

IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL

ACUTE MYELOID LEUKAEMIA

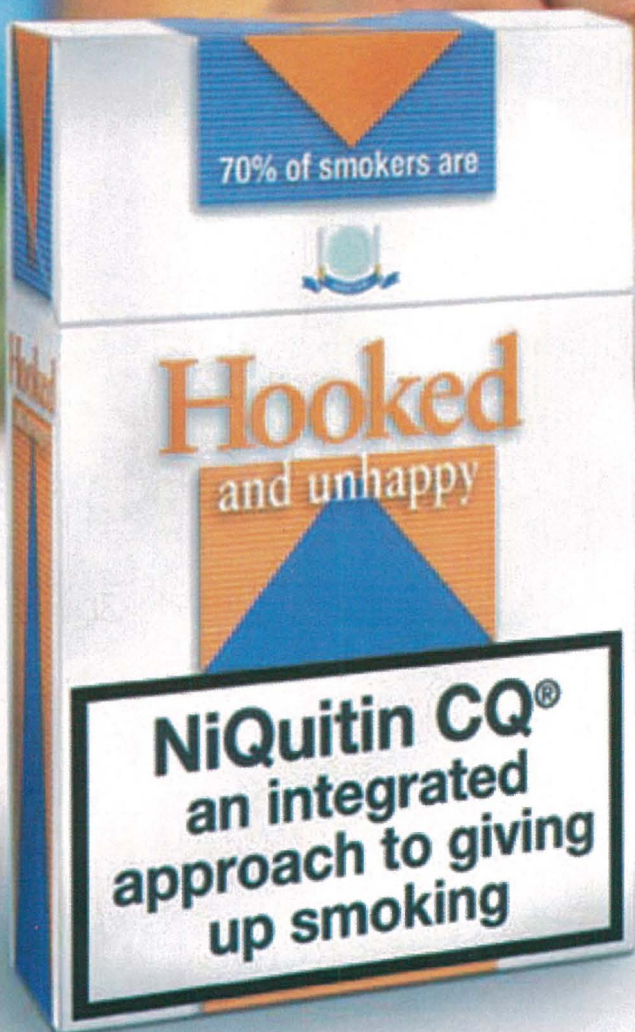
- Xi Qrajt
- Get in Shape
- CPD Allowance
- Visiting a Patient
- Nursing Informatics
- Evidence Based Practice



MALTA UNION OF MIDWIVES AND NURSES
Harga Nru. 31 - Ġunju 2006



Why are you vital to every quit attempt?



NiQuitin CQ®
Nicotine

STOP SMOKING AID



NiQuitin CQ, NiQuitin CQ Clear Product Information.
Presentation: NiQuitin CQ: Matt, pinkish-tan, square, transdermal patches. NiQuitin CQ Clear: Transparent, square, transdermal patches. Both presentations are available in three strengths (sizes): NiQuitin CQ, NiQuitin CQ Clear Step 1 (containing 114 mg nicotine per 22 cm² patch), NiQuitin CQ, NiQuitin CQ Clear Step 2 (containing 78 mg nicotine per 15 cm² patch), NiQuitin CQ, NiQuitin CQ Clear Step 3 (containing 36 mg nicotine per 7 cm² patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use with a stop smoking behavioural support programme. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going

to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers, children under 12. Recent heart attack or stroke, severe irregular heartbeat, unstable or worsening angina, resting angina. Hypersensitivity to the patch or ingredients. **Precautions:** Use only on doctors' advice in adolescents 12-17 years, cardiovascular disease (e.g. heart failure, stable angina, cerebrovascular disease, vasospastic disease, severe peripheral vascular disease), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment following smoking cessation: caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, tacrine, clomipramine, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ, NiQuitin CQ Clear. Keep safely away from children. Chronic consumption of nicotine can be toxic and addictive. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to

using patches or smoking cessation: nausea, dyspepsia, constipation, cough, pharyngitis, dry mouth, arthralgia, asthenia, pain, headache, myalgia, flu type symptoms, dizziness, sleep disturbance. Abnormal dreams, nervousness. If side effects experienced are excessive, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Pregnant and nursing women should be advised to try to give up without nicotine replacement therapy, but should this fail, a medical assessment of the risk/benefit should be made. **Legal category:** GSL. **Product licence number:** NiQuitin CQ 21mg (step1), 14mg (Step 2), 7mg (Step 3): 00079/0347.0346.0345; NiQuitin CQ Clear 21mg (step1), 14mg (Step 2), 7mg (Step 3): 00079/0356, 0355, 0354. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £17.49; Step 1 only 14 patches £32.95 **Date of last revision:** December 2002.

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Consumer HealthCare (Malta), 13/11 Strait Str., Valletta VLT 08.
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PUBBLIKAT: Malta Union of Midwives and Nurses

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Ritratt tal-faċċata minn Joe Camilleri

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

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

Cirkulazzjoni: 2136 kopja

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

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

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In-Nursing u x-Xjenza

editorjal

Kemm minna nafu x'hinu jiġri rigward *Research and Development* fil-qasam tan-Nursing? Li nafu hu li bl-introduzzjoni tal-*Practice Development Nurses* bħala speċjalita' fin-Nursing, dawn b'xi mod instigaw kuncetti ġodda u utli permezz tar-riċerka fin-Nursing, billi identifikaw prijoritajiet fi bdil ta' Prattika fin-Nursing. L-interess in ġenerali f'dak kollu li hu Prattika *evidence-based* qed jiżdied b'rata mgħaġġla iżda minkejja dan ħafna Nurses jibqgħu incerti - u kultant xettiċi fuq dan is-suġġett. Ħafna jsaqsu x'relevanza għandu dan kollu mal-istess xogħol li jagħmlu.

Mistoqsija oħra hija jekk l-awtoritajiet humiex jinvestu biżżejjed fondi għal skop ta' riċerka fin-Nursing. Wara kollox, qed issir riċerka adegwata fin-Nursing? Kemm hemm Nurses u Midwives li qed jagħmlu riċerka bis-serjeta' biex il-quddiem nattivaw ir-riżultati? Għandna Nurses jew Midwives impjegati *full-time* fuq proġetti ta' riċerka? Wieħed għandu jara eżattament x'hinu jiġri bħalissa f'dik li hi riċerka u jevalwa jekk l-oġettivi tagħna humiex ċari. Għandna ndaħħlu mentalità li r-riċerka mhix elitista, fejn tista' ssir biss f'dipartimenti akkademici.

L-interess in ġenerali f'dak kollu li hu Prattika *evidence-based* qed jiżdied b'rata mgħaġġla iżda minkejja dan ħafna Nurses jibqgħu incerti-u kultant xettiċi fuq dan is-suġġett.

Kemm għandna Nurses/Midwives mħarrġa u b'esperjenza ta' *nurse researchers*. Jekk m'għandniex, din hija problema jew le? Il-Masters fin-Nursing qed iħalli l-frott mixtieq speċjalment fir-riċerka? Il-Baċellerat fin-Nursing għamel impatt fil-kwalita' ta' kura li noffru?

Bla dubbju min se jkun involut f'dan il-qasam, xejn mhu se jkun ward u zahar għalih/ha. Is-soltu problema ta' fondi, l-organizzazzjoni innifisha u problemi klinici oħrajn jistgħu ixejnkli l-motivazzjoni ta' Nurses involuti f'riċerka.

Jekk l-ideal ta' servizz tas-saħħa li jkun *evidence-based* irid isir realta' u jekk in-Nursing jrid ikun *research-led*, l-awtoritajiet konċernati jridu jaċċettaw b'mod formali li r-riċerka hija parti mir-rwol tan-Nurses u għalhekk hemm prezz għaliha. Huwa mportanti li nikkrejaw kultura fejn n-Nurses u Midwives iħossuhom kunfidenti biżżejjed biex imexxu proġetti ta' riċerka. Irridu ninfurzaw il-ħsieb li r-riċerka hija mportanti mmens fir-riżultati ta' Prattiki klinici iżda wieħed irid jara kif inżewwġu r-riċerka u l-Prattika flimkien. Għalhekk l-idea hi li tgħin n-Nurses li jaħdmu f'postijiet klinici billi jiżviluppaw *skills* neċessarji biex imexxu riċerka mingħajr tfixkil u f'ħin adegwat.

Trid tidhol kultura organizzattiva fejn *managers* ta' kull strata jħajru u jissapportjaw r-riċerka fin-Nursing. Dan speċjalment fl-introduzzjoni tar-riżultati tar-riċerka għal Prattiki klinici. Sfortunatament din il-kultura mhux dejjem hi hekk. Jekk ir-riżultati tar-riċerka se jintużaw biex jibdlu l-Prattika irid ikun hemm *policies*, *protocols* u linji gwidi klinici. L-informazzjoni tar-riżultati għalhekk trid tiġi mgħotija lill kull min hu involut fl-aspett kliniku biex kulhadd ikun jista' jiġi nvolut fl-iżvilupp u l-implimentazzjoni tal-*policies* klinici.

Kull sptar irid ikollu *policies* fuq dan kollu. Jekk ir-riċerka fin-Nursing trid tilhaq il-potenzjal kollu tagħha, n-Nurses u Midwives iridu jiżguraw li jikkontribwixxu f'*agendas* ġodda rigward riċerka u jsiru parti ntegrali f'dan il-proċess. Jekk nirrikonoxxu li dan huwa żmien ta' bidla' radikali, allura nkunu qed nieħdu opportunita' li tkun ta' vantaġġ għalina. Wara kollox, ma nistgħux ma nkomplu nistabbilixxu n-Nursing fuq bażi xjentifiku. Dan mhux biss biex javvanza l-*status* tal-professjoni tagħna, iżda wkoll biex propju jiġi benefiċċji lill-pazjenti tagħna minħabba li nkunu applikajna għerf xjentifiku.

message from the president

Dear Colleagues

Il-Musbieh is once again invading your territory in order to convey our Union's message. I am sure that you agree with me that this journal is the best available local source to keep you updated about your profession and your Trade Union. This is the journal that speaks out about our achievements, professional and educational issues and also shares some personal experiences. It is not only received amongst Union members but also posted to local authorities and distinguished personalities and also to international entities. This makes Il-Musbieh the Union's voice and thus the committee members responsible for its set up have a very sensitive and delicate task. I must say that throughout these ten years since this journal started circulating it gained momentum in popularity and its presentation is of high standard and this is all merit to the hard work carried out by the Il-Musbieh committee, well done.

Yes it has been 10 years ago now not just for the journal but also for the whole MUMN structure that is why we are celebrating this year's anniversary in style with loads of activities. We had quite a good amount of Conferences organised both on a national level and even internationally these last months. We also had for the second time round presented the Nurse/Midwife award. I take the opportunity to congratulate Ms. Helen Borg for being awarded the title of Nurse/Midwife of the year. I also congratulate the other three nominated candidates for their extra curricula work they perform to establish a high standard of care. It was for the committee a difficult task to choose amongst the nominees. I take the opportunity to thank the committee chaired by his Excellency President Emeritus Profs. G. Demarco.

Now we are entering into the second phase of the celebrations and that is the entertaining bit. We shall be having a Billiard Marathon and a three-act play for you to enjoy. Both these events are to be held coming mid-September so I suggest that you leave some free time during that period and support the activities with your presence. I am sure that both events are an ideal family entertainment.

MUMN obtained another international achievement very appropriately timed during the decade celebrations. Malta has been chosen by the International Council of Nurses to host its 2011 conference. This is a historical event not only for Malta but also for the Nursing professionals in our Islands. This means that more than 2000 nurses from all over the world will gather here and discuss the future of Nursing. Some of the participants are the same persons that published books we refer to during our studies.

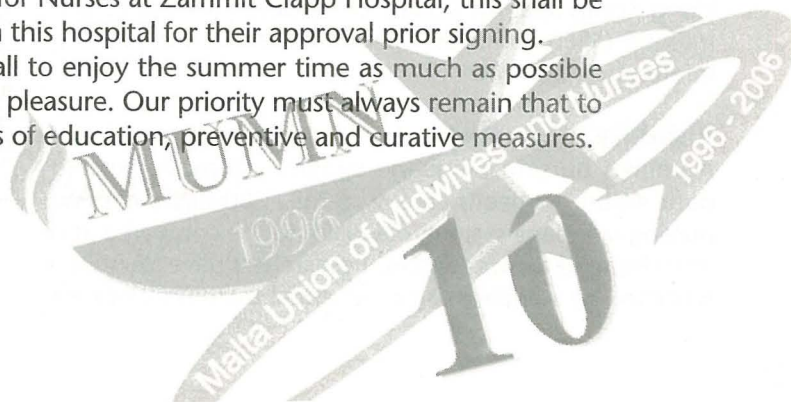
Lets all continue to strengthen this movement of ours, this union that has made giant strides in such a period of time. Recently we managed also to conclude the sectoral agreement in which new concepts were introduced not just related to a better take home pay but also in enhancing the academic performance of our profession. A structured continuing professional development scheme has been now established and nurses and midwives have the right tools and opportunity to keep abreast with professional developments. I must say that MUMN appreciates the co-operation given in the process by the health authorities especially the Director Nursing Services. Another agreement is also being concluded for Nurses at Zammit Clapp Hospital, this shall be brought to our members working in this hospital for their approval prior signing.

I conclude by encouraging you all to enjoy the summer time as much as possible and continue to combine work with pleasure. Our priority must always remain that to achieve a healthier society by means of education, preventive and curative measures.

Rudolph Cini

President

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NURSING MATTERS

Nursing Matters fact sheets provide quick reference information and international perspectives from the nursing profession on current health and social issues.

What is nursing informatics?

* Nursing informatics is the integration of nursing, its information and information management with information processing and communication technology to support the health of people worldwide. (International Medical Informatics Association Nursing Informatics Special Interest Group, 1998).

* Nurses who work in the specialty of informatics use its integrative processes to collect, process and manage data and information to support nursing practice, administration, education, research and the expansion of nursing knowledge. (American Nurses' Association, 2002).

* Nursing informatics is a critical component of health care. The health informatics environment encompasses the understanding, skills and tools that enable the sharing and use of information to deliver healthcare and promote health. (British Medical Informatics Society, 2004).

Why is informatics important to nursing?

* Informatics can make nursing practice visible in local, national, and international health care data sets, thus empowering nurses with information to influence policy.

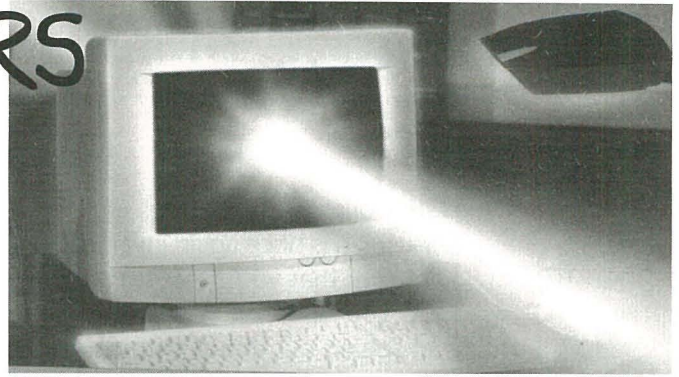
* Information is a critical component of effective decision-making and high quality nursing practice. The information and knowledge gained through nursing informatics can bring increased awareness and understanding of nursing and health care issues.

* Nursing Informatics is committed to maintaining a clinical perspective and promoting research that would bear directly on improving patient care.

Nursing informatics organisations exist worldwide. A short list of examples includes: the Australian Nursing Informatics Council, Brazilian Nursing Association Nursing Informatics Group, British Computer Society Nursing Specialist Group, European Nursing Informatics (ENI), International Medical Informatics Association Nursing Informatics Special Interest Group (IMIA-NI), NURSINFO: Hong Kong, Spanish Society of Nursing Informatics and Internet (SEEI) and Swiss Special Interest Group Nursing Informatics (SIG-NI).

Visibility of Nursing

A unified nursing language system will make nursing data visible in healthcare systems. Without a unified nursing language system, data can not be compared and interchanged across sources. Researchers have identified terminology standards as an essential building block for



the development of information systems that support clinical decision-making and evidence-based practice.

A major ICN programme for the development of a unified nursing language system is the International Classification for Nursing Practice (ICNP®). The ICNP® supports both the existing work in nursing terminology development and advances nursing terminology development that is compliant with international standards in a manner consistent with other health disciplines.

Integration of Nursing Data in Clinical Information Systems

Integration of health care data is essential in an environment of multidisciplinary health care across multiple delivery systems. With increased globalisation, we must promote information systems that will facilitate communication and data sharing across multiple practitioners, delivery settings, geographic settings and languages. The systems also must support effective communications with clients and families.

The integration of health care information systems is essential for the realisation of an Electronic Health Record. Integrated systems also will enhance clinical, administrative and health-policy decision-making capabilities.

Supporting Evidence-Based Practice

Research in nursing informatics will examine and enhance the use of clinical information systems to support evidence-based practice. Clinical information systems can facilitate access to guidelines and references of best practice within nurses' workflow. Similarly, using ICNP® in information systems will stimulate the creation of clinical data warehouses and encourage the examination of clinical nursing data, together with administrative data, to evaluate practice and generate new knowledge.

Summary

The electronic age of the 21st century presents us with the potential for a platform for health care delivery unlike any known to date. ICN believes that nursing must participate and influence advances in informatics to said global populations in attaining ever-improving levels of health and well being.

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kelmtejn mis-segretarju ġenerali

Għal darb'oħra reġa' għandi l-opportunità biex naqsam magħkom xi tagħrif dwar dak li qed iseħh fil-Union tagħna.

L-attivitajiet marbuta ma l-10 sena anniversarju mit-twaqqif ta' l-MUMN irrakaw sew. Dawn kienu varji fejn fost l-oħrajn ġiet organizzata ċerimonja biex tirrikonoxxi u tiringrazzja lill-dawk in-Nurses u Midwives li rtiraw mix-xogħol is-sena l-oħra. Ġew organizzati wkoll żewġ konferenzi: waħda relatata ma l-avvanz tal-mara u oħra dwar is-saħħa u s-sigurtà fuq il-post tax-xogħol. Attività oħra kienet l-MUMN Annual Award fejn ġiet ippremjata dik in-Nurse/Midwife li l-aktar spikkat fix-xogħol tagħha. Laqgħa storika, organizzata apposta minhabba l-anniversarju tal-Union, kienet dik tal-European Federation of Nurses Associations, fejn 25 rappreżentant mill-pajjiżi membri ta' l-Unjoni Ewropea ltaqgħu f'pajjizna biex jiddiskutu u jiddeċiedu *policies* rigward n-Nurses u n-Nursing, u kif dawn se jkunu preżentati fil-Kummissjoni Ewropea.

Pass ieħor importanti kien l-iffirmar tal-Ftehim Kollettiv Settorali bejn il-Gvern u l-MUMN. Twettqet wegħda oħra fejn wara li l-EN's u l-iSN's/Midwives kienu bbenifikaw mill-aħħar Ftehim li kien sar, issa kien imiss lid-DNO's/DMO's u l-NO's/MO's. Punt ieħor importanti huwa l-bidu tal-Continuous Professional Development Allowance fejn kull Nurse/Midwife ser tkun intitolata għal Lm300 fis-sena, però aktar tagħrif fuq dan ser ituh il-kollegi tiegħi f'din l-istess ħarga.

Bdejna l-proċess sabiex jiġu eletti l-*Group Committees* f'kull sptar u ċentru tas-saħħa, minn fostkom. Il-Kunsill iddeċieda li l-ewwel elezzjonijiet ser isiru fl-Isptar Monte Carmeli u fiċ-Ċentri tas-Saħħa. Huwa mportanti immens li fuq kull post tax-xogħol ikollna Rappreżentanti sodi u dedikati. Inhegġegħ lil kull min hu interessat sabiex jersaq il-quddiem u jagħmel il-parti tiegħu, għaliex dak li nkunu qed nagħmlu qed nagħmluh għalina nfusna u għal hadd aktar.

Kif stajtu taraw, bħala parti miċ-ċelebrazzjonijiet ta' l-10 sena anniversarju, intbagħtet il-*pin badge* bl-arma tal-Union tagħna fid-djar tagħkom. Inhegġigħkom biex din tilbsuha fuq l-uniformi. U la qed insemmu l-uniformi nixtieq ninfurmakom li għadna kemm ilhaqna ftehim mad-Divizjoni biex ikollna *pullovers* aktar addattati minn dawn li għandna llum għal fuq l-uniformijiet il-godda. Anki fuq l-uniformijiet il-godda saru l-alterazzjonijiet li intom ġbittulna l-attenzjoni dwarhom biex b'hekk tkunu aktar komdi fuq il-post tax-xogħol. Anki ż-żraben fiċ-Ċentri tas-Saħħa u għall-Midwives, fl-aħħar sibna soluzzjoni li tagħmel aktar sens u b'hekk anki hawn, ser jerġa jkollna ż-żraben aktar addattati.

Għal-llum ser nieqaf hawn hbieb. Nixtieqilkom Sajf ferrieħi u ġranet mistħoqqa ta' mistrieħ lilkom u l-familji tagħkom.

Colin Galea
Segretarju Ġenerali

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The La Valette Multi Manager Property Fund



Investment in property funds is a means whereby investors can access the real estate property market without having to invest directly in one or more properties. More recently, the multi manager concept of investing with different fund managers has also gained popularity amongst investors.

Today, for the first time in Malta, Valletta Fund Management is providing investors with the opportunity to diversify their portfolio across this asset class coupled with the Multi Manager investment approach through the La Valette Multi Manager Property Fund.

What does the Fund aim to achieve?

Property investment displays both the income-generating characteristic of bonds as well as the capital appreciation characteristic typically associated with equities. With this in mind, the La Valette Multi Manager Property Fund aims to provide you with consistent income and the potential for long-term capital growth. Through the Multi Manager investment approach, the Fund will be seeking to achieve this aim by investing in a number of property funds, which in turn provide investors with exposure to a portfolio consisting principally of UK and European commercial property investments. The Fund's range of underlying schemes as at 28 March 2006 comprises M & G Property Fund, Morgan Stanley European Property Fund, Thames River Property Fund, Britannic UK Property Fund, Belgravia Property Fund, Eastern European Property Fund Limited and Norwich Property Trust. To a limited extent, the Fund may also invest in property funds outside Europe. In fact Insight Investment Management, acting as the sub-Investment Manager to the Fund, invested 10% of the Fund's portfolio in Asian Property via the Morgan Stanley Asian Property Fund.

Main Benefits of the Fund

The La Valette Multi Manager Property Fund enables you to diversify your portfolio. In fact, property investment is seen as an alternative to equities for investors seeking long-term growth. Historical statistics also show that real estate property has exhibited lower volatility than that exhibited by equities and bonds.

The Fund, which is denominated in Euro, aims to distribute income* twice a year. This means that you may benefit from income streams derived from regular rental income. Now you can add this income stream dimension to your portfolio.

To conclude, another aspect of this new Fund is that it you may buy or sell shares in the Fund on any valuation date, that is every other Tuesday of each month.

* Income may fluctuate and is not guaranteed.

Past performance is not necessarily a guide to future performance. The value of the investment may fall as well as rise and currency fluctuations may affect the value of the investment. Investors are advised that real estate property is inherently subjective as regards value due to the individual nature of each property. Hence, there is no assurance that the valuations of the Fund's underlying investments will reflect the actual property value. Investment in the real estate property market is, by its nature, relatively illiquid and therefore, redemption requests may be deferred or suspended as more fully described in the Supplementary Prospectus. The Fund's underlying investments may adopt gearing strategies, which although aimed at amplifying the returns, may, in falling real estate markets, result in a loss in whole of the value of any one or more of the Fund's underlying investments. Investments should be based on the full details of the Supplementary Prospectus, which may be obtained from Valletta Fund Management Limited ("VFM"), Bank of Valletta branches and other licensed financial intermediaries. The La Valette Multi Manager Property Fund is licensed by the Malta Financial Services Authority as a Professional Investor Fund and may only be promoted to Experienced Investors. Professional Investor Funds are not subject to the restrictions on their investment or borrowing powers that retail schemes are normally subject to and the degree of risk to which they may be exposed makes them unsuitable for members of the general public. Hence, the protection normally arising as a result of the imposition of the MFSA's investment and borrowing restrictions and other requirements to retail schemes, **does** not apply. VFM is licensed and regulated by the MFSA. This article has been issued by VFM of Level 6, The Mall Offices, The Mall, Floriana VLT 16. Tel: 21227311, Fax: 21234565, email: infovfm@vfm.com.mt.

LA VALETTE MULTI MANAGER PROPERTY FUND

Read the signs,
watch the cranes,
**Investment migrates
to property.**

The **La Valette Multi Manager Property Fund** offers you an innovative investment opportunity to diversify your portfolio to real estate property located primarily in the UK and Europe.

This Fund aims to provide you with consistent income* as well as the potential for capital growth, at lower volatility levels than that associated with equities and bonds. In addition, you will benefit from Insight Investment's proven multi manager expertise in selecting the best performing property funds on the market.

Contact us today to benefit from this investment opportunity.



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Nursing care of a patient with Acute Myeloid Leukaemia

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1. Introduction

Acute Myeloid Leukaemia is a type of cancer where there is an over production of immature myeloid white blood cells known as Blast cells. Myeloid cells are, red blood cells, platelets and all white cells except lymphocytes, that is, neutrophils, eosinophils and basophils. This abnormal process prohibits the bone marrow from producing healthy blood cells resulting in anaemia and low platelet count. These immature and malfunctioning cancer cells enter the blood stream and circulate around the resulting in an increased risk of infection. Acute myeloid leukemia (**AML**) affects adults of all ages. Apart from children, AML is rare in people under 20 years of age. (Cancerbacup 2006).

2. Causes of AML

What causes AML is still unknown though research has shown that in very rare cases it may occur after exposure to chemicals such as benzene, chloranphenicol, alkylating agents and phenylbutanazone. Predisposing factors to AML include Multiple Myeloma, Falconi's Syndrome and Hodgkin's Disease. (Burrell, Gerlach & Pless 1997).

People exposed to high doses of radiation or high levels of radiation due to atomic bomb explosions or nuclear industry accidents prone to develop this condition. Mycodyspasia or genetic disorders such as Down's Syndrome may predispose to AML. (Cancerbacup 2006).

3. Symptoms of AML

The patient usually visits his doctor presenting with fatigue and weight loss though having a good appetite. Pallor and breathlessness at the slightest effort are symptoms of anaemia. Repeated infections such as sore throat or mouth usually occurs. Sometimes the patient may complain of aching joints and bones and tenderness in the ribs and sternum. Abnormal bleeding such as bruising, petechiae and bleeding from the gums may be present. In women heavy menstrual bleeding may occur. Occasionally an individual may have none of these symptoms and the leukaemia is revealed during a routine blood test. (Burrell, Gerlach & Pless 1997).

4. Diagnosis of AML

The patient is usually hospitalised where he is assisted by a multidisciplinary team consisting of a clinical oncologist, doctors and nurses. Other staff which are as important as the medical staff are social workers, dieticians, physiotherapists, counsellors and psychologists.

Diagnostic studies include a peripheral blood test which may show an extremely variable white blood cell count ranging from low, to normal, to high. Thrombocytopenia is common and anaemia is present. Blood tests also reveal immature myelocytes (myeloblasts). To confirm the diagnosis a bone marrow aspirate proceeds which shows infiltration by myeloblasts.

The tests on the blood and bone marrow samples include a chromosome analysis. These tests, called Cytogenic tests, aid to the best decision on the choice of treatment. (Burrell, Gerlach & Pless 1997 ; Cancerbacup 2006).

5. Hearing the diagnosis

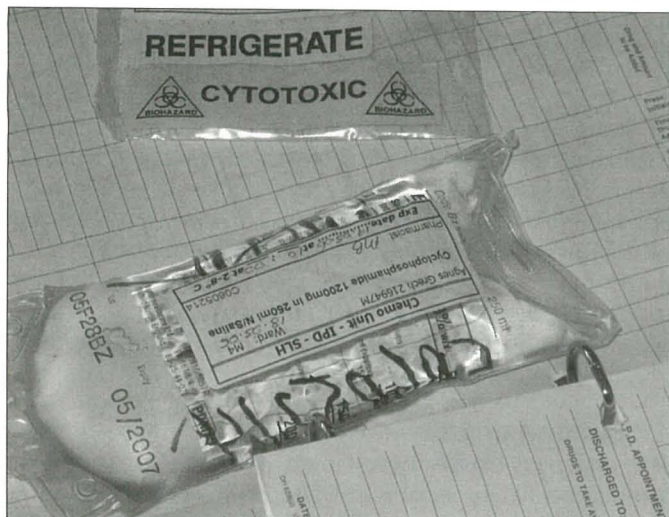
The patient may experience normal levels of fear, uneasiness and consideration when he has unexplained symptoms and undergoing testing to determine his illness. Therefore it is of utmost importance that together with the medical team and nurse, a psychologist is present at the time of the bad news. A diagnosis of cancer influences all aspects of an individual's life namely the physical, psychological, social and spiritual. Being there from the beginning, the psychologist can monitor the patient's behaviour. (Cancerbacup 2006). Shock is often the immediate reaction with the patient becoming emotionless and keeps repeating same questions again and again.

Feelings of disbelief make it hard on him to discuss about his condition with his relatives and friends.

Fear of death and suffering are the main concerns. The patient seems to deny this fact and being upset by this news he may experience irritable moods of anger to others and sometimes even to his God.

The newly diagnosed patient with cancer usually experience feelings of hopelessness arising from the threat of life which results in acute distress. On the other hand, some patients find the hope plays an important role in their thoughts and emotions and is a cardinal element in coping with the disease. Ringdal (1995) found that age was significantly related to score on hopelessness; that is the older the patient the greater the feeling of hopelessness. (Gill & Gilbar 2001). On the contrary, research by Servellen et al. (1996) & Mc. Gill & Penelope (1993) indicate that age does not predict hopelessness. Having faced many life stresses, elderly patients show a less acute reaction to this ordeal, thus feel less surprised and angry than younger patients.

The patient's family members and friends often go through similar emotions and need as much support and counselling in managing with their feelings. (Cancerbacup 2006).



6. Treatment of AML

Chemotherapy is the main treatment used. These drugs are usually given in various combinations. Chemotherapy is usually given through a peripheral venous access initially until a central line called Hickman's line is inserted into a major vein in the chest. This will enable administration of treatment and blood sampling to be easier and prevents complications such as phlebitis and extravasation. Most chemotherapy regimes consist of a cocktail of drugs "cytosine arabinoside" (Ara - C or Cytarabine) and one of the drugs in the family of "anthracyclines" (Daunorubicin, Idarubicin, Mitoxantrone)

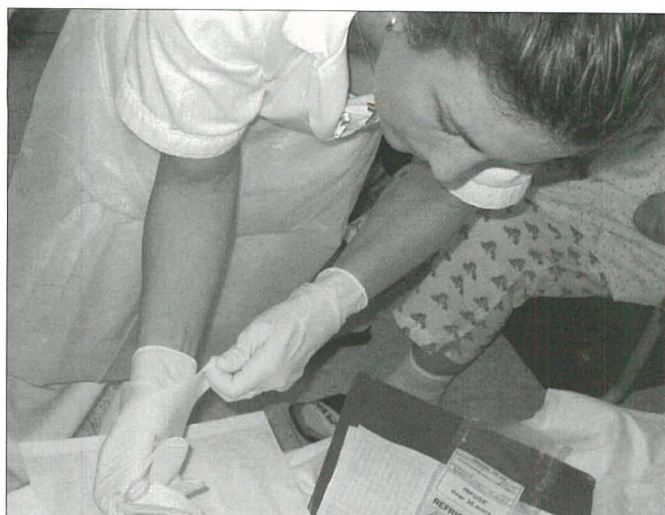
Stem cell transplantation (or bone marrow transplantation) gives a good chance to treat leukaemia. If with high doses of chemotherapy or combinations of chemotherapy and radiotherapy, the patient obtains remission he becomes eligible for stem cell transplantation. Transplanted stem cells from a matched donor provide the seeds to replenish the normal blood cells. (Venugopa & Manson 2003).

7. Nursing Management Of The Patient With AML.

1. Informing the patient about chemotherapy and the psychological aspect.

Nurses must be able to educate the patient and his relatives and friends about leukaemia and its disease process. Fear of chemotherapy has much to do with fear of the unknown, so to some extent giving information can relieve this. Explaining the procedures of administration of treatment and the rationale can prevent the patient from unnecessary anxiety. The patient should be made aware of the side - effects that may occur and information should be given of how to cope with them.

During the course of treatment the patient will build a sense of trust with the person giving the care and administering chemotherapy. So it is important to provide this continuity. The nurse should give information specific to the chemotherapy regime being administered. Once a supportive trust relationship has been established, the patient will find it easier to approach the nurse to discuss any specific worries. Delicate subjects like lack of libido, altered body image and intimate care, need to be approached sensitively and in a non-judgmental way. Written information is very useful as it acts as a reminder of verbal information and will help the patient to understand and assimilate facts. (Bareford & Middleton 1988).



2. The nurse's precautions when handling chemotherapy.

Cytotoxic drug handling by nurses, pharmacists and other professionals has been acknowledged as an occupational biohazard. (Valanis et al. 1993). Cytotoxic drugs have been shown to be mutagenic, teratogenic and carcinogenic when given at therapeutic levels to destroy malignant cells. (Bingham 1985; Waksvik et al. 1987; Goodman & Riley 1997). Therefore various precautions should be taken by the nurse to safeguard herself, the patient and the environment.

2.1. The nurse's personal protection

The handler should wear protective clothing. No type of glove is completely impermeable to every cytotoxic agent so most authors agree the double gloving is required in case of spillage. (Doyle 1995; Cass et al. 1997; Goodman & Riley 1997; Weinstein 1997, cited in Mullett & Dougherty 2000). Plastic aprons or long-sleeved non-absorbent gowns protect the nurse from any cytotoxic contamination. (Powel 1996; Cass et al. 1997; Weinstein 1997 cited in Mullett & Dougherty 2000). The eyes should be protected by wearing goggles BS2092C (Cass et al, 1997 cited in Mullett & Dougherty 2000) and whenever there is risk of inhalation of the drug, a mask 3M8810 should be worn. As a safety measure during the Chemotherapy administration procedure, the nurse should always work at waist level to prevent accidental spills on the face. The nurse should wear gloves and aprons when handling clothing and linen soiled with any body fluid from the patient receiving chemotherapy. The handler should wash the hands thoroughly before and after every procedure. Any needle stick injury should be reported to the Infection Control Unit immediately. (Practice Development Team, SLH 2005).

2.2. Protecting the environment.

The nurse should take extreme precautions to prevent any type of spillage of chemotherapeutic agent all along the handling and administration of cytotoxic treatment. All chemotherapy soiled items should be disposed in the appropriate container. Chemotherapeutic agents are excreted through all body fluids so any containers with excreta, vomitus or other body fluids should be kept covered and gloves should be worn when being disposed of. Male patients should be instructed to sit whilst urinating in the toilet and should flush the toilet with the lid closed. A spill kit should be in close access to the nurse when administering chemotherapy. This kit contains absorbent powders, protective clothing and all equipment necessary to remove any spillage safely and disposed of in the correct way. (Practice Development Team, SLH 2005).

2.3. Observing and protecting the patient.

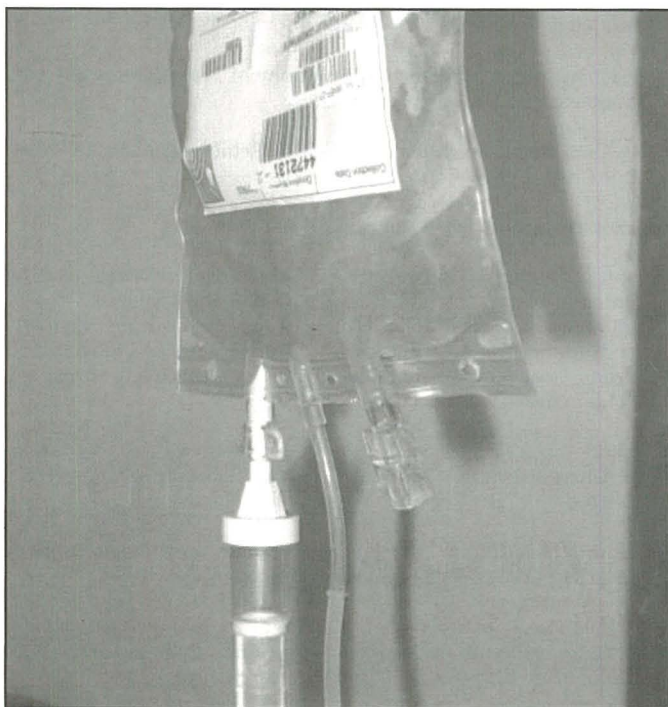
To protect the patient from any infection, all intravenous administration of chemotherapy should be done under strict aseptic technique especially when dealing with a central line.

The five rights, that is, right patient, right treatment, right dose, right time and right route should be followed scrupulously and double checked with another colleague. All equipment prepared for the administration of treatment should also be double checked for expire date and integrity of packaging. This way unwanted mistakes are avoided.

Before starting the administration procedure, the nurse should observe the intravenous device for any phlebitis or dislodgement. In this case it should be removed and replaced by a new one.

The nurse should avoid spillage of chemotherapeutic agents on the patient's skin which may cause chemical burns. Any spillage on the skin should be immediately washed away with soap and water and rinsed thoroughly. The patency of the intravenous device should also be checked prior treatment administration to prevent extravasation of cytotoxic agents into the tissues which may cause necrosis of the effected area. An extravasation kit should be close at hand for immediate use by the nurse if need be. This kit contains syringes, antidotes and hot and cold packs which are placed as required on the affected area. If extravasation is suspected the nurse should stop the infusion immediately. Aspirate as much as possible of the extravasated agent and call medical assistance so that the appropriate antidote and actions are carried out at once. Cold compresses are applied to cause vasoconstriction, therefore reducing destructive effect of the chemicals. Hot packs are recommended specifically for management of non – DNA binding drugs such as Vinca alkaloids. These increase blood supply and better absorption of the neutralizing agent.

During administration of chemotherapy the nurse should observe the patient attentively for any hypersensitivity or anaphylactic reactions. In this case the treatment is stopped immediately, medical support called at once to administer antidote such as intravenous Hydrocortisone.



The nurse should monitor and record the patient's vital signs frequently and the CPR trolley should be kept within reach in case of emergency. (Practice Development Team, SLH 2005).

3. Blood and Platelet transfusions.

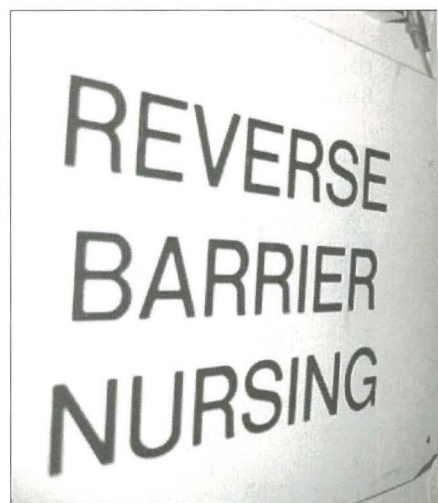
During the course of chemotherapy, the patient will also need 'supportive care'. This treats the effects that are caused by a lack of normal blood cells, due to leukemia itself or through chemotherapy. So the patient will need blood transfusions to correct anaemia due to low haemoglobin level and to elevate the low white cell count.

Apart from the blood sampling results, the nurse should carefully inspect the skin and mucous membranes of the patient for any bruising or bleeding which may indicate a fall in platelet count. Here the patient will require platelet transfusions until his own count recovers. Prior any transfusion careful double checking by two nurses should be done of all details on donor unit and transfusion request form together with correspondence with the patient's identity to avoid any errors. During transfusion the nurse must observe the patient for any reactions such as pyrexia, shivering attacks, rashes or fluid overload. In this case the transfusion should be stopped, medical officer informed for immediate action and a fresh blood sample is withdrawn for X – Matching. (Middeton 1988)

4. Protective Isolation (Reverse Barrier Nursing)

Immunosuppression is a generalized depression of the immune system of the patient which increases the risk of acquiring an infection which may be fatal due to septicaemia. Immunosuppression happens due to a fall in the white cell count especially that of the neutrophils. This condition necessitates protection of the patient from micro –

organisms carried in the environment, on all staff providing care, visitors and other patients. From admission the patient should be put in a single room, with his own bathroom and toilet which should be washed daily with detergents. The furniture and any other equipment in the room should be wiped with disinfectants. The door of the room should be kept closed with a label outside that indicates – REVERSE BARRIER NURSING. In the ante – room outside the patient's room, the nurse should prepare masks, plastic aprons and gloves which should be worn by anyone entering near the patient. The nurse should inform and educate any students, cleaners and visitors about the importance of this procedure and its rationale. Visitors should be limited and anyone including staff with any infections should avoid entering the room or dealing in anyway with the patient, even if wearing protective clothing. The patient may be given medications prescribed, for example Sporinox, to reduce the risks of certain infections such as Fungal infections. If the patient has fever, a blood culture is taken so that the appropriate antibiotic is prescribed. Reverse barrier nursing is to continue until the period of immunosuppression is over. (Mallett & Dougherty 2000)



5. Dealing with the side-effects of chemotherapy.

Side – effects of chemotherapy can be immediate, short – term or long – term. Nausea and vomiting can range from very severe vomiting to very mild nausea. To help alleviate symptoms anti – emetics should be prescribed and advice on patient's diet should be given. Here the nurse should liaise with the dietitian. Drinking is important to prevent dehydration. Fizzy drinks are easier to tolerate by the patient as they neutralize gastric acid. To eat little amounts and often is best, and cold food may be more tolerated as it has less smell and therefore triggering nausea is minimized. Change in taste usually occurs which makes food taste different and unpleasant causing nausea. The patient may tend to lose his appetite and eats very little. The nurse should advise adding flavourings such as lemon, lime or mint to food as these make it more palatable.

Stomatitis can also prevent the patient from eating and drinking and therefore reducing his nutritional intake. Good oral hygiene from the start of treatment will reduce the severity of mouth ulcers and sores. Daily teeth cleaning using a soft tooth brush to prevent bleeding from the gums, and regular use of an antiseptic mouthwash are recommended. (Middeton 1988)

Constipation and diarrhoea should be regulated by monitoring the diet for fibre content, and by taking adequate fluids. Laxatives can be prescribed to relieve constipation.

Most cytotoxic agents cause hair loss. When this occurs the patient loses excessive body heat from the head. Besides this, alopecia is very distressing, particularly in

female patients. The nurse should give much support and reassurance that this condition is temporary and that hair will start regrowing once treatment finishes. She should encourage the patient to wear a wig, hat or scarf.

Lack of sleep may be due to anxiety, drug therapy and blood product transfusions. If possible blood transfusions should be avoided during the night, adequate sedation prescribed and a quiet environment should be maintained. Any pain disturbing the patient from sufficient rest should be reported and the appropriate analgesia given. (Bareford 1988)

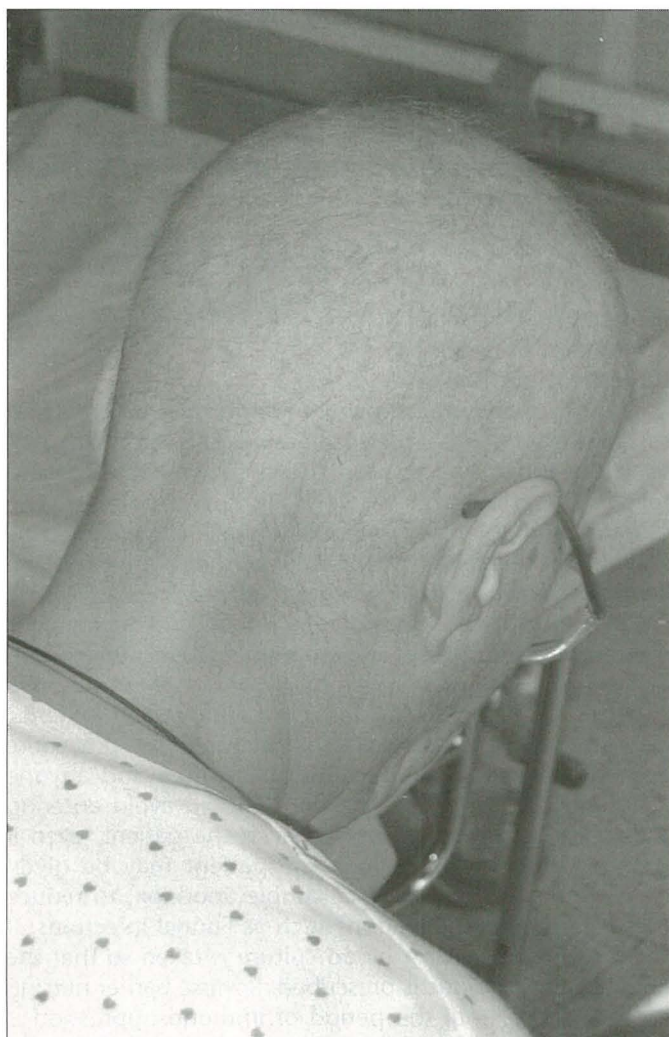
Chemotherapy will effect the patient's sexuality and reproductive function. In women amenorrhea occurs and men become sterile. Sperm – banking for male patients may be recommended before starting cytotoxic treatment. Unfortunately this is very difficult as it has to be done abroad. (Practice Development Team, SLH 2005)

8. Conclusion

Nearly 80 % of young adult patients with AML achieve remission with various combination therapies though about 60 % eventually experience a relapse of the disease. (Venugopal & Manson 2003). As one can see the prognosis of AML is not so positive and some patients may not even reach remission and eventually die. Psychotherapy and bereavement sessions should continue with the patient's family and friends. These bereavement sessions are sometimes also required by nurses and other professionals especially those who were close to the patient during the course of the illness. In all cases the nurse should use empathy in large quantities as this should be the distinguishing quality of nurses. (Encarta Encyclopaedia 2003)

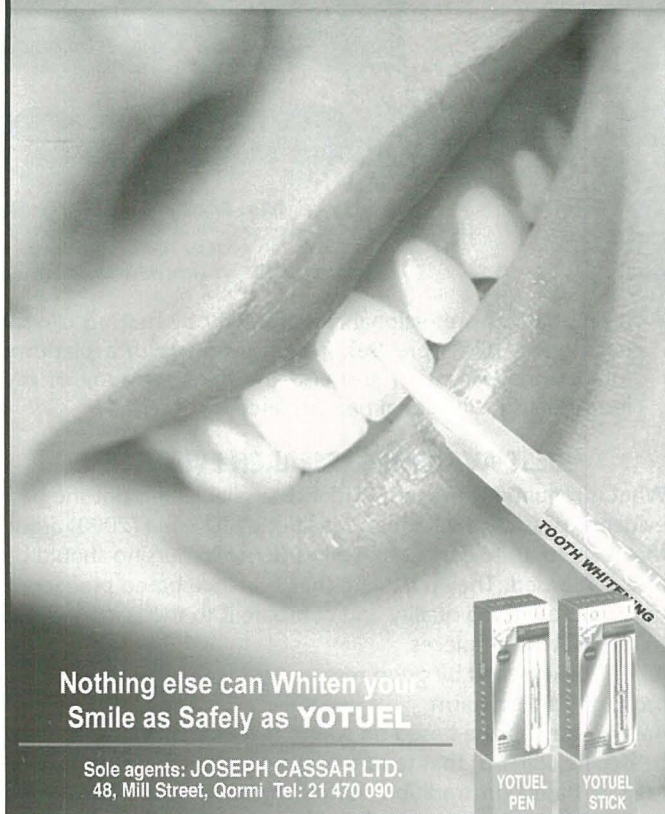
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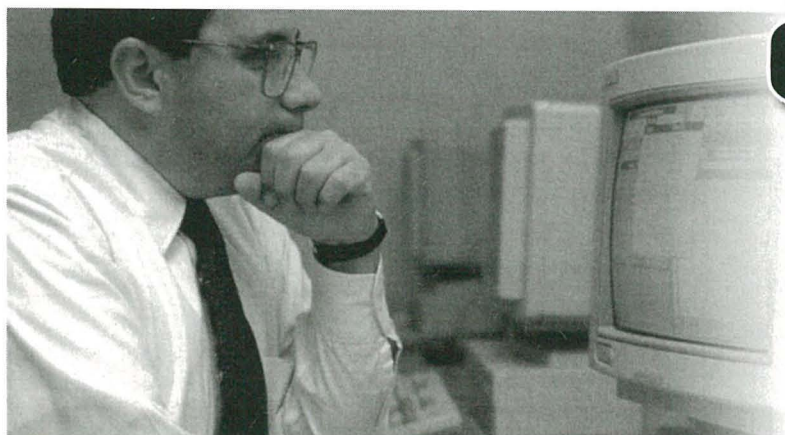
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Evidence Based Practice

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INTRODUCTION

In the clinical area most often Nurses/Midwives may be uncertain about which treatment options to believe and use when the research results or the advice of experts is conflicting (Bradshaw, 2000; Davies, 2002). In addition, due to increased responsibilities and accountability in our practice, our practices must not be based on unquestioned tradition, experience, intuition, common sense and untested theories (French, 2002; Hunt et al 1996) without a rational/evidence for the action (Walsh & Ford, 1989, French, 1999). All this is encouraging nurses/midwives themselves asking for written evidence based guidelines and policies for their specific clinical setting in order to reduce risk of litigation and to ensure good practice.

However, it seems that evidence based practice has become widely used term, but not always a well understood concept. In fact, evidence based practice is often confused with research based practice and professional development. The purpose of this article is to make a clear definition of this concept and to explore some important contradictions surrounding this concept.

WHAT IS EVIDENCE BASED PRACTICE?

Evidence based practice in nursing and midwifery profession is the process by which nurses/midwives make clinical decisions using the best available research evidence, their clinical expertise and patient preferences, the context of available resources (Di Censo et al., 1988).

EVIDENCE BASED PRACTICE PROCESS

Sackett., Straus, Richardson, Rosenberg & Haynes, (2000) outlines 5 steps for evidence based practice process:

1. Convert the need of information into an answerable clinical question
2. Tracking the best evidence with which to answer that question
3. Critically appraising the evidence for validity, reliability and clinically applicability
4. The results of the critical evaluation are applied to clinical practice
5. Evaluating performance through audit and self-reflection

Also, Evidenced based practice have six characteristics:

- It focus on the practitioner's own experience and knowledge and the practice context
- It links directly to powerful sources of electronic information through the internet, databases and library links that provide details of relevant, current research
- It emphasizes the needs for its participants not only to read research but to critically evaluate both quantitative and qualitative evidence.
- It seeks to effectively bridge the gap between theory and practice by applying research findings to individual patients or populations
- It measures success in terms of achievement of outcomes of care as experienced by the patients.

- It emphasizes professional responsibility by making clinical decisions explicit (precise). This provides both a platform for personal reflection and also the basis for audit of the individual's professional performance by others.

BEST AVAILABLE RESEARCH EVIDENCE

What is required is the best evidence available and not the best evidence possible. McKenna, Cutcliffe & McKenna (2000) argue that it's a myth to expect that all evidence in nursing should be research based. They postulate that evidence based practice in nursing is of mixed quality and compare it to the evidence egg that is split into 4 pieces.

Area 1, is informed by good research evidence, that tend to do more good than harm

Area 2, may not be based on sound research, but is supported by expert opinion, that tend to do more good than harm

Area 3, based on tradition, not, know if do more good than harm or vice versa

Area 4, interventions that do more harm than good

It is desirable to increase areas 1 and 2, eradicate area 4 and evaluate area 3, to ascertain whether it should be discontinued or go in area 2. This would have the egg split into two sections, whereby it is hoped that half of it would be researched based. The idea that all nursing practice should be research based is unrealistic, undesirable and naïve (McKenna et al. 2000). This view is supported by Logue (1996), which believes that it is unrealistic and unnecessary to support nursing actions by research.

EVIDENCE SHOULD NOT DICTATE PRACTICE

This is because at times, even when research based knowledge is available it may not always be the desired option for a particular patient. Hence, evidence does inform and guide us in Our practice. For instance one may choose to reject empirical (research) knowledge on the basis of ethical knowledge as identified by Carper (1978). Carper (1992) described ethical knowledge as moral evaluation of what is right and wrong. Radwin (1995) and Cranston (2002) suggest that true best practice is derived from a combination of clinical expertise and research based knowledge. Di Censo et al. (1998) define clinical expertise as the ability to use our clinical skills and past experience to rapidly identify each patient's unique health state and diagnosis, their individual risks and benefits of potential interventions and their personal values and expectations. However, McInnes et al. (2001) argues that those nurses with a wealth of clinical experience and research knowledge may only achieve this. This highlights the need of co-operation and coordination between the newly qualified and mature nurses/midwives, the younger and older nurses/midwives as different knowledge and experience levels need to be exchanged in order we can develop and implement evidence based practice at our workplace.

IS THERE THE NEED OF SYSTEMIC REVIEWS?

Personally I feel that in our profession we need to develop more systemic reviews on specific skills as it provides a ready-made analysis and synthesis of current best evidence. These are useful given the large volume of data that exists and midwives'/nurses' time constraints. Systematic reviews should indicate the strength of the evidence and the applicability of the results (Davies, 2002). Studies need to be assessed for quality such as sample size and blinding, since poor quality is associated with high risk of bias (Droogan & Richardson, 1999). Resources that enable critical appraisal include the CASP program. In addition, Louge (1996) brings to attention that at times, research may be conducted for the wrong reasons, such as to increase the funding, awarded to institutions, for snobbery and to gain higher qualifications. This highlights the importance of critically appraising the findings, especially with regard to their clinical relevance. Therefore, various factors need to be considered before applying research evidence to individual patients, such as, the generalisability of results to specific patients, co-morbidity that is often present in older patients and patients preferences (McInnes et al, 2001). The clinician needs to encourage the patient to participate in decisions but also convey to the patients why certain treatment is more recommended.

HOW TO PROMOTE SUCCESSFUL IMPLEMENTATION OF EBP?

Rycroft-Malone et al. (2002) contend that successful implementation of evidence-based practice depends on the nature of the evidence; the context in which the evidence is to be implemented includes culture and leadership, and facilitation. The facilitator helps practitioners make sense of the evidence being implemented. The facilitator may take the role of a change agent and use change management techniques such as audit, feedback, social influence and marketing approaches. Studies shows that passive strategies such as simply mailing information, were not likely to result in a behaviour change (Davies, 2002). Bero et al. (2002) emphasis that effective strategies including educational outreach and multifaceted interventions based on an assessment of potential barriers is needed to promote professional implementation of research findings. Moreover, in order to facilitate integration of evidence-based practice, it is imperative to address issues related to the clinicians, the research and the resources. For instance, the researchers are perceived by clinicians to be remote from practice, so they need to be seen as clinically credible and lecturer-practitioner.

IS EVIDENCE BASED PRACTICE RELEVANT TO OUR PROFESSION?

The task for our profession is to both define and defend the nature of knowledge – and thus the nature of the evidence – required to provide clinically effective care. This means that, rather like researchers must look to the research question to establish the appropriate methodology, nurses must look to the patient-centered practice question to establish the appropriate type of evidence required. Often, the practice issue is complex. This means that a range of types of evidence might be required to determine the best way forward, such as reports or options from respected authorities as the content of conference presentations by experts, the result of audits and a well designed random control trial. Hence, absence of research findings does not imply absence of evidence. Also, what is important is that it is the evidence that carries the weight of authority, rather than that of the doctor, nurse or any other healthcare professional (Clarke, 1999).

The whole notion clearly has a vast potential to improve the quality of care. But it is submitted that the construct

will easily become another vacuous nursing slogan if the infrastructure for its implementation, that is, the appropriate intellectual, social, economic and political conditions do not exist (Bradshaw, 2000). For example, finding and evaluating the evidence is costly in terms of time. Due to nursing shortage its very difficult to take few time off to conduct research analysis or to attend conferences. However, as a result of managerial and working colleagues support on long term will result in more cost effective and efficient care, even though you require continues updating and evaluation is needed but that's make a real profession. Another example is that in practical terms, not everyone is skilled in locating the information and using computers. In addition, there are insufficient nurses equipped to evaluate what evidence is available let alone generate new evidence about the outcomes of practice education (Bradshaw, 2000; Bucknall et al., 2001). But this is being overcome through better research awareness in pre/post registration courses and continuous professional development programmes.

CONCLUSION

Nurses and Midwives are rightly prominent within this movement of Evidence Based Practice. Indeed, Florence Nightingale (1946) advocates that careful evaluation of evidence is needed to roll back the frontiers of knowledge about what works best for patients and what does not. Moreover, Evidence Based Practice suggests a way in which theory or proportional knowledge could be further incorporated into our practice. Consequently this movement will help us to attain a higher professional status as the concepts of knowledge doer and reflective practitioners is being realised (Harden, 1996, Bahn, 2001).

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Group Private Medical Insurance

Group Private Medical Insurance (PMI) is becoming increasingly popular within Maltese organisations. Organisations tend to view this type of cover as a retaining and motivational tool for their employees.

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Medical advances have resulted in medical practitioners being in a position to treat many more conditions. However, new procedures, drugs and technology are often expensive. Coping with the increasing demand and expense is a growing problem for the National Health Services. Demand for coronary artery bypass surgery, joint replacements, and keyhole surgery is creating continuous pressure on our health services.

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- ☒ Protection for the insured from any unexpected medical condition or injury, thereby providing peace of mind and security
- ☒ Faster access to private healthcare
- ☒ A retaining and motivational tool for the organisation's best asset - its employees
- ☒ A lower premium, due to the higher number of insureds especially for tailor-made PMI cover
- ☒ A number of standard comprehensive schemes that the organisation may choose from, each with different levels of cover
- ☒ The option to choose one's preferred medical consultant
- ☒ The guarantee of direct settlement payments for inpatient treatment
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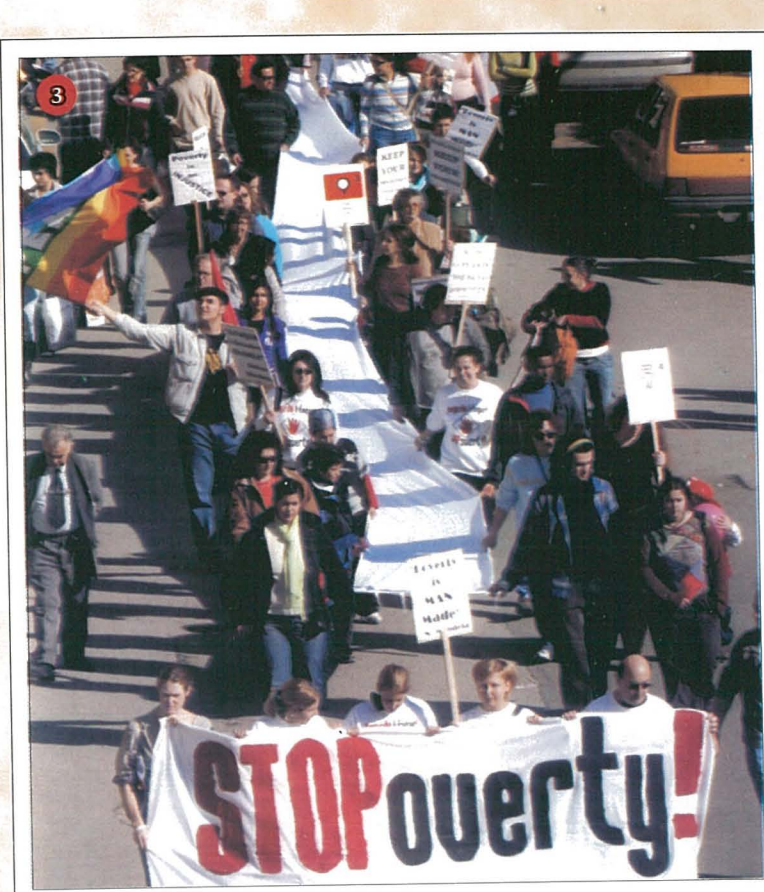
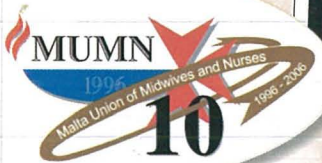


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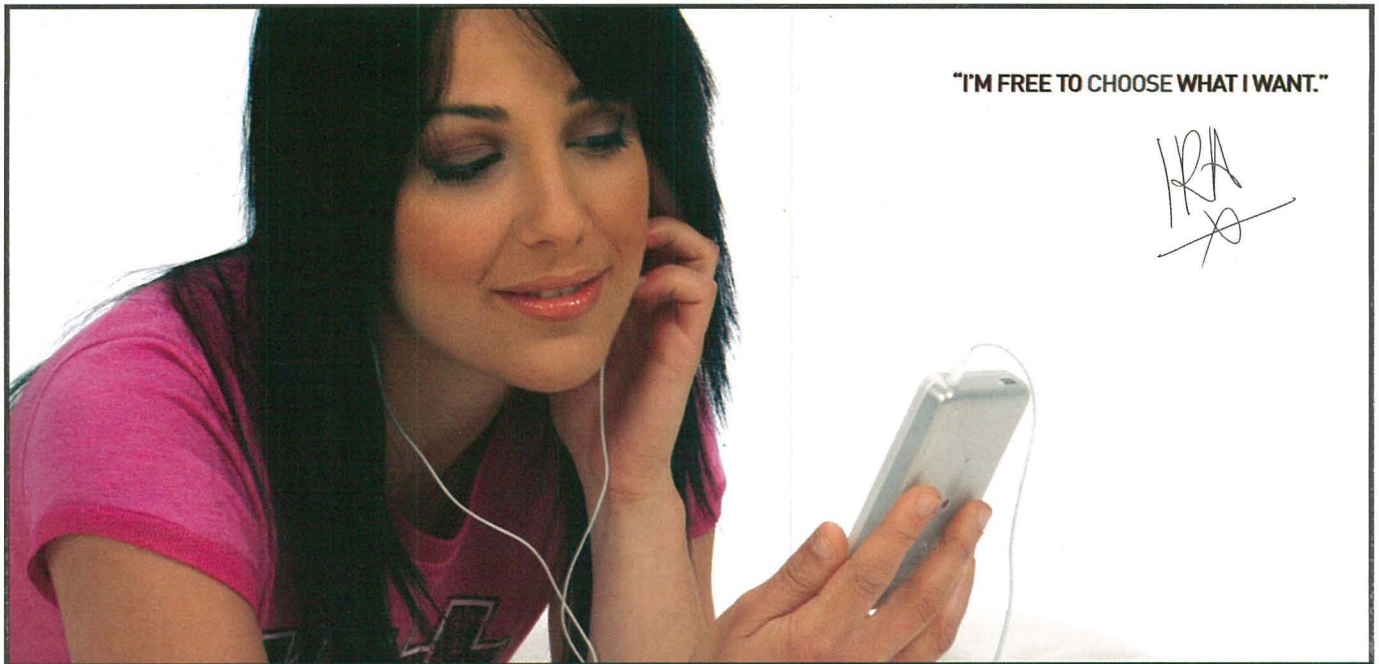
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Bottlenose Dolphin (*Tursiops truncatus*) Id-Denfil geddumu qasir.
The Bottlenose Dolphin is one of the three most common marine mammals recorded in Maltese territorial waters. It is protected by local legislation and by regional and international nature protection conventions because it is endangered.



1. The FOR.U.M. together with their legal adviser Dr. Chris Cilia held a press conference in front of the Court Building before a Judiciary Protest was registered against the Prime Minister regarding the exclusion of the same FOR.U.M. from the Malta Committee for Economic & Social Developments.
2. As part of the celebrations of MUMN's 10th year Anniversary, the MUMN Council made a courtesy visit to H.E. Dr. Edward Fenech Adami, President of Malta and also Patron of the Florence Nightingale MUMN Benevolent Fund.
3. Ms. Lora Pulicino, MUMN Council Member, is an active member in the STOPPoverty Campaign Committee. She is seen here participating in the last activity held by this active group.
4. Occupational Health & Safety Conference – a true success so much that the Florence Nightingale Fund decided to organise it annually. A well-deserved applause to Mr. George Saliba, Chairperson and his colleagues in the committee.
5. The Pensioner's Group Committee held another exciting activity. This time, a real special one, as a visit was organised to the new Archbishop of Gozo, H.E. Fr. Mario Grech who also wrote a commemorative letter for the Union's Anniversary. Well-done Mr. Paul Bezzina, Chairperson and his colleagues.
6. An annual activity, which MUMN is very proud of, is the presentations of Mementoes to all those Nurses & Midwives who retire from work. This is an appreciation for their professional work done throughout these years. This activity is organised by the Florence Nightingale Benevolent Fund.
7. The European Federation of Nurses Associations held a historic meeting in Malta where representatives from 25 countries took part in this important forum.
8. The Education Executive Committee organised a conference with the theme 'Enhancing Women's Outcomes'. Relevant issues and presentations were raised during this conference.
9. On the occasion of the Worker's Day, Hon. Dr. Laurence Gonzi, Prime Minister, visited Nurses and Midwives at St. Luke's Hospital accompanied by the MUMN President and General Secretary. In this photo Dr. Gonzi is seen discussing a point with the Casualty Nurses.



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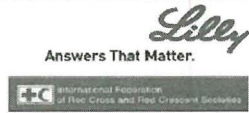
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Nobel Peace Laureates and representatives of 20 million health care providers call on governments to fund the scale up of human resources needed to fight TB

Initiatives launched to address training and education needs in TB burdened countries

GENEVA, 21 March 2006 – Nobel Peace Laureates Archbishop Desmond Tutu and Betty Williams will today join forces with global healthcare organizations representing more than 20 million health care providers in highlighting the need to provide the necessary human resources to fight the growing TB threat in high burden countries*. They are calling on governments to immediately commit to fund, train and scale-up the health care workforce to combat TB and help prevent 5 000 daily deaths from this curable disease. At this special event, Eli Lilly & Company and six leading global health and relief organizations are launching a number of initiatives to tackle the human resources crisis in TB treatment. Though 90% of the world's population live in countries that have adopted the internationally recommended strategy for controlling TB, an adequately trained health care workforce is required to fully implement control programmes and save an additional 14 million lives over the next ten years. According to the Stop TB Partnership, it is estimated that US\$250 million is needed every year to provide technical assistance to countries to provide the training and strengthening of TB control services to millions of care providers. To address this, the International Council of Nurses (ICN), the International Hospital Federation (IHF), and the World Medical Association (WMA) will be presenting their new on-site and distance learning TB training programs for nurses, hospital managers, doctors and laboratory technicians, which are being rolled-out in the high-burden countries. The World Economic Forum and the International Federation of the Red Cross and Red Crescent Societies will outline their new programs to introduce TB prevention and treatment into the workplace and communities, so that workers and families can be diagnosed correctly and the social stigma of the disease reduced. This event follows the announcement of the Global Plan to Stop TB 2006-2015 at the Annual Meeting of the World Economic Forum in Davos, and aims to raise awareness of the urgent need to expand and strengthen human resources to deliver the Global Plan. Tuberculosis is re-emerging as a serious global health threat that causes 9 million new cases and 2 million deaths every year. Of these new cases, 400 000 are of increasingly virulent drug-resistant strains (MDR-TB), which are often spawned by improper or incomplete treatment of normal TB. In several countries of Eastern Europe and Central Asia, MDR-TB has increased to

15 % of new cases, while in several African countries with high HIV prevalence, rates of TB have tripled. According to the WHO, fewer than 1 in 50 people who develop MDR-TB currently have access to effective treatment and the vast majority die. Archbishop Tutu, speaking from his personal experience with TB, said "I urge the G8, governments of TB burdened countries, and international donors to address this gap in funding for human resources urgently." The Archbishop, who contracted the disease as a child in South Africa, continued "Without well-trained health care providers in the field we cannot possibly combat this curable disease which kills so many so needlessly, and the Global Plan will fail. Fourteen million lives can be saved and 50 million people treated in the next 10 years if we address this crisis now and ramp-up training and education in high burden countries." Eli Lilly and Company has committed \$70 million to a ground breaking global partnership to fight multi-drug resistant tuberculosis (Lilly MDR-TB Partnership**). Rich Pilnik, Lilly President of Europe, Africa, Middle East and CIS, comments: "The successful treatment and prevention of this silent killer is above all dependent on sufficient well trained, mobilized and motivated health providers, particularly for multi-drug resistant tuberculosis. As some of the programs launched today show, we are beginning to build the defences, but now we need to fight this war with welltrained professionals."

* **High burden countries** (the top 22 ranked by number of new TB cases) include: Afghanistan, Bangladesh, Brazil, Cambodia, China, DR Congo, Ethiopia, India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, Russian Federation, South Africa, Tanzania, Thailand, Uganda, Viet Nam, Zimbabwe.

** The **Lilly MDR-TB Partnership** is a public-private initiative led by Eli Lilly & Company to address the expanding crisis of multi-drug resistant tuberculosis (MDR-TB) together with global health and relief organizations, academic institutions and private companies. Lilly has launched a multifaceted philanthropic program to address MDR-TB. The partnership is pursuing a comprehensive strategy to fight MDR-TB through increasing drug supply and discounting prices, providing training in prevention, treatment, and surveillance, and sharing drug manufacturing technology with nations most at risk. For further information on the Lilly MDR-TB Partnership, please go to www.lillymdr-tb.com and note partners participating in this event listed below.

Editor's Notes:

■ **The International Council of Nurses (ICN)** is a federation of 129 national nurses' associations representing the millions of nurses worldwide. Operated by nurses for nurses since 1899, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally. For more information see www.icn.ch or contact: **Linda Carrier-Walker** -

Tel+ 41 (0) 79 310 1488; e-mail carrwalk@icn.ch

■ **The International Hospital Federation (IHF)**, set up in 1947, is an association supported by members from some 100 countries. As a leading global representative body for hospitals and health care management professionals, the IHF aims to improve the health status of the people of the world by facilitating cross-fertilisation of ideas between nations, in health services management, organization and policy, through its myriad of educational and publishing activities.

Its membership includes national hospital associations, ministries of health, hospitals, commercial entities supplying to the health care industry and a broad range of professionals, management consultants, architects, medical and nursing administrators, health service management academics and government health planners. Further information is available at www.hospitalmanagement.net or contact: **Sheila Anazonwu** –

Tel: +33 (0) 450 42 60 03, e-mail: sheila@ihf-fih.org

■ **The International Federation of Red Cross and Red Crescent Societies** is the world's largest humanitarian organization, providing assistance without discrimination as to nationality, race, religious beliefs, class or political opinions. Together, the National Red Cross and Red Crescent Societies have 97 million members and volunteers, and 300,000 employees, assisting some 233 million beneficiaries each year. For more information please visit www.ifrc.org or contact: **Lasha Gogvadze: Tel + 41 (0) 79 308 98 01, e-mail: lasha.gogvadze@ifrc.org**

■ **Lilly**, a leading innovation-driven corporation, is developing a growing portfolio of first-in-class and best-in-class pharmaceutical products by applying the latest research from its own worldwide laboratories and from collaborations with eminent scientific organizations. Headquartered in Indianapolis, Ind., Lilly provides answers – through medicines and information – for some of the world's most urgent medical needs. For further information please go to www.lillymdrtb.com or contact: **Patrizia Carlevaro Tel +41 79 41 80557, e-mail carlevaro_patrizia@lilly.com or Karin Ricketts (USA) Tel: +1 317 433 5059**

■ **The Stop TB Partnership** was established in 2000 to realize the goal of eliminating tuberculosis (TB) as a public health problem and, ultimately, to obtain a world free of TB. It comprises a network of international organizations, countries, donors from the public and private sectors, governmental and nongovernmental organizations and individuals that have expressed an interest in working together to achieve this goal. Its secretariat is hosted by the World Health Organization in Geneva. For further information on the Stop TB Partnership or the Global Plan to Stop TB, see <http://www.stoptb.org> and <http://www.stoptb.org/globalplan/> or contact:

Michael Luhan Tel: +41 (0) 22 7911379, e-mail: luhanm@who.int

■ **The Global Health Initiative (GHI) of the World Economic Forum** is to facilitate and stimulate greater business engagement in the fight against HIV/AIDS, tuberculosis (TB) and malaria. The GHI provides a unique platform for dialogue, partnership and action involving both the private and the public sectors. It coordinates a community of more than 230 companies that are confronting similar fundamental health challenges to their operations. For further information please go to <http://www.weforum.org/globalhealth> or contact: **Mark Adams Tel: +41 (0) 22 869 1210, e-mail: mark.adams@weforum.org**

■ **The World Medical Association (WMA)** is a global federation of national medical associations, representing the millions of physicians worldwide. Acting on behalf of physicians and patients, the WMA endeavours to achieve the highest possible standards of medical science, education, ethics and health care for all people. For more information please visit www.wma.net or contact: **Nigel Duncan +44 (0) 208 997 3653, e-mail: nduncan@ndcommunications.co.uk**

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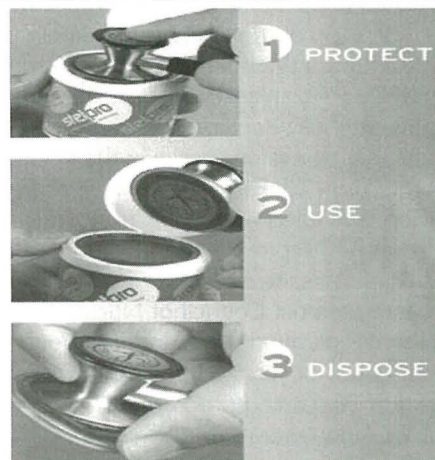
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Priorities to Address Global Nursing Shortages Announced

Geneva, 29 March 2006 – The findings of a two-year study addressing the worldwide nursing workforce crisis were released today by the International Council of Nurses (ICN) and the Florence Nightingale International Foundation (FNIF). **The Global Nursing Shortage: Priority Areas for Intervention** identifies top priorities for action in addressing the shortage of nurses worldwide.

"We are seeing serious adverse impacts on the health and well-being of populations in both developed and developing countries due to the nursing shortage. The health related Millennium Development Goals, and development initiatives in general, are jeopardised by inadequate investments in human resources and ineffective actions to develop and sustain a strong health workforce," according to Dr. Hiroko Minami, President of ICN and FNIF.

"The political will to address the critical issues contributing to nurse shortages remains weak in most countries, despite a growing recognition of the critical issues" stressed ICN and FNIF's Chief Executive Officer Judith Oulton.

The report presents an action plan for ICN and nursing, calling on national and global partners to engage in developing, implementing and financing interventions in five priority areas:

1. Macroeconomic and health sector funding policies;
2. Workforce policy and planning, including regulation;
3. Positive practice environments and organisational performance;
4. Recruitment and retention; addressing mal-distribution within countries, and out-migration; and
5. Nursing leadership.

The report points to critically needed improvements in the work environments of nurses and capacity-building in health human resources planning and management. The report also highlights the need for greater national self-sufficiency in managing domestic supply and demand, and for enabling fiscal environments supportive of nursing workforce development and improved public infrastructures (e.g. roads, clean water, electricity, information and communication technologies).

Alan Gibbs, Chair of the Burdett Trust for Nursing and the major project sponsor, clarified that the issues are complex and the solutions must be multi-faceted. "Addressing the magnitude of issues is not something any one organisation can do alone. Overcoming this crisis will require exceptional advocacy, leadership and a deep and sustained political and financial commitment on the part of individual nations and the international community".

Full details of the report can be found on the ICN web site at www.icn.ch/global/report2006.pdf. The report will be translated into Spanish and French in the near future and be made available on the ICN Global Nursing Workforce Project web site www.icn.ch/global.

Editor's Note:

The **International Council of Nurses (ICN)** is a federation of 129 national nurses' associations representing the millions of nurses worldwide. Operated by nurses for nurses since 1899, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.

The **Florence Nightingale International Foundation** is a registered Charity in the United Kingdom, formed for the purposes of supporting the advancement of nursing education, research and services for the public good. It is the successor to the original Florence Nightingale International Foundation, established in 1932 as a permanent memorial to Florence Nightingale with a mandate to develop and promote nursing education worldwide.

The **Burdett Trust for Nursing** is an independent charitable Trust named after Sir Henry Burdett KCB, the founder of the Royal National Pension Fund for Nurses (RNPFN). The Trust was set up in recognition of the foundation, philosophy and structure of the RNPFN. For more information, please visit www.burdettnursingtrust.org.uk

For further information contact: Linda Carrier - Walker

Tel: +41 22 908 0100; fax: +41 22 908 0101;

Web site: www.icn.ch

WHEN VISITING A PATIENT...

Visiting a patient can prove a rather confronting situation for the average visitor. It can be a moment whereby the visitor comes face to face with the reality of sickness, suffering and death, not only of the patient s/he is visiting but also of her/his own. Feelings like fear, anger, helplessness, frustration, etc, might crop up in the visitor's mind and heart during a hospital visit. Challenged as s/he is by such powerful feelings, s/he might decide not to enter the patient's room, or if s/he chooses to stay, s/he might downplay or minimize the situation. Yet, if the visitor stays anchored with the feelings s/he is experiencing, thus rendering her/himself vulnerable, the patient starts feeling 'at home' and comforted by the presence of this person. This happens because both the visitor and the patient are on the same emotional plane and wave length. Suffering makes them partners of the same life journey.

There are various ways of how a visitor can overcome the initial aloofness and emotional paralysis s/he might be experiencing when visiting a patient and, bit by bit, start showing genuine concern and care for a hospitalized patient. My pastoral experience as a hospital chaplain has instructed me the following tips.

Listening is basic in hospital visits. The patient is to be given a comforting space where to express her/his own feelings. This also includes respecting the times when the person is silent. A comforting eye contact certainly facilitates an attentive listening mode. It serves to keep the recounting of a story going, to encourage for more self-disclosure and to conserve and honour what has already been said.

Do not preach. Patients feel suffocated and overburdened when they are preached to. Instead, they expect visitors to offer them listening and comforting presences with whom they can feel comforted and empowered.

Validate feelings. Patients experience a whole range of feelings. If a patient experiences anger, just allow her/him to express it. In every feeling there are resources for coping and understanding.

Physical contact. The patient looks for security. If s/he presents her/his hand to you, do not hesitate to offer your hand as a way of reassuring her/him. In holding a visitor's hands the patient feels s/he is in a safety zone where s/he is unconditionally accepted with the feelings s/he is experiencing at that moment.

The experience of encountering a suffering person makes us more aware of the value of interpersonal relationships as well as of our human and Christian calling to be a comforting presence to others. My pastoral experience at St Lukes' Hospital is continually showing me how this is undoubtedly true.

Fr Mario Attard OFM Cap

☐ koinonia@waldonet.net.mt

MUMN Florence Nightingale Benevolent Fund

George Saliba Chairperson FNBF (MUMN)

☐ gorant23@gmail.com

During the past months the FNBF has been quite busy not only by continuing to provide support and assistance to various members that have put forward their requests, but also by organising two very important functions.

The first function of our fund was the organisation of the



thanks giving ceremony to members of the FNBF that have retired from work during the year 2005. This function was organised at the Golden Tulip Vivaldi on the 28th of

January. This occasion was also the opening function in connection with the 10th Anniversary of our Union. This year we had 10 of our members that after long years of service in the health sector have finally retired to continue their life in peace and tranquillity. All members were presented with a memento and later hosted to a dinner at the same hotel. Surely it was a night where all present mingled together and talked about the good old days! The FNBF wishes all these members ad multos annos in health and prosperity.

Mr. George Saliba, Chairperson FNBF together with MUMN President, presenting a memento during this occasion.

Another very important event for the FNBF was the organising of a National Conference on Occupational Health & Safety in Nursing and Midwifery. This conference was held on the 17th March 2006 at the Golden



Tulip Vivaldi with a total of 140 participants. The Hon. Dr. Louis Galea, Minister of Education, Youth and Employment, opened the conference. The conference was not only very interesting but many became aware of the great responsibilities regarding Health & Safety and the lack of knowledge in this regard, in connection with the environment we work in.

Although this was the first ever conference organised by our committee we really hope that it will not be the last. Finally I would like to thank the Educational Officer of our Union Mr. Paul Pace, Mr. Colin Galea, Ms. Lora Pulicino and all the committee members for their support and hard work to successfully organise this event. The Hon Dr. Louis Galea, addressing the Conference.

STOPOVERTY! 2006 AND BEYOND...

Vince Caruana

✉ med2000@maltaforum.org

Over 180 representatives from the Global Call to Action Against Poverty (GCAP) from more than 60 countries met in Beirut from 13-15 March, and unanimously agreed on an action plan to continue the largest citizen-led anti-poverty coalition in history, at least for two more years. Malta was represented by Edouard Coudreau who is currently coordinating the Secretariat of the local campaign StoPoverty!/Neqirdu l-Faqar!

In contrast to the focus on international events in 2005, the Global Call decided to put pressure on national governments in rich and poor countries to keep their promise in 2006 and 2007. In rich countries, governments will be called to agree to trade rules that will help reduce poverty, keep their aid commitments made in 2005 and cancel debts that are hindering the achievement of the Millennium Development Goals. The White Band will remain the unifying symbol, and the 17 th. of October 2006 will be a global day of mobilization to end a month long process of actions and events across the globe.

GCAP has a new strapline to sit under the name Global Call to Action against Poverty: 'Together for equality'. This idea was promoted strongly by the Latin American region at the Beirut meeting. A major outcome of the Beirut meeting was the declaration *Renewing the Call: The Beirut Platform for the Global Call to Action Against Poverty*.

Of particular interest to the trade union movement is article 19:

Governments are obligated under international law to enforce human rights, including economic, social and cultural rights. They must meet this responsibility by delivering economies that are equitable and work for the poorest people, delivering quality universal public services and ensuring decent work for all.

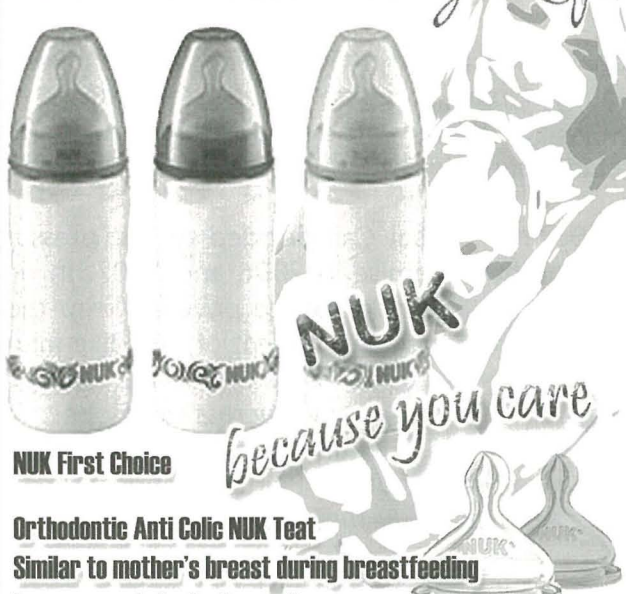
This is at the very heart of what trade unions believe in and what they are committed to achieving in their daily work. Together with other civil society actors including NGOs, international networks, social movements, women's organisations, faith based groups, in 2006 trade unions will continue to act in hold leaders to their promises, and to achieve more to eradicate poverty.



neqirdu l-faqar! STOPPoverty!

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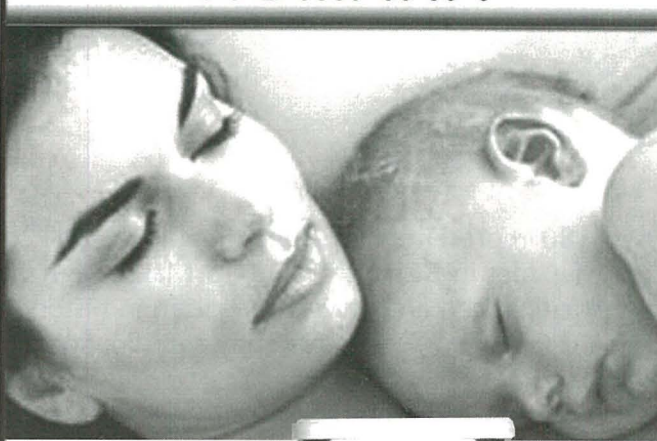
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L-Uniformi

Li ġej huma biss ftit kummenti fuq l-imbierka uniformi tagħna n-Nurses u l-Midwives. L-ewwel irridu naraw x'hinu l-użu propju tagħha. Ilkoll naċċettaw il-bżonn tagħha għax kważi hadd minna li jkun f'kuntatt dirett mal-pazjent ma jahdem bi hwejjeg pajzana. Dan forsi għaliex ma rridux inġorru mikrobi lejn djarna? Xi żmien ilu saħansitra, jinhaslu l-Isptar kienu biex hadd ma jkun jista' johroġ bl-uniformi barra mill-isptar.

Skop ieħor tal-uniformi hi li kull pazjent ikun jista' jiddistingwi bejn staff u ieħor. Barra minn hekk tagħmel lill-istaff jidher aktar serju filwaqt li taghti simbolu tal-kariga li ġgorr. B'dan għalhekk għandna nħossuna kburin.

Għalhekk tagħmel sew il-Union tagħna li tara li jkunu komdi u li l-awtorità tkun puntwali fil-bdil tagħhom. Illum l-affarijiet inbidlu. Jekk hux għal-aħjar ma nafux. Nafu li l-hajja saret mgħaġġla. Però allura huwa aċċettabbli li mpjegat johroġ bl-istess uniformi barra mill-isptar wara tnax-il siegħa xogħol? Sew li tara Nurses deklin u herġin bl-uniformi, minn jew lejn djarhom, fil-karozzi tagħhom jew f'tal-linja?

Qed naraw ukoll impjegati jhufu 'l hawn u 'l hinn fis-swali libsin 'pajzana'. Bħal speċi ferhana li m'għadhomx jilbsu l-uniformi li kellhom u b'hekk forsi jiġbdu l-attenzjoni għall-kariga ġdida tagħhom.

Il-mistoqsija toħroġ wehidha: Għala ma nagħtux każ tal-cross infections? Qegħdin nagħmlu sew? Jekk le, x'se nagħmlu?

Thomas Agius
Staff Nurse DSU

Get-in-Shape Tips

Consult your doctor

This will give you a chance to have your blood pressure and blood cholesterol level checked. Your doctor also may help you craft an exercise routine that is least likely to aggravate any medical conditions or physical limitations you might have.

Keep your goals realistic

If you are just starting a walking program, it's unrealistic to expect that you will be an Olympic speed walker by the end of the week. If all you realistically can achieve is walking for 20 minutes twice a week, then make that your goal for now. If you overdo it and push yourself by running when all that you are really ready for is walking, then you're just setting yourself up for failure or even injury. Success is motivating, so set a goal that you know you can reach.

Set short-term goals

If becoming a lean, mean fitness machine is your goal, it can be discouraging to find your endurance and strength are not yet where you hope to be. Instead of dreaming of athletic excellence right away, aim for small achievements such as increasing every other workout by one to two minutes (until you reach at least 30 minutes total). Or aim to increase your flexibility so you can reach your toes more comfortably by your next birthday. Once you reach one short-term fitness goal, then set another one, such as adding two more reps (at the same weight) or five more pounds to each exercise in your strength-training program.

Make it complete

Fitness is more than just a cardiovascular workout. Eventually, attempt to incorporate all aspects of fitness into your exercise program. Aerobic activity two to three times a week, strength training at least twice a week, and flexibility and relaxation exercises are all part of a well-rounded fitness program.

Drink up

Drink plenty of water before, during and after your exercise program, regardless of whether you are thirsty or perspiring.

Up the intensity

As your body gets used to a particular exercise, your strength and endurance will increase. To stay challenged and to progress toward your goals, gradually increase the intensity of your workout.



If you are a beginner who usually walks for 20 minutes three times a week, consider increasing the duration or frequency of your walks or walk faster and swing your arms. For strength training, add one or two pounds every few weeks, increase your repetitions or sets, or reduce or eliminate the rest period between sets. In general, you should lift a weight until you cannot complete any more repetitions using proper form.

Listen to your body

A burning sensation in your muscles or fatigue is normal during exercise; sharp pain is not. If you feel pain, stop exercising at once. Often, rest, elevation and icing the injury may be appropriate. Then consult a doctor if pain persists for more than a day or two.

Reward yourself

Whenever you meet a short- or long-term goal, do something nice for yourself. For example, buy that new household item or CD you've been pining for. (Don't reward yourself with an ice cream sundae, of course.)

Have fun

Vary your workouts so you don't get bored. Find forms of exercise that you truly enjoy, such as jogging through the park if you love nature or ballroom dancing if you love romance.

This article was reviewed June 2005, by John Acquaviva, Ph.D., Associate Professor, Health and Human Performance, Roanoke College, Salem, VA. Reference: Healthy Living: Blueprint for Health Wellness Centre Prevention Minnesota, Blue Cross Foundation. This information is not intended to be a substitute for professional medical advice or for the care that patients receive from their physicians. If you think you may have a medical emergency, call your doctor or 112 immediately.

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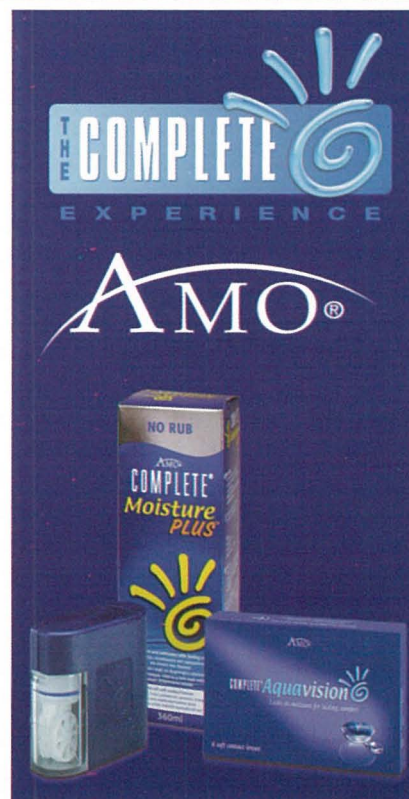
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Maltese Association of Psychiatric Nurses Launched



On the 11th of May, following a reception organised by the Institute of Health to celebrate the end of activities organised during mental health week, a new organisation for Maltese Psychiatric nurses, called M.A.P.N.

was announced. M.A.P.N. stands for Maltese Association of Psychiatric Nurses.

The roles of Maltese Psychiatric Nurses are many:

- Assessment
- Education
- Care planning
- Health promotion
- Therapy
- Professional growth
- Community care
- And action within the multidisciplinary team.

These multidimensional roles of our profession are as yet not recognised, sometimes not even by psychiatric nurses themselves. It was therefore a natural progression, for us to develop a set of 15 Standards of Care for Graduate Level Psychiatric Nurses. These standards encompass all the aspects of psychiatric nursing care that are internationally recognised by literature and international organizations such as the World Health Organisation, and were tailored to our local situation, enhanced by feedback from individuals in the field, from psychiatric nurses who had a positive experience overseas, and ultimately polished by the expert in the area, Mr. Martin Ward, who is the coordinator of education in mental health. One of the most important objectives of this association is for innovations and promotion of educational changes.

Since the first time the course opened locally in 1992, there are about 49 diploma level psychiatric nurses. A new batch of graduate psychiatric nurses is now on its way! There will be the first 11 graduate level nurses starting from July and there is also another group of nurses due to finish their training in two years' time.

This October, for the first time ever, a first degree entry course for psychiatric nursing will be opened, along with plans for a new course for the Masters Degree which is still in the pipeline.

This new wave of "young" blood is most welcome in a country where most of the 49 or so psychiatric nurses are engaged in other fields, such as oncology and Primary Health Care, others are occupying managerial posts or are now retired, leaving only a minority working in the clinical field.

The standards of practice that were previously mentioned will eventually be rendered official and it

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Mixed Admission Ward MCH
✉ mapsychnurses@gmail.com

is our intention to devise standards for all psychiatric nurses using the same criteria as for graduate level nurses, adapted for diploma level.

These fast and simultaneous changes require a "canopy" under which to be contained and are appropriately channelled in order to ascertain progress suitable to the local situation. This "Canopy" now exists.

M.A.P.N.

As a professional association we shall be seeing to our members' needs and endeavouring to fulfil them, but differing from a union-like organization, our goals veer towards education, promotion and innovation in order to firmly establish the role of the psychiatric



nurse and assert our professional identity. We will thus not concern ourselves with financial or political issues as does a union, if not to aid the psychiatric nursing profession. The needs of psychiatric nurses will be safeguarded and promoted and through education and research, we will seek to enhance our professional development. Having said that M.A.P.N. is an affiliate of the Malta Union of Midwives and Nurses (M.U.M.N.)

We thus hope to get more professional recognition, and provide better opportunities for our members, exploiting the new options and possibilities we achieved through our country's entry into the European Union.

The next M.A.P.N. meeting is scheduled for the end of July in which a committee will be formed.

For further information e-mail on mapsychnurses@gmail.com or call on 99825731.

Xi qrajt...**"Malta-The Nurse of the Mediterranean" ta' Rev. A.G Mackinnon**

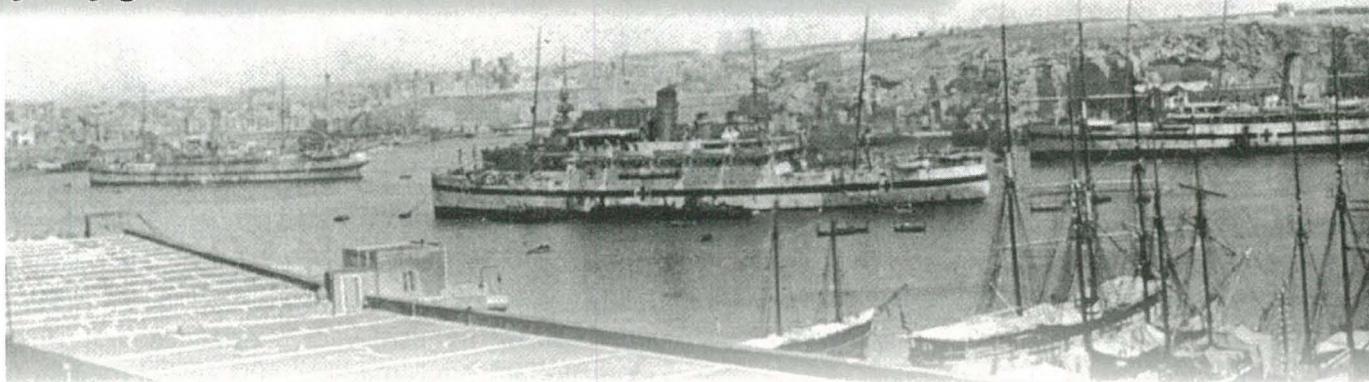
Rwol Indispensabbli fl-Ewwel Gwerra Dinjija

Malta, filwaqt li kienet mhediya tattendi għall-morda u l-feruti tal-kampanja Gallipoli, ipprovdiet is-sugġett għal studju minn kappillan Presbiterjan Skoċċiż meta kien fuq xogħolu f'pajjiżna fl-1915. Huwa semmiejh "Malta-the Nurse of the Mediterranean". F'dan l-artiklu, Joe Camilleri jerga' jfakkarna f'dawk il-ġranet erojċi u jagħti rakkont ta' dan il-ktieb uniku.

Joe Camilleri

N.O. M4 KGH

□ joseph.f.camilleri@gov.mt



Il-kampanja Gallipoli tal-1915 kienet attentat biex issaħħaħ id-Dardanelli u b'hekk tgħakkes lill-kollaboraturi Ġermaniżi-Torok. Truppa ta' madwar 120,000 għamlet attentat f'temp ta' tlett xhur, biex twarrab lit-Torok mill-peninsula ta' Gallipoli. Id-dedikazzjoni u l-kuraġġ ta' dawn l-irġiel ma' kelliex limitu. Il-midrubha serjamament kienu mhux f'it.

Malta assumiet r-rwol ta' Nurse u l-breakwater kien bħal qisu dirgħajn miftuħin beraħ lest biex jirċievi l-hospital ships mgħobbija tgħabija mrar. Ġaladarba l-feruti jidhlu f'dal-kenn, huma kienu jhossu li waslu f'ġenna t'għajna, mistrieħ u konfort.

Malta, mgħonija b'istint antik, għamlet ir-rwol indispensabbli tagħha mal-morda u l-feruti bħal fi żmien il-Kavallieri. Mhux ta' b'xejn li madwar tmenin sen'ilu, Field Marshal Lord Methuen, li dak iż-żmien kien Gvernatur ta' Malta, kiteb kif ġej fid-daħla tal-ktieb "Malta-The Nurse of the Mediterranean" ta Rev. A.G Mackinnon, Kappillan Anzjan Presbiterjan:

L-Ebda Diżgwid

"Jekk l-arrangamenti għall-isptarijiet kienu sodisfacenti, jekk il-ħajjiet ta' 80,000 pazjent kienu naqra iktar felici waqt li kienu Malta, mertu kbir imur għax-xogħol filantropiku li jsir fuq dil-Ġżira."

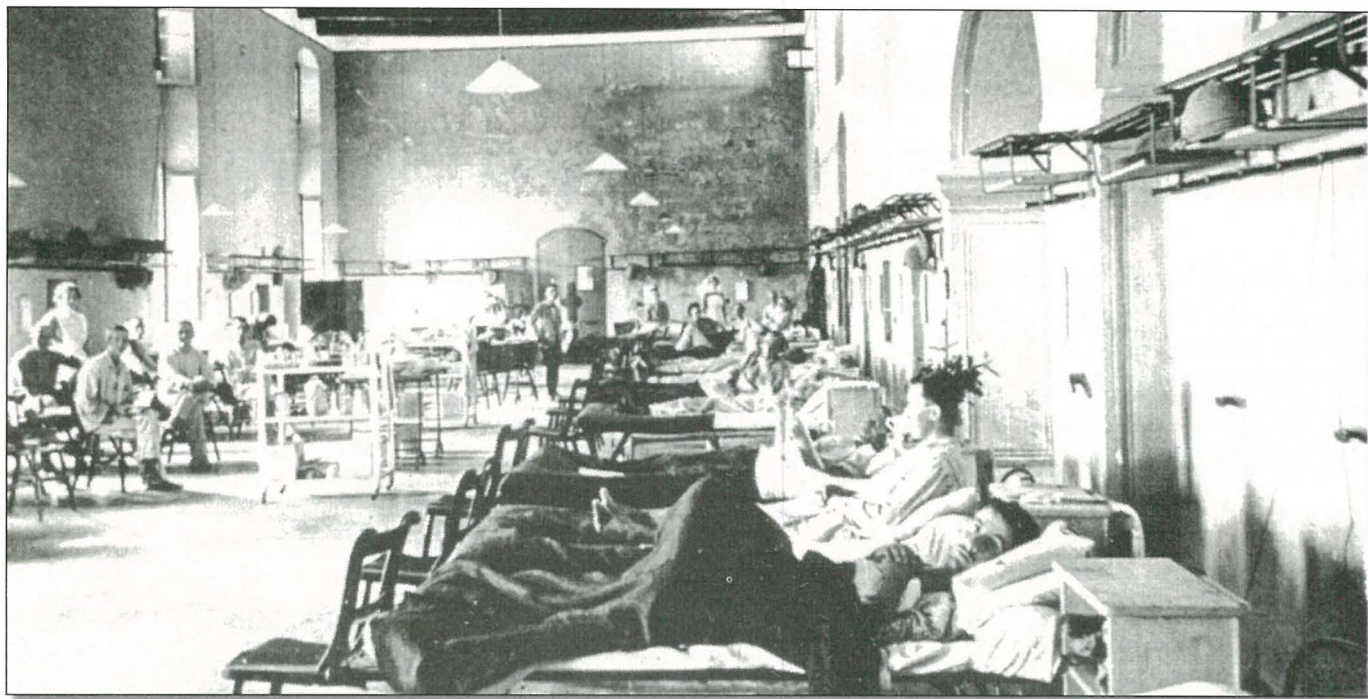
"Li jissorprendi, u dan mhux lili biss iżda 'l ħafn' oħrajn, huwa l-mod kif l-għajnuna tingħata mingħajr

daqq ta' trombi u fil-kwiet-organizzazzjoni tajba, bla ħela' ta' flus li ġew ipprovduti. Ma kien hemm l-ebda diżgwid, ħadd ma fixkel wieħed lil ieħor. Malta ingħatat opportunita' biex tagħmel it-tajjeb u dis-sitwazzjoni sfruttata mill-aħjar li setgħet." Rakkonti nteressanti mill-istess ktieb, maqluba għall-Malti, u li għandhom jinteressawna lkoll huma kif ġej:

"Jiena wasalt Malta. Bħall-faqqiegħ, sptarijiet bdew telgħin kullimkien, postijiet li ma kienux fil-mira, kif ukoll skejjeħ ġew mibdula fi sptarijiet mill-lejl għan-nhar imbgħad madwarhom infirxu tined kbar tal-kanvas bojod. Imma kien hemm l-ordni u l-metodu f'dan kollu." Mill-Valletta Hospital (li qabel kien is-Sacra Infermeria tal-Kavallieri ta' San Ġwann) huwa kiteb: "Dan huwa wieħed mill-eqdem bini fil-Belt u ilu jservi bħala sptar għal ħafna

generazzjonijiet. Billi qiegħed fil-baxx wieħed għall-ewwel jista' jaħseb li mhux addatat bħala post għas-saħħa. Iżda meta tidħol fih b'dawk il-ħitan antiki ħoxnin, tħossok li qiegħed f'post fejn ix-xemx ma tistax tilħqek. Il-massa ta' ġebel qadim isservi biex tħossok qisek ġo refrigerator bil-frisk li tħoss hemm ġew. Hawnhekk jgħidu li hawn waħda mill-akbar swali tad-dinja. Hawnhekk hawn każijiet perikulużi li wieħed ma jaqbillux li jcaqlaq xi mkien ieħor. Nurses, orderlies, Boy Scouts, jimxu 'l hemm u 'l hawn fil-kwiet. jagħmlu xogħolhom bir-reqqa dawn il-ġuvintur Maltin bravi."

**L-isptarijiet kienu
mgħammra b'madwar 300
uffiċjal mediku u n-nursing
sisters kienu jlaħħqu 1000
fin-numru.**



“Hemm it-tbatija, imma bilkemm tinħass. Kemm huma kuraġġużi l-eroj tagħna! Li kieku l-ulied kollha tal-Gran Brittanja kienu ta’ l-istess stoffa, kieku lilna hadd ma jirbħilna”

L-Eċċellenza tiegħu il-Gvernatur, fl-imsemmi artiklu kien mimli tifhir għax-xogħol siewi li qed jitwettaq fost l-eluf li mlew is-swali ta’ l-isptarijiet imxerrdin mal-Gżira kollha, “fejn l-arja, minkejja l-aħjar ventilazzjoni, hija tqila bir-riħa ta’ jodju u ntejjien tal-feriti li joħorġu mill-iġsma mterrtqa, fejn irġiel jitgħawġu bl-uġigħ jew jistennew l-aħħar għadu tagħhom, il-mewt.”

“Napuljun ipprova jsikket il-qniepen Maltin, imma ma rnexxilux. L-Eċċellenza tiegħu, pront bħas-soltu biex jgħin fix-xogħol għall-midrubin, ordna biex il-qniepen jieqfu u għalhekk waqa s-skiet. Mhux ta’ l-anqas mir-rigali ta’ l-Iskozja lil Malta, kien l-Arċisqof tagħha.” L-awtur għandu ismu Skoċċiż u ġej minn dak il-pajjiż u l-Arċisqof ta’ Malta kien Monsinjor Caruana, li qatta’ ħafna mill-ewwel snin tiegħu ġewwa Fort August Abbey fl-Iskozja.

Organizzazzjoni Medika

Xi ngħidu għall-organizzazzjoni medika? Is-servizz kien kollu organizzat bħal ma deher fil-Gwerra tal-Krimea? Altru!

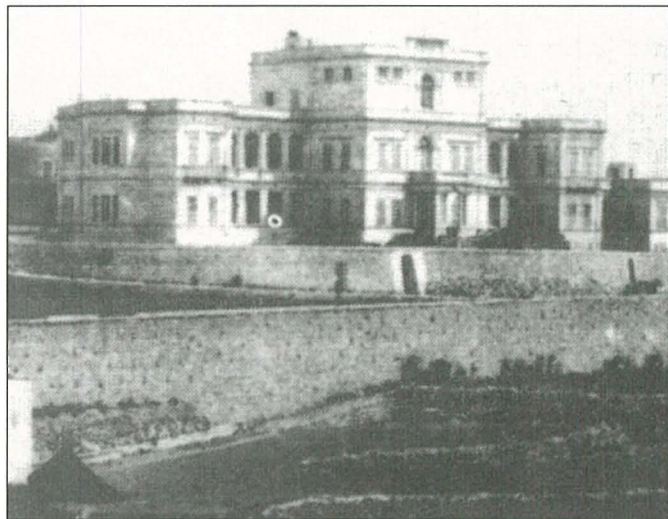
L-iżvilupp tal-akkomodazzjoni fl-isptar bla dubju kien wieħed mill-aqwa akkwisti ta’ l-Ewwel Gwerra Dinjija. L-isptarijiet kienu kollha mgħammra kemm bin-nies kif ukoll b’dak kollu li kien meħtieġ għall-ġid tal-pazjenti.

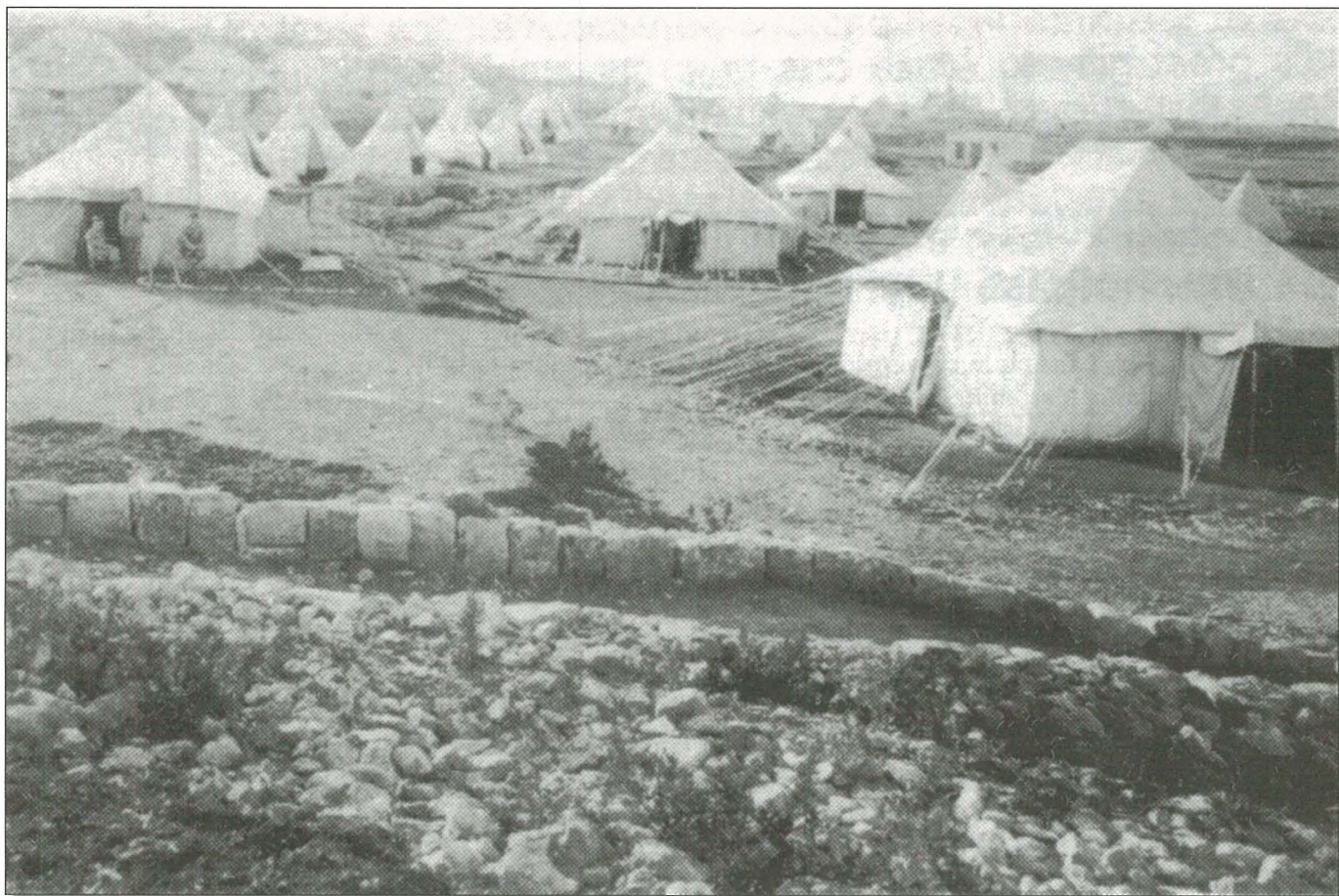
Meta ġie l-ewwel Konsulent Kirurgu f’Mejju 1915, huwa ġie b’dan il-messaġġ: “Nixtiequ ngħibu lill-iċken suldat l-aħjar servizz li hawn u dak li mhux l-aħjar, mhux tajjeb biżżejjed.” Konsulenti Anzjani mill-aqwa Sptarijiet Ingliżi u Skoċċiżi

ħadmu bla heda bin-nhar u bil-lejl; Il-Ħdud ma kienux eċċezzjoni biex ilaħħqu mal-mewġa dejjem tiżdied ta’ feruti Brittaniċi u Anzac. L-isptarijiet kienu mgħammra b’madwar 300 uffiċjal mediku u n-nursing sisters kienu jlaħħqu 1000 fin-numru. “Li jgħinu lil kullhadd mingħajr ebda premju, iżda li jsalvaw kemm jistgħu nies, kien verament sagrifċju fuqhom biex jagħmlu tant ġid mis-sema fuq l-art.”, u tabilhaqq dan kien xogħol iebes sew mill-uffiċjali mediċi kif ukoll min-nursing sisters.

Numru ta’ tobba Maltin offrew is-servizzi tagħhom. Uħud minnhom taw sehemhom ukoll fuq il-vapuri li kienu jservu ta’ sptarijiet. Nisa Maltin ukoll ħadmu fl-isptarijiet bħala Nurses.

Nurses tal-Branch Maltija tas-St. John Ambulance Brigade taw sehemhom ukoll fl-isptarijiet militari; tfal ta’ l-iskola għenu billi kienu jkebbu l-faxex u jippreparaw il-gareż. “Ma rridux ninsew l-Isptar tal-Blue Sisters. Ħafna uffiċjali għandhom memorji sbieħ ħafna tiegħu. Mill-gallarija tiegħu, wieħed jara panorama sabiħa li tifrex mill-ibgħad belt sa l-ilmijiet,





bix-xemx tidli fuqhom u għelieqi mdawwra bil-ħitan tal-ġebel tas-sejjeħ. Mill-kuriduri friski tiegħu, is-sisters, libsin kollha bil-labitu pittoresk tagħhom kont tarhom jimxu bla ħoss huma u jagħtu servizz ta' ħniena."

Li tagħti s-saħħa hija arti komplessa: is-saħħa għandha bżonn mhux biss il-kirurgu u l-fliexken tiegħu, imma stimulu għal-moħħ u l-ispirtu. "Nisa Maltin kienu ħerqana biex jgħinu u ħafna *parties* privati saru lil Tommy (is-suldat Ingliz) li d-dinja qatt ma semgħet bih iżda li hu ma jista' jinsa' qatt. Is-servizzi li tat is-Sinjura Bonavia (mart iċ-*Chief Secretary* u *Acting Lieutenant Governor*) rebħu l-gratitudni ta' kullhadd.

"L-opportunità biex jedukaw l-imħuħ ta' dawki li kienu konvallexxenti ma tħallitx fil-ġenb. Tahdidiet storiċi u ta' nteress ġenerali kienu popolari ħafna u il-Logutenent Laferla, Uffiċjal Malti għamel minn kollox biex jinforma lin-nies dwar l-istorja u l-użanzi ta' Malta."

L-isptarijiet kienu mgħammra b'madwar 300 uffiċjal mediku u n-*nursing sisters* kienu jlaħħqu 1000 fin-numru.

"X'purċissjoni ta' wġigħ għaddiet mit-triq tagħna llum! F'nofs in-nhar konvoj ta' ambulanzi misjuqin minn sitt żwiemel kull waħda, għaddew wara xulxin minn Strada Reale. Anke ż-żwiemel qishom kienu jafu bil-biċċa xogħol ta' qsim il-qalb li kellhom jagħmlu! In-nies bdew iwaddbu sigaretti u ċikkulata fl-ambulanzi biex juru l-ammirazzjoni tagħhom lejn dawki in-nies qalbiċċa... uħud kienu ħafjin, oħrajn imċerċra u mqatta'".

"Malta", jikteb ir-reverendu "żiedet kapitlu sabiħ lill-istorja umana u wieħed jibqa jsemmi l-isptarijiet tagħha b'riverenza" Il-ktieb tiegħu huwa mimli tpingijiet mill-ħajja, xeni ta' swali u rġiel kif jidhru minn għajnejn ta' qassis intelliġenti li l-privileġġ qaddis li kellu kien li jimxi f'tit mal-vittmi tal-kampanja ta' Gallipoli, li jisma' u jara ħwejjeg li fortunatament kiteb biex aħna nkunu nistgħu naqrawhom. Dan serva wkoll bħala ktieb ta' riferenza meta Dr. P. Cassar kiteb il-ktieb ferm interessanti u ta' min jaqrah: "The Medical History of Malta."

Umoriżmu

Stejjer tad-daħq ma jonqsux. Huwa jiddeskrivi Porta Reale (Bieb il-Belt) bħala ċ-ċinema tal-ħajja. Huwa jfaħħar ħafna l-postijiet ta' nteress. "Malta madankollu, għandha storja antika ferm, u meta dak is-suldat jistejjer u jkun jista' jimrah malajr isib ruħu f'dinja bil-wisq aktar qadima". It-temp ta' Malta mhux minsi. "Mišħut ir-riħ isfel. Dan hu l-għadu f'Malta. Jekk bniedem għandu wġiegh f'rasu jew f'siequ, jew jekk jitlef sabru, dan kollu tort ta' l-imgħarraq riħ isfel".

Fuq il-Maltin, għandu dan xi jgħid: "Aktar ma wieħed isir jafhom, aktar jinduna bil-kwalitajiet li wieħed għandu jammira u jonora fihom."

Dan huwa ktieb, li jhallilna storja ħajja fil-memorja tagħna. Storja ta' qassis li kiteb ktieb tajjeb u li għen mhux f'tit lill-umanità, kemm b'kitbietu kif ukoll bl-atti ġenerużi tiegħu. Dan kien fuq quddiem f'ħidma sfieqa ta' mħabba. ■

Snippets

AĦBARIJET FUQ IL-CANCER MINN JOHN HOPKINS HOSPITAL

Dat-tagħrif irċevieh Nursing Supervisor go Greenville Memorial Hospital u kien mibgħut lill-istaff.

1. Tpoġġux containers tal-plastic fil-Microoven.
2. Tpoġġux fliexken tal-plastic fil-freezer.
3. Tgeżwru x ikel fil-plastic u tpoġġuh fil-microwave oven.

Dat-tagħrif, dan l-aħħar ġie ppublikat fin-*Newsletters* ta' John Hopkins Hospital. Din l-informazzjoni għet ċċirkulata f'Walter Reed Army Medical Centre.

Il-kemikali Dioxina (Dioxin) jikkagunaw il-cancer, speċjalment il-cancer tas-sider.

Id-Dioxins huma valenuzi ħafna għaċ-ċelluli tal-ġisem. Tiffriżawx il-fliexken tal-plastic bl-ilma fihom għaliex dawn jittgħu id-dioxins mill-plastic.

Dan l-aħħar Dr. Edward Fujimoto, Wellness Program Manager go Castle Hospital, kien fuq programm tat-televiżjoni biex jispjega din il-ħsara fuq is-saħħa. Huwa tkellem fuq id-dioxins u kemm huma ta' ħsara għalina.

Huwa qal li m'għandniex insaħħnu l-ikel tagħna go *microwaves* u nużaw kontenituri tal-plastic. Dan japplika għall-ikel li jkun fih ix-xaħam.

Huwa qal li t-taħlita ta' xaħam, sħana għolja u l-plastics jittgħu id-Dioxin fl-ikel u wara fiċ-ċelluli tal-ġisem. Minflok, huwa jirrakkomanda l-użu tal-ħġieġ, jew kontenituri taċ-ċeramika biex jissaħħan l-ikel. Wieħed ikollu l-istess riżultat, mingħajr id-dioxin.

Dawn l-affarijiet bħall-'ikel għal quddiem it-TV', sopop ta' malajr eċċ., għandhom jiġu mneħħija mill-kontenituri tagħhom u msaħħnin f'reċipjenti oħra. Il-karta mhix ħażina iżda int ma tafx x'fiha l-karta. Għalhekk aħjar wieħed juża ħġieġ apposta, Corning Ware, eċċ.

Huwa fakkarna li xi żmien ilu uħud mir-ristoranti li jbiegħu il-fast food eliminaw il-kontenituri tal-foam biex jużaw daww magħmulin mill-karta. Il-problema tad-dioxin hija waħda mir-raġunijiet.

Ukoll, huwa rimarka li tgeżwir bis-Saran wrap huwa ta' l-istess dannu meta jittgħieghed fuq l-ikel biex jiġi msajjar fil-microwave oven. Meta l-ikel jibda jissajjar, is-sħana għolja ddewweb veleni tossiċi tat-tgeżwir tal-plastic u dan iqattar direttament go l-ikel. Wieħed għandu għalhekk jgħatti l-ikel b'karta tal-kċina minflok.

IL-MUSBIEH

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Tribute to Dr. Lee Jongwook Director General of the World Health Organization



On behalf of the 13 million nurses working worldwide, the International Council of Nurses offers sincere

condolences to the family of Dr LEE Jongwook, the people of Korea and his friends and colleagues at the World Health Organization upon his sudden death this past Monday, 22 May.

From polio eradication and medicine access, to his bold and transformational campaign to ensure treatment for all AIDS sufferers, Dr LEE made a real and significant difference to the lives and well being of citizens in all countries. A man of principles, diplomacy and humour, he was an outstanding example of inspired service to the goals of the United Nations and the moral imperative of the right to health.

As nurses we shared his values and are saddened by the loss of a dedicated leader in world health.

Hiroko Minami

President, International Council of Nurses

Points System for the Nurses & Midwives

Continuing Professional Development Allowance



While preparing for this article to clarify issues and explain in simple terms the whole process for the application of such funds, I discovered that as a Union we have been working on such a system since 2002. The idea of this point system is quite unique not just for the Maltese islands but even on the international sphere. I can still recall the interest the system provoked during the assembly of the European Nurses Association, which was held in London 2004, where I was asked to deliver a presentation on the mechanism of such a system. Quite a unique event to happen in London since European Nursing Assemblies have a very tight agenda during such meetings and changes in agenda are very rare.

What is the aim of the whole System?

The aim of the points system is to classify a financial aid which should encourage and motivate Nurses and Midwives for continuing education in their respective careers. Such an incentive will not only encourage us to attend courses but will offer a package of various necessities that the Nurse/Midwife will need if he/she is to attend courses at the university or any other education faculty.

The whole system works similar to a supermarket gift scheme. In simple lay man terms, those Nurses/Midwives who invest in their education will be awarded points which can be used for further education. Here is an example:

Local Conferences - Such conferences on attendance can either award points which you can use for other educational activities (e.g. an international conference) **or** you can use the points from your "account" and attend the conference free of charge, since the department will reimburse the fee of the conference.

How to apply for funding?

A request form (which will be made available from the Directorate Nursing Services) will be issued were such form accompanied by evidence of attendance or receipts will be submitted to the DNS office. These will be then evaluated by a committee which will be set up within the DNS with collaboration of MUMN to evaluate the requests. MUMN will also have a representative on this committee.

How do I gain points?

Points are gained by attending any conferences, courses, and any other educational activity related to nursing. It should be noted that all certificates can only be used once. Points will also be awarded according to the years of service as a Nurse/Midwife on an annual basis.

These points will be the starting point per year. Education activities will then increase further points into your "account".

What activities are entitled for imbursement?

All educational activities which:

- A) have been attended after completion of the Nursing/Midwifery course being Diploma or BSc.
- B) are related to Nursing/Midwifery.
- C) have been attended from 1993 till the present time.

Courses: Definition "Any Course organised by any institution holding a technical subject on nursing or midwifery or any other related issue pertaining to nursing shall be eligible for points".

Also subscription for nursing/midwifery journals, Internet service, I.T equipment or software materials needed for education purposes are also considered. A reward will be given to nurses/midwives who will produce a fiscal receipt on any IT equipment (Computer, Laptop etc.) which will be needed for any continuing education programme.

Points can be spent on books, literature, subscriptions to journals and memberships to international association within one's specialty (always related to nursing) when evidence and proof has been submitted.

Transfer of points

Every Nurse/Midwife is entitled to transfer points from one year to the next year up to a maximum of two years. The expenditure per nurse in that particular year will not exceed Lm 600.

The normal expenditure per year per nurse will also not exceed Lm300.

The table below (which is on the union website, which is on <http://www.mumn.org>) shows the points awarded for various educational activities and their equivalence in Maltese Lira.

Activity	Credits	ECTS	Equivalence in LM
• Seminar (half-day) local	3		9
• Seminar or conference full day - local	5		15
• Reading a scientific paper at a conference	8		24*
• Presenting a poster at a conference	5		15*
• Nurses who publish a paper in a nursing journal	12		36
• Nurses pursuing post registration courses	3	1	9
	6	2	18
	9	3	27
	12	4	36
	15	5	45
	18	6	54
• Nursing Journal Subscription	10		30
• Nurses pursuing full-time courses related to nursing, education or management	27		81
• Nurses with less than 10 years of service (awarded each year)	62		186
• Nurses with 10 - 20 years of service (awarded each year)	82		246
• Nurses with more than 20 years of service (awarded each year)	102		306
• Nurses pursuing p/t courses at University of Malta	16		48
• Attending a foreign conference - 1 day	35		105
• Any other day add:	26		78
• Engaged in a research project or coordination of a CPD course.	24		72
• Any other activity approved by the CPD Audit Committee			
• Unit Credit = Lm3			
* Over and above attendance			

This is a golden opportunity given by the MUMN to all nurses/midwives to enhance in their specialties and their careers. We should all make use of it according to our needs and necessities. What I would sincerely hope as Chairman of the MUMN Educational Executive Committee would be that all the knowledge gained would reflect in better work practices which after all, it should be the patient who should benefit at the end. The patient is entitled to have full compliance from us nurses/midwives on our day to day practices. Nurses/Midwives should be fully aware on the proper use of all the devices used and the proper techniques for insertion and maintenance of such devices. This hopefully will reduce complications such as infections to our patients. So as MUMN donated this CPD allowances to the Maltese Nurses/Midwives, we should donate better standards to our patients.

Paul Pace

Chairperson MUMN Education Executive Committee

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