

# IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

Numru 76 - Settembru 2017

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## Harga nru. 76 Settembru 2017

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MUMN Office: 21448542

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Les Lapins Court B, No.3, Independence Avenue, Mosta MST9022

• Tel/Fax: 2144 8542 • Website: www.mumn.org • E-mail: mumn@maltanet.net

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## Competency or compassion?

Many times we debate whether health and social care is person-centred. We debate whether quality of care is consistent or inconsistent. We also pick up the subject whether competent health care professionals are more valuable to the healthcare sector than compassionate ones.

This is a somewhat controversial issue to discuss, but if I had to view my personal opinion, an incompetent health care professional is more dangerous than one who lacks compassion. Ideally, care needs both of them. Competence in compassion is essential- the two are not mutually exclusive.

By banging on about the importance of compassion and recruiting for values, we undermine the standing and skill of the professions. If we really want to improve safety and outcomes, we'd better have health care professionals who know what they are doing when they are looking after patients.

Nursing requires a huge amount of knowledge and skill. In order to become knowledgeable competent nurses we first need the appropriate level of training and mentorship. First comes compassion as a prerequisite to becoming a nurse then next

comes competence gained through thorough training and apprenticeship.

Many still ask: 'do nurses still care?', 'are some of our nurses uncaring?' Is it compassion that's lacking or the number of nurses? Can 1 nurse who's looking after 10-15 patients deliver person-centred care? I think most nurses are caring and compassionate but tired nurses irrespective if competent are more dangerous and will lack compassion if exhausted due to low staffing levels. I think that compassion in nursing is eroded by poor staffing levels. Competent people are constantly trying to do their work properly with too little time available and too many people to treat. All nurses should be competent; however it is understandable that they become burned out with too much work and poor conditions. Many care failings are not down to a lack of compassion or humanity, but due to systemic failures.

Many still think that all nurses need to do is hug their patients, hold their hands, make their beds, smile till it hurts and groom their hair. All these are very important aspects of nursing care, but they are not the only things that keep patients safe. Knowledge, skills,

experience and ability are even more important.

If I were a patient I'd rather be cared for by nurses who have both traits at the same time. But let's be fair, how are we recertifying our nurses to ensure that they are competent? Nurses should demonstrate continuing competence throughout their career, not just when they graduate. Gonzi, Hagar and Oliver: 1990 define competency as 'A combination of attributes enabling performance of a range of professional tasks to the appropriate standards'. Even the Maltese Code of Ethics for Nurses and Midwives put the responsibilities of nurses and midwives towards our patients: 'acknowledge any limitations in their knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and skilled manner.'

This fine balance is therefore crucial during our care. This is a hybrid model which must incorporate an acquisition of a wealth of knowledge, development of skills of emotional communication, sensitivity, insight, and self-regulation and development of attitudes of respect and empathy.

*Editor*

# President's message

Dear MUMN members,  
Welcome to the September edition of 'Il-Musbieh'.

I hope everyone had a great summer and enjoyed some time with families and friends. With September signalling the changing of seasons; and with autumn marking the transition from summer to winter, this edition features some insightful updates of our work during the past few months.

Prior starting writing this edition's message, I quietly reflected on the work done by the MUMN during the last 3 months. I was overwhelmed by the work we did; and while reflecting I could feel that there were times with chaotic moments. But out of chaos comes opportunities; and many at times we as MUMN members use these moments as our opportunities. There were moments where we asked you as MUMN members to respond to calls for action and many a times our voice was heard. The more of us in the collective 'we' who speak out, the louder our voice will be. Through our regular updates via the email shoots, you might be aware that the industrial relation aspect of the MUMN is always at the forefront to improve conditions of work, enhance services and reduce near misses. And at times amid all the industrial relation chaos, there will be opportunities to influence the system in a positive way. And this reflection brings me to some of the successes we achieved lately. I will just mention some of these successes as for the MUMN these are milestones. I will start with the sectoral agreement for the ECG technicians. Following a series of talks between all stakeholders involved, last June the MUMN reached another milestone – a sectoral agreement was secured between the Ministry for Health and the MUMN. Through this sectoral agreement the ECG technicians; one of the professions represented by the MUMN will be benefitting from a progressive increase in their salary, a structure to further their education and better employment conditions. Another great news was that approximately 2,000 nurses and midwives received their arrears premium payments. The physiotherapist's group committee members are working hard to draft

a proposal document for their respective sectoral agreement too. Moreover, we also started discussions with stakeholders involved to negotiate another sectoral agreement for nurses and midwives. As we have informed you during the past few weeks, the MUMN administration committee met with the MUMN industrial group committees to prepare the necessary directives in case of a dispute. We will be keeping you informed with any progress made; and on behalf of the MUMN council members, I take the opportunity to thank you in advance for your support and collaboration. Our industrial relations' work is a work in progress and the council members together with the industrial executive committee will strive to be a sustainable, member-led organisation with the capacity to deliver our mission effectively, efficiently and in accordance with our values and core objectives.

And this leads me to the next insight I would like to share with you. Through knowledge and experience, I believe that as health care professionals, we can become blasé to what we do and the extent our care can impact someone's life. That is a privilege as much as it is a responsibility. The care that we deliver provides our patients, clients and their families with encouragement, education, reassurance and support; 'when' they really need it. Through reflection we can all agree, that when we are caring for someone there can be multiple 'when' moments. As health care professionals, we are often there in people's final 'when' moment – and those that lead up to it. There is also many a time when we as health care professionals should be there to promote the healing – emotionally, psychologically, spiritually or physically. Occasionally, I receive calls from members worried that due to multiple stressors within the healthcare organisational context; as health care professionals, they are losing the privilege of being there with the patients and the care given is not delivered in a holistic manner. And again, it is these 'when' moments, that in most cases does not require words. It requires silence. A silence that says sometimes life

throws us a curve ball. A silence that says emotional distress can far outweigh physical symptoms. A silence that says I can't fix this, I don't have the answer. A silence that allows the person permission to be in that moment of despair, to acknowledge it for what it is and not pretend it's going to be okay, that there's a bright side or there's people worse off. A 'when' moment that requires silence. Yet again, a quick visit to a ward, will give you the opportunity to witness, how hectic wards are; and unfortunately, these 'silence' moments are becoming a rare occurrence. Thankfully, there is also a time to speak up. As health care professionals, we are in a privileged position to advocate for our patients – be that with other colleagues, other members of the interdisciplinary team, other patients or even family. Is it intimidating? Sometimes yes! The fear of being laughed at, teased, patronised or being wrong can make some of us think twice. I'm sure that on several occasions, we all ask ourselves, what is it that drives us to sometimes be the health care professional in someone else's 'when' moment? Through reflection I found my answer: 'there is nothing better for a person than to enjoy their work, because that is their lot...'. As people, we can receive love through care – but as health care professionals, we can show love through care – at so many of the 'when' moments throughout life's journey.

For the past decade, care innovation has exploded with new tools and technology. It starts with understanding that health care is a constantly changing and complex system, so health care professionals need different behaviours than those learned in the past. Maintaining the status quo is not an option; and by being innovative health care professionals we will challenge the status quo. Since I was a student, my tutors used to tell us and advocating for healthcare leaders to replace the term "opinion-based" with "evidence-based." However, many a times, I've heard, "In my opinion, we should do the following." Whether the speaker is referring to leadership or clinical

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# mis-Segretarju Ġenerali

Dak li nwegħdu nwetquh! Ftit tal-ġranet ilu, kull min kien intitolat biex jirċievi l-arretrati tan-Nursing Premium għamel dan fis-salarju tiegħu. U dawk li laħqu rtiraw bdew jirċievu *cheque* d-dar. Dawn il-flus waslu biss bis-saħħa tal-għaqal li għandu l-Kunsill tal-MUMN li għaraf il-problema u wara xhur sħaħ ta' diskussjonijiet irnexxielu jakkwista bid-dritt għall-membri tiegħu l-ammonti dovuti.

Il-proċess tal-Ftehim Settorali għadu għaddej. Id-diskussjonijiet u n-negozjati huma iebes u diffiċli però m'aħniex se naqtgħu qalbna. Is-support u l-kliem ta' inkorraġiment li qed nirċievu mingħand il-membri huwa inkredibbli u qed isaħħaħna fil-konvinzjoni li nakkwistaw l-aqwa Ftehim Settorali għan-*nurses* u l-*midwives*.

L-MUMN, il-VGH u d-Direttorat tan-Nurses varaw flimkien in-National Nurses Award fejn għall-ewwel darba n-*nurses* kollha f'pajjiżna, kemm dawk li jaħdmu fis-settur pubbliku, parastatali u fil-privat se jkunu eliġibbli li jiġu nnominati mill-kollegi tagħhom u jirċievu premji u rrikonoxximent fuq skala nazzjonali mill-E.T.

l-President ta' Malta għall-hidma fejjieda u straordinarja li jwettqu mal-pazjenti u persuni oħra.

Dan ix-xahar iċċelebrajna wkoll il-Jum Internazzjonali tal-Physiotherapisti fejn it-tema magħzula hija dik attwali f'pajjiżna. Il-Group Committee responsabbli minn din il-kategorija hadmu bis-sħiħ u lestew id-dokument bil-proposti għall-Ftehim Settorali ġdid li se jiġi pprezentat lill-Gvern fil-ġranet li ġejjien.

Dan ix-xahar ingħaqdu mal-familja tan-*nurses* u l-*midwives* ir-rekluti l-ġodda li għadhom kemm għaddew b'suċċess l-eżamijiet finali u ġew registrati. Għalkemm in-numru huwa mdaqqas, xorta waħda għadna lura fejn jidhol nuqqas ta' *nurses*. Dan ix-xahar tagħlaq ukoll ir-reġistrazzjoni għal kull min irid jibda jistudja għal *nurses* fejn din id-darba, għall-ewwel darba, iż-żgħażaġħ kellhom għażla ta' żewġ universitajiet peress li din is-sena l-Università ta' Northumbria fethet il-bibien tagħha għall-ewwel kors fil-baċċellerat fin-*nursing* filwaqt li l-Università ta' Malta baqgħet għaddejja biż-żewġ korsijiet normali tagħha, dak fid-diploma u fil-baċċellerat.

L-MUMN hija nvoluta

f'taħdidiet mal-*management* ta' l-isptar Mater Dei biex isir studju komprensiv u indipendenti dwar *nurse: patient ratio* u dwar *is-supporting staff* meħtieġ. L-għan ta' dan l-istudju huwa li nkunu nafu bl-eżatt kemm hemm bżonn *nurses* u *midwives* fis-swali u postijiet oħra tax-xogħol, liema huwa dak ix-xogħol li m'hemmx il-ħtieġa li tagħmlu *nurse* jew *midwife* kif ukoll l-ammont ta' *supporting staff* varju li n-*nurses* u l-*midwives* jinħtieġu. Wara dan l-istudju ngħaddu għall-isptarijiet u postijiet oħra fejn jaħdmu n-*nurses* u l-*midwives*. Barra dan, il-*union* talbet biex isir eżerċizzju ta' *compliment* fejn jirrigwarda l-ECG Technicians għax għad għandna *compliment* antik li żgur ma jirriflettix iż-żieda ta' xogħol f'dawn li ġie introdott fl-aħħar snin.

L-aħħar kumment huwa dwar l-ewwel konferenza li l-MUMN se torganizza f'Għawdex. Din il-konferenza qed toħloq interess qawwi fejn fl-ewwel ġranet diġà rreġistraw 'il fuq minn 100 delegat u għad baqa' xahar sħiħ biex din il-konferenza sseħħ!

Inselli għalikom,

**Colin Galea**  
Segretarju Ġenerali

*N* is for notable, and willing to share  
*U* is for understanding, she really cares  
*R* is for reliable, right from the start  
*S* is for sincere, with a loving heart  
*E* is for energetic, so much to behold





# Ethics & Health Care

## RESPECT FOR AUTONOMY

Autonomy is one of the four major principles in biomedical and healthcare ethics. It is based on respecting self-determination and self-rule. The principle of autonomy requires that the individual is not controlled by others and has the capacity to make their own informed decisions. However, autonomy is not just about informed choices. In health care, it is concerned with how individuals are treated. Health care organisations and professionals need to respect specific standards based on informed consent, confidentiality, truth telling and fidelity to implement the principle of respecting autonomy.

## AUTONOMY & INFORMED CONSENT

The importance of individuals being able to make informed decisions requires that they are provided with the appropriate information to be able to make an informed decision. Beauchamp and Childress explain that informed consent is based on the patient's ability to understand what he is being told regarding his care and treatment. Voluntariness is also important. It means that the patient is not under the influence or control of another individual when deciding on how to proceed with their own care. Health professionals need to disclose an appropriate amount of information. Disclosure is the responsibility of the health professional prior to obtaining informed consent from the patient. There are many debates about disclosure and what is deemed as sufficient and appropriate disclosure.

A term that is becoming increasingly common in relation to informed consent is reasonable person standard, and indicates how much information should be disclosed to patients about the treatment plan before obtaining consent within a specific organisation or healthcare

system. The debate raises conflicting arguments that too much disclosure could frighten the patient while withholding information, even for the benefit of the patient's wellbeing, could hinder the ability to make an informed decision. Another issue of debate regarding disclosure is that the health professional may refrain from informing the patient about treatment that they themselves are not competent to carry out or do not support. This could lead to an invalid or biased consent as the patient is not provided with a true representation of all their options. Health professionals need to ensure that the patient understands the information disclosed and the course of action when seeking informed consent. Informed consent requires the health professional's willingness to appropriately disclose relevant information and the patient's capability to not only understand the information given to them but to also be able to weigh their options.



## RESPECTING CONFIDENTIALITY

Beauchamp and Childress explain in various literature that when the patient chooses to disclose or surrender some of their privacy, they expect that what is said or what is done to them will be kept confidential. Undermining this expectation can have a negative impact on the relationship the patient has with the health professional, how they view the organisation and the care they receive. Ultimately it will also have an impact on respect for autonomy. This occurs because the patient does not feel safe in disclosing, which can

have an impact on stating preferences and presenting queries or concerns when faced with choices that need to be made.

It is acknowledged that a certain degree of information sharing will occur between health care providers regarding patients. This occurs in multi-disciplinary meetings, patient referrals and handovers for instance. However, health professionals need to be able to decipher the information that is required to be shared, that which is optional or not required. Health professionals have a responsibility towards the patient and towards their profession to effectively practice confidentiality. Discussing or commenting about patients in a casual, inappropriate and / or un required manner is not only unprofessional but it is a breach of ethics and professional conduct. These conversations, that can take place in corridors, staff rooms, or the nurses station amongst others, can be over heard by anyone and therefore also undermine the integrity of the profession, organisation and the individuals involved in such conversations.

That said confidentiality is not absolute as a health professional may be required by law to disclose information acquired in the therapeutic relationship. For instance, in scenarios related to self-harm or harm to others.

## TRUTH TELLING & FIDELITY

Beauchamp and Childress consider truth-telling, also referred to as veracity, as one of the obligations of health care. Truth-telling is highly complex when caring for patients, and health professionals must be able to identify situations that require weighing the balance between benefit and harm before disclosing. Following this consideration, the health professional may deem that disclosure should be gradual or the appropriate support needs

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# M-I-S-E-R-I-C-O-R-D-I-A

## A pastoral life assessment for hospital chaplains

Pope Francis' address to the members of the Roman Curia at the Vatican on Monday 21 December 2015 is fruitful in many ways. To the heads of Dicasteries and other superiors who work at the Holy See Pope Francis encouraged them to seriously reflect on and live by the acrostic analysis of the word *Misericordia*. Let us remember that this speech was delivered within the context of the Holy Year of Mercy. Pope Francis' powerful speech aimed at bringing its listeners to gratitude, conversion, renewal, penance and reconciliation. I wondered if such an address would help me, as a hospital chaplain, to keep returning to the essentials of pastoral care which I offer to our patients, relatives and hospital staff.

**Missionary and pastoral spirit:** "Missionary spirit is what makes the Curia evidently fertile and fruitful; it is proof of the effectiveness, efficiency and authenticity of our activity. Faith is a gift, yet the measure of our faith is also seen by the extent to which we communicate it. All baptized persons are missionaries of the Good News, above all by their lives, their work and their witness of joy and conviction. A sound pastoral spirit is an indispensable virtue for the priest in particular. It is shown in his daily effort to follow the Good Shepherd who cares for the flock and gives his life to save the lives of others. It is the yardstick for our curial and priestly work. Without these two wings we could never take flight, or even enjoy the happiness of the 'faithful servant' (Mt 25:14-30)".

To what extent I am a missionary when serving the patients? Am I being faithful to my calling?

**IDONEITY AND SAGACITY:** "Idoneity, or suitability, entails personal effort aimed at acquiring the necessary requisites for exercising as best we can our tasks and duties with intelligence and insight. It does not countenance 'recommendations' and payoffs. Sagacity is the readiness to grasp and confront situations with shrewdness and creativity. Idoneity and sagacity also represent our human response to divine grace, when we let ourselves follow the famous dictum: "Do everything as if God did not exist and then put it all in God's hands as if you did not exist". It is the approach of the disciple who prays to the Lord

every day in the words of the beautiful Universal Prayer attributed to Pope Clement XI: 'Vouchsafe to conduct me by your wisdom, to restrain me by your justice, to comfort me by your mercy, to defend me by your power. To thee I desire to consecrate all my thoughts, words, actions and sufferings; that hencefore I may think only of you, speak of you, refer all my actions to your greater glory, and suffer willingly whatever you appoint'".

How much effort am I truly putting in fulfilling my tasks as a chaplain? Am I really growing in pastoral wisdom?

### **SPIRITUALITY AND HUMANITY:**

"Spirituality is the backbone of all service in the Church and in the Christian life. It is what nourishes all our activity, sustaining and protecting it from human frailty and daily temptation. Humanity is what embodies the truthfulness of our faith; those who renounce their humanity renounce everything. Humanity is what makes us different from machines and robots which feel nothing and are never moved. Once we find it hard to weep seriously or to laugh heartily, we have begun our decline and the process of turning from 'humans' into something else. Humanity is knowing how to show tenderness and fidelity and courtesy to all (cf. Phil 4:5). Spirituality and humanity, while innate qualities, are a potential needing to be activated fully, attained completely and demonstrated daily".

Am I a spiritual person? How much am I letting God's presence shine in and through me when I am accompanying the patients? Am I weeping and laughing with them? Do I let them share their fears and uncertainties with me?

### **EXAMPLE AND FIDELITY:**

"Blessed Paul VI reminded the Curia of 'its calling to set an example'. An example of avoiding scandals which harm souls and impair the credibility of our witness. Fidelity to our consecration, to our vocation, always mindful of the words of Christ, 'Whoever is faithful in a very little is faithful also in much; and whoever is dishonest in a very little is dishonest also in much' (Lk 16:10) and 'If any of you put a stumbling block before one of these little ones who believe

in me, it would be better for you if a great millstone were fastened around your neck and you were drowned in the depth of the sea. Woe to the world for stumbling blocks! Occasions for stumbling are bound to come, but woe to the one by whom the stumbling block comes" (Mt 18:6-7)".

Am I trying to avoid any destructive behaviour on my part which can impede the persons I serve at the hospital from receiving the benefits of pastoral care? Am I trying hard to be faithful not only in big tasks but even, and more so, in the very little ones?

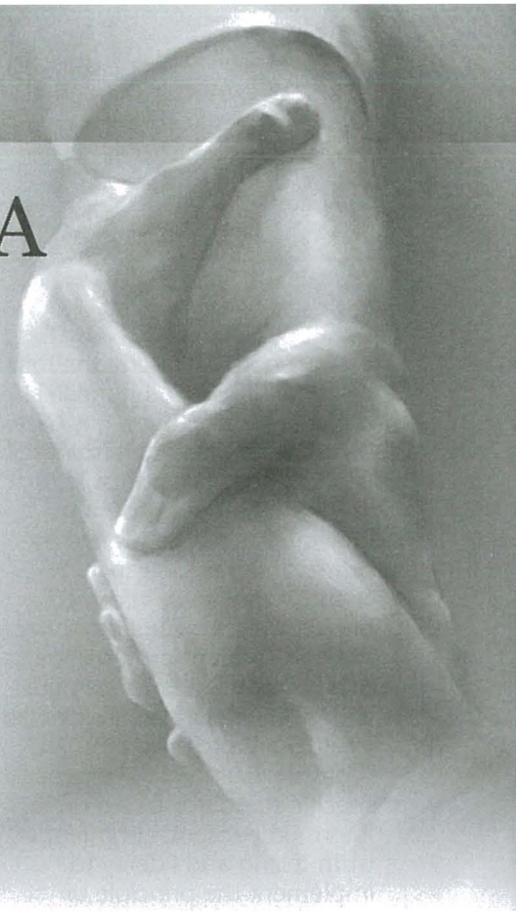
### **RATIONALITY AND**

**GENTLENESS:** "Rationality helps avoid emotional excesses, while gentleness helps avoid an excess of bureaucracy, programmes and planning. These qualities are necessary for a balanced personality: 'The enemy pays careful heed to whether a soul is coarse or delicate; if it is delicate, he finds a way to make it overly delicate, in order to cause it greater distress and confusion'. Every excess is a symptom of some imbalance".

Am I emotionally balanced? Have I indulged myself solely in bureaucratic work with the result of spending more time doing paper work rather than being with people in need?

### **INNOCUOUSNESS AND**

**DETERMINATION:** "Innocuousness makes us cautious in our judgments and capable of refraining from impulsive and hasty actions. It is the ability to bring out the best in



ourselves, in others and in all kinds of situations by acting carefully and attentively. It consists of doing unto others what we would have them do to us (cf. Mt 7:12 and Lk 6:31). Determination is acting with a resolute will, clear vision, obedience to God and solely for the supreme law of the *salus animarum* (cf. CIC can. 1725)".

Am I wise enough in bringing the best out of every pastoral encounter I have at the hospital? How much am I determined to carry out my hospital ministry with the clear intent of the *salus animarum*, the good of souls?

**CHARITY AND TRUTH:** "Two inseparable virtues of the Christian life, 'speaking the truth in charity and practising charity in truth' (cf. Eph 4:15). To the point where charity without truth becomes a destructive ideology of complaisance and truth without charity becomes myopic legalism".

Does my pastoral comportment convey truth in charity? Do I fulfil my pastoral duties at the hospital in a charitable way while fully adhering to my ethical principles?

**HONESTY AND MATURITY:** "Honesty is rectitude, consistency and absolute sincerity with regard both to ourselves and to God. An honest person does not act virtuously only when he or she is being watched; honest persons have no fear of being caught, since they never betray the trust of others. An honest person is never domineering like the 'wicked servant' (cf. Mt 24:48-51), with regard to the persons or matters entrusted to his or her care. Honesty is the foundation on which all other qualities rest. Maturity is the quest to achieve balance and harmony in our physical, mental and spiritual gifts. It is the goal and outcome of a never-ending process of development which has nothing to do with age".

As a chaplain am I consistent and sincere with God and others in accomplishing my pastoral ministry? Am I somehow domineering in the mode I make myself available for others to help them? How much I use my physical, mental and spiritual God-given gifts at the clinical setting?

**RESPECTFULNESS AND HUMILITY:** "Respectfulness is an endowment of those noble and tactful souls who always try to show genuine respect for others, for

their own work, for their superiors and subordinates, for dossiers and papers, for confidentiality and privacy, who can listen carefully and speak politely. Humility is the virtue of the saints and those godly persons who become all the more important as they come to realize that they are nothing, and can do nothing, apart from God's grace (cf. Jn 15:8)".

Do I always show genuine respect for the people I serve? Genuine respect for my superiors and total respect of confidentiality and data protection? What can I do more to listen and speak compassionately?

**DILIGENCE AND ATTENTIVENESS:** "The more we trust in God and his providence, the more we grow in diligence and readiness to give of ourselves, in the knowledge that the more we give the more we receive. What good would it do to open all the Holy Doors of all the basilicas in the world if the doors of our own heart are closed to love, if our hands are closed to giving, if our homes are closed to hospitality and our churches to welcome and acceptance. Attentiveness is concern for the little things, for doing our best and never yielding to our vices and failings. Saint Vincent de Paul used to pray: "Lord, help me to be always aware of those around me, those who are worried or dismayed, those suffering in silence, and those who feel alone and abandoned".

Am I really progressing in diligence and readiness to make myself available to help people in need? Am I trusting in God's providence that he will never leave me by my own in such a delicate mission? Do I cherish and celebrate the reality that the more I give the more I receive? How much am I attentive to the silent cry of those who suffer in silence, feel alone and abandoned?

**INTREPIDNESS AND ALERTNESS:** "Being intrepid means fearlessness in the face of troubles, like Daniel in the den of lions, or David before Goliath. It means acting with boldness, determination and resolve, "as a good soldier" (2 Tim 2:3-4). It means being immediately ready to take the first step, like Abraham, or Mary. Alertness, on the other hand, is the ability to act freely and easily, without being attached to fleeting material things. The Psalm says: "if riches increase, set not your heart on them" (Ps 61:10). To be alert means

to be always on the go, and never being burdened by the accumulation of needless things, caught up in our own concerns and driven by ambition".

How do I react when faced by challenges that my pastoral ministry continually offers to me? Am I ready to take the initiative to act for the other's well-being? Am I freed enough from myself and my personal concerns in order to be there for the patients I serve hundred percent?

**TRUSTWORTHYNESS AND SOBRIETY:** "Trustworthy persons are those who honour their commitments with seriousness and responsibility when they are being observed, but above all when they are alone; they radiate a sense of tranquillity because they never betray a trust. Sobriety – the last virtue on this list, but not because it is least important – is the ability to renounce what is superfluous and to resist the dominant consumerist mentality. Sobriety is prudence, simplicity, straightforwardness, balance and temperance. Sobriety is seeing the world through God's eyes and from the side of the poor. Sobriety is a style of life which points to the primacy of others as a hierarchical principle and is shown in a life of concern and service towards others. The sober person is consistent and straightforward in all things, because he or she can reduce, recover, recycle, repair, and live a life of moderation".

Do I always honour my pastoral commitments with the utmost seriousness and responsibility they inherently imply, especially when I am not being observed? Do I always keep intact the trust I am given? Am I prudent, simple, straightforward, balanced and temperate to propagate the well-being of people in distress?

Fully confident in the words of the Psalm "surely goodness and mercy shall follow me all the days of my life" (Psalm 23:6) I keep "straining forward to what lies ahead" of me to keep serving Jesus Christ in the patients, their relatives and the hospital staff. Personally speaking there would be no better way of honouring the memory of the Holy Year of Mercy other than by living faithfully and creatively the acrostic M-I-S-E-R-I-C-O-R-D-I-A, my ongoing pastoral life assessment as a hospital chaplain.

*Fr Mario Attard OFM Cap*

to be in place at the time of disclosure.

An example of this is breaking bad news. In such scenarios, it is sensible to give information gradually to avoid over whelming the patient whenever this is possible.

In terms of autonomy, being able to appropriately assess and determine the pace and level of truth-telling is important in the therapeutic relationship. Two main reasons for this is that the information disclosed to the patient will have an impact on their capacity to make decisions, which may or may not be directly related to their care. It can also affect the therapeutic relationship in terms of how much the patient trusts that the health professional is being truthful about their situation. Overwhelming the patient or consciously lying to the patient, even with the intention to protect

them can negatively affect the patient and how they believe they have been treated. Therefore, the method of truth-telling is just as important as the information to be shared.

Health professionals must also be truthful within their organisation and with their colleagues. Being assertive and voicing your opinion is important. Choosing to remain silent, even when you disagree with decisions made or actions being done is unprofessional. Silence implies consent and approval. Health professionals have a responsibility to voice their opinion to safeguard their profession, the service, their position and most importantly the patient.

Fidelity is about keeping your word or more specifically keeping promises made. The relationship with autonomy is based on the way an individual is treated. In the therapeutic relationship, health professionals must be careful not

to make promises they cannot keep or do not intend on fulfilling. This also applies to organisations and administrators within the health system. In terms of caring for individuals and respecting their autonomy there is no greater way of showing this by being a professional of integrity that keeps their word and fulfils their promise, even if this requires an element of self-sacrifice.

## HOW CAN HEALTH PROFESSIONAL'S RESPECT PATIENT AUTONOMY?

1. Respect a person's right to make their own decisions
2. Teach people to be able to make their own choices
3. Support people in their own choices
4. Do not force or coerce people to do things
5. Safeguard informed consent and ensure that the patient's right to this is respected

*Marisa Vella*

## President's message • continued from page 5

practice, we hear "In my opinion" far too often. When discussing staffing and staffing systems, we need to focus on "evidence-based" instead of "in my opinion." Multiple well-designed research studies provide evidence that patient assignments should be based on patient acuity rather than simply the total number of patients. The definition of acuity includes words like insight, keen, sharp, and alert. The complexity of patient care calls for staffing systems defined by those very words — systems created to support new ways to align health care professionals' talent with patient and family needs. Traditional staffing methods based on the midnight census are quickly becoming obsolete. Those systems falsely assume all patients are average and all nurses/health care professionals are similar in terms of competency and talent. As such, the MUMN is investing heavily on different approaches to analyse the current staffing levels, define staffing requirements, while at the same time we're determining the future staffing needs. Unfortunately, such approaches indicate that certain

workplaces are in crisis: they are understaffed and overstretched ... and so the list continues. The MUMN continuously advocates for adequate staffing levels as adequate staffing levels can reduce workplace stress and burnout, improve employee morale and satisfaction, lower employees' turnover and increase customers' satisfaction. For years, the MUMN have been urging governments and health administrators to heed existing evidence that links appropriate staffing to better patient outcomes as well as balanced budgets.

This brings me to the last insight I would like to share with you. The healthcare workforce of the future is here and now and we must value its impact on good quality care by investing in staff development - whether it is about learning a new skill or developing knowledge in a speciality area. Not only does we need to stay up-to-date in our training, but we must also be given opportunities to develop new skills, embrace new technologies and to learn to support the professionals of tomorrow. The need for continuing professional development is therefore

abundantly clear. As you might be aware, the MUMN was always proactive towards continuous professional development for its members. The MUMN strive to ensure the implementation of well-designed and strategically commissioned programmes to support patient safety and help enable the service transformation. Through its input the MUMN is always at the forefront so that its members will have the right skills to care for their patients. The Institute of Health Care Professionals within the MUMN is heavily investing energy and resources to launch new learning opportunities and is also working to have its educational activities accredited. So, I invite you to read our emails as there are exciting news on the educational part. May I also take the opportunity to say congratulations to all the students that finished their studies, and best wishes goes for those who enrolled for pre - or post-graduate courses.

Until next time.

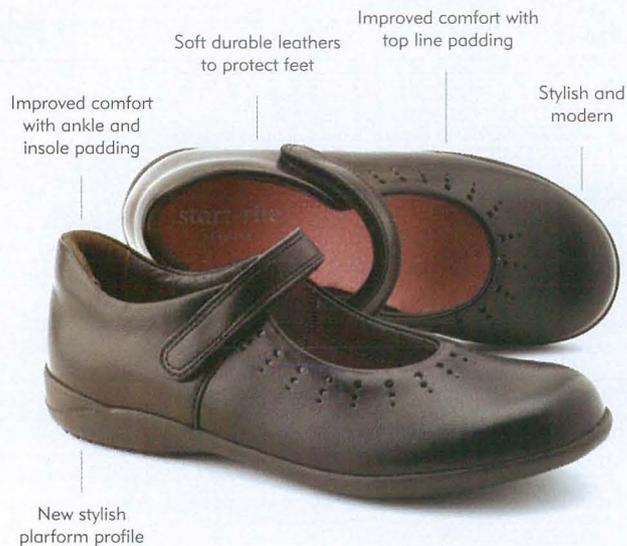
Best regards,

*Maria Cutajar*  
MUMN, President

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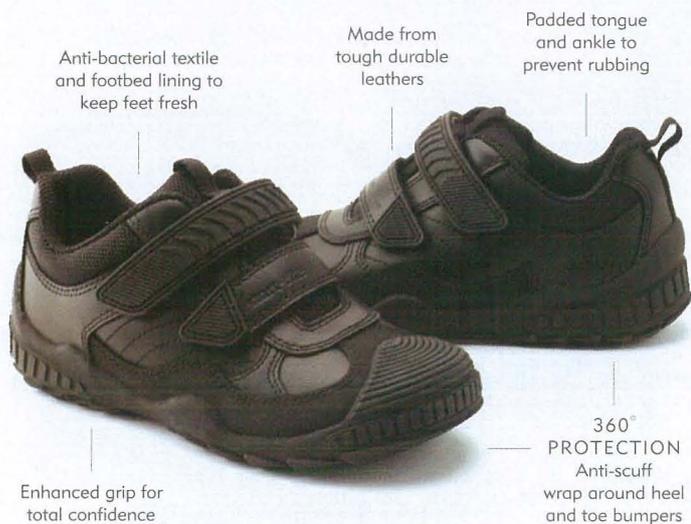
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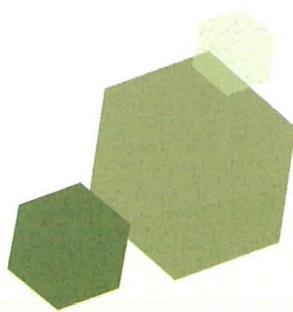
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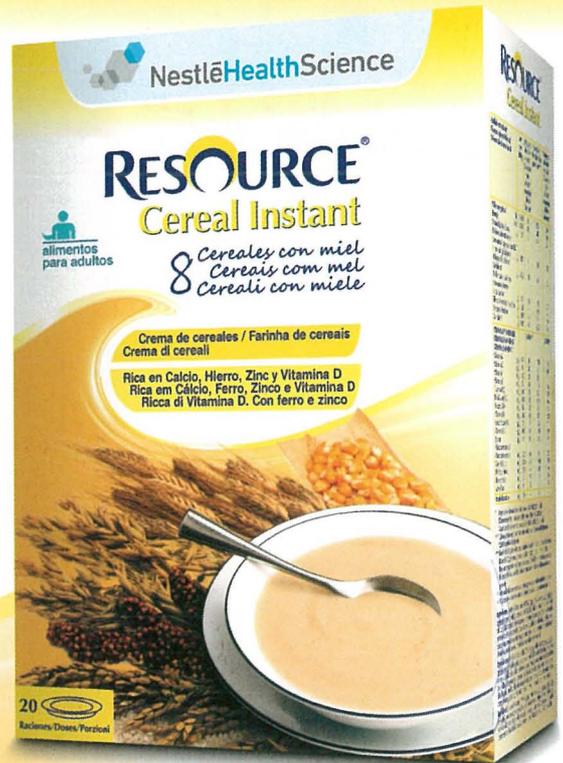
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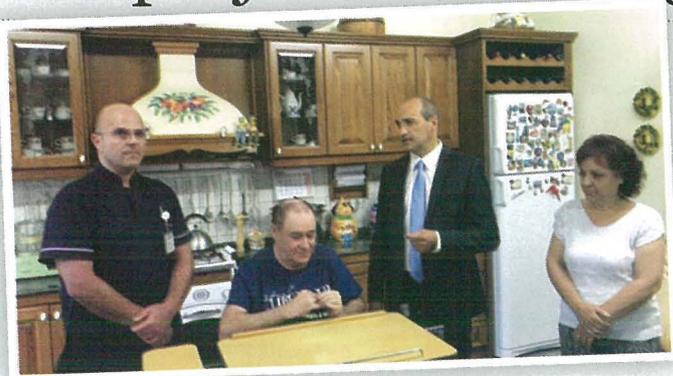
cold meals such as soups, pasta and other hot dishes or to liquids such as tea, coffee or juices. OptiFibre® is non gelling, making the product also suitable for patients that use a PEG tube and require a fibre rich diet. This product may be recommended for both short and long term use.

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## Reference:

Slavin, J., N. A. Greenberg. (2003). Partially Hydrolyzed Guar Gum: Clinical Nutrition Uses.

## 10,000 vizita mill-infermiera fid-djar tal-pazjenti tal-urologija għall-kura



S'issa saru 10,000 vizita mill-infermiera tal-komunita fid-djar tal-pazjenti tan-urologija, b'medja ta' mitejn pazjent fil-gimgha. Servizz li qed jiffranka diffikultajiet kbar lil dawn il-pazjenti, li fil-maggoranza tagħhom għandhom problemi ta' mobiltà, u għalhekk kien ikollhom iserrhu fuq il-membri tal-familja

jew fuq is-servizz tal-ambulanzi biex imorru Mater Dei għall-kura regolari.

Fi zjara fid-dar ta' Frances Farrugia, pazjent li jibbenefika minn dan is-servizz, il-Ministru tas-Saħħa Chris Fearnie sqarr li s-servizz tal-kura fid-djar qed jingħata

f'oqsma oħra bħall-ortopedija, home antibiotics u tal-qwiebel.

Is-sur Farrugia sqarr magħna li min mindu beda jibbenefika mis-servizz qed iħossu iktar komdu u li għandu iktar serħan il-moħħ li mhux se jqatta' granet l-isptar. Bi tbissima fuq wiċċu ma naqasx l-apprezzament għar-rizors uman,

tant li qalilna li l-kelmtejn li jgħidlu n-nurse tiegħu, Kevin Holmes, qabel jitlaq minn daru jagħtih il-kuraġġ "itik spinta biex tkompli taqdef, mhux il-kura biss".

Fearnie fisser kif minbarra iktar kumdità għall-pazjenti, is-servizz ta' kura fid-dar tfisser inqas riskju li l-pazjent jittieħed mill-mard tal-isptar u li ma jinqabzux l-appuntamenti ghax il-pazjent ma jhossux b'saħħtu biżżejjed biex johroġ mid-dar jew mgħandux għajnuna biex jipprepara għall-isptar.

Il-Ministru qal ukoll li dan qed iwassal għal inqas iffullar fl-isptar, filwaqt li l-ispiza fuq il-gvern tonqos minn €250 għal €60 kull pazjent meta l-kura tingħata fil-komunità.

# MUMN's Proposals Budget 2018

Health care is the biggest public expenditure and arguably the most important. As the Government develops the budget, it is vital that cost-effective efficiencies that does not create dangerous gaps in the system will be identified and considered. The budget makes the most important decisions affecting health and the health care system. That, in turn, affects the places where nurses together with other members of the health care team work and through the services they provide they can positively influence health outcomes. The MUMN urge the government to spend the right amount of money and to spend it in the right areas. Experience and research based evidence indicate that through the implementation of an upstream approach and by investing in keeping people well, organisations will avoid the much larger costs of dealing with consequences – the increased morbidity and mortality, human suffering, lost productivity, the costs of patching people up when they suffer illness and injury. The MUMN suggest that the government implement a health-in-all-policies approach, whereby the Maltese islands would not only have a healthier society, but also a healthier economy and a healthier budget balance.

The MUMN calls for a comprehensive approach to prevention of non-communicable diseases, with universal access to preventive services. Our submission also calls for that population to receive health promotion and preventive assessments by qualified health providers and an interprofessional approach. An upstream and more integrated approach to health care would anchor it in primary care, with multidisciplinary teams providing direct care and coordinating system navigation

for clients whose needs must be met in other parts of the health system.

It is well-established in the literature; that health systems with a strong primary care sector achieve superior health outcomes at lower cost. In the preceding budgets, the government announced that it will expand the primary health services. The MUMN believes that the expansion of services is a positive step toward helping individuals achieve optimal health and well-being. However, the nurse staffing levels and supporting staff levels need to be factored in when increase of services is suggested. In addition to expanding the number of primary health care teams, the MUMN suggest that these teams should be led by Registered Nurses. Registered nurses in primary care roles can improve access to important services, including comprehensive health assessments, health education, screening and other preventative care, management of chronic diseases, and care coordination with other health and social-service providers. The MUMN's recommendation for better outcomes is focused on health care.

The MUMN also note the opportunity to transition case coordinators currently working in Community Care into true care coordinators in primary and community care. That full complement of care coordinators would allow for seamless transitions, enhanced communication, timely follow-up and referrals, and decreased duplication. And it would ensure that clients don't fall through the cracks.

As much as possible, our health care system should also focus on prevention and keeping people healthy, while maintaining the capacity to help

them navigate to the right level of care when necessary. But better still is to keep people well enough that they don't need to use the health-care system. That means addressing the social and environmental determinants of health. Investments in those areas not only help people thrive and avoid health costs. They also enhance productivity and reduce burdens on the social safety net and on the justice system.

Allocating resources to the right sectors and right providers is crucial, but a sustainable health human resource strategy is also essential. Organisations need the right mix of healthcare providers with sufficient staffing to safely meet the health care needs of service users. The chronic shortage of nurses need to be addressed adequately and appropriately. Evidence shows that proper registered nurse staffing and fully utilizing their expertise can save the system money while ensuring positive patient outcomes. Using healthcare providers to their full scope and expanding that scope can also enhance access to care and improve system efficiency. The MUMN has been saying for quite some time that incorrect staffing leads to high workload, lack of work-life balance, high overtime, high sick leave, increased risk to patient safety and poorer patient

• continued on page 16

outcomes. These are expensive issues and they are avoidable when staffing is done right. A simple concept supported by the evidence. In the case of specialist health care providers, the MUMN request the immediate establishment of the specialist framework for nurses and midwives; and immediately developing the continuing education course to enable it.

Health care providers routinely recommend that acutely ill children stay home from school and, if necessary, see a medical doctor. Otherwise, their illnesses can worsen or spread to others, health care costs can increase, and small problems can become serious threats, with the consequences of hospitalisation or contagion issues. But for many employed parents, taking time off to care for a sick child means losing income or, worse, risking their job. A parent deserves a day/night off to care for a sick child; without running into hardship. Parents need more than "just a day off"; they need to be able to meet their children's health care needs without risking their job. Evidence indicate that employees who receive paid sick days due to sick child are substantially less likely than employees without such benefits to send a sick child to school.

When children are sick enough to require medical attention, we need parents to be with them. Outpatient facilities and hospitals depend on parents to supervise their children, transport them to and from appointments, fill out forms, monitor symptoms, communicate with medical doctors, collect laboratory samples, administer therapies, and provide comfort during tests and procedures. When children become patients, parents become health care providers, and without them, the paediatric health care system would grind to a halt. Government approaches should include mandating:-

a) unpaid family leave with job protection (protection from being fired) for extended absences;

b) paid sick-leave with job protection for frequent or intermediate-length absences, and paid sick days leave that can be used for incidental brief absences to care for ill family members.



Flexible schedules and telecommuting can help, especially for parents with a chronically ill child. The risk of fraud can be minimized through employer policies requiring certification of health conditions. Furthermore, studies have shown that most employees use these types of benefits to deal with the real demands of real illnesses. And the health care system relies on parents to meet these demands on behalf of their children. The MUMN suggest that organisations (whether public/private sector) must envisage to ensure that their employees be able to balance the needs of their growing families without worrying about work or finances. Evidence shows that people perform better at work when they're not worrying about home issues. When policies are employees'-centred and allows employees to be supported during the changes in their lives and that includes the challenges of parenting; employees return to work more focused and dedicated.

Most urgently, the government must work in partnership with major stakeholders to provide affordable housing and accessible high-quality health care. The correlation between poverty and ill health is very strong. The MUMN ask for a multipronged strategy, including:-

- Raising social assistance rates to reflect the cost of living;
- Investing in affordable housing;
- Protecting the growing section of the workforce in precarious employment; therefore,

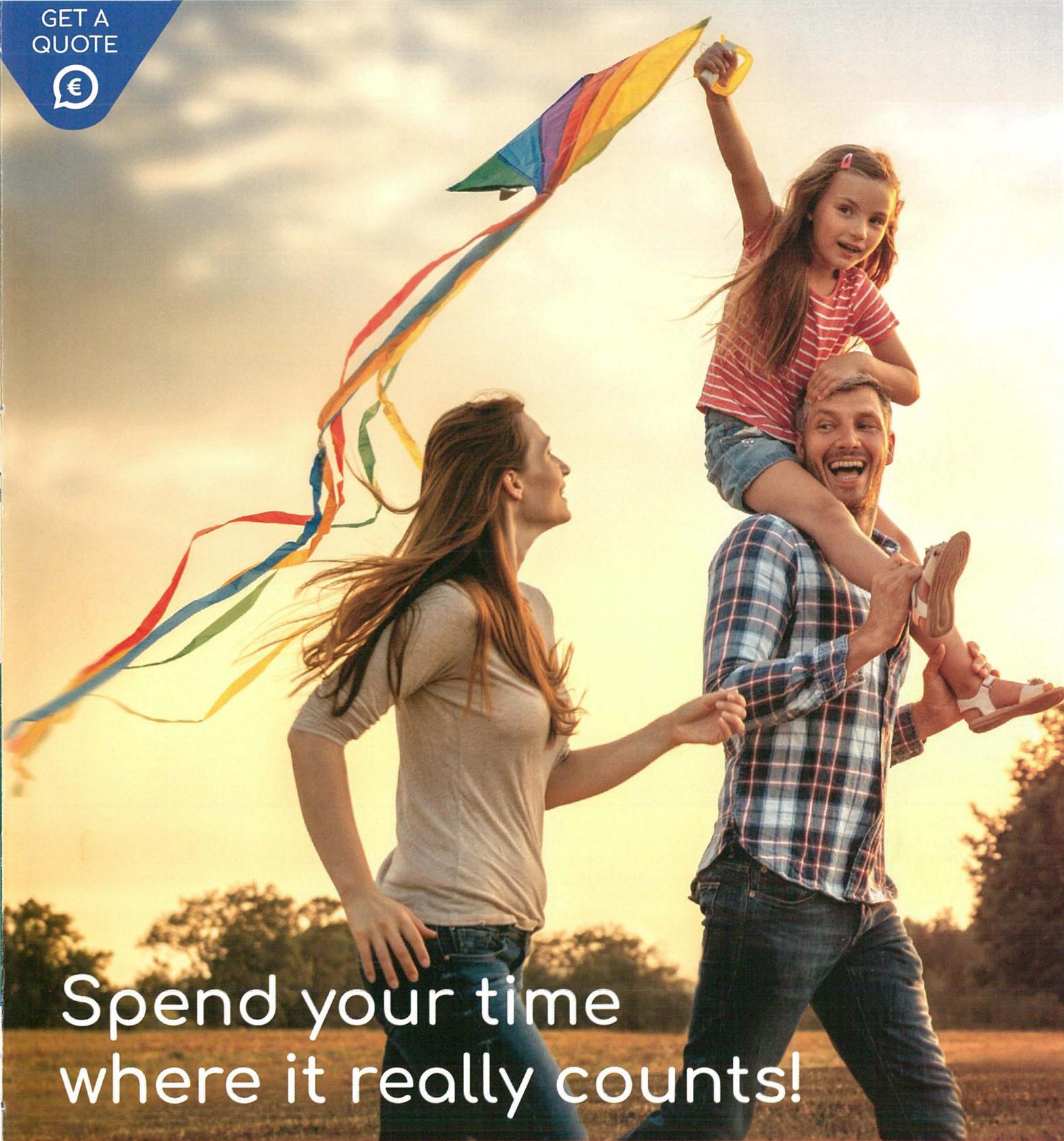
ensuring that all workers have the same protections and benefits enjoyed by workers with standard employment;

- Enhancing strategies that promotes better health outcomes;
- Addressing environmental determinants of health;
- Setting ambitious but attainable greenhouse gas emission targets, which bring huge health co-benefits;
- Ensuring that the staffing levels of the health workforce are according to established international standards. As a step toward creating a more efficient public service, the MUMN is calling for government to complete a core staffing review. A core staffing review would examine the number and type of health care providers currently working in the system; while at the same time determining the right amount of health care professionals needed to meet the needs of patients. Sicker patients with more complex health needs, an aging population and high incidence of chronic disease are all drivers for increased workload. This review must be based on the needs of the patient. A staffing model based on patient acuity will focus decision-making on the needs of the patient, not a line in a budget;
- Nursing students will be sponsored during their nursing studies – will be given minimum wage during their studies; once they graduate they have a 3-year contract with the government;
- All stakeholders must help in reaching the targets to ensure sufficient sustainable expansion and ongoing operation of public transit and active transportation;
- Opportunities for work-life balance.

In conclusion, the MUMN calls for the budget to be written with a health lens, and with a view to investment in upstream solutions.

**Maria Cutajar**  
President, MUMN

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from our diary



MUMN signed an important sectoral agreement on behalf of the ECG Technicians employed with the Public Service



MUMN & MCAST with the collaboration of Northumbria University and the Directorate Nursing Services launched the opening session for applicants to submit their interest in the Northumbria University Nursing Degree Course



New VGH Nursing Director Tess Panizales visited MUMN's Offices



Once again MUMN organised an effective Nursing Recruitment Marketing Campaign throughout the island with the collaboration of the Health Ministry



Nurses and Midwives who graduated this year had a meeting at MUMN Office



The Physiotherapists Group Committee preparing the proposals for their sectoral agreement to be submitted to the Government



The Learning Institute of Health Care Professionals organised an interesting seminar – Evidence Based Nursing – Creating New Knowledge



MUMN attended the ICN Conference and workshops with other Nurses Unions/Associations from all over the globe



MUMN organised a meeting for the Physiotherapists that had recently graduated

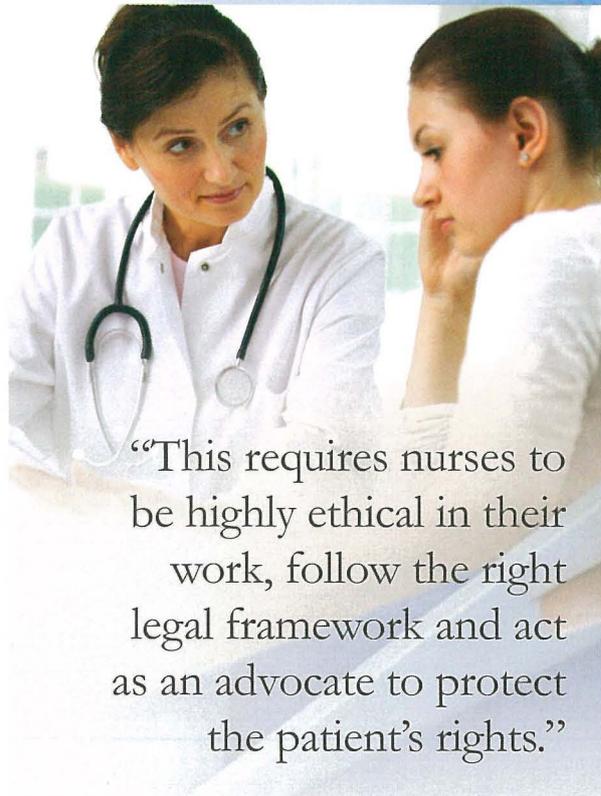
# Standards in Psychiatric Mental Health Nursing

## Do we really need them?

Earlier this year, the Maltese Association of Psychiatric Nurses (MAPN) has published a document which describes the roles and standards of psychiatric mental health nurses (PMHN). This was an important event in the history of psychiatric mental health nursing in Malta, and it was another milestone in the achievements of the work of the association since its formation 10 years ago.

The document presents 10 standards, which sum up the extensive work of the nurse who works with people who suffer from mental health problems and mental illness. It starts off with the most basic essence of PHMning, the therapeutic relationship. It is through the therapeutic use of self, that most psychiatric mental health nursing interventions are delivered. Whether we are observing and monitoring a patient on level 1 supervision, administering medication, preparing a patient for ECT or simply talking to a patient, we are (and should be) using our therapeutic self in engaging with the patient and promoting good mental health. This is what differentiates our discussions with patients from normal day to day chit chat we use in social circumstances. It's not that we don't engage in normal chit chat with patients (after all we are human beings and chit chat is the cornerstone of relationships), but the work of the psychiatric mental health nurse is demonstrated through the use of the therapeutic activities which ultimately validates the profession.

The psychiatric mental health nursing standards follow the traditional nursing process of assessment, planning and outcome identification, implementation of interventions and evaluation. These are



“This requires nurses to be highly ethical in their work, follow the right legal framework and act as an advocate to protect the patient's rights.”

tailored to the psychiatric setting, and aspects of these standards are seen in the daily practices of assessment and interviewing on admission, history taking and documentation, monitoring and observation of the patient who is on constant watch or supervision, and the assessment of risk. Care plans are implemented for patients who are placed under the mental health act and nurses have an imperative role in contributing to the planning of care of their patients.

The psychiatric mental health nursing interventions are the core of the work and it includes medication management, education, supporting patients' with their anxieties and working with the patient's significant others. Psychiatric mental health nursing has adopted different approaches when it comes

to its interventions, including evidence based practices like psychotherapy, cognitive behavioural approaches and counselling. Medication management remains a central function of the nurse, which includes administration, education, monitoring and encouraging adherence.

Crisis and psychiatric emergencies are potentially serious situations which occur when a patient is in a risk of harm to self or to others. These are delicate situations which require a considerate and professional approach with focus on risk management, de-escalation techniques and ethical and legal considerations. The nurse has to make good use of verbal and non-verbal communication skills and utilise the therapeutic relationship as a tool to address the crisis



Professional development is essential to the continuous growth of the nurse, the advancement of the profession and improving service delivery. These standards

can serve as a guide for professional development and with the continuous emphasis on evidence based practices, it is not only recommendable but is expected that we provide interventions which are based on scientific evidence, research and corroborated practices. The Department of Mental Health has a crucial role in this area and so the recently established Learning Institute for Healthcare Professionals.

Ethical and legal issues remain central to the psychiatric mental health nursing profession. After all, psychiatry is the only branch of medicine which can force its treatment on the patients. This requires nurses to be highly ethical in their work, follow the right legal framework and act as an advocate to protect the patient's rights. An optimum knowledge of the Mental Health Act is fundamental, but more importantly is a humane attitude and a genuine respect for others, no matter what their diagnosis, state of mind or personal circumstances.

Psychiatric mental health nursing is unique in the sense that its practices are embedded in medicine, psychology and sociology but also in a history where people with mental illness were looked after by attendants and guardians. It had its fair deal of controversy, and stigma remains a challenge. We need to be careful that the right practices are adopted, and that the profession continues to develop in the right way. Without standards we can end up running around like headless chickens, being very busy doing a lot of things, but not being

situation.

The promotion of good mental health and relapse prevention strategies is an essential aspect of the PMH nurse's role. Good mental health is a notion which applies to everyone including the mental health professional. We are not immune and burnout is a common occurrence in the psychiatric mental health nursing profession. Strategies need to be in place to look out for signs of burnout, and seek help when needed. It is then that we can continue promoting good mental health with our patients and the community. Relapse prevention strategies include the promotion of good mental health, education, identification of signs and symptoms and a plan on how to manage risks, contact services and dealing with emotional distress.

very effective (which to me sounds like the right formula for burn out, or worse, for a profession to become irrelevant).

With talks of a new psychiatric hospital flashing in the media, the need for standards in psychiatric mental health nursing is inevitable. It is the practices which define our role, it is the practices which define our identity and having established standards assures that these practices are based on evidence, research and professionalism. Without them, we can easily get lost and challenged on our own roles. With them, we are psychiatric mental health nurses.

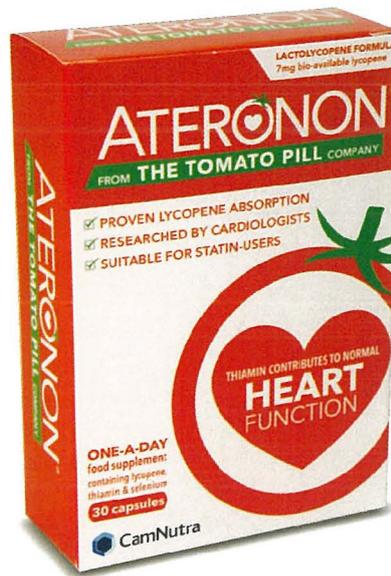
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# 6 things nurses say under their breath every shift

As nursing professionals, we have to be tactful — with our patients and with each other. There are always things we wish we could say, but we can't, because it would be rude, inappropriate, or just plain mean. Here are some of the things a lot of nurses wish they could say, but can't. Sometimes we might even mutter it under our breath.

## I KNOW WHAT I'M DOING

Nurses often run into people who doubt our ability to do our job, whether it's a co-worker, a supervisor, a patient, or a patient's family member. RN licenses aren't something they just hand out at random. We go to school for years before entering the working world, and many of us get higher degrees while working as a nurse. There are a lot of fail safes in this process to ensure competency. When someone implies that we don't know what we're doing, it's incredibly insulting. But what are we supposed to say in return? We have to just shrug it off and mumble under our breath.

## I WISH THEY'D LEAVE SO I COULD DO MY DAMN JOB

Many of us work with patients who are very old or very sick, and can't always do or say much for themselves. Most of those kinds of patients have passionate, well-meaning family members at their side. They're there for help and support, but sometimes, they just end up underfoot. Sometimes we wish a patient's child or spouse would leave, so that we could do our jobs more effectively.

## I'M NOT A MAID

We're highly trained and educated medical professionals, but we're also caretakers and caregivers. Many of us have changed our share of adult diapers and cleaned out far too many bedpans. We do provide help for people with things like hygiene, so it's all too common for patients or their families to

start viewing us as "the help."

This stings a lot. We gave up a lot of our free time to party during our 20s so that we could pursue higher degrees and get the training we need to do our jobs. Much like doctors, we spent years in school. Almost all of us have at least a bachelor's, and many of us have a master's degree as well. No one gets a master's degree to be someone's maid. But honestly, a lot of people don't quite seem to know any better.

## I KNOW YOU'RE STRESSED RIGHT NOW, BUT DON'T TAKE IT OUT ON ME

When someone is severely ill or injured, their family members — who often stay close at their side — are incredibly mentally and emotionally stressed. Many of us have been through that ourselves, so a lot of us understand what that's like.

But when people are under that much stress, they can snap at us or start getting rude. It's only human. When you're in the process of losing a loved one, it's hard to cope with everything that's going on.

But please, don't take it out on us. We're here to help — it's our job.

## WHY THE HELL DIDN'T YOU COME IN EARLIER?!

"Well, there's this hole in my stomach, and I'm pretty sure those are my intestines dragging on the floor, but I thought, "Oh, it's probably just a cold."

That's an exaggeration, of course, but nurses who work in ERs or Urgent Care often see people come in who, frankly, are kind of dumb for not coming in sooner. Whether it's heart attack symptoms, common signs of a stroke that everyone should know, or trying to "walk it off" when their leg is pretty obviously broken in multiple places, a lot of people are all too hesitant to come in and

see a doctor.

Sometimes this isn't really their fault. Even with insurance, healthcare can quickly become incredibly expensive. Medical bills are one of the leading causes of bankruptcy in older Baby Boomers. So it's no wonder people are so scared to come and see us. But they need to, sooner rather than later.

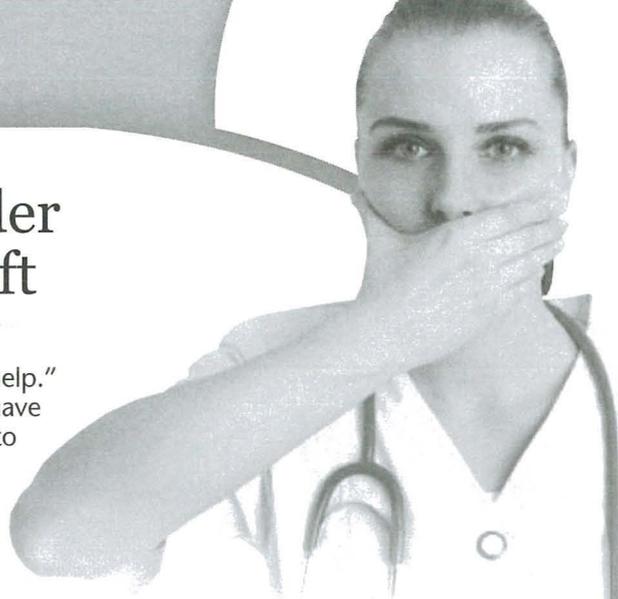
## YOU'RE NOT REALLY IN THAT MUCH PAIN, ARE YOU?

Ever have a patient who's laughing and joking with their friends, but then you walk in, and they suddenly act like they're in excruciating pain? Pain is subjective, and we don't have an objective way of measuring any kind of biomarkers to truly verify it. Plus, everyone reacts differently. Some people stub their toe and freak out, while many women grit their teeth every month through menstrual pain that would have most people howling in agony.

But we've all seen it. Sometimes, they're really just attention seekers, the kind of people where you can smell the personality disorders on them a mile away. Others are drug seekers, hoping we'll feel bad for them and slip them some of that sweet, sweet Oxycodone.

## COPING WITH DAILY FRUSTRATIONS AS A NURSE

These are all things that a lot of us wish we could say out loud to people, but alas, we cannot. We have to stay chipper, friendly, and upbeat, even when we want to strangle someone who's giving us a really hard time. It's just part of the job.





# The First 1000 Days

- a crucial time for a baby's development

**F**rom conception to the age of two, the first 1000 days of a baby's life are crucial. What happens during this time can have a major impact on a baby's future health.

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Breast feeding is recognised as the gold standard of infant nutrition by the World Health Organisation and the Ministry of Health (Malta). Breast milk adjusts according to the infants needs and so the right amounts and quality of nutrients are given instantaneously which infant formula is not able to mimic. Children who are breastfed have a lower chance of developing obesity and other non-communicable diseases later in life.

If a mother chooses not to breastfeed infant formula milk is a recommended substitute. At SMA we strive to continually improve the quality of our formula. Over the past 90 years, SMA Nutrition has invested in early life nutrition research. As a result, SMA PRO

is born. Inspired by the specific nutritional needs of babies, SMA PRO represents some of our most advanced formulas yet.

SMA PRO Follow On Milk will meet the nutritional milk needs of babies aged between 6 to 12 months. It is used as part of a weaning diet and is fortified with important nutrients such as iron, vitamin D, calcium, omega 3 & 6 which are very important in the development of infants. ESPGHAN 2014 recommends that all infants from the age of 6 months should receive iron rich foods or iron-fortified foods. The amount of protein has been reduced to 1.30g/100ml to reduce risk of excessive intake. SMA PRO Follow On Milk is available in 400g and 800g tins.

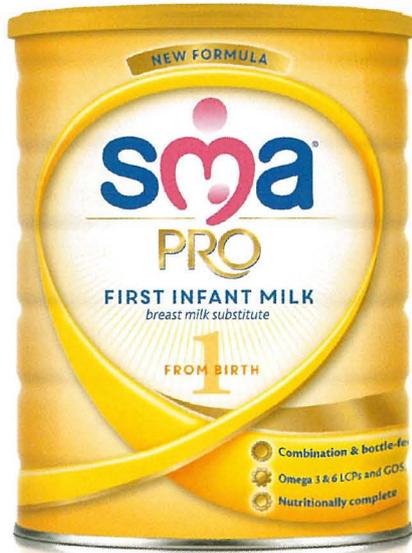
SMA PRO Progress Kids is used as part of a healthy balanced diet in toddlers aged 1 to 3 years. It has been designed to complement the toddlers diet, providing important nutrients shown to be at risk in toddler diets. The amount of protein has been reduced to 1.5g / 100ml and the amount of Vitamin D increased. It is important to remember that any toddler milk

should not replace a meal and be part of a balanced diet. No more than 3 servings daily should be given to toddlers.

**IMPORTANT NOTICE:** Breast milk is best for babies and breastfeeding should continue for as long as possible. Good maternal nutrition is important for the preparation and maintenance of breastfeeding. Introducing partial bottle-feeding may have a negative effect on breastfeeding and reversing a decision not to breastfeed is difficult. A caregiver should always seek the advice of a doctor, midwife, health visitor, public health nurse, dietitian or pharmacist on the need for and proper method of use of infant formulae and on all matters of infant feeding. Social and financial implications should be considered when selecting a method of infant feeding. Infant formulae should always be prepared and used as directed. Inappropriate foods or feeding methods, or improper use of infant formula, may present a health hazard.

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**IMPORTANT NOTICE:** Breast milk is best for babies and breastfeeding should continue for as long as possible. Infant milks should only be used on the advice of a doctor, midwife, health visitor, public health nurse, dietitian or pharmacist, or other professionals responsible for maternal and child care.

1. Grathwohl DJ *et al.* Abstract at EAPS congress, 2010. 2. EFSA. Scientific Opinion on the essential composition of infant and follow-on formulae. EFSA Journal 2014; 12(7): 3760. 3. SMA<sup>®</sup> PRO First Infant Milk Datacard. 4. Protein and Amino Acid Requirements in Human Nutrition. Report of a Joint WHO/FAO/UNU Expert Consensus 2007. 5. Nestlé data on file, 2014. 6. Kirchberg FF *et al.* J Clin Endocrinol Metab 2015; 100(1): 149-58. 7. Yan J *et al.* Abstract at the Europediatrics Congress, Florence 2015"

\*When bottle feeding is considered.

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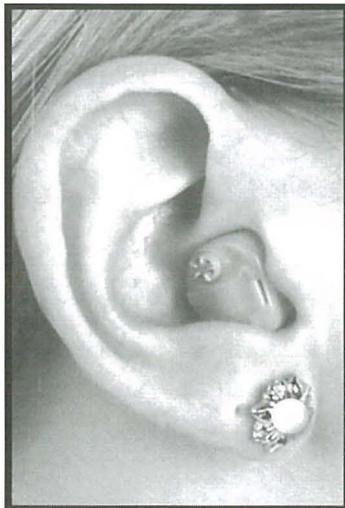
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## First sectoral agreement covering ECG technicians



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An agreement secured between the Ministry for Health and the Malta Union for Midwives and Nurses (MUMN) will see ECG technicians benefitting from a progressive increase in their salary.

This is the first time that ECG technicians are being covered by a sectoral agreement and talks have been going on for months, Health Minister Chris Fearne said.

ECG technicians perform diagnostic tests to assess a patient's heart rhythm and rate.

The agreement also means that workers will benefit from better employment conditions and their salaries will be reviewed every five years. Whilst before ECG technicians could only benefit from up to a salary scale 11, the agreement ensures that workers can now advance in their career, up to a salary scale 8.

"ECG technicians today have a degree and even a diploma. Cardiology has grown to a point that these workers have to be academically trained as well, providing patients with a better service that is also researched," Fearne said.

According to the minister, in the past patients used to be sent abroad because of the lack of specialised ECG technicians whereas today the services in Malta's hospitals have increased.

"The fact that ECG technicians are gaining qualifications which they didn't have before needs to be recognised," the minister added.

Fearne added that the agreement provides a structure for workers to continue to study whilst in employment.

MUMN president Maria Cutajar and secretary general Colin Galea were present for the signing.

# Meta l-midwife tkun pazjenta

Doreen Cassar, Senior Midwife

Ilni hafna biex insib ftit h'in halli nikteb kelmejn dwar l-esperjenza tiegħi ta' Midwife fuq il-Magazine tal-MUMN, Il-Musbieh. Minn mindu kont żgħira kont inħobb nikteb bil-Malti. Infatti 'l hena tiegħi kienet meta kont nikteb il-famuża *composition*. Inħossni li meta nikteb bil-Malti, l-emozzjoni toħroġ iżjed mill-qalb. Allura nistiednek li tiegħaf milli qed tagħmel, tpoġġi bilqiegħda u taqra x'għandha xi tgħidlek Doreen it-twila kif hafna j sibuni.

Il-miġja tiegħi mal-kanċer bdiet f'Settembru tal-2013. Ma kontx għadni rkuprajt mit-telfa tal-ħabiba tiegħi Valerie u issa jien! Mhux għax inħossni speċjali iktar minn ħaddieħor... ara ma taħsbux. Imma qatt ma bsart li waqt li għamilt 5 snin nieħu ħsieb lil Valerie, jien ukoll il-kanċer kien qed jikber ġo fija. Meta ħsibtni li fieq, il-kanċer reġa' tfaċċa f'Jannar tal-2015 u issa t-triq dehret mudlama sew. Kull min jafni minieq tip li naqta' qalbi malajr u naħseb li l-karattru fil-marda tal-kanċer jilgħab parti importanti. Però l-iktar haġa li f'dawn is-snin kollha għenitni biex ma naqax f'disprament hija x-xogħol tiegħi.

Ilni midwife 22 sena u ta' dan niringrazzja l-bambin li tani x-xorti naħdem dawn is-snin kollha. Jgħidu d-dinja ddu bil-kontra u veru. Meta l-kollegi tiegħi jibdwew forsi jgergru xi ftit wara ġurnata xogħol b'islienna barra, jien nieħu gost li ġejt għax-xogħol għax l-importanti li għaddiet ġurnata oħra u li moħħi ma qagħadx joqgħod jhewden fuq il-mard. Mhux qed ngħidlek li faċli għax kultant inkun ħa nieqaf mill-kura u nkun nixtieq nintefa' ġo sodda u ma nara 'l ħadd. Imma għad għandi żewġ doveri... wieħed li nibqa' niġġieled għall-ġid tal-familja tiegħi u d-dover ieħor lejn ix-xogħol tal-midwifery. Xogħol li



grazzi għall-għajnuna finanzjarja, għajnuna psikoloġika, għajnuna Prattika u għajnuna kbira ta' ħbiberija li m'għandiex kliem biex niddekriviha.

Dort hafna swali u rajt b'għajnejja professjonisti jaħdmu bla waqfien u bil-qalb. La tkun pazjenta tosserva hafna u ġieli kien hemm min il-professjoni jtiha bis-sieq. Imma l-professjonisti li jaħdmu b'passjoni liema bħala jissupera sew lil dawk li jaħdmu b'inqas impenn.

Minn qalbi ngħid grazzi lil kulħadd! Ngħid grazzi wkoll lit-tobba li ilhom jduru bija, grazzi lil Carers u n-Nursing Aids, grazzi lil Hospital Auxiliaries li jzommu Mater Dei nadif sew, grazzi lil ECG Technicians u lil Laboratory Technicians li naħseb xebgħu jaraw *samples* tiegħi, grazzi lin-nies tas-CSSD, lir-Radiographers kollha u lil-infermiera kollha f'kull dipartiment.

Dan il-messaġġ ktibtu waqt li kont rikoverata l-isptar u nispera li ma dejjaqtkomx bil-fehmiet tiegħi. Parir wieħed, li għandek tagħmel għamli għax illum hawn u għada ma nafux! Jekk Alla jrid nispera li fl-edizzjoni li jmiss nerġa' niltaqa' magħkom għax hekk ikolli inċentiv ieħor biex ngħix.

nagħmlu b'imħabba u passjoni, u hija din il-passjoni li nħossha qisha mutur li tmexxini tul ħajti. L-hena tiegħi niltaqa' ma familja u nassistiha fl-iktar mument prezzjuż tagħha. Kull twelid li jkolli nispiċċa kważi nibki mal-koppja! Jgħiduli j'Alla jkollok dak li tixtieq qalbek... mur għidilhom minn xiex jien għaddejja!

Hafna jgħiduli li fuq Alla m'hemm ħadd u minħabba li naħdmu mal-miraklu tal-ħajja kull mument tal-ġurnata nafda fil-Mulej. Filwaqt li naf x'inhi r-realtà, ngħix bit-tama għax emmnuni mirakli f'ħajti ħassejt b'idejja. Nerġa' ntenni li m'inhix speċjali aktar minn ħadd però għandi fidi qawwija li għalaqt erba' snin minn marda aggressiva bis-saħħa ta' xi ħadd speċjali li aħna nsejnhulu l-Mulej. Dawn l-erba' snin żgur ma kontx nagħmilhom jekk ma kelliex kollegi u ħbieb li għenuni f'din it-telgħa ta' ħajti.

Permezz ta' dan il-magazine, nixtieq ngħid grazzi lill-kollegi minn kull sala ta' Mater Dei u ta' SAMOC. Ngħidilhom



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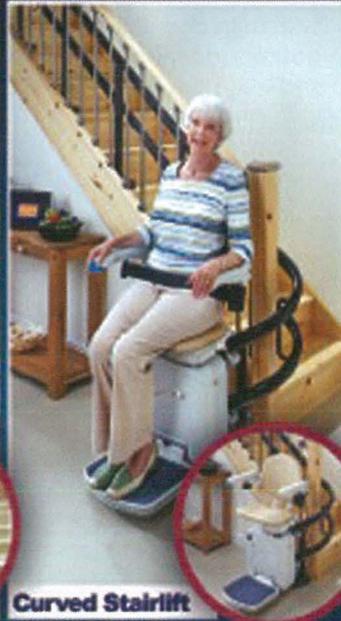
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# Inflammatory Bowel Disease

Inflammatory bowel disease is on the increase, both locally and across most of the world. In spite of this, it is still a disease of which there is not that much awareness. Many clients locally express how when they tell their employer, loved ones, friends or teachers, they are often met with blank stares and are asked for an explanation.

## WHAT IS INFLAMMATORY BOWEL DISEASE (IBD)?

IBD is an umbrella term for both Crohn's Disease and Ulcerative Colitis. The difference between these two is that Ulcerative Colitis affects exclusively the large intestine whereas Crohn's Disease involves anywhere along the digestive tract, from mouth to anus. It can occur at any age, but most are diagnosed between the ages of fifteen and forty. To this day, it is uncertain how it comes about however it is said to have a genetic factor, issues with the immune system and its occurrence is also influenced by environmental factors.

## AN INVISIBLE ILLNESS

IBD is a very individualistic condition and symptoms vary from person to person. These can include abdominal pain, bloating, diarrhoea, blood in stools, vomiting and extreme fatigue. Yet not everyone experiences all these symptoms at once or in the same way. It is characterised by short periods of exacerbated symptoms and periods of little to no symptoms referred to as 'being in remission'. IBD is not the same as IBS which is irritable bowel syndrome. Though some of the symptoms are similar, like constipation, diarrhoea and cramps, IBS does not require the kind of medical management that is necessary for IBD and it is often the case that symptoms are relieved upon defecation.

IBD is often described as an invisible illness, because there are no obvious outward symptoms. Some people may experience weight loss but otherwise it is almost impossible to tell if someone has IBD by just looking at them. This often can lead to misunderstandings in social situations. For example, one may be too tired to go out with

friends. Or at work, the person afflicted may be thought to abuse of sick leave. At school, a student can take more time in the bathroom than his peers. This is why awareness is essential as it makes people with IBD's lives so much easier: to find understanding without having to constantly explain oneself.

## TREATMENT

IBD is a medical condition and management involves the following:

**Aminosalicylates:** These are medications that include 5-amino-salicylic acid (5-ASA). They decrease inflammation at the inner wall of the intestine itself, and help heal both in the short- and long-term. Ex: mesalamine, sulfasalazine.

**Corticosteroids:** These affect the body's ability to deal with inflammation. In addition, they work to keep the immune system in check. It is important not to suddenly stop taking this medication.

**Immunomodulators:** This class of medications modifies the body's immune system so that it cannot cause ongoing inflammation. Examples include: azathioprine, 6-mercaptopurine (6-MP), methotrexate.

**Biological therapies:** Examples of the two most commonly used biological medications in IBD are infliximab and adalimumab. These are referred to as 'anti-TNF drugs' because they work by targeting a protein in the body called TNF alpha. In people with IBD, more than necessary TNF alpha is produced, and this causes excessive inflammation. Biological therapies block the action of TNF alpha, and reduce inflammation.

## HELP AND SUPPORT

Apart from the help and support provided by the multi-disciplinary team at Mater

Dei Hospital, locally we have an organisation dedicated to IBD. It is known as the Malta Association of Crohn's and Colitis and whether you or a loved one suffers from the disease, it is highly beneficial to join. They have organised lectures and seminars on IBD and have a comprehensive website: <http://www.macc.org.mt/> and they can also be found on Face book

## THE FINAL WORD

It is often the case that those suffering from Crohn's or Colitis feel quite alone and that nobody understands them, sometimes not even other healthcare professionals. This is why awareness is key. Even though a person may look fine from the outside, it does not mean that nothing is going on internally and this is precisely why we need to tap in to our emotional intelligence and effectively practice empathy. People with IBD are valuable members of society and should not feel like they must hide their illness or be ashamed of it.

The singer Anastasia, a pop star in the late 90s and early 2000s has been suffering from Crohn's since she was thirteen years-old. She told the Daily Mail:

"Bottling things up fuels the symptoms of Crohn's. I have had to learn not to be frightened of feelings. You might think it strange that I still wanted to fulfil my ambition of becoming a singer, trying to make it in a business that is so difficult and so pressurized. What is seen as a curse for some is a gift for me because it has helped me to discover who I really am."

*Marie-Claire Pellegrini  
MA Bioethics (Melit.), BSc  
(Hons) Nursing studies  
IBD/ Gastroenterology Nurse,  
Mater Dei Hospital.*



Banjijiet 'privati' f'Fond Għadir f'Tas-Sliema tal-era Vittorjana, magħrufin ukoll bħala l-banjijiet "Ta' Mananni"



## Il-Bedbaths

It-Tieni Parti - JOE CAMILLERI, Charge Nurse MW1 - MDH

Kif ktibt f'zewg ħarġiet ilu, xtaqt kukoll nuri l-importanza tal-ħasil tal-marid permezz tal-ewwel manwal bil-Malti dwar ix-xogħol tan-Nurse bl-isem "Il Ctieb ta' l-Infermier" tat-Tabib J. S. Galizia u li ġie ppublikat fl-1904. F'Cap. VI. Bit-titlu "Banji" insibu dan li ġej, kelma b'kelma, imma fl-ortografija tal-lum. L-aċċenn mhuwiex qiegħed fuq il-bedbath per se imma fuq l-użu tal-banju u għalhekk fil-plural "banji".

"L-ilma mal-ġisem hu wieħed mill-aħjar mezz, sewwa biex il-bniedem jibza' għal saħħtu, kemm ukoll biex ifieq meta jkun marid. Dan l-ilma minbarra (li) jista' jkun taħt għamla ta' banju, ta' doċċa, (mizieb); ta' impakk (mit-Taljan impacco: "applicazione, su una parte del corpo traumatizzata, di garze, cotone ecc. imbevuti di sostanze medicamentose") jew ta' sponzatura. Il-banju li jista' jkun kiesaħ jew sħun, kien użat wisq mill-antiki, l-aktar ir-Rumani fuq l-elf u tmien mitt sena ilu, u l-istabbilimenti tal-banji ta' dawn l-antiki huma wieħed mill-ghegubijiet ta' Ruma, u tant kienu dawk in-nies attenti għall-indafa, li ma kienu jħarsu xejn lejn kemm jonfqu, basta jkollhom banju mill-isbaħ bil-kumditajiet kollha.

In-nies li ġew wara r-Rumani ma tantx kienu jieħdu ħsieb l-indafa ta' ġisimhom; anzi kienu jgħixu fil-ħmieġ; imma bil-mod il-mod dawk iż-żmien tal-għema għaddew,

u llum in-nies qegħdin jerġgħu jistmaw l-indafa, jekk mhux daqs ir-Rumani, għall-inqas wisq aktar minn dawk li ġew warajhom.

Meta fil-bidu ta' dan il-ktieb tkellimna fuq l-infermier, għafasna ħafna fuq il-bżonn kbir tal-indafa għal kulħadd imma l-aktar għan-nies li jduru bil-morda: issa wasal il-mument li ngħidu kif isiru il-banji tal-indafa.

Banjijiet "privati" f'Fond Għadir f'Tas-Sliema tal-era Vittorjana, magħrufin ukoll bħala l-banjijiet "Ta' Mananni"

"...jekk imorru jgħumu darba jew darbtejn matul is-sajf, huma ndaf għas-sena kollha..." , l-Exiles, Tas-Sliema fil-bidu tas-seklu 20  
Meta ngħidu li l-ġisem għandu jkun nadif, irridu nfissru li permezz tal-ilma għandu jinżamm safi, jġigifieri li ma jkollu l-ebda riħa, li fuqu ma jidher l-ebda ġbir ta' għaraq li joħrog mill-ġilda, jew ta' brija li taqa' mir-ras, jew ta' ħwejjeg oħra; u li fuqu lanqas ma jingema' l-ebda ħmieġ li mhux mogħti mill-ġisem stess.

Dak il-pjaċir li tagħti l-indafa, meta l-bniedem iħossu frisk u safi, hu ħaga li min hu mrobbi tajjeb ma jstax jgħaddi mingħajrha; imma hawn nies li l-ħmieġ ifisser l-istess ħaga bħas-sħana, u l-indafa l-istess ħaga bħall-bard, u li jekk issemillhom l-ilma qishom għidtilhom "ħudu riħ".

Issib nies li l-indafa jifhmuha

mod ieħor u ssib nies oħra li jifhmuha xort'oħra. Hawn min jikkuntenta li jbill daqsxejn wiċċu u jdejh malli jqud fil-għodu, u hawn minn mhux kuntent jekk kuljum ma jissapnax ġismu kollu u jisfih bl-ilma frisk.

Hawn Malta wkoll issib minn dawk li jidhrilhom li jekk imorru jgħumu darba jew darbtejn matul is-sajf, huma ndaf għas-sena kollha. Dawn jgħidulek "jinħasel min hu maħmuġ", imma aħna ngħidu "jinħasel min hu nadif" u min jinħasel spiss juri li hu nadif u mhux li għandu ħafna ħmieġ xi jneħhi.

Il-ġilda li tiksi l-ġisem kollu bħall-libsa fiha miljuni ta' glandoli zgħar, u kull glandola tikkomunika mal-arja permezz ta' tubu żgħir. Minn dawn il-glandoli u minn dawn it-tubi ħiereg dejjem lejl u nhar, kwantità ta' għaraq, tant fix-xitwa u kemm fis-sajf (biss fis-sajf joħrog aktar) u bejn wieħed u l-ieħor joħrog għal ratal għaraq kuljum. Issa dan l-għaraq iħalli warajh ħafna materji ħżiena li l-ġilda tkun keċċiet mill-ġisem u hekk in-natura stess turi li trid tbiegħdhom mill-ġisem: jekk dawn il-materji ma jitneħħewx minn fuq il-ġilda, din tista' tixrobhom mill-ġdid u hekk jissucciedi li s-saħħa tal-bniedem tmur lura għax il-ġisem jivvalena ruħu b'dawk is-sustanzi stess li jkun keċċa. Għidna aktar lura li jekk bniedem jirrespira mill-ġdid in-nifs li jkun ġa ħareġ mill-pulmuni tiegħu



Banjijiet Rumani tal-Imġarr



"...jekk imorru jgħumu darba jew darbtejn ma tul is-saff, huma ndaf għas-sena kollha...", I-Exiles, Tas-Sliema fil-bidu tas-seklu 20

f'qasir żmien imut u l-istess jiġri jekk jerga' jdaħħal ġewwa demmu s-sustanzi ħżiena li l-ġilda tkun keċċiet; biss f'dan il-każ flok li jmut malajr, saħħtu tibda' sejra lura bil-mod il-mod.

Fil-każi tal-mard imbagħad, il-ġilda tista' tkeċċi għal ratal għaraq fis-siegħa, u jekk il-ħasil hu bżonnjuż għal min hu f'saħħtu, aktar u aktar jinħtieġ għall-marid.

Dawk li jidhrilhom li qegħdin inkabbriha, ma għandhomx jagħmlu haġ' oħra hlief jiehdu banju tork fl-ewwel okkażjoni li jkollhom u jekk ma jistagħġbux minn dak li joħroġ minn ġewwa ġisimhom meta jingħorku, ma jistagħġbu żgur minn xejn aktar.

L-ilma wahdu, l-aktar jekk ikun kiesaħ, ma jnaddafx, u għalhekk jeħtieġ li l-ilma ikun fietel jew li jkollu s-sapun miegħu.

Meta l-ġilda hi delikata ħafna u s-sapun jirritta, il-ħasil jista' jsir bil-miżhun fietel biss; imma meta s-sapun ma jagħmilx deni, hawn Malta nistgħu nużaw l-ilma kiesaħ u s-sapun is-sena kollha.

Issa li qegħdin nitkellmu fuq l-ilma kiesaħ nistgħu ngħidu li x-xjuħ u t-tfal ma għandhom qatt jiehdu banju kiesaħ mingħajr ordni speċjali tat-tabib, għax tiġrilhom ħsara kbira.

Għall-ħasil tal-ġisem, jeħtieġ li l-banju jkun nadif, (u) li jkun hemm sponża nadifa jew lufa. L-id mhix biżżejjed biex taħsel il-ġisem, għax biha ma jstax wieħed jogħrok kemm jinħtieġ, mentri l-isponża jew il-lufa mhux

biss jogħrku l-ġilda tajjeb; imma wkoll jista' wieħed jissapna lilhom flok li jgħaddi s-sapuna fuq il-ġisem. Inkwantu għall-kwalità tas-sapun, din tista' tkun dik li l-aktar tingħoġob; biss, ma għandux ikollha soda żejda, għax inkella l-ġilda tifrax. Ix-xugamani wkoll jistgħu jkunu gosti ta' dak li jkun. Hawn min iħobbhom imfelflin u ħorox, u hawn min iħobbhom lixxi u rqaq, dejjem imma, għandhom ikunu xotti sewwa u qatt nidjin.

Biex il-ħasil isir sewwa u tajjeb, l-aħjar li wieħed jagħmel, jissapna l-isponża jew il-lufa u jgħaddiha ma ġismu kollu, jiġifieri li jara li jissapna kullimkien, l-aktar il-postijiet fejn il-ħmieġ aktar jinġama' u fejn jiġi xi ftit żmerċ biex tilhqu. Meta jkun issapnat il-ġisem kollu, l-isponża titlahlaħ fl-ilma u terġa' titgħadda msoffija u bl-ilma mal-ġisem kollu biex tneħhi s-sapun. Dan it-tlaħliħ għandu jsir sewwa, għax fuq il-ġisem m'għandu jibqa' l-ebda ftit sapun. Wara dan isir ix-xuttar u dan irid ikun sewwa, għax il-ġisem għandu jinxef qabel ma jintlibsu l-ħwejjeg; għaldaqstant għandu wieħed jara li jixxotta l-aktar dawk il-postijiet li ma tantx jintlaħqu, bħal taħt l-apejtn, bejn is-swaba tas-saqajn, fil-ħofra tad-dahar u xi postijiet oħra.

Dan il-ħasil tal-ġisem jista' jsir ġewwa sponge bath (Banju ta' l-isponża) li ma għandux bżonn ikollu fih aktar minn kanna jew

tnejn ilma, u jekk wieħed ma jkollux il-kumdità ta' banju, jista' jqiegħed tnell (bath tub) ħdejn il-lavaman, u bil-wieqfa ġewwa t-tnell biex l-ilma li jaqa' mal-ġisem ma jissawwabx mal-art, b'ilma fil-friskatur kemm hemm bżonn u bi sponża f'idu jinħasel. Tnell u friskatur kulħadd għandu: għalhekk ma jista' jkun (hemm) l-ebda skuża l-għala dan il-banju tal-inda fa ma għandux jittiehed kuljum.

Il-banju kiesaħ nistgħu ngħidu li jista' jiehdu kulħadd; imma għal xi wħud mhux tajjeb. Dawn huma dawk li wara li jinħaslu bl-ilma kiesaħ ma jkollhomx dik li ngħidilha reazzjoni, jiġifieri li ġisimhom ma jergax jishon wara l-ħasil, imma jibqgħu koħol, keshin u jtertru bil-bard. Għal nies hekk (li huma ftit wisq) il-banju kiesaħ mhux tajjeb, kif anqas hu tajjeb għal dawk li jittlagħhom id-demm għal rashom, jew għal dawk li huma morda b'qalbhom.

Bħalha regola ġenerali l-banju kiesaħ lanqas ma jagħmel tajjeb lil min għandu xi ftit deni, jew rumattiżmu, jew xi marda tal-ġilda. Għal dawn, il-banji għandhom ikunu fietla. Imma jekk il-kiesah jagħmilhom ħażin, għandhom jiftakru li l-ħasil bis-sapun ma jagħmel deni qatt, u dan jista' jsir bl-ilma fietel jew bil-miżhun."

• ikompli f'ħarġa oħra

Ħajr: Leanne Ellul u Michael Spagnol (Għaqda tal-Malti, l-Università)  
Għal aktar informazzjoni u biex tirċievi r-riferenzi kkuntattja lil: [mumn@maltanet.net](mailto:mumn@maltanet.net)

# Controlled Release Silver Dressings in Wound Care

**Background:** Treatment of antibiotic-resistant bacterial infected wounds poses a major problem in wound care. The development of silver-containing wound dressings has improved the local management of critically colonised and infected wounds. Silver is a broad-spectrum agent effective against a large number of Gram-positive and Gram-negative microorganisms, many aerobes and anaerobes, and several antibiotic-resistant strains such as methicillin-resistant staphylococcus aureus and vancomycin-resistant enterococci. Unfortunately, released silver ions are cytotoxic to human cells, and there is an inherent problem balancing antimicrobial activity against cytotoxicity. Technically, this issue can be addressed by controlling silver ion release by varying the amount of available silver in the dressing, the surface area of the silver particles and the chemical composition of the silver preparation. Although all silver dressings are assumed to be safe and effective, it is important to note the ways in which silver acts physically and chemically.

**How it works:** Silver ions absorbed into the wound site, bind to bacterial cell membranes and are transported into the cell. Interfering with the membrane transport system, silver ions impede the bacterial cell's energy source and disrupt peptidoglycan within the wall, causing structural damage. Inside the cell they bind to DNA, impairing cell replication; they also bind to and inactivate intracellular enzymes. The bacterial cell is then prevented from growing or replicating, and often dies as vital components leak through a weakened cell wall.

**Physical and Chemical Properties:** Different isotopes of the same element behave the same chemically but have different physical properties, which can affect their clinical behavior. The total amount of silver in a dressing, as well as its crystalline structure, contributes to how much and how quickly silver is dispersed from the dressing onto the wound surface. If a given amount of silver is divided among a large number of smaller crystals, its chemically active surface area will be greater than when the same amount is divided among fewer, larger crystals.

**Antimicrobial Effects and Toxicity:** Silver compounds in various wound products differ in the manner and speed with which they release the bactericidal silver ions. With enhanced bacterial killing effects, there is also concern clinically that too much silver could be delivered into the tissue, resulting in adverse effects on wound healing. Three in-vitro studies have shown that the release of nanocrystalline silver from dressings is toxic to keratinocytes and fibroblasts. A comparative study of 5 different Silver dressings showed a strong inhibition of wound re-epithelialisation occurring when using 2 of the dressings. Another comparative study of 3 different silver dressings showed that nanocrystalline silver results in a fast and strong silver release, associated with significant cytotoxicity.

**The way forward:** Indiscriminate use of any material is inappropriate and product choice should be based on published scientific evidence. Although some silver product companies will boast about how much silver their dressing contains, it has still not been shown that a larger amount of silver in a dressing necessarily results in better clinical outcomes. Cytotoxic effects of silver should also be considered when deciding on wound care dressings. The choice of an appropriate antibacterial dressing should be based on the wound type and condition and on clinically applicable measures and not on any single laboratory parameter. Cost is also an important factor to guide dressing choice, considering that NHS (UK) expenditure on silver dressings in 2006/7 amounted to £25million.

**Conclusion:** Selection of the right dressing is vital for successfully managing infected wounds and those prone to infection. Besides balancing the antimicrobial action with cytotoxicity, the ideal dressing should also minimize trauma on application and removal and conform well to the wound bed. Clinical evidence and laboratory tests have shown the beneficial profile of action, of low toxicity and potent antimicrobial action, of sustained release, also known as controlled release type of silver dressings.



*Going further for health*

Tanya Carabott, P.Q.Dip.HSc (Mgmt)



Maltatoday - Paul Cocks, 10<sup>th</sup> August 2017

## MUMN calls out University for 'abuse of nursing students'

The Malta Union of Midwives and Nurses has condemned a decision by the University of Malta not to pay nursing students for their clinical placement hours in June as 'precarious'

A decision by the University of Malta to ignore any clinical placement hours logged by nursing students in June, and therefore not paying for them, was tantamount to a precarious attitude and abuse of the nursing, the Malta Union of Midwives and Nurses said this morning.

The union it was very disappointed with how nursing students were being treated by the university.

First- and second-year nursing students who as part of their studies are currently conducting clinical placements received an email stating any placement hours carried out throughout the month of June will not be taken into account regarding payment.

"This issue is unsettling for these students as a substantial amount of placement hours had already been carried out throughout the month of June, as part of the normal completion of their studies," the MUMN said in a statement.

"These students that are affected by this decision include both nursing students that are studying to obtain their Higher Diploma in Nursing Studies and a Bachelor of Science (Honours) in Nursing."

The union said that the students were only informed on the last day of their placement period and were therefore left in a state of panic.

"It is important to note that for the past years, these hours were paid for by the Department of Health in full for both months mentioned, and for both courses," it said.

The MUMN said that these problems could have quite serious repercussions, at a time when the future of the nursing courses should be considered a priority.

The government, together with the University of Malta and MUMN has been trying to increase the number of people choosing the nursing courses by offering

incentives to prospective students, such as a higher monthly stipend.

"This situation, if allowed to continue, will act as a heavy disincentive to any students considering following any of the aforementioned courses," the MUMN said.

The union said it would do anything required to ensure the nursing students get what they deserved.

"This is a form of precarious attitude and abuse on the nursing students," it said.

MUMN appealed to the Ministry of Education and the Ministry of Health to defend these students and come up with a sensible solution for these students to get paid for what they worked for as occurred in the previous years.

"We are all striving to attract more youths to the nursing profession and these decisions would surely not help through our campaign," it said.

# Regulations for the Chambray Mental Hospital - Gozo



Approved on 7th September 1933

“For this vision Minister Salvatore Borg Olivier should be kept remembered in the psychiatric section both in Malta and Gozo in particular”

In Part 1 published on March 2017 edition, I presented the first five of the Regulations for the Chambray Mental Hospital – Gozo. These were on admissions, discharges and transfer.

In Part 2 I published on June 2017 edition, I presented the duties of the Medical Board, the visiting physician, the resident medical superintendent, the chaplain, the storekeeper, the chief male nurse, the matron, the sisters, the nurses, the porter, the cooks and the servants.

This article will be on the general regulations.

## GENERAL REGULATIONS

- No person shall be allowed to visit the Hospital without a permit from the Comptroller of the Charitable Institutions.
- Relatives or friends of the patients shall be allowed to visit them, provided that there is no medical objection, on two days in the week, at such hours as shall be fixed by the Comptroller.
- In case of urgency, the Superintendent may use his discretion in allowing a departure from the previous Rule.
- Visitors may introduce into the Institution such articles for the use of the patients, as in the opinion of the Superintendent, are not open to objection. The articles shall be delivered to the chief nurse of the Division, and shall be issued to the patients under the instructions of the Medical Superintendent.
- Visitors shall be given every facility to communicate to the Superintendent or the chief nurse any observation they may desire to make with regards to the state of the patients.
- No person who is employed in the Hospital shall be allowed to take perquisites of any kind, to traffic with any patient, or to receive presents or money from the relatives or friends of the patients, or from other visitors; and any officer contravening this regulation shall be liable to dismissal from the Government Service.
- Visitors shall be warned not to offer gratuities to the nurses or servants of the Hospital, or to entrust them with money for the patients.
- Any visitor who is found to have contravened the last preceding regulation shall not again be permitted to enter the Hospital.
- The nurses shall be responsible for the keys of their respective wards.
- They shall keep the keys about their persons or in their own rooms, which shall always be kept locked.
- All the external doors of the wards shall be kept closed.
- All keys shall be delivered by the nurses in charge of the wards to the chief nurse, or his substitute before the night report is made.
- When the chief nurse or his substitute has received

the keys, he shall see that the doors to which they belong are locked.

- It is the duty of the Superintendent to select the patients who, in his opinion, can be taken out for exercise. In doubtful cases, the latter shall consult the Visiting Physician.
- Female patients shall be accompanied by a male nurse, in addition to a Sister of Charity and a female nurse.
- As a general rule, patients shall be given exercise within the precincts of the Hospital.
- Should any patient escape from the Hospital the alarm gong in the porter's quarters shall be rung, and all the officers of the Institution shall be informed of the escape.
- Notice shall be given by telephone to the Police in the towns and villages where the patient is likely to take refuge.
- Patients shall be bathed once a week and oftener if necessary. Male patients must be shaved twice a week and their hair cut once a month.
- All patients shall be searched on entering the wards after exercise, after every meal, and before going to bed.
- Patients shall not be allowed to keep any articles which may be dangerous to themselves or to others.
- Articles found on the patients shall be taken away from them as gently as possible; and when a patient refuses to give up an article, no steps shall be taken until the Medical Officer has been informed.
- Smoking is allowed during the interval between the morning medical visit and the time when the Rosary is said.
- The use of pipes and cigar-holders is allowed at the discretion of the Medical Superintendent.
- Patients who are not in the habit of smoking shall not be encouraged to do so.
- All patients shall be taken to the airing gardens as frequently as may be practicable.
- The Nurses in charge shall count the number of patients who are taken into the airing gardens and shall see that the same number return; they shall note in a special book the number of patients in the airing gardens.
- The Nurses in the gardens shall take every precaution with a view to preventing patients from escaping or causing harm to themselves or to others, or damaging the gardens.
- Nurses shall not be allowed to leave their respective places in the gardens until they have been relieved.
- In the event of a patient escaping, all the other patients shall be taken into the ward at once; and the chief nurse shall immediately inform the Superintendent of the occurrence.



- Whenever in these Regulations reference is made to the Chief Nurse in the Male Division the same rule shall apply to the Matron in the Female Division.
- On first appointment, cooks, nurses, labourers, servants and washer-women shall be required to sign a statement in the following terms:-

*"I hereby promise to obey the rules of the Hospital, not to indulge in gossip with regard to its patients or affairs, to be careful of its property, and to promote its objects as far as I am able to do so. I consider myself bound to perform any duty that may be assigned to me, although it may not be the one which I usually perform. Should anything improper be done in the Institution, in my presence or to my knowledge, I consider myself bound to report it to the Superintendent. I understand my engagement to be a monthly one, and agree to give fifteen days' notice should I wish to resign my appointment; but I admit the right of the Government to suspend or discharge me without warning, should I be guilty of any breach of the rules of the Institution. I am aware that my wages are liable to forfeiture in the event of my deserving that punishment"*

In the next and last article I will present who really was Minister Salvatore Borg Olivier. Even at our Health Department there is no images of this important person.

# Social Security Benefits in Malta in 2017

## NON CONTRIBUTORY BENEFITS

AP – Age Pension – Awarded from age 60 and is Means Tested; Means test for AP: single person – capital not exceeding €14000; Married person - capital not exceeding €23300;

Not considered in assessment: House of residence, summer residence, garage in same locality, one car (or two if the spouse has a driving licence);

If claimant or his spouse is in receipt of a National Insurance Pension, it will be deducted gross.

All other income is considered namely: Any other pension, local or foreign; Any Maintenance; Rents and ground rent; Interests and dividends.

These are added together and after deducting the amount of €270 if single and €385 if married, the weekly amount is deducted from the pension rate.

Persons in receipt of Age Pension will be entitled to EB(Energy Benefit), SPA(Supplementary Allowance), Full Cost of Living increases, full statutory Bonuses and Free Medical Aid.

## DISABILITY PENSION NOW KNOWN AS SEVERE DISABILITY ASSISTANCE

As from January 2017, two new benefits concerning the Disabled were announced namely the ISDA (Increased Severe Disability Assistance) for person who are absolutely unable to work (Barthel Scale 0-4) and DA (Disability Assistance) for person with amputations or malfunction of one arm or limb.

ISDA is not means tested while DA is means tested like SDA/BLD; ISDA rate per week is €120 which will gradually increase to Net NMW;

Severe Disability Assistance(SDA) is awarded to persons suffering from Intellectual or Physical Disability while Assistance for Visual Impairment(BLD) is awarded to the Visually Impaired. All applications with the exception of the Visually Impaired are assessed by a Medical Panel.

All personal income other than income earned through

employment is considered. Capital is not considered yet income derived is. The amount is added together and only the amount exceeding the difference between the maximum rate of SDA and the National Minimum Wage is deducted

All income and capital of the spouse is disregarded for assessment. In case of joint accounts only half the income derived is considered.

ISDA/SDA/BLD beneficiaries are entitled to full cost of living increases and full statutory Bonuses( if not in full time employment).

DA rate is the equivalent of 75% of SDA and beneficiaries are entitled to two thirds cost of living increases and full statutory Bonuses( if not in full time employment).

## SOCIAL ASSISTANCE

SA(Social Assistance), UA(Unemployment Assistance) and SUP(Social Assistance for single mothers)

Means test for SA/UA/SUP: single person – capital not exceeding €14000

Married person - capital not exceeding €23300

Not considered in assessment: House of residence, summer residence, garage in same locality, one car(or two if the spouse has a driving licence)

All Other income is considered namely: Any maintenance for self(deducted gross)

Maintenance for children(deducted at 0.157)

Rents and ground rent  
Interests and dividends

All other income

All income which is not derived from maintenance is added together. The sum of is deducted and the resulting balance is divided by 52 and deducted from the maximum weekly rate of SA(vide tables attached);

If a single mother is not forming a household of her own the rate will be 75% of SA rate. If a separated person do not have children living with him, and is not forming a household of his own, the rate of benefit will also be 75%.

As from 1/1/16, no deductions were effected in the weekly rate if there are children forming part

of the same household who are in employment. Usually for every member employed we used to deduct €16.30 per week.

Persons in receipt of Social Assistance will be entitled to EB(Energy Benefit), full rate of Children's Allowance or SPA(Supplementary Allowance), full statutory Bonuses and Free Medical Aid.

## CARER'S ALLOWANCE(CRA) / INCREASED CARER'S ALLOWANCE(ICRA)

ICRA - Single or married persons under pension age who are caring for a highly dependent patient (Barthel Scale 0-8 or Mini Mental Scale Index 0-9), in the same residence and are not in employment, will be entitled to this benefit. No means test is carried out and rate is €140 per week. Full cost of living and statutory bonuses are also paid.

CRA – single persons, under pension age, who are caring for a medium dependent patient(Barthel Scale 9 – 12 and Mini Mental 10-19), in the same residence and are not in employment, will be entitled to this benefit. This benefit is means tested as per provisions of the Social Security Act and rate can be up to €90 per week.

## SUBSIDIARY UNEMPLOYMENT ASSISTANCE(SUA)

Persons namely Irregular Immigrants enjoying Subsidiary Protection Status who are living out of the Open Centres or Detention Centres are awarded Core Benefits only which means that they are awarded Social Assistance.

Unlike persons enjoying refugee status, which are entitled to all benefits under the Social Security Act, persons enjoying Subsidiary Protection are not entitled to other benefits.

## DRUG ADDICTION (DAD)

Persons who enter a Rehabilitation Program at San Blas run by Caritas Malta are awarded this benefit at the rate of €30 per week. This benefit is not means tested.

• continued in next issue

BOV CARDS

# servizzi bankarji faċli magħmula apposta għalik

Mal-Bank of Valletta, tista' thaddem b'mod konvenjenti t-tranzazzjonijiet finanzjarji u l-htigijiet bankarji tiegħek, kull meta int tixtieq.



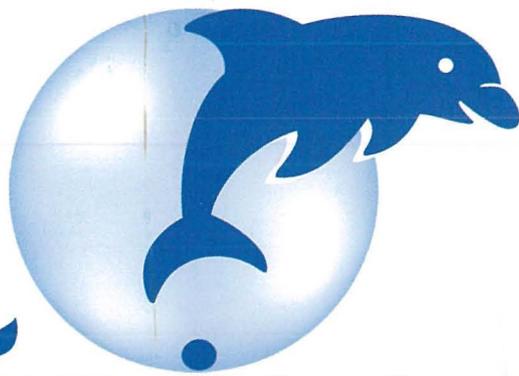
Kemm jekk ser issiefer, tagħmel ix-xiri tiegħek jew tiekol barra, il-kards tal-BOV joffrulek konvenjenza, flessibilità u serħan il-moħħ.

*Termini u kundizzjonijiet japplikaw.*

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