irid isir ħafna xogħol! Barra taħriġ personali fuq sistemi ġodda, laqgħat bejnietna u ma professjonijiet oħra, iridu jitkomplew l-*istaff orientation*, jitħarrek il-moral ta' l-*istaff* u jingħata *weight* qawwi fuq dak kollu li għandu x'joffri n-*Nurse* u l-*Midwife*. Żewġ affarijiet li żgur m'għandniex ninsew huma: 1. Ejja nagħtu l-prijoritajiet ta' x' għandu jsir l-ewwel qabel affarijiet frivoli. 2. Ejja dejjem ninvolvu lill kulħadd possibbli u mhux jintuża d-diktat.

Nawguralkom il-Festi t-tajba.

message from the president

Dear colleagues

Once again the festive season is with us and most of us shall be making arraignments to try and fit all the activities in our schedules. It is a season to be jolly and enjoy and celebrate the birth of Jesus Christ and a New Year ahead of us. Nurses and Midwives have a very responsible role that whilst celebrating these moments we still have the professional obligation to continue to deliver care and treat our patients. Being Christmas or New Year, Nurses and Midwives are always there.

It seems that a chemical run in our veins, to make us keep going irrespective of time, season and environment. This is also a characteristic manifested within the nurses and midwives directly involved within the Malta Union of Midwives and Nurses. We all are working hard to see that our conditions of work and by conditions of work I don't mean just wages, are improving for the benefit of our professions and for the improvement of the delivery of care to our patients.

After a long period of negotiations and with the support of each and every one of you, we managed to conclude two important collective agreements. The general collective agreement and the sectoral both agreements were approved during an extra ordinary General Conference attended by you members. The extra ordinary General Conference was summoned so that all members would have the opportunity to have first hand information on the conclusions achieved during negotiations so that as was always declared by the Union officials the signing of the agreements would be carried out after your approval. Thanks to the approval from those present at the General Conference we now have a future were we should see a significant increase in our salaries. A future were family friendly measures shall be emphasised, the Directorate of Nursing shall be revamped and the continuing education is being given its merited importance. The details of these two agreements shall be distributed in the near future after the signing of the sectoral agreement but the general agreement is already available on the Union's web-site.

Our union is also continuing to improve the professional aspect of our professions and just recently a joint venture agreement was signed between the MUMN and the recently formed Association of Maltese Orthopaedic Nurses (AMON). Both parties shall work in collaboration and MUMN shall assist AMON and be directly involved to see that the nursing working in this speciality shall have the right opportunities to continue in their professional development. This was a first venture of the type for MUMN and we are sure that such initiatives shall proliferate from varies other specialities within Nursing and Midwifery. MUMN supports these initiatives and congratulates all those who have the courage to make the ball rolling. MUMN has always strongly believed that specialisation is the way forward, nurses and midwives shall be more knowledgeable and accountable.

I shall conclude by looking forward for the coming year which is considered a special one for MUMN as we shall be celebrating our tenth anniversary. I can assure that it will be a very active year full of events were we shall also have the opportunity to organise a conference locally for nurses organisations within the EU known as the European Federation of Nurses EFN. This will enable Maltese nurses to share experiences with other nurses from the 25 EU member states.

Next years' activities shall be a success only with your assistance and collaboration and we are proud to celebrate a decade together.

I wish you and your families the best wishes for a great festive season.

Rudolph Cini
President

a word from the general secretary

Various sections in the Union have been quite busy over the last few weeks. Apart from the fact that talks in relation to the Collective and Sectoral Agreement kept on till a final conclusion was reached, other areas of the Union kept on going with their own work.

Worth mentioning is the start of negotiations for a new Collective Agreement for Zammit Clapp Hospital. Even though we still have an outstanding issue with this hospital pending with the Industrial Tribunal, the Union Council felt that the Collective Agreement discussions could still go ahead.

The Management in St Luke's Hospital introduced the Twinning System. In principal, the Union agrees with this system, but the way it was introduced and implemented, and the current situation in the surgical and medical wards, makes this project not only senseless but also a physical and psychological liability. In view of all this, the MUMN had no option but to put a stop to it, in the interest of its members and their patients.

The Union is also aware (with great satisfaction), the recent calls for application for specialisation posts. MUMN believes that these are essential tools to help develop the level of professionalism while diminishing the medical dominance in our hospitals.

In the last few weeks we've also had to resort to court proceedings. The first case was in favour of a number of newly qualified Nurses, who because of a technicality, were not allowed to sit for interviews set up for the call for application for a Government appointment, but with the help of our very capable Lawyer we seem to have won this. The other case, still in court, is in favour of Nurses who were not given the opportunity to take a course in Gerontology.

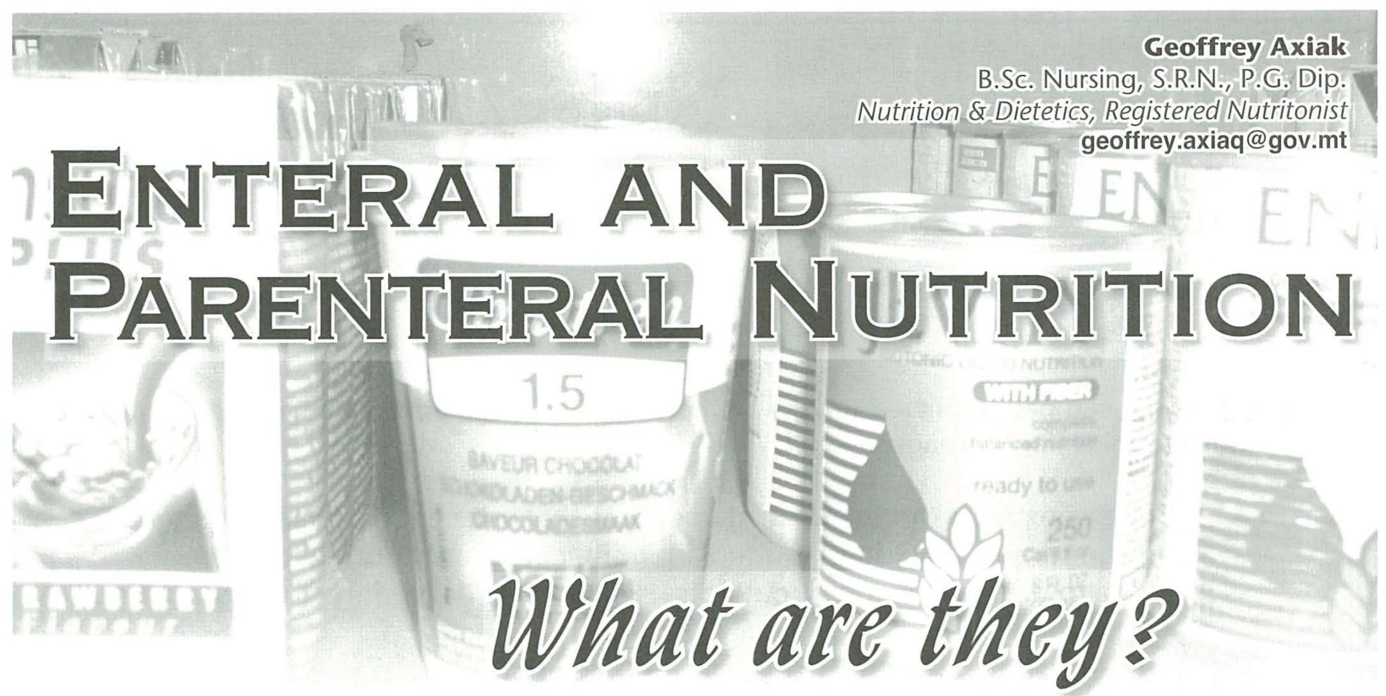
Regarding activities, in the last couple of months these were ongoing. First we had the symposium in relation to the CHOGM between 5 professionals, that was immensely interesting. After that we organised another Live In at a particular hotel mainly designed for students, who I will not hesitate to say this Union holds very much at heart. In December we had the Dinner Dance and also the 8th Annual Seminar for Union Activists.

Next year the MUMN will be celebrating it's 10th Anniversary, and I will not be giving away any secrets when I say that there is a full programme of activities planned for this occasion. For all the Nurses and Midwives in this country we have become an envy of many other workers, and we know this to be a fact, through continuous pleas from other workers and professionals to join our Union. This is an honour to us and just gives us all more courage and determination to keep on working for the two professions we represent.

In the name of the Union Council I wish you all a Merry Christmas and a New Year which hopefully will be better then the one about to end. I would also like to take the opportunity to thank all my colleagues on the Council and also all the Chairpersons and their Members in the Group Committees, who with great sacrifice and dedication are always available to look out for the interest of this great MUMN family. Season greetings and heart felt thanks.

Your friend
Colin Galea
General Secretary

mumn@maltanet.net



Geoffrey Axiak
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Enteral and Parenteral Nutrition

What are they?

Clinical Nutrition is an area of medicine that seeks to identify and treat medical disorders in humans that result from improper or inadequate diet, or from diseases that make the body unable to handle the nutrients delivered to it in the normal diet. The usual treatment is dietary, but can be the delivery of nutrients by other means, such as by intravenous line (UPMC, 2005)1. It includes both enteral and parenteral nutrition.

Enteral nutrition can be administered orally, via nasogastric or nasojejunal tube or via a Percutaneous Endoscopic Gastrostomy (PEG) or a surgical gastrostomy. The first line of treatment is always by oral supplementation, by administering sip feeds, chocolate bars, yoghurt-like cans or tetra packs. This is the method of enteral nutrition that is closest to the natural method we use to eat.

If a patient has a problem with swallowing, for example following a stroke or neck trauma or cancer, one normally starts enteral nutrition via a nasogastric tube (NGT). Less often, a nasojejunal tube (NJT) is used. For long-term feeding of patients, where the patient's swallowing reflex does not return to normal, a PEG is the treatment of choice. This is a 15-minute procedure, done under local anaesthetic at the Endoscopy Department. The stoma formed is very narrow and heals after about a week. When a surgical gastrostomy is carried out, the incision is much wider and the gastrostomy tube used is much wider than the PEG. It also gives rise to more complications than a PEG. As a first line of treatment, a NGT or NJT is appropriate, but can remain in situ for 1 week to 2 months, depending on the material from which the tube is made. Fine-bore tubes can safely be used for 2 months as they are made of polyurethane. Other tubes stay in situ for less. PEG tubes can be kept in situ for around 2 years, and are therefore a very efficient long-term solution. They are also less irritating and much less of an eye sore than NGTs or NJTs. For patients such as stroke patients, there is also a much smaller chance that the patient will dislodge the tube because it annoys them. PEG tubes are hidden under the patients' clothes and are hence less available to be tempered with.

Parenteral nutrition is administered via a central venous catheter, for cases when the normal gastrointestinal system cannot be used, because it is not functioning well. This happens in cases like cancer of the intestines or stomach, pre- or post-operatively for gastrointestinal surgery, or for such cases as food allergies, newly diagnosed coeliac disease and other disorders related to the gastrointestinal system.

Footnotes

1 University of Pittsburgh Medical Centre (UPMC) (2005). Available at: http:// weightloss.upmc.com/tools/glossary.htm . Accessed on 14th November 2005.

Nurse/Midwife of the Year Award

May 2006

Nomination Form

A Nurse/Midwife can be nominated on one or more of these three aspects down listed by two of her/his nursing/midwifery colleagues:-

1. Demonstrates professional dedication that exceeds regular duty requirements, which resulted in significant contribution to the health and well being of patients. clients while delivering Nursing/ Midwifery care.
2. Exemplary leadership and skill resulting in noteworthy accomplishments, productivity, creative resource, utilization and enhancement of patient/client relationships.
3. Noteworthy accomplishments in professional education/research which stimulates developments of new knowledge and practice in Nursing/Midwifery.

We are nominating Ms/Mr ______________________________ , ID No ________________

Grade______ , on aspect's number (1,2,3)______ and are attaching all relevant documents to prove

and explain in detail our nomination with this form.
We understand that this form has to be sent to the MUMN's Offices in
Tower Apartments, No.1. Triq tas-Sisla, Birkirkara, BKA 13 by not later than 24th February 2006.

______________________________ ______________________________

Nominee's Signature (1) Nominee's Signature (2)

ID No ____________________ ID No ____________________

Signature of Appointee ____________________________

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Build-Up Instant Soups and Hot Chocolate

by Nestlé Clinical Nutrition

Build-Up Soups are a great tasting nutritious alternative to sweet supplements offering a high calorie intake in a low volume. Build-Up Instant Soups are available in 4 flavours (Chicken; Potato & Leek; Tomato; and Vegetable) and are prepared simply by adding boiling water. Each serving provides at least 200kcal, 8g protein and a third of the recommended daily allowance of 12 vitamins and 6 minerals. Build-Up Soups are also a source of fibre. In addition to being prepared as a soup, Build-Up Instant Soups can be added to savoury dishes, such as pasta, rice; or to most dishes requiring flavouring.

Build-Up Instant Hot Chocolate is a delicious nutrient-dense supplement, fortified with minerals and vitamins, and can serve as an occasional sweet treat. It is simply prepared by adding hot water. Each serving provides 203kcal, 6.3g protein and at least one sixth of the recommended daily allowance of vitamins and minerals, as well as fibre.

Build-Up can be taken as:
- a breakfast/lunch/dinner substitute
- on its own: mid-morning drink; evening relax; suppertime drink
- added on to normal meals

Sometimes, your patients' diet may not fully satisfy their daily calorific requirements however since Build-Up Instant Soups and Hot Chocolate have been proven to be the best tasting amongst leading supplement brands they may be used as part of the long-term management of the elderly who may exhibit one or more of the following characteristics

~ live on their own
~ lack appetite due to depression/loneliness or disease
~ lack the physical ability to shop for and prepare food
~ have a difficulty in chewing, swallowing, and feeding themselves
~ do not eat enough
~ often cannot be bothered to eat in the evening

Build-Up Soups and Hot Chocolate may also be taken by women who fail to gain enough weight during pregnancy, and by lactating mothers who are at risk of becoming underweight in order to produce an adequate supply of high-quality breast milk. It is worth noting that energy requirements increase by 300 kcal/day and 500 kcal/day for pregnancy and breast-feeding, respectively.

In conclusion, Build-Up supplements may be included as part of the patient's diet when they feel that they:
- need a boost
- cannot face food
- cannot be bothered to cook
- are tired

For further information please contact:
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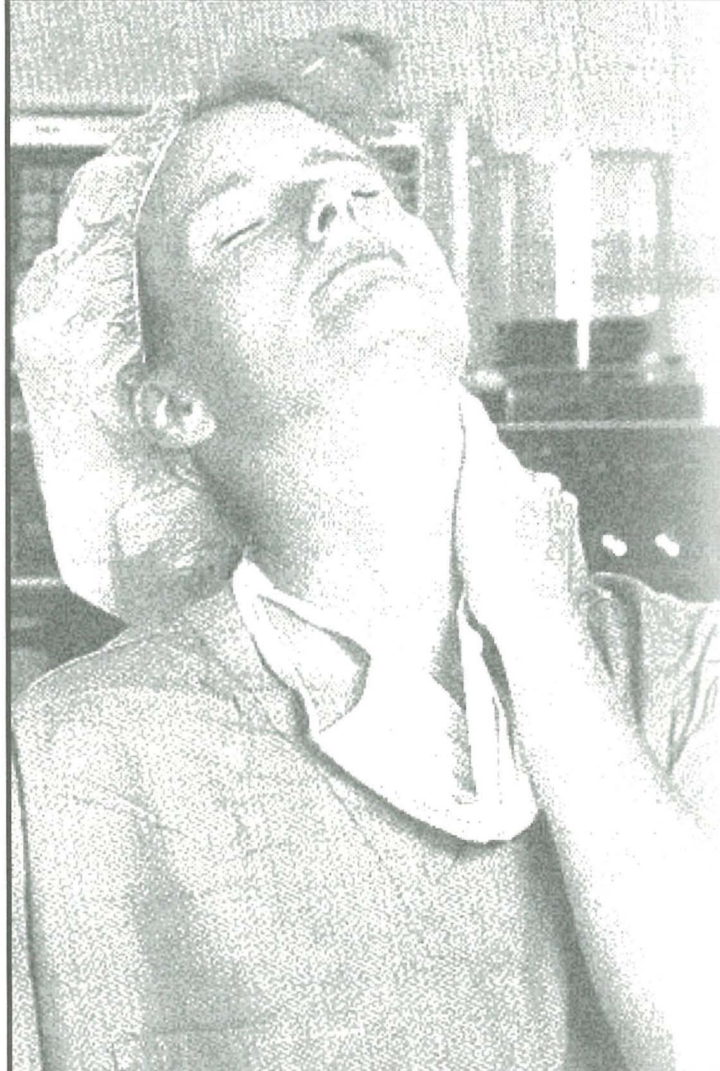


Nurses facing patient violence

A recent survey has revealed that one in four NHS nurses in the UK has considered quitting their jobs because of assaults by patients. Government figures show that NHS staff suffer more than 100,000 incidents each year. Just under a third of nurses and care workers have been punched, 19% have been kicked, 17% spat at, and 8% have had their hair pulled. More than three quarters of NHS staff say they believe the government is failing to tackle the issue. PSI is facing the issue of workplace violence in the health service. Together with the ILO, the International Council of Nurses and the WHO, PSI published Framework guidelines for addressing workplace violence in the health sector that are available from PSI. They can also be downloaded from *www.world-psi.org*.

Rapport Grupp Pensjonanti

Nhar it-Tlieta 6 ta' Settembru 2005, il-Kumitat organizza ħarġa għal Għawdex.

Tlaqna mil-Belt fis-7.30am u qbadna l-vapur għal Għawdex fid-9.00am. Minnufiħ morna għall-quddiesa fis-Santwarju tal-Madonna ta' Pinu. Wara morna r-Rabat fejn kulħadd kellu ħin liberu. Fin-12.30pm morna lejn ix-Xlendi għall-ikel.

Kulħadd ħa pjaċir jitkellem flimkien fejn ankè semmejna xi episodji ta' meta konna naħdmu flimkien. Wara passiġġata ġewwa x-Xlendi morna Marsalforn għall-kafè jew tè. Ġejna lura mal-vapur tal-5.30pm.

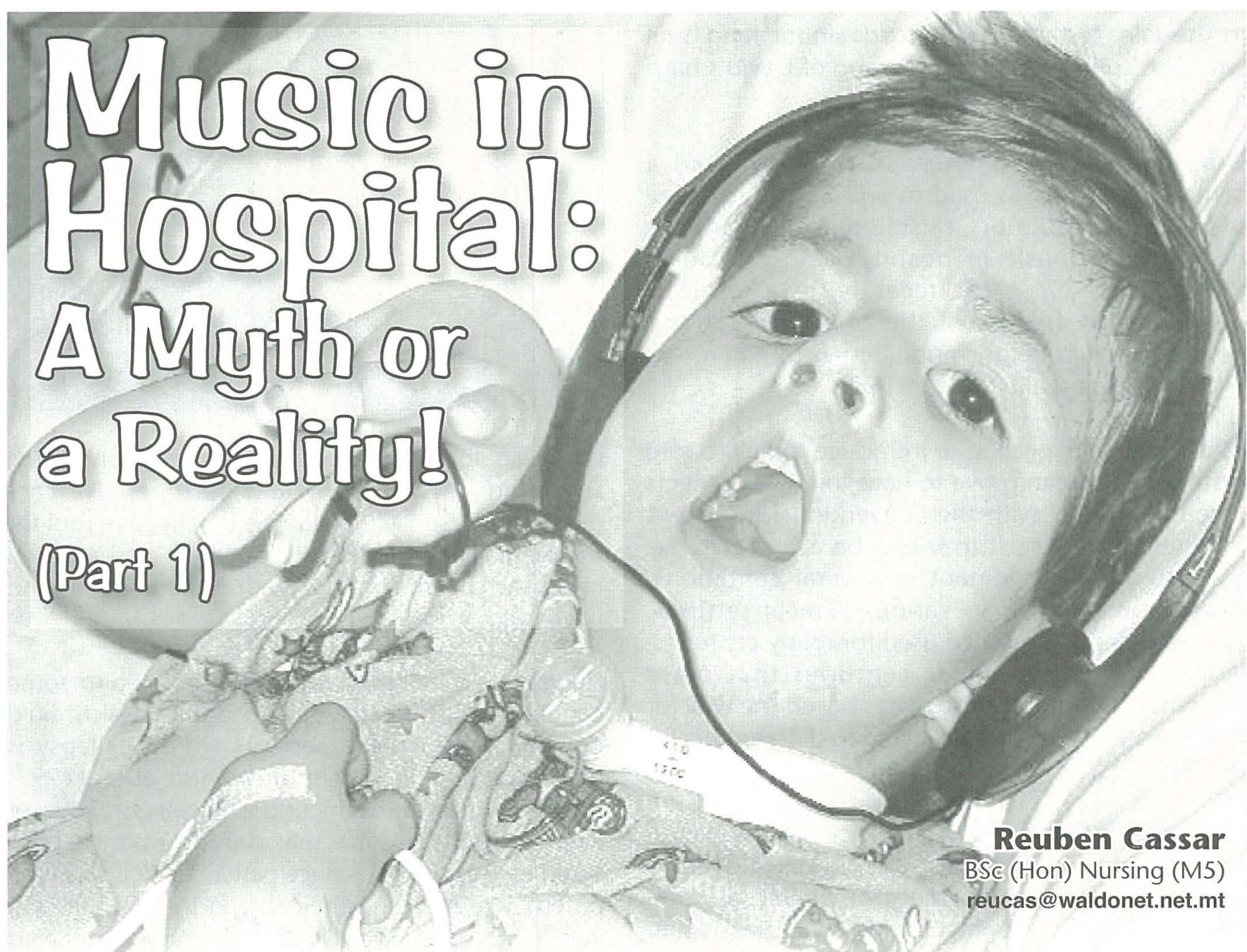
Ħarġ'oħra ġiet organizzata nhar l-Erbgħa 9 ta' Novembru 2005. Tlaqna mill-Belt fit-8.15am għall-Kappella tal-Providenza ġewwa s-Siġġiewi fejn ġiet iċċelebrata quddiesa għall-erwieħ ta' sħabna li marru jingħaqdu mal-Mulej. Il-quddiesa ġiet iċċelebrata minn Fr. Anton Farrugia ofm fid-9.00am. Wara morna r-Rabat fejn ħadna *snack* fir-*restaurant* La Piazza. Fin-12.00pm morna nżuru l-mużew tal-Kattidral tal-Imdina. Fis-2.00pm qbadna l-*coach* u erġajna lura lejn djarna.

Nixtieq inħabbar li issa n-numru tal-membri laħaq it-80. Għalhekk nittama lil-attedenza għall-attivitajiet tiżdied għax il-Kumitat jagħmel kull sforz sabiex jorganizza dawn il-ħarġiet. Nista' ngħidilkom li jkun ta' sodisfazzjon li wieħed jiltaqa' ma ex-kollegi wara ċertu żmien. Jekk xi membri jkollom xi suġġerimenti x'jagħmlu dwar xi ħarġiet aħna lesti li b'qalbna kollha nikkunsidrawhom.

Filwaqt li nselli għalikom, nixtiqilkom minn qalbi l-Milied Hieni u s-Sena 2006 it-tajba.

Paul Bezzina
Chairperson Grupp Pensjonanti

Music in Hospital: A Myth or a Reality! (Part 1)



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The entertainment of music is well known to all. Walk in every hotel lobby, airport departure lounge, dentist's waiting room or even private hospital and you will hear music. However as a result of an increased awareness of the possible physiological and psychological benefits of music, it began to emerge as a treatment modality (Chiu and Kumar, 2003). Thanks to medical advances and modern technology medical care is becoming costly. Alternatives are being sought to complement the conventional medical treatment approach. With the advent and increased interest in complementary therapies many hospitals are adopting these therapies in their clinical settings. Several reasons have been given to explain the impetus to use complementary therapies including a change in health delivery system, the failure of standard medical care and amelioration of side effects (Hann, Baker, Danniston, and Winter, 2004). Conventional treatment is concerned on the treatment, which will lead to diagnosis and cure. But today medicine is more focusing on the wholeness of the patient. Holistic care implies that the patient is seen as a biological, psychological, social and spiritual person. It seems that music could contribute towards the well being of the patient, by helping the person to relax, thus enhancing both psychological and spiritual well-being and increase patient morale (Roberts, 1996).

The potential benefits of music are impressive. However it is important to differentiate between music therapy and a music intervention. Music therapy is a technique of complementary medicine that uses music prescribed in a skilled manner by a trained therapist Turner (2004) whilst music intervention refers to the use of music as a means to induce a relaxation response and as a pain relief measure

The use of music for healing may have originated more than thirty thousand years ago (McClellan, 1991). Since the age of primitive people music was used to ward off evil spirits by means of incantations, songs, rhythms, and sounds. The Greeks believed that music had the power to heal the body and the soul as it is reflected in their Mythology (Johnston and Rohaly-Davis, 1996). Furthermore, Homer believed that music could be used to avoid negative feelings (Watkins, 1997). Even Florence Nightingale believed that music can have a soothing affect on the patients (Biley, 1993). Plato and Pythagoras believed that daily exposure to music would enhance one's health (Watkins, 1997).

In the Old Testament one reads about King Saul who was comforted by the playing of David's harp (1S: 16-26).

During the Second World War, music had a central role as it was used to enliven the recovery of wounded soldiers (Fischer, 1990) and as background music in hospital waiting rooms (Ingmar, 1982). More recently, as a result of increasing awareness of the physiological and psychological benefits, music began to emerge as a treatment modality (Biley, 1992).

Music maybe appealing to introduce to health care system since it can prove to have lower side effects when compared with the conventional treatment regimes. Moreover, it may also be a cost-effective therapy in the treatment of several conditions. Music can be used in various clinical settings. Although music has been used for many centuries, it was during these last centuries that more awareness about the efficacy has paved the way for further research to be conducted in different health care settings.

Music seems to break down physical, psychological and emotional boundaries (Roberts, 1996). There is supporting evidence showing the benefit of using music in intensive care. Chlan (1998) claims that music can decrease anxiety and promote relaxation on patients receiving ventilatory assistance while Henry (1995) insists that music decrease pain and anxiety in critical care patients. Thus practice changes based on the body of research which investigates the benefit of music is important.

Even the geriatric setting is seeing the usefulness of music. Nurse researchers reported a reduction in aggressive behaviour when the elderly were exposed to music (Goddaer and Abraham, 1994; Gerdner and Swanson, 1993). It can have a striking effect on patients with Alzheimer's disease by allowing them to focus and become responsive (Turner, 2004). Music is also being used by nurses in the neonatal intensive care units (Kemper et al, 2004) as it could reduce stress and crying of babies and induce sleep. Premature babies experience more rapid weight gain and hospital discharge than those who are not exposed to music. Oncology nurses are using music as an intervention to soothe the psychological and physical distress that oncology patients suffer from (Halstead and Roscoe, 2002). Others (Cadigan et al, 2001; Zimmermann et al, 1996) postulated that music could be a good source to induce sleep. Similar views were portrayed by Maltese nurses as they regard that

music could be used with other treatments such as during physiotherapy and postoperative care (Cassar, 2005). Music can be an effective tool for the mentally or emotionally ill. Music is being used in autistic children to help them relate to others and have improved learning skills.

However, music could be contraindicated in some conditions. Fischer (1990) agreed that music should not be used in those patients whose epilepsy is triggered by music while Hawsworth et al, (1997) regarded music as distracting in theatres. However Green, (1996) sustains that music within theatres could be one way to reduce patient anxiety with the potential of reducing their stay in the hospital and increasing the quality of life. Furthermore Thorgaard (2004) recommended that specially selected music in the cardiac laboratory could be an important tool for improvement of the well being of patients.

In view of what Owen (1995) and Pfeil (1994) recommended, nurses should have a central role in promoting music to their patients. In fact Maltese agree that music could be beneficial to the patient (Cassar, 2005).

Further investigations should be carried out in collaboration with the medical sector. Insights on patients` musical preferences should be noted and may be encouraged to bring their own music. A more open attitude towards music among the health professionals is important.

However music has a potential of benefits and if it is used judiciously, music could become a valuable tool in improving patients` outcomes both physically and psychologically. However one must remark that Maltese nurses are interested in knowing more on the subject (Cassar, 2005).

Please send me your feed back. If you want to communicate with me please do so either by e-mail or on extension no.1259-1751.

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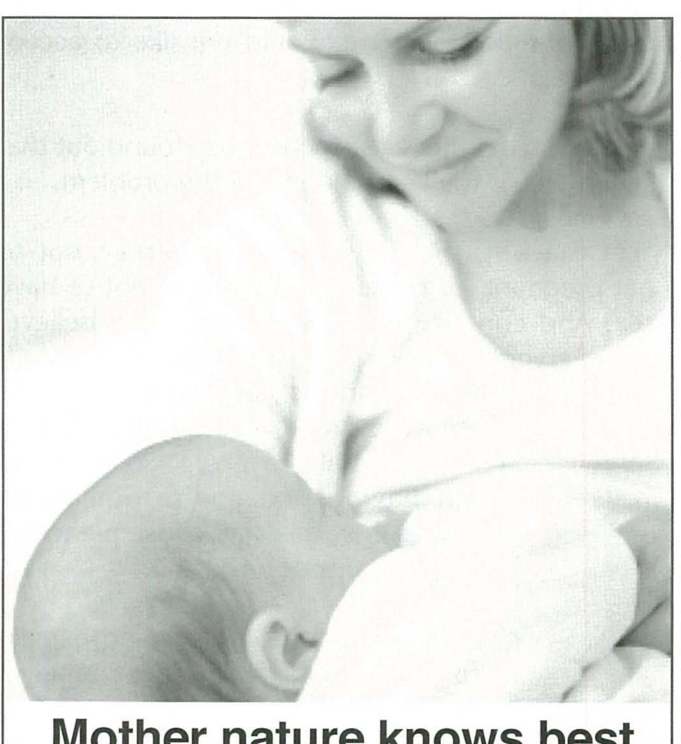

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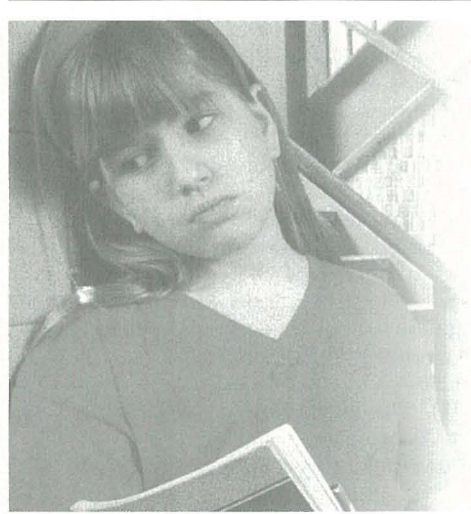


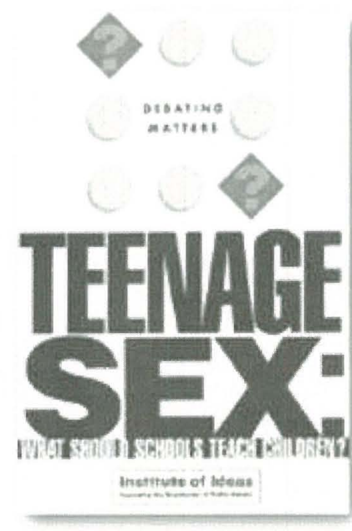
Preventing Teenage Pregnancy?

In my last article of 'Il-Musbieh' of September 2005, issue no. 28, I discussed teenage pregnancy and the problems it carries with it in a summary sort of way.

There were many issues that were discussed briefly especially the issue of preventing these pregnancies from occurring.

Last night I was reading an article on The Times of Malta of the 21st of November 2005, regarding **"Young lack sexual health education".** Dr Camilleri-Cassar who was to speak during a seminar with the title **"Reproductive Health in the Fight against Poverty"** mentioned some points that hit me hard. Referring to a study carried out by The Health Promotion Department, she said that the information young people were getting was sporadic and came from parents, friends or their peers, and very few were getting it formally through the school. She said:" Society points a finger at girls who are having children at a young age, but why don't we ask first what we're doing to help them out? Do they have access to quality education on safe reproductive health? Why are we constantly hiding the fact that we are at fault not to provide them with information about reproductive control simply because we feel inadequate to talk about it in a professional way?"

Are we turning a blind eye to what is happening in our country? Or are we pretending it isn't happening at all? I definitely feel that schools are not doing enough to prepare the children with sex education and the will to say no!!



"Liberals argue that sex education must provide comprehensive information to be effective. They note that the mean age for marriage is 26 years while the mean age for the onset of puberty is 11 years 4 months. (CNN Transcripts. "Jocelyn Elders: Surgeon General's Sex Education Report." 3 July 2001)
A significant majority of kids will engage in sexual activity before marriage no matter what kind of education and upbringing they have."

Not to mention the sexually transmitted diseases that these children are acquiring, it has been publicly made known that sexually transmitted diseases are increasing alarmingly. Could this be due to lack of information about the subject? Most children 14 years and over are being sexually active even though us parents would not like to accept the fact.

In bigger countries like America they found out that abstinence is the best solution to the problem.

"Let's face it, the only way to be certain not to get pregnant -or cause a pregnancy-is not to have sex. And contrary to what many people believe, not everyone is "doing it"- some are, some aren't, and some are lying. In fact, among teens in the 9th through the 12th grade, about half have had sex and half haven't. So if you're not having sex, you're not alone. Remember, sex has consequences."
www.teenpregnancy.org

Can't we open our eyes and explain to our teenagers why abstinence is the best solution? Can't we explain to them that we are not animals and that we can control our feelings and we should be proud of it?

Of course, information coming from untrained sources is usually garbled or restricted. But then the question arises to whom are these children

going to refer? Where are the trained sources that should be helping these youngsters? Most of us parents got our sexual education mostly from our parents. Those were different times!! We used to be afraid to go against our parent's advice. It is not the situation nowadays. We all know that the teenage period is a period for going against the currents and experimenting. Though 20 years ago, we as teenagers were a bit rebellious and experimental, we never dared go far as we were always afraid of the consequences whatever we imagined them to be at the time. It is not so for teenagers today.

There must be something wrong in what we are doing, as the following statistics show, (obtained unofficially). The message we want to deliver to our children is not giving us the 100 per cent results we are aiming for.

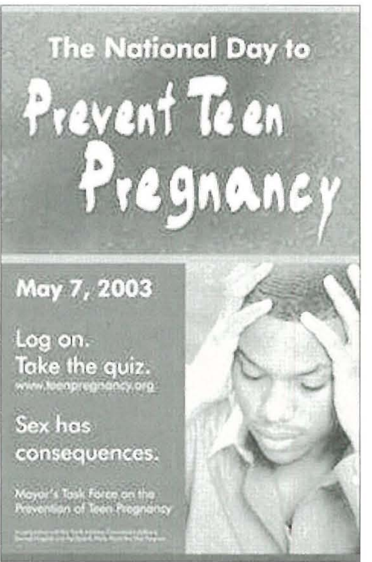
During this year, until November 2005 we have had 108 teenage mothers delivering. Not considering the ones who deliver in the private sector. Ages vary from 12 years to 18 years. For me, this is alarming! During these ages, most teenagers should be thinking about their careers and school. In my last article I described how your life seems to stop at a standstill when you have a baby. Can anyone imagine the dilemma of these children? Can you imagine a teenage girl with full O level qualification stopping her studies to have a baby? What does actually happen when the baby is delivered? Would she be able to continue where she has left off?

From the feedback I am having from these children themselves and from other sources, their academic life stops as soon as they get pregnant. It is understandable that this has to occur in order to teach them basic life skills and maternity care; however we are talking about a teenager who is on the verge of starting to live life as an adult.

A mature pregnant, working mother usually continues with her usual daily routine until she delivers the baby, so why can't these children continue to develop academically in order to make a living in the future?

The system in Malta is that once a schoolgirl becomes pregnant she is referred to a support school under the name of "Għożża". It depends on the girl's choice whether she attends this school or not. Once she decides to attend this school, she is thought how to attend to her baby and about her pregnancy and labour as well as excercises she

needs to know to cope with childbirth and postnatal period. However her academic studies will have to wait for a year or so until the baby is one year old.



What happens to these children once the baby is delivered? Our culture is changing fast. Most women nowadays have to work to support the family as much as men do. Taking into consideration that most of these teenage mothers have working mothers, it will be very difficult to receive support in taking care of the new baby from their family. It will be even more difficult for them to continue with their academic studies. I am definitely not against teenage mothers carrying their responsibility in taking care of their children. In fact I believe that they should carry the whole responsibility in order to learn that life is not a roller coaster where you do one fatal mistake and let the others carry the burden. However I do believe that they **should** have respites in order for them to continue their studies. This could be easily done, if our island was equipped with free day centres for these babies.

Pregnancy and childbirth in itself is stressful not only physically but also psychologically. One example of this is the 4-day postnatal blues that physiologically has an explanation due to withdrawal of placental hormones. But we also know that the more stressful the social condition is the more chance there is that these postnatal blues turn into postnatal depression. Being a teenage mother is definitely a stressful situation. So how are we catering for these mothers? Are there any support groups for staff to refer these mothers to in order to prevent such a situation occurring? Someone to listen to their deepest troubles at such a delicate time? We definitely need psychologists to listen to the needs of these children. These children need an outsider in whom they have confidence, not someone from their own family, who being in this situation **may be biased** or **may not** be seeing the whole picture with personal detachment from the situation.

It takes time for these children to open their hearts and when they do they need someone who is trained to listen, someone who is trusted to keep confidentiality.

Since I have started to work at Antenatal Ward, I have felt the need for such a support group. What the whole system offers is not enough. The teenage mothers I have met so far all needed support both socially and emotionally. My Midwifery Officer and I are trying to do our best but we aren't the trained psychologists these children need. Apart from this, these children do not know anything about their legal rights over their child and we are definitely not the legal professionals to give such an advice. There must be an induction programme where these children can participate and learn more about their legal rights, their health, and a professional to care for their psychological needs. I am pleased to say that we are working on it but the actual start of such a support group takes **time and careful planning**. Teenage pregnancy support group is not something that you start overnight just because you feel the need.

All of us know that prevention is better than cure and this is why I decided to talk more on prevention this time. After all we cannot blame everything on the system, the lack of education, the parents and in the mean time we become onlookers on the whole situation hoping the actual fact does not happen to us through our children. I believe there must be an amalgamation of all three forces together in order to improve our children's sex education.

We have to remove all the taboos, the awkwardness and face the front like soldiers in a war as after all this is a war not only against children having children but also against the contraction of sexually transmitted diseases which are spreading at a fast rate. I am sure that teenagers hardly know about the venereal diseases and their imagination is only limited to HIV infection or maybe hepatitis. Little do they know that these diseases can cause malformation in their child that they have become to accept.

Let us not shake the responsibility on to one another by always finding someone else to blame. Let us keep in mind that the children of these children will form a part of tomorrow's society, with all their background and the problems they carry with them.

Let us give these yet unborn children a right to live a life of security by joining forces and working towards the right education for our children.

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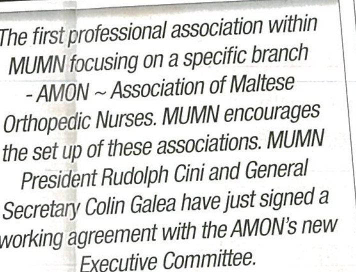
From our diary... Mid-djarju taghna

Another Live-In was organised by the Students Group Committee in collaboration with the Educational Executive Committee for the 3rd and 4th year students mainly focusing on topic that relates to the student period with that of a newly graduated Nurse. Here is one of the tutors giving out a talk regarding employment opportunities in Europe.

Not only lectures! A more relaxing student's Live-In experience. Well Done to the Student's Group Committee for organising such an interesting event.

The first professional association within MUMN focusing on a specific branch - AMON ~ Association of Maltese Orthopedic Nurses. MUMN encourages the set up of these associations. MUMN President Rudolph Cini and General Secretary Colin Galea have just signed a working agreement with the AMON's new Executive Committee.

MUMN President Rudolph Cini signing a new collective agreement together with four other Unions for the Public Service Employees. Vice-President, Maria Cutajar and General Secretary Colin Galea are also present.



The Pensioners' Group Committee has done it again! This time it was in Gozo. The outing was very encouraging with cultural visits and a lovely lunch. The Pensioners' Group Committee is doing a marvelous job, keep it up.

The first meeting following a new collective agreement at Zammit Clapp Hospital. MUMN President and the General Secretary together with the Union Representative of this hospital and the Management are in shot.

As part of the CHOGM, MUMN together with other three associations representing Dentists, Doctors and Pharmacists have collaborated to assist in the organisation of a Symposium on HIV/AIDS and Migration of Health Care Professionals. MUMN President is giving a press conference with the other officials of the three other associations to announce this collaboration and the Symposium itself.

World Health Professions Alliance (WHPA)

Health Professions Worldwide Are Key in Tobacco Control

GENEVA, Switzerland, 31 May 2005 – The World Health Professions Alliance (WHPA) fully supports the World Health Organization (WHO) emphasis on the key role of health professions in tobacco control. On behalf of the 20 million nurses, pharmacists and physicians working worldwide, WHPA is committed to strengthening the active involvement of health professionals in the prevention and cessation of tobacco use. WHPA, a strong supporter of the Framework Convention on Tobacco Control (FCTC), calls on health professionals and their associations to pressure governments that are signatories to the Convention to move forward quickly with implementation of the treaty's provisions. Equally, health professionals in countries that have not yet ratified the WHO FCTC should lobby their governments to do so.

Tobacco is the second leading cause of death globally, causing nearly five million deaths a year. Estimates show that it will prematurely kill ten million people a year by 2020 if current trends are not reversed. Tobacco is the only legal product that causes the death of half of its regular users. This means that out of 1.3 billion smokers, 650 million people will die prematurely.

Health professionals have a fundamental role to play in helping people change tobacco-related behaviour and either cease using tobacco or refrain from early use. Studies have shown that even brief counselling by health professionals on the dangers of smoking and the importance of quitting is one of the most cost-effective methods of reducing smoking.

As leaders and role models, health professionals can set the example for society in designating their workplaces as smoke/tobacco free. As well, adding tobacco control as a part of the training and education programme of all health professionals can result, ultimately, in a drastic reduction of smoking prevalence.

Fifty-fifth Session of WHO Regional Committee for Europe, Bucharest, Romania, 12-15 September 2005.

Statement of the International Council of Nurses

(Agenda Item 6 (b))

On behalf of the International Council of Nurses (ICN), thank you for the opportunity to speak on this important subject. ICN is a federation of national nurses associations (NNAs) in 126 countries. Our mandate is to improve the health of the world's people by improving standards of nursing practice, education, management and research, and strengthening nurses' contribution to health systems at all levels. And in keeping with this goal we applaud the WHO Regional Committee for Europe for the Health For All vision set out in Health21 policy, and for continued advocacy for strengthening nursing and midwifery in implementation of this policy.

WHO acknowledged the importance of nursing's potential through its ministerial conference on nursing and midwifery in 2000 and the Munich Declaration, which emerged from that conference. The Munich Declaration provides a strategic framework and vision for mobilising nursing and midwifery personnel. ICN has supported the Declaration and disseminated information to our members to support its implementation. Now five years past Munich and pleased to see there is a follow-up report- especially as human resource issues continue to be a major concern in Europe, and nursing is on the agenda of the World Health Assembly in May 2006.

We believe a regular reporting mechanism is necessary, and suggest there be a report at the 58th meeting of the Regional Committee for Europe in 2008, with regular reports thereafter. We also urge the Regional Committee to report on the progress in implementation of the Munich Declaration to the Ministerial Conference in 2010.

Effective implementation of the European strategy on Health For All strategy depends on adequate numbers of appropriately skilled human resources, including well-prepared nursing personnel. ICN therefore urges the WHO Regional Office, Governments and others to invest in strengthening the nursing workforce. To that end we strongly support strategies in the Health 21 agenda that see a well-trained Family Health Nurse at the core of primary care.

On its part ICN has developed and disseminated family nurse competencies that provide a framework for curriculum development that support Health For All and primary health care.

Therefore, we would appreciate a response to the following questions:

*** What is the current status of the family health nurse project in countries of the region?**

*** Is there funding in the next biennium for nursing and particularly the Family Nurse?**

In conclusion ICN takes this opportunity to assure you of its continued commitment to partnership with WHO and to strengthening nursing's contribution to translate the vision of Health21 into reality.

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Patient Safety-Making it happen! The 'Luxembourg Declaration on Patient Safety'

European governments and the medical profession are combining to attain higher standards of patient's safety across the European Union (Watson, 2005). The framework for achieving this was set recently with the adoption of a declaration calling for the introduction of a culture of patient safety throughout the entire health system. The opening sentence of the Luxembourg declaration states that "Access to high quality care is a key human right recognized and valued by the European Union, its Institutions and the citizens of Europe" (Luxembourg Declaration, 2005). On 4th and 5th April 2005 major EU health stakeholders representing patients, health care professionals, EU and national authorities, met in Luxembourg at the first EU conference on patient safety. This Conference "Patient Safety - Making it happen - The European perspective" that endorsed the declaration was organized by the Standing Committee for European Doctors (CPME), under the auspices of the Luxembourg EU presidency and the European commission- DG "Health and Consumer Protection". The objectives of the conference were to:
1) identify interest and challenges;
2) share best practices and experiences;
3) sustain and strengthen momentum.

• WHAT'S IN THE LUXEMBOURG DECLARATION?

Luxembourg declaration on patient safety.

Access to high quality healthcare is a key human right recognised and valued by the European Union, its Institutions and the citizens of Europe. Accordingly, patients have a right to expect that every effort is made to ensure their safety as users of all health services.

Background:

The health sector is a high-risk area because adverse events, arising from treatment rather than disease, can lead to death, serious damage, complications and patient suffering. Although many hospitals and healthcare settings have procedures in place to ensure patient safety, the health care sector still lags behind other industries and services that have introduced systematic safety processes.

A number of investigations from all over the world have underlined the need for and the possibility of reducing the number of adverse events in the health sector. Current data show that almost half of all preventable adverse events are a consequence of medication errors.

Accordingly, tools must be introduced aimed at reducing the number and consequences of adverse events. The health sector should be designed in a way that errors and adverse events are prevented, detected or contained so that serious errors are avoided and compliance with safety procedures is enhanced.

As a result of the work done in this field by many players and institutions and the evidence gathered, it is now clear that the first step that needs to be taken should be to establish a culture of patient safety throughout the entire health system. Risk management must be introduced as a routine instrument within the running of the entire health sector. A precondition for risk management is an open and trusting working environment with a culture that focuses on learning from near misses and adverse events as opposed to concentrating on "blame and shame" and subsequent punishment.

Health sector induced harm to patients imposes a heavy burden on society. Investment in patient safety therefore has the potential to generate savings in expenditure coupled with an obvious benefit to patients.

Focus on patient safety leads to savings in treating patients exposed to adverse events and the consequential improved use of financial resources. In addition, savings are achieved in administration costs associated with complaints and applications for compensation. Most importantly, patient safety contributes to an increase in quality of life. In order to achieve this, the culture of safety can be improved significantly in various ways.

In light of the above, the conference recommends that "Patient Safety" has a significant place high on the political agenda of the EU, nationally in the EU Member States and locally in the health care sector.

The conference recommends the EU Institutions:

- To establish an EU forum with participation by relevant stakeholders to discuss European and national activities regarding patient safety.
- To work in alliance with WHO Alliance towards a common understanding on patient safety issues, and to establish an "EU solution bank" with "best practice" examples and standards.
- To create the possibility of support mechanisms for national initiatives regarding patient safety projects, acknowledging that patient safety is in the programme of DG Health and Consumer Protection
- To ensure that EU regulations with regard to medical goods and related services are designed with patient safety in mind.
- To encourage the development of international standards for the safety and performance of medical technology.
- To ensure that the European regulatory framework protects the privacy and confidentiality of patient records in the best interests of the patient, while at the same time ensuring that relevant patient information is readily available to health care professionals.

The conference recommends to the National Authorities:

• To provide patients with full and free access to their personal health information whilst ensuring data accuracy and that patients fully understand their treatment. It is acknowledged that "informed patients" are well positioned to safeguard their own health.
• To consider the benefits of a national voluntary confidential reporting systems of adverse events and near misses.
• To work towards the introduction of risk management routines, for example, by developing guidelines and indicators as a part of a quality assessment system in the health care sector.
• To optimise the use of new technologies, for example, by introducing electronic patient records. Such records would include the personal medical profile and decision-making support programs for health professionals with a view to reducing medication errors and increasing compliance rates.
• To establish national fora, with participation by relevant stakeholders, to discuss patient safety and national activities.
• To safeguard working conditions for all health care professions and to ensure that policies on recruitment and retention are linked to patient safety.
• To recognize and support the user training provided by medical devices, tools and appliances manufacturers thereby ensuring the safe use of new medical technology and surgical techniques.
• To include patient safety in the standard training of health professionals combined with integrated methods and procedures that are embedded in a culture of continuous learning and improvement.
• To ensure that national regulatory framework protects the privacy and confidentiality of patient records in the best interests of the patient, while at the same time ensuring that relevant patient information is readily available to health care professionals.
• To create a culture that focuses on learning from near misses and adverse events as opposed to concentrating on "blame and shame" and subsequent punishment.

The conference recommends to health care providers:

• To facilitate a collaborative care approach between health professionals and health care providers, aimd at enhancing patient safety.
• To implement work place projects focusing on patient safety and to establish an open culture to deal with errors and omissions more effectively.
• To initiate a co-operation between patients/relatives and health care professionals in order that patients/relatives are aware of near misses and adverse events.

Stop...Think...Act...and be ACCOUNTABLE!

Promoting and protecting the welfare of patients/clients and avoiding harm appear to be fundamental responsibilities of all health care professionals. Nurses/midwives should act as advocates by upholding individual's right, prioritizing all actions and assessing what constitutes the best interest of the client/patient with the primary ethic of benifence in mind (Jones, 1997; Lynam, 1995). In providing health care, we nurses/midwives must direct care towards meeting the needs and serving the interests of patients/clients. This means that we as health care professional must endeavour to achieve, maintain and develop our knowledge, skill and competence. We must also acknowledge the limits of our knowledge and skill and take appropriate steps to remedy deficits in order to respond to patients'/clients' needs (NMC, 2002). To 'act in good faith' should be the pervading factor that motivates all nursing actions (Beauchamp and Childress, 1989; 1994).

It seems clear that a basic obligation of every nurse/midwife is to avoid unsafe practice on her own account, and must act to identify and minimise the risk to patients and clients (NMC, 2002). Heywood Jones (1990) stated that there are situations in which nurses/midwives are expected to make supreme efforts to cope with poor conditions related to the environment of care. However, it is not wise to struggle on, in silence, bearing the burden of understaffing, overcrowding and taking short cuts with hazardous practices. Such a level of functioning leaves both staff and patients vulnerable by making the nurse's/midwife's workload personally intolerable and professionally dangerous. Such a declaration and the NMC (2002) recommend that each professional must act in order to protect patients and clients from risk, and where professional cannot remedy circumstances which could jeopardize standards of practice; she/he should report them to senior personnel with enough authority to mange such circumstances. The question of the patient safety is a very important one, also for us nurses/midwives and the care we provide. Personally, I believe that we should stay aware and go on taking part in local and international initiatives dealing with the question. Such an approach will enable us to raise our view points, and act to ensure patient's safety.

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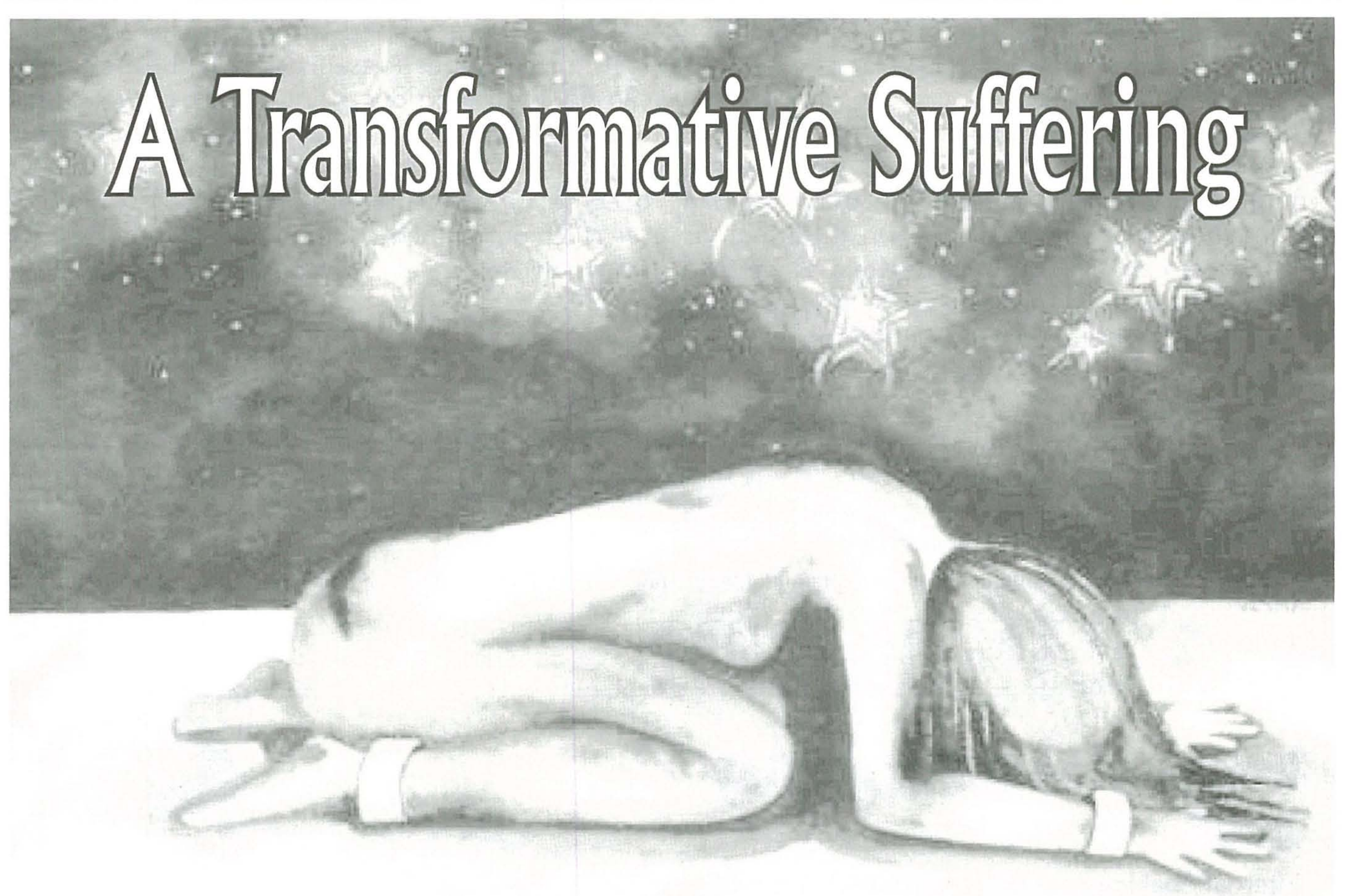

Suffering seems to be a common denominator within human experience. It is said that it affects us mainly in four ways: physically, psychologically, socially and spiritually. Suffering is powerful. When it is approached with the correct attitude, it has the capacity to our change our perceptions, attitudes and behaviours. But how can suffering bring about the much-desired change we all feel we should have in our lives? Is there a journey of redemptive suffering? My personal experience of life and the hospital informs me that there is.

Suffering is painful. Everyone feels to avoid pain as much as she and he can. Having said that, pain can be an excellent way of informing us that cure is needed. Hence, the first thing I feel it is important when we suffer is that we open ourselves to it. We let suffering to come in and have a seat in our lives' living room. At this stage we feel scared because suffering is so much invasive! We feel helpless to respond to the feelings of betrayal, vulnerability and isolation that it generates in us. No wonder why we feel terribly blocked to express ourselves.

Suffering is so demanding. Like a female lover, suffering wants us to herself at all costs. Initially we feel very resistant to her painful embrace. It is so horrible and repulsive! As times goes by we start to feel that it is useless to continue resisting her. It feels it leads us nowhere. Hence, we start to open our arms to embrace it slowly.

As we begin entering the labyrinth of suffering, we start to experience its darkness, coldness and emptiness. Our natural reaction is beautifully captured by Leonard Bernstein words, precisely in his *Symphony No. 3*, called *Kaddish*, "But now I see nothing. This time you show me Nothing at all". Our limitation as humans comes powerfully to the fore accompanied by the famous and obvious question which such experience calls us for: "Why me?" By asking God this pivotal question we are becoming aware that we are searching for a new and transforming meaning to our lives. We are journeying for the hidden pearl in the unknown land.

The more we delve deeper into this emptiness, coldness and darkness of the labyrinth, the more we feel that we are somehow united with the Other. Trusting the Other becomes a risk, a challenge and an achievement in this stage. We begin to realize that there is an entire universe of interpretations in front of us that can explain what our suffering is all about. The crucial thing to do in this phase is to listen to this bigger Self within us, God. It is in his light, that we ask what path we need to take in order that we might live

the present situation with more meaning, hope and courage.

The more we are grounded within ourselves the more we feel that the time is approaching whereby we need to intervene in our lives. We might already be having our own intuitions as to how we can proceed. Nevertheless, we also harbour the feeling that on our own we cannot make it. Thus, humility starts creeping in us. It opens us up to the help of others.

As we begin to feel the support of other people we understand that after all, suffering is not that bad. It has its positive aspects too. By courageously undertaking the journey of suffering we learn that the more we are open to ourselves, others and to the Mysterious Presence in us, the better we can undergo the slow, painful, arduous yet sound transformation into a new way of being and acting. And when we find our way through our suffering we become a resource of comfort and hope to others. We reach out to them via our unique experience of a relational, reflective, and transformative suffering.

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Fr. Mario Attard OFM Cap is a Franciscan Capuchin Brother. He works as a hospital Chaplain at St Lukes Hospital. He also gives his pastoral service at Our Lady of Lourdes Parish, San Gwann.

21st Century Nurse

May Newsletter

International Nurses Day 2005

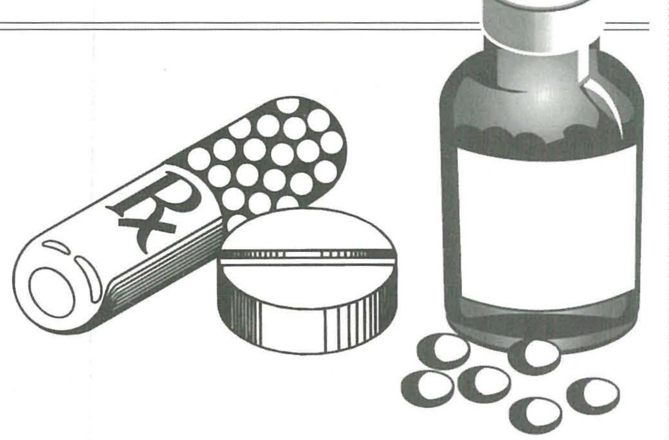
International Nurses Day is celebrated around the world every May 12, the anniversary of Florence Nightingale's birth. You can find information about Florence Nightingale on the Florence Nightingale International Foundation (FNIF)

This year's theme is:
"Nurses for Patient Safety: Targeting Counterfeit and Substandard Medicines"

The International Council of Nurses (ICN), realising that counterfeit medicines are becoming a serious threat to patient safety, has chosen to focus on this topic for International Nurses Day (12 May 2005) and has produced a useful tool kit on counterfeit medicines.

The United States Food and Drug Administration (FDA) states that counterfeit medicines make up more than 10% of the global medicines available in the market and are available in both developed and developing countries.

ICN is working to inform nurses and to provide them with the tools to tackle this problem. The ICN tool kit provides useful tools and advice for nurses, alongside an outline of the current situation and useful facts and figures about counterfeit medicines.



For the ICN Tool Kit, Click here:
http://www.icn.ch/indkit2005.pdf

Further information can be found at:
http://www.icn.ch/indkit.htm

New Weapon Against MRSA Discovered

NHS bosses claim to have found a new weapon against the superbug MRSA, they claim that a particular honey from Australia prevents wounds becoming infected and can clear infections.

Anthony Maloney from Medihoney said: "A couple of teaspoons of the honey in a glass of water would knock out the worst bug in hospitals today".

Trials at Aintree Hospital, Liverpool, showed it can fight pain and heal wounds quickly. The Department of Health said: "We welcome any help in preventing infection".

Trade Justice
Fair Trade, Not Free Trade!

by **William Grech**

The International Civil Society community participating in the Global Call to Action against Poverty (GCAP) is fighting for the setting up of rules that ensure governments, particularly those of poor countries, can choose the best solutions in international trade to end poverty and protect the environment. These will not always be free trade policies.

The Maltese GCAP Platform is made up of 42 organisations and is working under the STOPoverty! slogan. It is calling for the end of export subsidies that damage the livelihoods of poor rural communities around the world. The International Community should draw up rules that would stop the large businesses from profiting at the expense of people and the environment.

The G8 summit this summer provided some progress on increased aid and debt relief, although not to the extent necessary to put to an end the suffering and the wasting away of millions of persons. However, the issue of justice in trade was not addressed. December offers a real chance of progress if the people who have the power to change global trade rules, i.e. the World Trade Organisation (WTO) are meeting in Hong Kong. They will either carry on supporting rich countries and corporations or they will finally wake up to the fact free trade is causing millions of persons to suffer.

Trade is the most effective and sustainable way by which any country could gain the resources needed to address social advancement. This is why just international trade is fundamental in ending poverty in the developing world. If correctly regulated, it provides a steady and dependable income which can be used to fight disease, build hospitals and feed the starving, not to mention offering a basic level of education to a larger number of people.

The problem with international trade rules lies in the fact that these rules are only favourable to the most powerful countries and their businesses. These rules allow rich countries to pay subsidies to their farmers and producers to export food. Such subsidies allow a high quantity of produce at a rock bottom price to enter the international market. Farmers and producers in poor and unstable countries cannot compete with these prices and are often forced to sell their products at a price that does not even cover 75% of the cost.

But what does justice in trade mean in practice? The WTO is being asked to:

i. Put an end to the agricultural export subsidies of the both the EU and the USA that are damaging farmers and producers in poor countries;
ii. Enable poor countries to feed their people by protecting their own farmers and staple crops. The local agricultural products should first provide for the internal demand. This is not being achieved as countries are forced by WTO and International Monetary Fund (IMF) loan conditions to trade with the EU and the USA;
iii. Ensure that governments can effectively regulate water companies by keeping water out of world trade rules and out of privatisation and speculation;
iv. Ensure trade rules do not undermine core labour standards.

The international market strategies of the World Bank and the IMF have proved disastrous over the past 20 years. The EU must drop its demand that former European colonies keep open their markets and give more rights to big companies under the travesty of Direct Foreign Investment. Such companies, especially the multinationals, need regulating with the aim to make them accountable for their social and environmental responsibilities wherever they operate. Countries must be able to regulate foreign investment in a way that best suits their respective needs.

neqirdu l-faqar! STOPoverty!

ĦIDMA - MUMN SVPR

Kienu diversi t-tentattivi sabiex jissolvew il-problemi li għandna mall-personnel seċtion però dejjem bl-insistenza tagħna bħala sotto-kumitat li bdejna naraw xaqq dawl ta' tama. Issemmew ħafna skużi mill-awtorità biex jiġġustifikaw din is-sitwazzjoni iżda l-Union baqgħet għaddejja sabiex tieħu d-drittijiet kollha.

F'risposta li tana d-Direttur wara li erġajna ktibna ittra li turi it-tħassib tagħna, qalilna li f'dan l-isfond ġie deċiż li, hu s-Sur M Bezzina bħala Direttur flimkien mas-Sur J Rapinett – Asssistent Direttur u s-Sur A Briffa – Manager Nursing Services ser jibdew jiltaqgħu b'mod regolari (kull ġimgħa) ħalli dawn il-problemi jiġu ndirizzati b'mod konkret.

Kellna ukoll laqgħat mad-Direttur s-Sur M Bezzina, s-Sur J Rapinett – Assistant Direttur, u s-Sur A Briffa MNS fejn flimkien ddiskutejna fid-dettal dawn id-diffikultajiet bit-tama li tinstab soluzzjoni dejjiema. Bl-insistenza ta' L-MUMN u b'rieda tajba ta' dan l-hekk imsejjaħ bord, jidher li x-xogħol issa beda miexi u jidher qed innaqqsu mill-lista tal-problemi pendenti, iżda għalkemm l-Union tapprezza dan it-tentattiv xorta tinsab xettika li verament ser tinsab soluzzjoni permanenti.

Bagħtna ittra lid-Direttur is-Sur M Bezzina rigward l-istaff domestiku fejn għarrafnih li l-MUMN mhux ser taċċetta aktar li ma jiġux identifikati persuni li ser jiehdu responsabiltà ta' l-istaff domestiku fir-residenza, kif fuq kollox kien assigurat minnu stess f'ittri preċedenti.

Għaldaqstant l-MUMN ma kelliex triq oħra ħlief li tagħti struzzjoni lill-membri tagħha biex minn nhar it-tnejn 31 ta' Ottubru 2005 ma jieħdux responsabiltà għax-xogħol imwettaq mill-istaff domestiku, liema staff mhux ser jieħdu responsabiltà tiegħu bl-ebda mod, u li din l-istruzzjoni ser tibqa' fis-seħħ sakemm tiġi appuntata u allokata persuna li ser tiegħu l-inkarigu f'din ir-responsabiltà.

Fl-24 ta' Novembru 2005, f'laqgħa li kellna mas-Sur A Briffa MNS qalilna li nħattru tlett persuni supervisors fuq l-istaff domestiku. F'dan il-kuntest il-MUMN irtirat d-direttiva.

Kwistjoni pendenti oħra li wkoll l-MUMN kellha toħroġ direttiva hija fuq il-kwistjoni tal-*maintenance* matul il-lejl. Din hi kwistjoni li l-Union qed tinsisti li tinstab soluzzjoni għaliha għaliex qed jintefa' ħafna responsabiltà fuq in-Nurse li jrid jara kif isolvi il-problemi tal-*maintenance* bil-lejl, meta dak li suppost ha r-responsabiltà f'idejh biex xi darba jiddiċiedi x'ser jagħmel b'din il-problema ta' kuljum bil-lejl, qiegħed frisk frisk d-dar, u qiegħed passiv għal-aħħar.

Filwaqt li obligati li ngħamlu d-dmirijiet tagħna sew, daqshekk ieħor għandna nieħdu d-drittijiet tagħna bi dritt. Aħna m'aħniex ser inservu ta' tapit għal-ħadd.

Raymond Chetcuti
Chairperson , Sotto-Kumitat MUMN SVPR

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Ejjew nieqfu ftit...

Paraskavedekatriaphobia

Friday the 13th is considered to be a day of bad luck in many superstitions. The fear of Friday the 13th is called paraskavedekatriaphobia or paraskevidekatriaphobia, a specialised form of triskaidekaphobia, a phobia (fear) of the number thirteen.

ORIGINS

The origins of the Friday the 13th superstition has been linked to the fact there were 13 people at the Last Supper of Jesus, who was traditionally crucified on Good Friday, but it probably originated only in medieval times. It has also been linked to the fact that a lunisolar calendar must have 13 months in some years, while the solar Gregorian calendar and lunar Islamic calendar always have 12 months in a year. Another suggestion is that the belief originated in a Norse myth about twelve gods having a feast in Valhalla. The mischievous Loki gatecrashed the party as an uninvited 13th guest and arranged for Hod, the blind god of darkness, to shoot Baldur, the god of joy and gladness, with a mistletoe-tipped arrow. Baldur was killed and the Earth was plunged into darkness and mourning as a result.

Some also say that the arrest of Jaques de Molay, Grand Master of the Knights Templar, and 60 of his senior knights on Friday, October 13, 1307 by King Philip IV of France is the origin of this superstition. That day thousands of Templars were arrested and subsequently tortured. They then 'confessed' and were executed. From that day on, followers of the Templars as an evil and unlucky day considered Friday the 13th.

EFFECTS

Strangely, there is evidence to suggest that Friday the 13th is actually unlucky for some. Psychologists have found that some people are especially likely to have accidents or fall ill on Friday the 13th. This has been attributed to such people feeling a heightened state of anxiety on that day. The Stress Management Centre and Phobia Institute in Ashville, North Carolina estimates that in the United States alone, $800 or $900 million is lost in business each Friday the 13th because some people will not travel or go to work.

The date is also well known in the motorcycle (biker) community: since 1981, motorcycle enthusiasts and vendors gather every Friday the 13th in Port Dover, Ontario, Canada. This tradition started on November 13, 1981 by Chris Simons as a gathering of approximately 25 friends. The event has grown substantially, with an estimated 100,000 people attending in August 2004, as well as music bands, vendors, a bike show, etc.

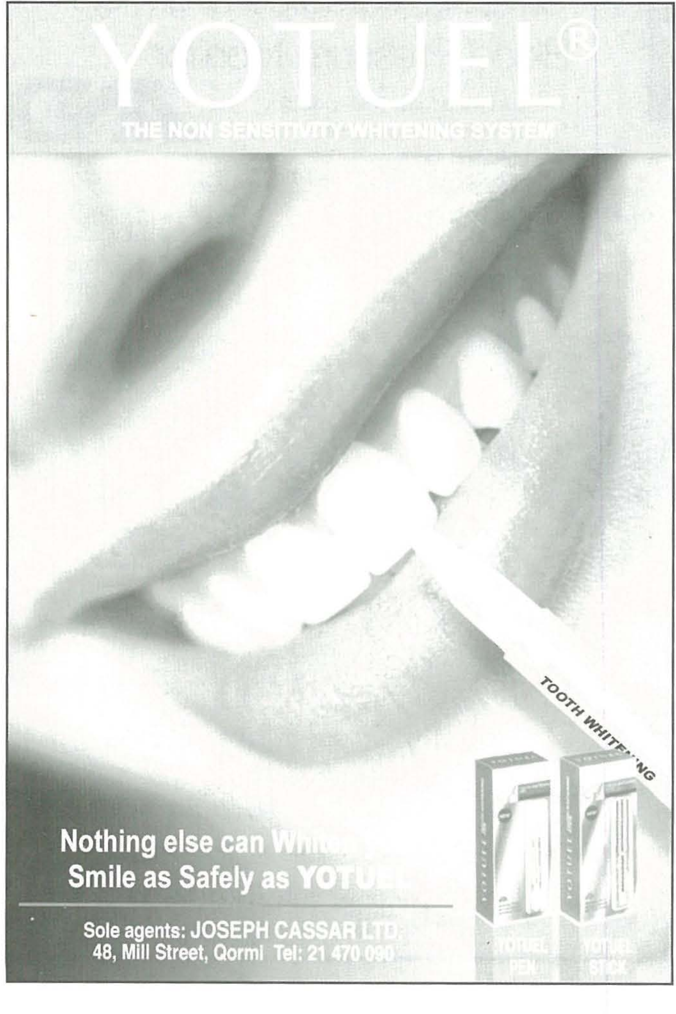
In the Spanish-speaking world, it is Tuesday the 13th (as well as Tuesdays in general) that brings bad luck; a proverb runs En martes, ni te cases ni te embarques (on Tuesday, neither get married nor start a journey).

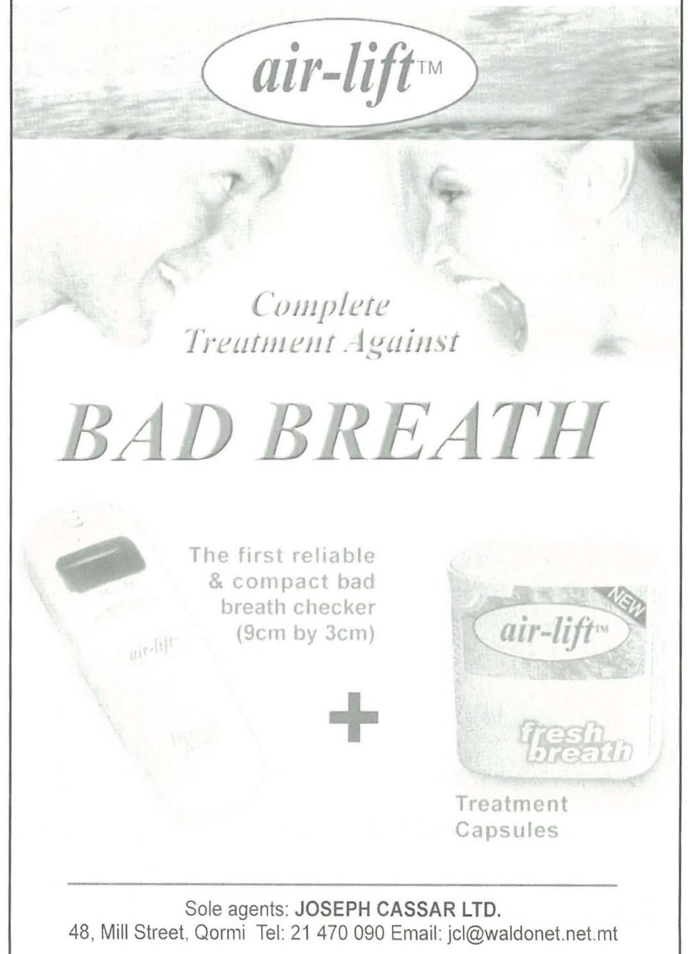
OCCURRENCE

The following months have a Friday the 13th:

- 2005, 2011, 2016, 2022 May
- 2006, 2017, 2023 January, October
- 2009, 2015, 2026 February, March, November
- 2010, 2021, 2027 August
- 2012 January, April, July
- 2020 March, November

This information is courtesy of WIKIPEDIA





Ejjew nieqfu ftit...

Thank you Lord, for Life

Every day be thankful for what you have and who you are.

Even though I clutch my blanket and growl when the alarm rings. Thank you, Lord, that I can hear. There are many who are deaf.

Even though I keep my eyes closed against the morning light as long as possible. Thank you Lord that I can see. Many are blind.

Even though I huddle in my bed and put off rising. Thank you, Lord, that I have the strength to rise. There are many who are bedridden.

Even though the first hour of my day is hectic, when socks are lost, toast is burned, tempers are short, and my children are so loud. Thank you Lord, for my family. There are many who are lonely.

Even though our breakfast table never looks like the picture in magazines and the menu is at times unbalanced. Thank you Lord, for the food we have. There are many who are hungry.

Even though the routine of my job often is monotonous. Thank you, Lord, for the opportunity to work. There are many who have no job.

Even though I grumble and bemoan my fate from day to day and wish my circumstances were not so modest. Thank you Lord, for Life.

ROOM 302

A woman called a local hospital. "Hello, could you connect me to the person who gives information about patients? I'd like to find out if a patient is getting better, doing as expected, or getting worse."

The voice on the other end said, "What is the patient's name and room number?"

"Sarah Finkel, room 302."

"I'll connect you with the nursing station."

"3-A Nursing Station. How can I help you?"

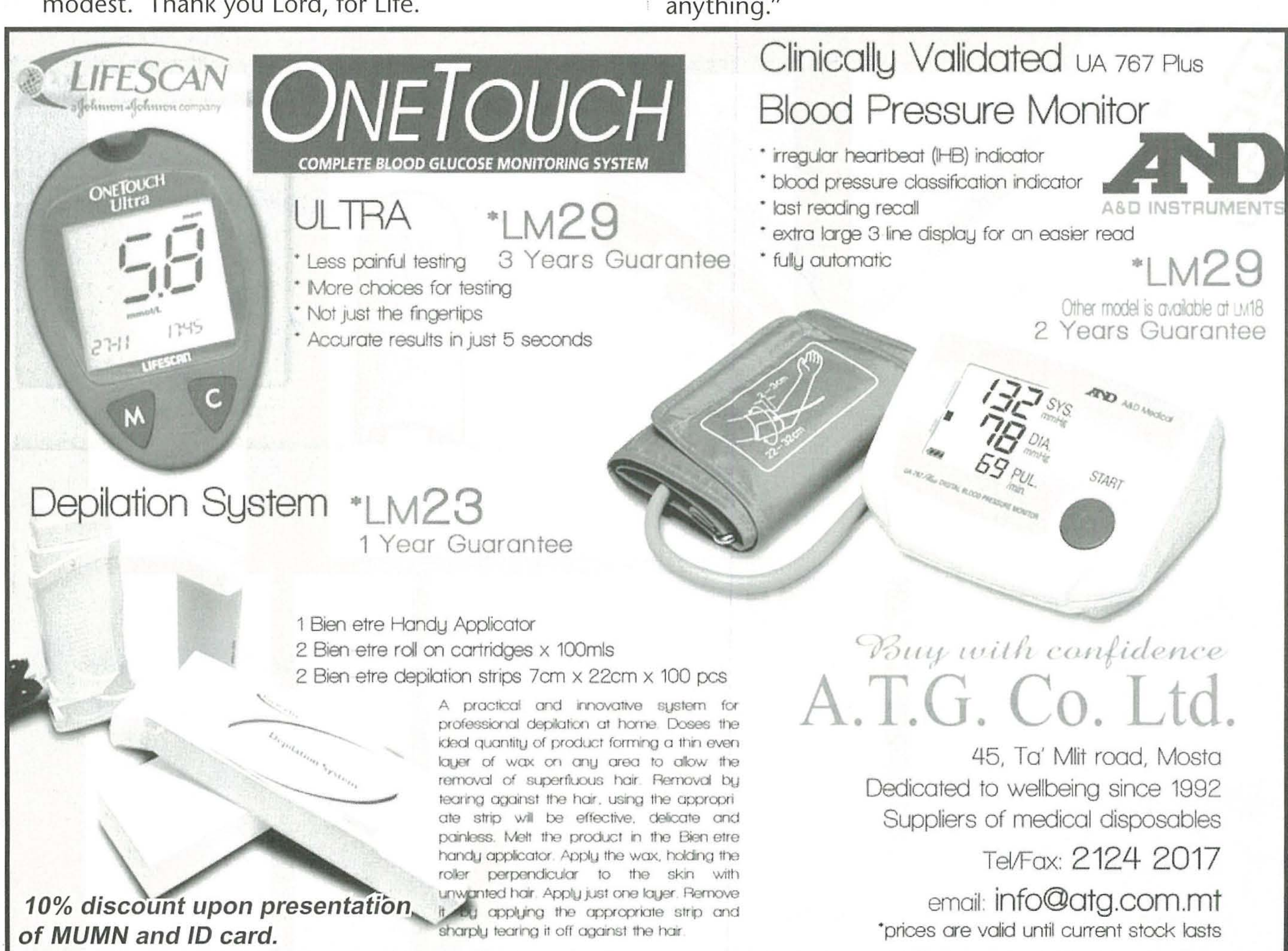
"I'd like to know the condition of Sarah Finkel in room 302."

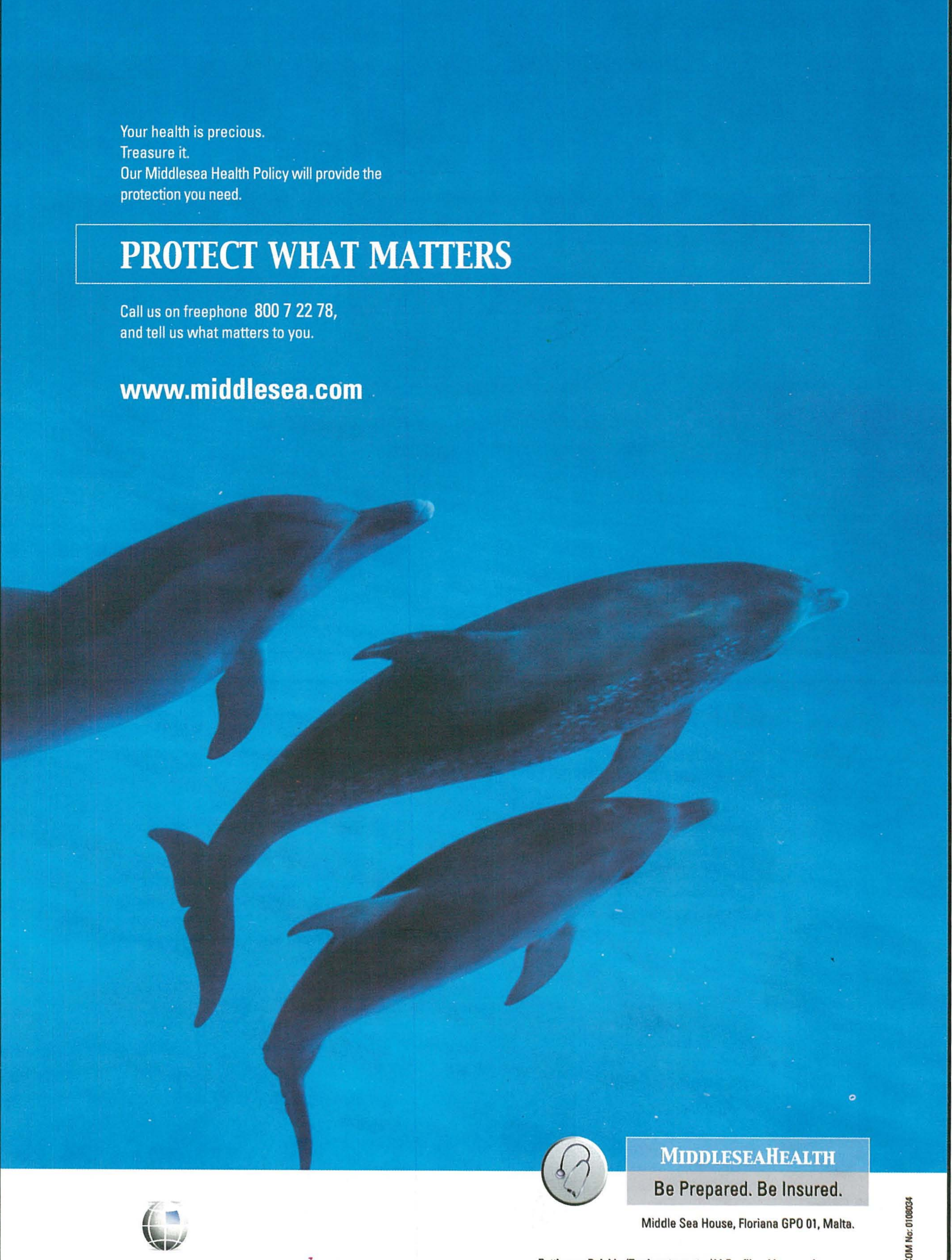
"Just a moment. Let me look at her records. Mrs. Finkel is doing very well, in fact, she's had two full meals, her blood pressure is fine, she is to be taken off the heart monitor in a couple of hours, and if she continues this improvement, Dr. Cohen is going to send her home Tuesday at noon."

The woman said, "What a relief! Oh, that's fantastic... that's wonderful news!"

The nurse said:, "From your enthusiasm, I take it you are a close family member or a very close friend!"

"Neither! I'm Sarah Finkel in 302! Nobody here tells me anything."





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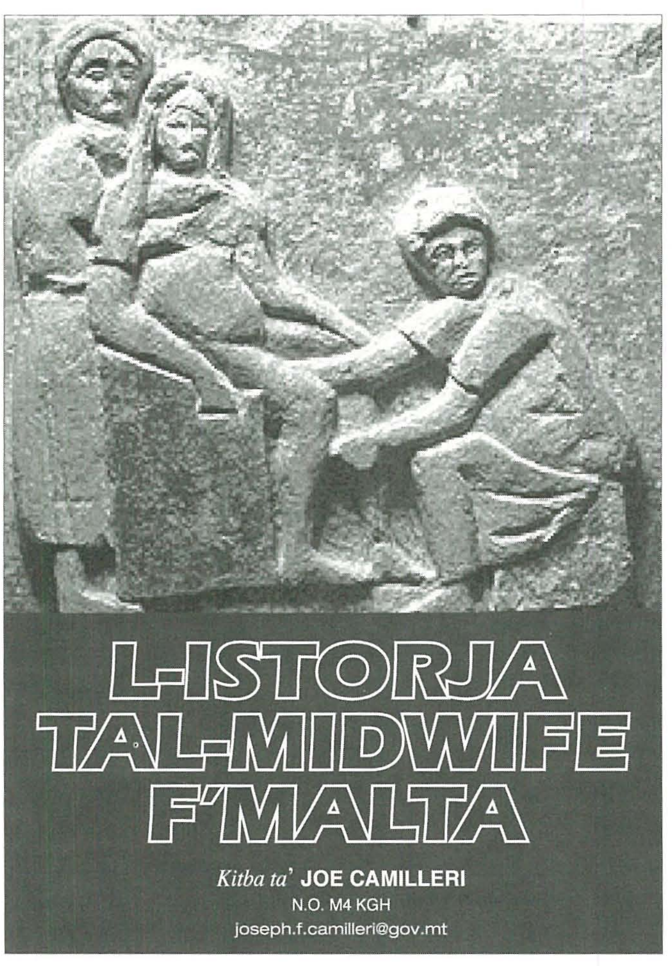


IT-TAGĦLIM TAT-TEORIJA U L-PRATTIKA TAL-MIDWIFERY

L-Istat ma kien joffri l-ebda faċilità biex jgħallem it-teorija u l-prattika tal-obstetrija lill-midwives sal-bidu tad-dsatax il-seklu. Kien sar attentat fl-1772 minn kirurgu mpjegat fin-navy tal-Ordni ta' San Ġwann ta' Ġerusalemm biex jibda 'course' ta' tagħlim għall-midwives. Il-kirurgu, Dr. Giuseppe Antonio Creni, issuġerixxa li jagħti lezzjonijiet darba fix-xahar, jew aktar ta' spiss jekk ikun hemm bżonn, mhux biss għall-midwives li se jilħqu iżda anke dawk li diġa kienu jaħdmu. Hu ppropona wkoll li jagħti dimostrazzjonijiet prattiċi fuq mudell anatomiku li hu kien akkwista minn Bolonja fejn hu kien ħa t-taħriġ tal-kirurġija tiegħu. It-talba tiegħu għamilha lill-Granmastru fejn hu rrimarka li, minħabba n-nuqqas ta' ħila tal-midwives waqt il-qadi ta' dmirijiethom, mhux l-ewwel darba li weġġgħu jew qatlu lit-tarbija jew lil omm. It-tamiet ta' Dr. Creni, għaldaqstant, qatt ma seħħew għaliex, skond wieħed mit-Tobba Prinċipali tas-Sacra infermeria, il-midwives tant kienu njoranti li ma setgħu qatt jigwadanjaw mill-lezzjonijiet. Verament, barra mill-fatt li ma kienux jifhmu t-Taljan, li dak iż-żmien kienet il-lingwa uffiċjali ta' Malta, ma kellhom l-ebda ideja fuq il-prinċipji fundamentali tal-anatomija tal-bniedem jew tal-kliem tekniku wżat f'din l-arti. F'dawn iċ-ċirkostanzi, fl-opinjoni ta' Dr. G. Imbert, il-lezzjonijiet lill-midwives jistgħu jkunu biss 'skandalużi u mimlija nkonvenjenzi'.

Dawn l-affarijiet m'eżistewx biss f' Malta. Sa nofs is-seklu dsatax it-taħriġ tal-midwives kien joħloq problema urġenti mediko-soċjali f' ħafna pajjiżi Ewropej. F' Malta inizjattiva uffiċjali għat-tagħlim tal-midwives tmur lura sal-1802 meta Għalliem tal-Obstetrija Dr. Francesco Butigiec, kien appuntat fl-Isptar tan-Nisa fil-Belt Valletta. Din l-iskola spiċċat xi żmien wara bil-konsegwenza li l-prattika tal-midwifery iddeterjorat.

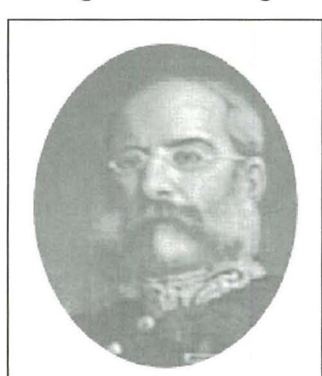
Fiċ-ċensiment tal-1842, 94 mara kienu rreġistrataw il-professjoni tagħhom bħala midwife. F' Marzu 1841 il-gazzetta 'Il-Globo' ikkumentat li l-midwives kienu qed jikkaġunaw imwiet waqt u wara t-tqala minħabba l-injoranza tagħhom. Fl-1842 Dr. T. Chetcuti u Dr. N. Zammit, fir-rapporti tagħhom fuq ir-riformi Universitarji proposti, irrakkomandaw li l-gvern jipprovdi 'course' ta' tagħlim fuq teorija u prattika lill-midwives li kienu kapaċi jaqraw u jiktbu.

Fl-4 t'Awwissu 1853 il-Kummissarji tal-Karità ddeploraw il-fatt li 'midwives kompetenti kienu qed jispiċċaw malajr u nisa njoranti kienu qed jaħdmu b'detriment serju tal-popolazzjoni l-fqira'. Dawn waħħlu din iċ-ċirkostanza għax għalqet l-Iskola tal-Midwives u rrakkomandaw lill-gvern biex din l-iskola terġa' tistabbilixxi ruħha flimkien ma twaqqif ta' miżuri legali biex jipprevenu nisa milli jeżerċitaw il-professjoni tal-midwife sakemm ikollhom iċ-ċertifikat adekwat u l-kwalifikazzjonijiet. Biex ma jgħabbux lill-gvern bi spiża żejda huma ssuġġerew li l-kandidati jħallsu ħames xelini fix-xahar lill-Kontrollur tal-Kuntratti u li għandhom jaħdmu bħala servjenti żejda waqt li jkunu għat-tagħlim fl-Isptar. L-iskola kienet reġgħet infetħet iżda l-materjal kliniku kien tant skars li f'Settembru 1854 il-Junior Physician Dr. G. Clinquant li kellu jgħallem lill-midwives kellu juża' tifla t'għaxar snin mis-sala tal-mediċina għal-skop ta' dimostrazzjoni-b'biża kbir taċ-Chairman tal-Bord tal-Kummissjoni tal-Karità li għedded li jirraporta lill-Eċċellenza Tiegħu il-Gvernatur jekk terġa' sseħħ xi ħaġa simili fil-futur. Arranġamenti ġodda saru fl-1855 biex iqegħdu l-Iskola tal-Midwifery tal-Isptar Ċentrali fuq pedamenti soda iżda mill-bidu raw li-organizzaturi kienu se jħabbtu wiċċhom prinċiparjament minħabba preġudizzji li 'ma kienux biss tal-fqir'. Għal din ir-raġuni l-għalliem kien imwissi mill-Ispettur tal-Istituzzjonijiet Karitattevoli biex joqgħod attent 'li ma jġiegħlx biex ikun hemm oppożizzjoni u preġudizzji sakemm mhux vera bżonn'.

Għalkemm kien hemm prudenza, xorta baqgħu jiltaqgħu ma xi diffikultajiet minħabba skrupli li fixklu dan il-'course' sperimentali u anke bin-'nuqqas ta' mudell anatomiku suffiċjenti'. Ma kienx sorprendenti għalhekk, li f'dan il-perjodu, u għal ħafna snin wara, il-midwives kienu biss 'attendenti kapaċi biss biex ilissnu ġakulatorji u talb, kif kien ifettlilhom, waqt li b'idejhom it-tnejn miftuħa jirċievu l-fetu b'mod naturali li jkun ħareġ mill-ġuf, assistenza li kull individwu jaf x'għandu jagħmel'.

Saru suġġerimenti għall-sforz ieħor biex joħolqu klassi aktar effiċjenti ta' midwives fl-1868 u għalhekk jistabilixxu skola għall-Midwifery Prattiku fl-Isptar Ċentrali taħt id-direzzjoni tas-'Senior Surgeon' u l'Accoucher'. Fil-5 ta' Marzu 1869 il-Kontrollur tal-Istituzzjonijiet Karitattevoli ħejja abbozz ta' regoli tal-iskola li ġiet mitluba, lil Eċċellenza Tiegħu il-Gvernatur. Huwa ikkunsidra l-għazla ta' studenta aktar rispettabbli, it-tagħlim tat-tejorija u tal-prattika tal-midwifery, eżami li jikkwalifika minn awtorita' mwaqqfa kif suppost u li l-istudenti jieħdu l-ġurament qabel jitħallew jeżerċitaw il-professjoni. Il-proviżjoni ta' midwives imħarrġa kif suppost kien hemm bżonnhom b'mod speċjail għall-pajjiż hekk prolifiku bħall-Malta minħabba l-umilta' tan-nisa Maltin tant li l-presenza ta' 'accoucher' fil-kamra tat-twelid (labour room) kienet biss ittolerata f'każi diffiċli ħafna u ta' periklu. Għalhekk, kien ittamat li waqt li n-numru ta' midwives mħarrġa jiżdied b'mod sostanzjali, waħda jew tnejn minnhom ikunu assenjati ma kull distrett tal-pulizija. Fil-25 ta' Ġunju 1869, avviż tal-gvern kien javża applikanti ġodda għar-reġistrazzjoni ta' studenti fil-course tal-midwifery. Fi sforz biex din l-iskema jagħtiha pubbliċita' wiesgħa, il-Kontrollur tal-Istituzzjonijiet Karittatevoli talab l-għajnuna tal-Kappillani, Sindki u pulizija taż-żewġ gżejjer biex jinforma l-pubbliku bil-course ta' studji prospettiv.

L-iskola nfetħet fl-24 ta' Novembru 1869, bil-lezzjonijiet isiru mill-Professur S.L. Pisani, is-'Senior Surgeon' u 'Accoucher' tal-Isptar Ċentrali. Il-lezzjonijiet kienu jsiru darbtejn f'ġimgħa bl-Ingliż u t-Taljan. Huma għaddew il-prinċipji tal-midwifery, tan-nursing u t-trattament tal-mard puerperali u l-kura tat-trabi. Waqt l-ewwel 'course' kien hemm ħafna opportunitajiet għall-istudenti biex jassistu fi ħlasijiet normali iżda ma setgħux jattendu ħlasijiet patoloġiċi. Minn tmien studenti li għamlu l-'course', tlieta kienu nisa Ingliżi miżżewġa lil surġenti tal-army. Tnejn mit-tfajliet Maltin, aktar tard ikkonvinċewhom biex jabbandunaw il-'course' minħabba l-livell baxx t'edukazzjoni li kellhom. Il-'course' dam sittax-il xahar iżda kien maħsub li jestenduh sa sentejn u li jibdewh f'Ottubru ta' kull sentejn. In ġenerali r-riżultati tal-ewwel 'course' kienu kkunsidrati bħala sodisfaċenti ħafna mill-awtoritajiet tal-isptar u 'anke qatt mistennija'.


Il-Professur S.L. Pisani

It-tieni 'course' kien imħabbar fil-21 ta' Lulju 1871. L-illitteratiżmu tal-applikanti, għaldaqstant, kien ta' tfixkil serju biex l-iskola tkompli 'l quddiem. L-istudenti kienu mis-saff l-aktar baxx tal-popolazzjoni u l-anqas kellhom skola elementari. Fil-fatt, fl-ewwel 'course', numru ferm akbar ta' nisa ppreżentaw ruħhom biex jidħlu, aktar milli kien mistenni, u r-raġuni li ġew irrifjutati tkun 'id-defiċenza tagħhom biex jifhmu l-lezzjonijiet tant meħtieġa'. Is-sitwazzjoni tant ma tjiebitx fis-snin ta' wara li l-għalliem kellu jgħallem biss xi ftit affarijiet bil-Malti. Wara li assistew għal ftit ħlasijiet l-istudenti sarilhom eżami orali. Eżamijiet prattiċi ma sarux għalkemm eżami prattiku ġie miżjud aktar tard.

Fl-1897 il-Professur S.L.Pisani kiteb hekk: 'Ippruvajt nipproduċi midwives ta' klassi aħjar-ma rnexxilix-waħda biss kellha l-kuraġġ li ssir midwife imma ftit wara qatgħet qalba u ma komplietx tipprattika. Niftakar li għidtilha tattendi mara Awstrijakka, il-mara ta' uffiċjal fil-Black Watch. Fl-aħħar mumenti, meta s-servizzi tagħha kien hemm bżonnhom, hija abbandunatni u minflok ġiet hi, kellha l-ardir li tibgħatli nurse ordinarja'.

Il-professjoni medika ikkundannat bil-qawwa kollha kif kienu sejrin l-affarijiet. Biex jirmedjaw l-affarijiet ġie ssuġerit li l-istudenti jkollhom edukazzjoni primarja u jifhmu xi ftit it-Taljan biex ikunu jistgħu jaqraw u jimxu ma ktieb tal-obstetrija; u li kandidati magħżula jridu jkunu minn fost orfanatrofji u tfajliet li jattendu skejjel elementari fl-etajiet ta' bejn it-tmintax u l-għoxrin. Il-ġurnal mediku 'Il-Barth' iddikjara bil-miftuħ li l-midwives kienu qabda njoranti li jew fallew li jsejħu lill-obstetriku fil-ħin propizju jew ippruvaw jgħaġġlu l-ħlas tat-tarbija u kkaġunaw feriti perinejali estensivi fuq l-omm. Oħrajn anke ażżardaw jippużaw ta' tobba billi kitbu riċetti ta' mediċini għall-uġigħ menstruwali u mard ieħor, u anke ppretendew li jikkoreġu l-ġuf-għaldaqstant ma kienux kapaċi jgħarfu l-fetu li kien qed jippreżenta ruħu. Biex tgħaqqadha, il-'course' tal-1876 kellu jiġi sospendut minħabba li ma nstabx akkomodazzjoni adekwat għall-istudenti midwives fl-Isptar Ċentrali, għax il-kmamar li qabel kienu jokkupawhom ingħataw lill-istudenti tal-Università

meta bdewlhom'course' kliniku fl-obstetrija fl-isptar. Il-'course' reġa' beda' fis-sena ta' wara u f'Ottubru 1878 tmien studenti kienu lesti biex jagħmlu l-eżamijiet finali. Il-'courses' li ġew wara kienu mtawla għal-perjodu ta' sentejn.

F'Ottubru 1873 rikjesta mill-Professur S.L.Pisani ġiet ippreżentata lil gvern biex jippublikaw il-lezzjonijiet tiegħu f'forma ta' ktieb biex iqassmuhom ll-istudenti tiegħu fl-aħħar tal-'course' iżda kellhom jgħaddu għaxar snin biex il-ktieb tiegħu 'Ktieb il-Qabla' jiġi ppublikat. Biex jiżguraw faċilitajiet adekwati għat-taħriġ prattiku tal-istudenti, 'ġisem artifiċjali' nxtara mill-gvern fl-1885 għall-prezz ta' £10 sterlina. Fl-1886 ġie deċiż li persuni ta' bejn l-għoxrin u t-tletin sena biss kellhom jiġu aċċettati bħala studenti u peress li l-lezzjonijiet kienu qed jingħataw bil-Malti, l-applikanti kellhom ikunu jafu jaqraw dil-lingwa. Fl-1895 l-istudenti kellhom ukoll ikunu jafu jiktbu u jkunu jafu mhux ħażin l-ewwel erba' regoli tal-aritmetika. Aktar tard sar obbligatorju għall-istudenti biex jattendu wkoll il-'course' ta' 'Hospital Attendants' fl-Isptar Ċentrali u li jgħaddu l-eżamijiet fin-nursing ġenerali qabel ma jiġu aċċettati għall-eżami tat-teorija tal-midwifery.

Wieħed mill-iktar bżonn li kien ilu jinħass mill-gwarniġjun Brittaniku kien li jkun hemm midwives li jitkellmu bl-Ingliż għan-nisa tal-impjegati militari stazzjonati f'Malta. Lejn l-aħħar tas-seklu dsatax midwife waħda jew tnejn biss kont issib fost in-nisa tas-suldati Ingliżi bil-konsegwenza li ma setgħux ilaħħqu mal-bżonnijiet tal-familjari ta' għaxar t'elef truppa li dak iż-żmien kien hawn fuq din il-Gżira. Il-konsegwenza kienet li n-nisa tas-suldati kienu jitħallew għall-ħniena u l-monopolju ta' xi midwife Ingliża jew tnejn li ma kellhomx x'jaqsmu mal-gwarniġjun li, minħabba l-ħafna xogħol li kellhom, setgħu biss jagħtu attenzjoni insuffiċjenti u assistenza nofs kedda. Lady Sym Fremantle, il-mara tal-gvernatur, irrimarkat fuq dawn id-diffikultajiet u qajmet il-punt fuq it-taħriġ lin-nisa tas-suldati fil-prattika tal-midwifery biex b'hekk kull reġiment ikollu l-'mara professjonali' tiegħu u għalhekk tkun f'posizzjoni biex tassisti lill-oħrajn fil-kura adekwata u n-nursing. Ir-riżultat tat-tħabrik tagħha kien li fl-1896 klassi speċjali-il-Klassi tal-Midwives Militari-saret għan-nisa li jitkellmu bl-Ingliż u ġie ppublikat il-ktieb tal-Professur G.B.Schembri fuq il-midwifery prattiku li nqaleb għall-Malti bit-titlu 'The Midwife's Guide Book'. Bejn dik is-sena u l-aħħar tal-1902 tnejn u għoxrin mara Ngliża attendiet il-'course' u kkwalifikaw bħala midwives.

Il-Professur G.B. Schembri

Fil-bidu tas-seklu għoxrin Dr. S. Grech, il-Professur tal-Midwifery u Ġinekoloġija, għamel pressjoni biex issir riforma tal-iskola bil-ħsieb li jgħolli l-livell tat-taħriġ tagħha iżda l-Kontrollur tal-Istituzzjonijiet Karitattevoli ra li ma kienx hemm bżonn bidla għax ikkonsidra li r-rekwiżiti edukattivi li jitolbu mill-applikanti, jiġifieri l-abbiltà li jaqraw u jiktbu bil-Malti, li jkunu jafu xi ħaġa tal-aritmetika elementari u li jkunu ta' karattru morali tajjeb, kien biżżejjed. L-iskola sa fl-aħħar qabdet l-għeruq fl-1915 meta 'course' tal-midwifery sar taħt l-awspiċi tal-Università. Il-'course' kien ikompli għal-Diploma fil-Midwifery. Il-Professur tal-Midwifery kien responsabbli mill-istudji ta' sentejn. Il-kandidati kienu jidhlu għall-'course' wara li jkunu attendew għal-perjodu preliminari ta' taħriġ fl-anatomija elementari, fisjoloġija u teorija tan-nursing fl-Isptar Ċentrali. Il-programm ta' studji kien awtorizzat mill-Kunsill Speċjali. Kandidati mill-gżira t'Għawdex kellhom diffikultajiet kbar biex jattendu l-istudji tagħhom f'Malta. Biex jgħelbu dan l-ostaklu, 'course' għall-midwives sar fl-1937 ġewwa l-Isptar Victoria, f'Għawdex, fejn in-numru tal-midwives li kienu għadhom jipprattikaw spiċċa kważi għal kollox. L-Università waqfet torganiżża l-'course' tal-Midwifery fl-1946 meta d-Dipartiment tal-Medical and Health ħa l-inkarigu, bl-ewwel grupp f'din l-iskema jikkwalifika fl-1949.

Fl-1958 il-midwives kienu ikkwalifikati tajjeb biex jagħtu l-aħjar servizz, iżda n-numru tagħhom kien limitat u ħames applikanti biss għamlu 'course' li beda fl-istess sena u waħda biss lestietu b'suċċess. Dan irriżulta li l-midwives ma setgħux jitħarrġu aktar lokalment u għalhekk 'registered nurses' li xtaqu jkomplu għall-midwives kellhom jistudjaw fir-Renju Unit.

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Fl-1904, ġie ppublikat ktejjeb bil-Malti biex iservi ta' gwida għal *Hospital Attendants* bl-isem ta' *Il-ctieb ta l 'infermier* miktub minn Dr.J.S.Galizia (Cassar 1965). Dan ġie rikonoxxut bhala *textbook* tad-Dipartiment tal-*Medical and Health għall-Course għaċ-Ċertifikat ta' Hospital Attendant li baqa'* jiġi organizzat b'mod irregolari sal-1968.

TMIEM TA' DIN IS-SERJE

"You're only a Nurse"

I do not know when or how the above came to be, but I am sure that many of you in our profession have been brushed off by other respective professions with the above mentioned statement, when trying to pass judgment or suggestions on purchasing medical goods or policy making. It seems that the perception and general consensus are that once one becomes a nurse he or she is incapable of nothing else but nursing and should be confined to the spectator's seat.

In August 2004 I went to the Department of Civil Aviation and told them that I intended to build my own aircraft at home. By then I had been a licensed pilot for two years and had a fairly good idea of what my ideal aircraft should be like. I was initially told that such a thing was simply unattainable for the following reasons: firstly because the Maltese Aviation Authorities did not, up till that date, have a procedure to follow for such an endeavour, secondly because no Maltese had successfully done so before and last but not least because *"With all due respect, **you're only a Nurse**"*.

I was infuriated and having had enough of such a label, by the end of the month the aircraft kit and tools were on their way from Italy. As you can imagine it was an uphill struggle and I then joined forces with a fellow pilot to share the joy and also the burden of such an undertaking. On the 6th of September 2005, almost a year to the date from the start of the project, we proudly rolled the finished aircraft out of its hangar, and at 11.10 am successfully took off for a test flight from runway 24 at Malta International Airport. By doing so our Savannah 9H-UMJ became the first Maltese all-metal home-build kit aircraft to successfully be completed and take flight.

The morality of the above story is that if you feel that by your experience and input, you can somehow contribute to a decision affecting you, your fellow colleagues and patients, you must not be deterred by such a demeaning statement that *you're simply a nurse*, but should push forward and make yourself heard and counted.
You can make the difference, we all can.

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IL-MUSBIEĦ
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Send your message to:
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If you want to:
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L-ISTORJA TA' L-AIDS: Kif bdiet, fejn sejra?

L-EWWEL PARTI

Minn **Amante Darmanin**
amante@onvol.net

Għalkemm HIV/AIDS ma tantx għadha tagħmel impatt fl-aħbarijiet, għax il-pilloli li jieħu min jimrad jistgħu jtawlulu l-ħajja, xorta għada qalila. Infatti din is-sena biss, mardu bl-HIV aktar minn ħames miljuni u mietu tlett miljuni (ċifri tal-W.H.O)! Dan ifisser li kull minuta li tgħaddi qed jimirdu 10 min nies madwar id-dinja (14400 kuljum) u jmutu sitta oħra kull minuta b'din il-marda hekk kiefra. Minn kemm ilha li bdiet il-marda ġa mietu aktar minn 36.4 miljuni u hawn madwar 40.3 miljuni oħra nfettati bl-HIV. Ħafna minn dawn m'għandhomx aċċess għal pilloli ta' kontra l-virus. Biex tagħmel is-sitwazzjoni aktar agħar, il-virus qed jiġi resistenti għal uħud minn dawn il-pilloli.

Iżda kif bdiet din il-marda? Għalkemm ma nafux eżatt, nafu bejn wieħed u ieħor kif infirxet u kif qed tinfirex. Ma nafux ukoll eżatt minn fejn oriġinat, għalkemm naħsbu li x'imkien fl-Afrika. L-HIV/AIDS hija marda kkawżata minn virus tat-tip retrovirus. Jissejħu hekk għax dawn jaħdmu bil-maqlub ta' ħlejjaq oħra; jiġifieri flok jaqilbu d-DNA għal RNA, jaqilbu l-RNA għad-DNA. Sa l-1980 dawn ir-retrovirus kienu għadhom instabu biss fl-annimali u mhux fil-bniedem u huma magħrufa għax jikkawżaw il-kanċer. Iżda f'Diċembru ta' l-1980, ix-xjenzat Amerikan, Robert Gallo u sħabu irnexxielhom jiżolaw virus minn tumur ta' raġel minn Alabama u dan ġie msejjaħ HTLV li tfisser 'human T-cell lymphoma virus'. Wara ftit taż-żmien kien sab ieħor u sejħu HTLV-II. Għalhekk, l-ewwel virus ġie msejjaħ HTLV-I. Ta' min igħid li, għalkemm ir-retrovirus jikkawżaw il-kanċer, hemm diversi viruses oħrajn li wkoll jikkawżaw dan.

1980/81-Stati Uniti ta' L-Amerika

Madwar l-istess żmien li Gallo u sħabu kienu ħabbru s-sejba tar-retrovirus, tabib minn California, Dr. Michael Gottlieb kien qed jeżamina klient ta' 33 sena li kien mgħadur ħafna. Kien isfar u magħlub għall-aħħar. Ħalqu kien imdawwar bi dbabar bojod li kien jindika li kien qed ibati minn fungus fil-ħalq. Kien qed jisgħol ħafna u kellu pulmonite. Minn eżamijiet tal-bżieq irriżulta li l-pazjent kien infettat bil-mikrobu (protozoa) tal-*Pneumocystits carinii* pneumonia (PCP). Din kienet rari ħafna u kienet tolqot biss lit- trabi jew nies waslu biex imutu bil-kanċer. Eżami tad-dbabar bojod kien jindika li kien marid bil-*Candida albicans*. Fid-demm kellu l-mikrobu *cytomegalovirus*. L-eżami tad-demm irriżulta li ċ-ċelloli 'T' kienu baxxi ħafna. Dawn iċ-ċelloli huma l-ewwel difiża għal kontra l-mikrobi, għalhekk ħaġa waħda kien żgur, li l-pazjent kellu s-sistema immunoloġika dgħajfa. Xejn ma kien qed jagħmel sens u l-ebda trattament ma seta' ifejqu. Sa Marzu 1981 il-pazjent kellu jiddaħħal l-isptar u miet fit-3 ta' Mejju. Dan il-pazjent kien omosesswali.

Tabib ieħor, Dr. Joel Weisman kien ilu jinnota, mill-aħħar ta' l-1979 li xi persuni fil-komunita 'gay' ta' Los Angeles, kienu qed ibatu minn għajja kbira. F'Jannar ta' 1981, pazjent ta' 30 sena, qaleb għall-agħar. Fi ftit ġimgħat kellu l-'lymph nodes' minfuħa, kellu infezzjoni tal-*Candida* u deni ta' 104 F. Dan ukoll ma setax jiġi mfejjaq u ddaħħal l-isptar fejn kien qed jaħdem Dr. Gottlieb. Iż-żewġ tobba ddiskutew il-każ bejniethom. S'April, dan il-pazjent beda jbati bil-PCP ukoll. Sadanittant, Dr. Gottlieb kellu tlett persuni oħra bl-istess sintomi. B'kollox kien hemm ħames każi, li ħaġa waħda kellhom komuni: kienu 'gays'. Wieħed minnhom ammetta li kien jieħu d-drogi msejħa 'poppers'. Weisman issuspetta li forsi dawn id-drogi kellhom x'jaqsmu mal-marda, filwaqt li Gottlieb bagħat rapport lis-*Center for Disease Control (CDC),* f'Atlanta. Ir-rapport irċivietu Dr. Mary Guinan mis-sezzjoni ta' l-infezzjonijiet trasmessi sesswalment, u min naħa tagħha għaddietu lil Jim Curran, il-kap tas-sezzjoni. Guinan qalet lil Curran li d-droga *pentamidine,* li t-tobba kienu jordnaw mill-uffiċċju tagħha, li kienet kontra l-PCP, kienu qed jordnawha iktar mis-soltu. Min naħa tiegħu Curran kiteb fuq il-kundizzjoni fuq il-*Morbidity and Mortality Weekly Report* tal-5 ta' Ġunju, 1981. Dan kien l-ewwel darba li d-dinja saret taf bil-każ misterjuż.

Issa din il-marda, bdiet tiġi aktar innotata u xi pazjenti bdew jimirdu wkoll bil-kanċer magħruf bħala *Kaposi's sarcoma.* Dan it-tip ta' kanċer kien rari immens u kien jidher biss fuq xi nies xjuħ, Lhud jew mill-Afrika (f'dan il-każ m'għandu x'jaqsam xejn ma' AIDS). Għalhekk, is-CDC ħarġet stqarrija, fl-Lulju ta' l-istess sena, fejn assoċċjat il-*Kaposi's sarcoma* mal-PCP. Is-CDC kienet taf b'26 każ kemm fi New York, kif ukoll f'California. Tmienja minn dawn kienu ġa mietu. Kollha kienu gay. Iżda l-folja bdiet tinqaleb xi naqra għax sa l-aħħar t'Awissu kien hemm 107 każi, li 6 minnhom kienu rġiel eterosesswali u waħda mara. Dan beda juri ċar li din il-marda ma kienetx waħda li tolqot l-omosesswali biss. Issa wkoll, ħafna xjenzati bdew jissusspettaw li l-marda setgħet tiġi trasmessa sesswalment b'xi mikrobu li kien għadu mhux magħruf. Kien hemm oħrajn li bdew iwaħħlu fid-drogi 'poppers' (amyl nitrite jew butyl nitrate) li b'xi mod kienu qed ikissru s-sistema difenżiva tal-ġisem. Oħrajn waħħlu fis-*cytomegalovirus.* Iżda s-*cytomegalovirus* huwa komuni ħafna, speċjalment fit-tfal, u qatt ma kien jaffettwa b'dan il-mod. Sa l-aħħar ta' Diċembru 1981, kien ġa hemm 270 każ u din il-marda tawha l-isem ta' GRID (Gay-related immunodeficiency disease). Il-ġurnal tat-tobba *Lancet* fl-1982 kien beda jsejħilha 'Gay Compromise Syndrome' u ġurnali oħra 'Gay Cancer'.

1981-Ewropa

Fl-1981 kien hemm madwar 36 każ fl-Ewropa, nofshom kienu fi Franza. Kien hemm ukoll fil-Ġermanja, fir-Renju Unit u fl-Isvezja. L-ewwel każ, f'Lulju, innutah tabib Franċiż, Dr. Willy Rozenbaum, ta' Claude Bernard Hospital ta' Pariġi. Dan kien il-każ ta' flight attendant li kien ukoll gay. Xahar wara, dan il-pazjent marad bil-*Kaposi's sarcoma* u għalhekk assoċċjah mill-ewwel mal-GRID. L-ewwel każ fir-Renju Unit seħħ f'Diċembru ta' l-istess sena.

1982

Sa Lulju ta' l-1982 bdew jimirdu nies mill-gżira ta' Haiti u bdew jidhru l-ewwel każi ta' nies morda bil-haemophilia, kif ukoll drogati li jittaqbu bil-labra. Fil-gżira ta' Haiti hemm ħafna nies fqar u għalhekk ħafna Amerikani kienu jżuru din il-gżira biex ikollhom x'jaqsmu sesswalment

bl-irħis. Iżda l-assoċċjazzjoni ma' nies bil-haemophilia kien jindika li l-marda kienet qeda tiċċirkola fil-bank tad-demm. Issa kien jidher ċar ukoll li kulħadd kien vulnerabbli għal din il-marda u mhux l-omosesswali biss u, f'Awissu, tawha l-isem ta' AIDS (Aquired Immune Deficiency Syndrome), filwaqt li l-Franċiżi u l-Ispanjoli qalbuha għal SIDA, li tfisser l-istess. Il-kelma AIDS kienet tidher tagħmel sens; għax min jimrad ma jiretx il-marda iżda jakkwistha; għax hemm defiċjenza tas-sistema immunitarja; u għax hemm manifestazzjoni ta' mard u mhux marda waħda. F'Diċembru mietet tarbija ta' għoxrin xahar li kienet ħadet trasfusjoni tad-demm, u fl-istess xahar kien hemm l-ewwel trasmissjoni tal-marda minn omm għal tarbija. Issa ħafna xjenzati bdew ġirja, jekk mhux battalja wkoll, biex jinstab il-virus li jikkawża l-AIDS. Jekk kien virus wara kollox! Fost dawn, kien hemm Robert Gallo, li kien sab l-HTLV, u Luc Montagnier ta' l-Istitut Pasteur fi Franza. Bdiet ukoll ġirja biex jinstab minn fejn oriġina l-virus. Grupp ta' Franċizi siefru lejn l-Istati Uniti biex ikomplu jittraċċaw il-marda, peress li kellhom suspett li l-AIDS oriġinat mill-komunita' gay ta' California, iżda xi każi kienu assoċċjati ma' l-Afrika.

1982/83 Afrika

Fid-distrett ta' Rakai, fl-Uganda, kien hemm nies li bdew jitilfu l-piż, magħdura sew u jimirdu malajr b'ħafna mard. Grupp ta' tobba mill-Ingilterra, ż-Żambia u l-Uganda taw l-isem lil din il-marda bħala 'slim' disease.

Fir-raħal ta' Lukunya, fit-Tanzanija, mal-fruntiera ta' l-Uganda, għadda raġel dħuli li kien qed ibiegħ drapp ta' l-ilbies, magħrufa bħala *kanga*, għan-nisa. Id-drapp kellu tikketta bl-isem ta' Guljana. Xi nisa minn dan ir-raħal ma kellhomx biex jixtru dan id-drapp hekk ikkulurit, u allura ħallsuh billi kellhom x'jaqsmu miegħu. Ftit xhur wara mardet l-ewwel mara, b'nuqqas ta' aptit, diarhoea u fi ftit ġimgħat bdiet tmur lura sakemm mietet. Ma damx wisq li żewġ nisa l-oħra mlibbsa bid-drapp ta 'Guljana' mardu wkoll. In-nies ta' Lukunja ħasbu li dak ir-raġel mill-Uganda kien saħħar u għamlilhom xi magħmul. Għalhekk sejħu s-sħaħar tagħhom biex forsi jneħħu l-magħmul, iżda l-imwiet xorta baqgħu jiżdiedu. Mhux hekk biss, iżda, l-marda ta' Guljana (għax hekk bdew isejħulha) infirxet għall-irħula oħra ta' Bukwali, Kashenye u Bunazi.

1983 Franza/Stati Uniti

Fil-bidu ta' Jannar, 1983, Luc Montagnier beda jezamina 'lymph node' meħuda minn raġel gay Franċiż. Wara ġimgħatejn kellu xi ħjiel li kien hemm virus, iżda kellu diffukulta kif iżomm dan il-virus ħaj, sabiex jiskopri x'tip ta' virus kien. Peress li beda jissusspetta li kien retrovirus forsi bħall-HTLV kellu bżonn antibodies li jirrejaġixxu għall-HTLV u għalhekk ikuntattja lil Gallo. L-antibodies huma s-sistema li jaddatta l-ġisem għall-infezzjoni. Kull infezzjoni għandha l-antibodies ta' kontriha. Jekk l-antibodies li kellu Gallo jattakkaw il-virus li kellu Montanier, allura l-virus kien tat-tip HTLV. Jekk le, kien xi ħaġa oħra. Montanier ittestja l-antibodies li bagħatlu Gallo u sab li l-antibodies ta' l-HTLV ma rrejaġixxewx mal-virus li sab hu. Dan kien iffiser li kellu xi ħaġa ġdida.

F'Mejju 1983, Montagnier flimkien ma' sħabu, ippubblikaw artiklu fil-ġurnal *Science* fejn iddeskrivew x'kienu sabu. Huma qalu li r-retrovirus li sabu kien mill-familja HTLV, iżda kien distint minn dak li kien skopra qabel Gallo. Mhux hekk biss, iżda, dan il-virus kien meħud minn persuna marida bl-AIDS. Jekk kienx il-virus ta' l-AIDS ma tantx seta' igħid għax dan kien meħud minn persuna waħda biss. Fl-istess ħarġa tal-ġurnal kien hemm erba' artikli; tnejn minn Gallo u tnejn minn Max Essex (xjenzat ieħor). Gallo qal li kien sab li l-HTLV jikkawża l-AIDS. Essex kellu l-istess idea, kif ukoll spjega li l-Leukeamia li taffettwa l-qtates tgħakkes is-sistema immunitarja, l-istess bħall-AIDS.

Montangnier u sħabu ma tantx ġew emmnuti, wara kollox, ir-ritratt tal-virus ma kienx ċar u l-virus kien tant aggressiv, li kien jeqred iċ-ċelloli li kienu jkabbruh fih, u kull darba kellhom jitfgħu ċelloli ġodda. Iżda Montagnier u sħabu kienu konvinti li kienu sabu l-virus u għalhekk talbu lil Gallo biex jibagħtilhom ftit *interlukin-2* (sustanza li tkabbar il-virus). Min naħa tiegħu Gallo talabhom biex jibagħtulu ftit virus. Iżda Montagnier ma setax ikabbar il-virus il-ġdid fuq *interlukin-2*. Gallo ġralu l-istess bil- virus li bagħatlu l-Franċiż, filwaqt li l-virus HTLV kien jikber tajjeb fuq *interlukin-2*. Barra minn hekk, Gallo beda jsib li virus ieħor minn pazjent li kellu hu, ukoll ma bedix jikber fuq *interlukin-2*. Gallo u sħabu ma realiżżawx bid-differenza u baqgħu jfittxu xi virus li jixbaħ l-HTLV. Fil-ħarifa ta' l-istess sena Gallo tella' konferenza fi New York fejn stieden lil Montagnier.

Kif tela' fuq il-podium, Montagnier ħabbar li huwa u sħabu kienu sabu virus ġdid li jikkawża l-AIDS u dawn semmuh LAV, li mhux biss tixbaħ il-kelma Ingliża għall-imħabba, imma hija fil-qosor għal 'lyphadenopathy-associated virus'. Mhux hekk biss, iżda, dawn kienu ġa qed jiżviluppaw test li jfittex għall- antibodies ta' dan il-virus. Montangnier kompla jispjega li l-istess pazjent bl-AIDS li kellu antibodies għal-LAV ittestja negattiv fuq HTLV. Għalhekk, bla dubju, ż-żewġ virus kienu differenti.

Meta wasal il-ħin għall-mistoqsijiet Gallo beda jirribatti bil-goff l-evidenza tal-Franċiżi. Gallo qal li Montagnier kellu xjenza ħażina u li ma jistax ikun li Montagnier kien sab il-virus. Il-Franċiżi, għat-tieni darba, ma tantx ġew emmnuti. Wara kollox ħafna mill-pazjenti morda bl-AIDS kellhom il-virus tal-HTLV, għalkemm mhux kollha. L-Istitut Pasteur applika għal brevett (patent) ta' test tad-demm għall-AIDS, għalkemm it-test kien għadu ftit primittiv u kien jagħraf biss sa 20 fil-mija tal-pazjenti morda bl-AIDS.

Ftit taż-żmien wara, kollega ta' Gallo, Mikulas Popovic irnexxielu jsib metodu kif ikabbar il-virus ta' l-AIDS fid-demm. Issa l-grupp ta' Gallo setgħu jistudjaw il-virus aħjar.

Sadanittant il-virus kompla jinfirex, u fl-Ewropa l-għadd ta' pajjiżi milquta tela' għal ħmistax, fosthom il-Belġju u d-Danimarka. Kien beda jidher ċar li dawk li mardu kienu, jew siefru l-Istati Uniti, jew kellhom x'jaqsmu sesswalment ma xi ħadd minn hemm, jew inkella, ġew mill-Afrika, bid-differenza li, dawk mill-Afrika la kienu jieħdu drogi, la kienu omosesswali u l-anqas kellhom trasfusjoni tad-demm. Kif saru jafu dan, xi xjenzati marru fl-Afrika Ċentrali. Mill-investigazzjonijiet li għamlu, sabu li 26 pazjent f'Kigali, l-Irwanda, u 38 pazjent ieħor f'Kinsasha, iż-Żaire, kienu morda bl-AIDS. Il-morda kienu mħalltin, nisa u rġiel kważi bin-nofs. Fi studju ieħor, fiż-Żambja, waslu għall-istess konklużjoni. Għalhekk, issa kien stabbilit li l-AIDS kienet tfaċċat fi tlett kontinenti kważi fl-istess żmien.

Kien jeħtieġ li jsir xi ħaġa, u f'Ottubru, saret l-ewwel konferenza dwar l-AIDS, li saret fid-Danimarka. F'Novembru saret laqgħa oħra biex jevalwaw it-tifrix globali, u issa sirna nafu li l-AIDS kienet infirxet ukoll f'seba' pajjiżi mill-Amerika Latina, kif ukoll xi każi mill- Awstralja u l-Ġappun.

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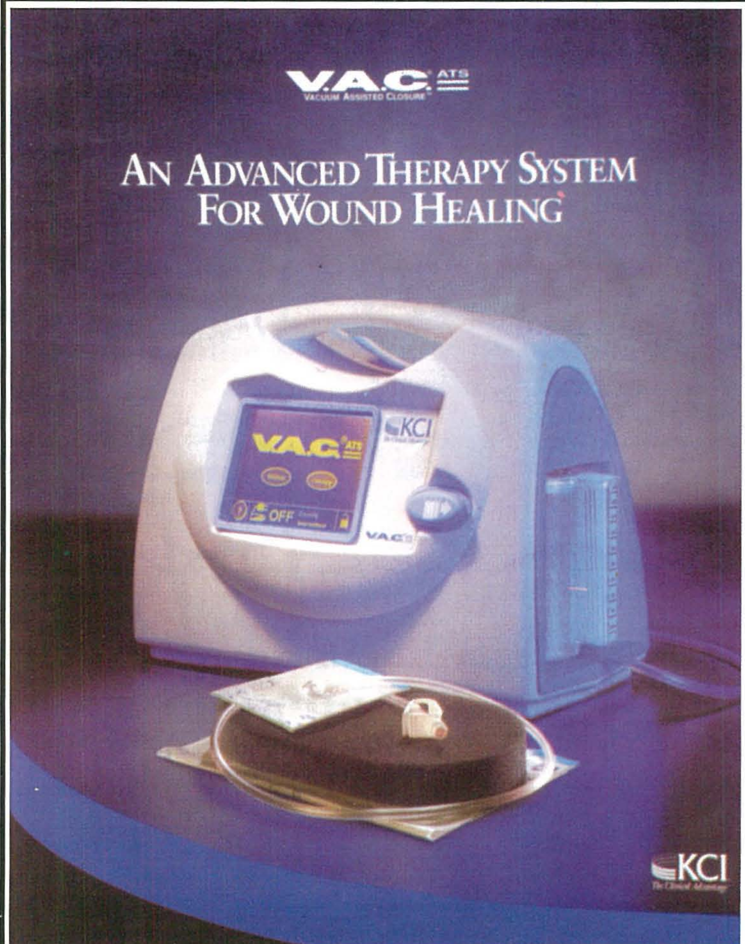

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