Il-Musbieħ

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Malta Union of Midwives and Nurses

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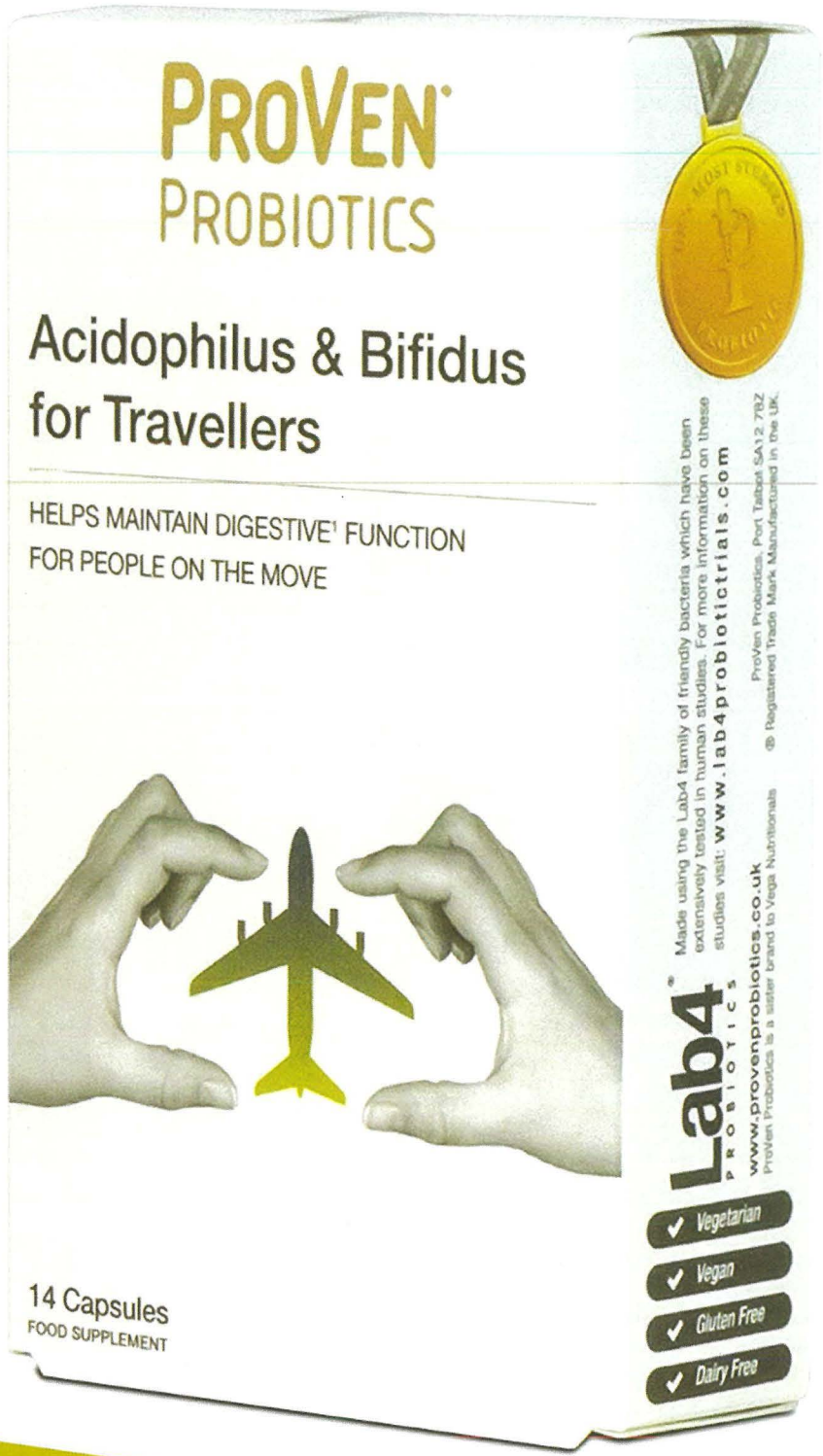

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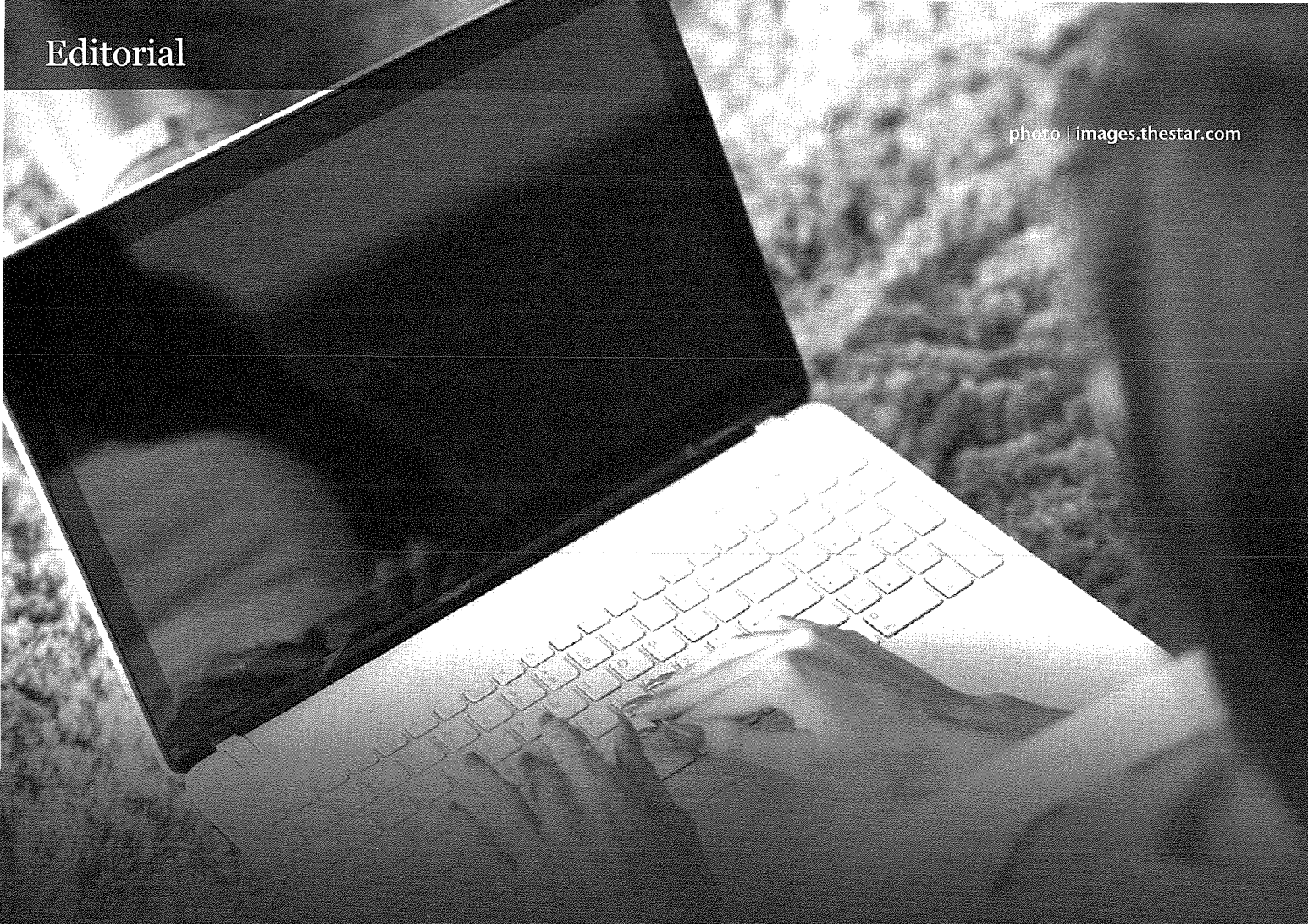

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Right to Disconnect

The confederation of Maltese unions, For.U.M., will be pushing for government to legislate in favour of workers' right to disconnect.

In essence, the law would protect a worker's decision not to review emails, messages or take work-related calls outside work hours, while on vacation leave or during sick leave.

France was the first country in the world to introduce a proper legal framework protecting a person's "right to disconnect". It all started back in 2001 when the French Supreme Court ruled that no employee is under obligation to bring the office work at home and with time as the technology developed the Court continued to modernise its ruling.

On 1st January 2017, France introduced the El Khomri law i.e. a kind of revised Labour code, Article 55 of the code mandates that the companies with more than 50 workers must have a negotiation of obligations with the employees and guarantee them the "the right to disconnect" or ignore the phone calls outside the office hours. The law is reasonably vague and doesn't restrict after-hours work communication, but rather obliges organisations to negotiate these terms clearly with prospective employees.

Why is there a need of such legislation? Anxiety Disorder: In many surveys it has been found that people having high imbalance in work life and personal life tend to suffer from anxiety related disorders more frequently as comparison to those who have better life balance. Heart related problems, loss in appetite and obesity are major health issues found among people because of long working hours as they sit continuously for long 8-10 hrs per day. Anxiety disorders are among one of the most prevalent mental, emotional and behavioural problems in the world, estimated to affect 3.6% of the global population as of 2015, or about 264 million people, according to WHO figures.

So, its only home where a person can relax and can get some time free from work related stress, and if in that time he/she gets work related calls , messages or emails, he is bound to get disturbed. Sometimes to such an extent that the person starts distancing himself from socialising very often.

Weakening Social relations: Relations can be built only through communication and spending time with people around you. And when one is not able to give much needed time to family and close ones, the relationship starts weakening. Today work pressure is so high that people rarely have time to socialise with

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Nursing Shortages "abusing the good will of the nurses"

This was the title given by Nick Triggle who is a Health correspondent for the BBC. The feeling and the sentiment of nurses which results due to the shortages in staffing levels is identical irrespective of country being either the UK or Malta. The U.K is presently registering 40,000 vacancies which is a vacancy of around one per eight nurses, while in Malta & Gozo, where vacancies are around 600 nurses, the percentage rate is around one vacancy per every seven nurses.

Analysing all the local Hospitals, MDH is by far the worst hit. To make it worst, the management of MDH has lost all kind of flexibility and tolerance by adopting measures (such as rosters) that encouraged more nurses to seek other hospitals & departments to work in. The relieving pool in MDH which has to supply nurses for the corridors, which suddenly turned into wards, is the most stressful and de-motivating area to be in. The working conditions for MDH nurses continue to deteriorate due to pressures and irrational decisions by management and the ever-increasing workload. No wonder that a large number of nurses in MDH are requesting transfers to other places of work..

On a different note is the Primary Care Department. Currently there are over 85 transfers requested by nurses in MDH to go and work to Primary Care. The figure itself speaks volumes.

Shortage is only addressed by recruitment. As MUMN, we are far from satisfied on how recruitment is taking place. But what is more worrying for MUMN is that new policies on rosters are being introduced at the detriment of our nurses and midwives and this does not apply solely to MDH but also recently in Primary Health Care where Rosters are assigned with either a take it or leave it attitude which is not fair at all.

On a different note, there are substantial infrastructural issues in various places. The wards in Mt. Carmel Hospital (especially ward 3A and 3B) and the physiotherapy department at SLH are shocking and are not even considered as clinical areas for MUMN. On these two issues MUMN have taken an active approach since no nurse or patient deserves to be in such depilated places.

The new MUMN Council embarked on several issues pertaining to Nurses, Midwives, Social Workers and other Health Care Professionals. This results in more and more work to be done. Work in the union was and will always be challenging especially when there is lack of collaboration from certain hospital managements. As MUMN we had to resort to directives because of various issues, in order to relieve the pressure on our members, since these issues were left unaddressed by the management. On a different note on some matters common sense has prevailed and certain progress has being registered.

On a more positive note, there could be a breakthrough on two important issues being the insurance for nurses working in certain areas and on the salaries of nurses re-employed after retirement. Both issues had to be tackled with the Health Minister with the collaboration of the Prime Minister. Other important challenges in the near future are the midwives' rosters and the sectoral agreements of the physiotherapists and the social workers which are also in the pipe line. MUMN would be informing its members as our work progresses.

We will soon be in the beautiful season of Summer, our wellbeing as healthcare workers is of utmost importance and even with all our work constraints and stressors, we must try to enjoy life to the full with our family and friends. Remember that taking time to ease stress and enjoy life, is important to the people you're treating, your career and your health.

Paul Pace
President

Kelmtejn mis-Segretarju Ġenerali

Dan hu t-tieni artiklu tiegħi minn meta ġie elett Kunsill ġdid tal-Union u l-ewwel wieħed minn meta beda verament jiffunzjona.

Nixtieq ngħid mill-ewwel li t-tranżizzjoni minn Kunsill għal ieħor kienet tajba ħafna biex b'hekk il-Union tibqa' miexja fi triqitha 'l quddiem fl-interessi tal-membri kollha tagħha.

L-aġenda ewlenija ta' dan il-Kunsill hija li ttejjeb il-kundizzjonijiet tax-xogħol tal-membri tagħha, jaħdmu fejn jaħdmu, huma min huma. Is-sitwazzjoni ta' kull professjoni hija differenti u hemm ċirkostanzi fejn hemm anki differenzi fl-istess professjoni però fi sptarijiet differenti.

Ħa nibda l-ewwel biex nitkellem dwar sitwazzjoni unika li tidher li ilha ġejja fuqna madwar dawn l-aħħar 15-il sena, però bdiet tfeġġ f'dawn l-aħħar sentejn u issa laħqet livelli allarmanti. Dan huwa l-isptar Monte Carmeli. L-MUMN iltaqgħet mas-Segretarju Permanenti fil-preżenza tas-CEO tal-isptar, is-CEO tal-kuntratti, periti, inġiniera u uffiċjali oħra fejn ingħatajna *timeframes* ċari u reali. Ġew involuti aktar kuntratturi, aktar ħaddiema u mmaniġġjar aħjar. B'naqra sforz ieħor għandna nkunu f'postna.

Il-Physiotherapists li jaħdmu fl-isptar Karen Grech fid-dipartiment tal-*out-patients* qed jagħmlu xogħlhom f'ambjent deprivat.

L-aġħar ħaġa hija li ilhom jiġu mwiegħda li ser isir *revamp* sħiħ tad-dipartiment għal dawn l-aħħar tlett snin. L-MUMN hija konxja li t-twaqqiegħ ta' bini u strutturi ġodda ma jsirux mill-Ilum għal għada però ma tifhimx li ma jingħatawx *timeframes* reali. Din il-kwistjoni għadha għaddejja fejn anki kellna mmorru għad-Direttivi Industrijali.

Fuq nota ġenerali l-MUMN iltaqgħet mad-Dipartiment tas-Saħħa dwar il-Ftehim Settorali tal-Allied Health Care Professionals fejn fosthom hemm il-Physiotherapists. Il-laqgħat qed isiru b'mod seperat skond il-union. Jekk is-sitwazzjoni ser tibqa' hekk, l-MUMN ser taħtaf l-opportunità biex il-Physiotherapists jinqatgħu għalihom. Jekk il-Gvern mhux kapaċi jlaqqa' lill-unions kollha involuti madwar mejda waħda, allura jkollu jaċċetta li ssir din is-separazzjoni. L-MUMN qed tħares biss l-interessi tal-Physiotherapists filwaqt li ħaddieħor qed iħares lejn l-interessi ta' 10 professjonisti kollha flimkien u li jinstab konsensus bejniethom li jkun tajjeb għal kulħadd anki jekk il-Physiotherapists ma jieħdux dak kollu li ħaqqhom għaliex ikollhom jagħmlu sagrifiċċju minħabba professjonisti oħra. Dan mhux ġust anki meta tqies li l-ammont ta' Physiotherapists jiżboq l-ammont tal-professjonisti l-oħra. Dan kollu jista' jiġi evitat permezz ta' l-MUMN. Iftaħ għajnejk u ħares fil-ġenb.

Nixtieq ngħid ukoll żewġ kelmiet dwar in-nuqqas ta' *nurses* li qed jiekolna ftit ftit. Ħafna postijiet tax-xogħol speċjalment fl-isptar Mater Dei qed jeħrqu minħabba dan in-nuqqas. L-MUMN qed taħmel li tista' biex iżżid in-*nurses* fuq il-postijiet tax-xogħol kif ukoll tipperswadi lill-Management sabiex ċertu xogħol isir minn ħaddiehor speċjalment dak

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ix-xogħol li jista' jsir mis-*supporting staff*. Sfortunatament mhux kulħadd għandu l-professjoni għal qalbu bħalma hija għall-MUMN u għalhekk f'ċertu cirkostanzi jkollna nirrikorru għad-Direttivi Industrijali sabiex nagħtu ftit nifs lil min qiegħed taħt l-ilma.

Il-Midwives qed ibagħtu minn diskriminazzjoni fil-konfront tagħhom fejn tirrigwarda r-*roster* tagħhom. Hemm min ingħata din it-*transfer* għax għandu n-nemex f'wiċċu (għalissa ħa nillimitha ruħi għal daqshekk), ħaddiehor inkisirlu ftehim li kellu mal-Management etċ. etċ. L-MUMN trid issib soluzzjoni madwar il-mejda bil-kelma t-tajba imma ma jiddependix biss mill-Union imma wkoll mill-Management. Nistennew u naraw però żgur, b'xi mod jew ieħor, trid issir ġustizzja ma' kulħadd.

L-ECG Technicians qed jiddiskutu *staff compliment* ġdid peress li n-numri tagħhom baqgħu l-istess filwaqt li x-xogħol sploda.

S'issa saru żewġ laqgħat b'animu tajjeb u b'mod kostruttiv. Importanti li r-ritmu jitħaffef biex naslu flimkien għal *staff compliment* reali li jkun jirrifletti l-ħidma proprja preżenti.

Is-*Social Workers* qed jiddiskutu Ftehim Settorali ġdid. It-triq hija għat-telgħa però konvinti li s-sens komun ser jipprevali. Il-Gvern jidher li għandu aġenda siekta li s-*Social Workers* tiegħu, jaqtgħu qalbhom u jmorru mal-Appoġġ. Dan mhux uffiċjali, anzi l-ufficcjalità hija bil-kontra, iġifieri li kull *Social Worker* jekk irid jista' jibqa' jaħdem mal-Gvern però bil-fatti qed isir minn kollox biex il-kundizzjonijiet tax-xogħol tas-*Social Workers* u s-salarju tagħhom ma jimxux 'il quddiem. L-MUMN ser tagħti ċans ta' laqgħa oħra li ser issir fi żmien ftit ġranet fejn jekk il-Gvern ma jibdilx il-pożizzjoni tiegħu, tiġi organizzata laqgħa għas-*Social Workers* kollha fejn flimkien niddiskutu u niddeċiedu t-triq 'il quddiem.

F'laqgħa li kellna mal-Onor. Prim Ministru ntlaħaq qbil li dawk in *nurses* u l-*midwives* li jirriskjaw ħajjithom waqt il-qadi ta' dmirijiethom se jingħataw l-istess ttrattament li ngħataw il-pulizija, suldati, gwardjani tal-ħabs etċ. Punt ieħor importanti li lħaqna qbil fuqu huwa li dawk in-*nurses* li komplew jaħdmu wara s-sena ta' l-irtirar tagħhom ser igawdu wkoll mill-Ftehim Settorali. Il-punt dwar il-Festi Pubbliċi għadu ma ġiex riżolt u ser ikun hemm aktar taħdidiet fuqu. Inżommukom infurmati hekk kif ikun hemm aktar dettalji.

Internament beda eżerċizzju importanti fejn saret reviżjoni ta' numru ta' kumitati fosthom dak li jmexxi l-*Learning Institute for Health Care Professionals* kif ukoll ser issir elezzjoni għal Group Committees ta' MDH - Midwives u Nurses, kif ukoll dak ta' MCH.

Aktar 'il quddiem ikun imiss postijiet oħra tax-xogħol però ridna nibdew b'dawk li kellhom l-aktar ħtieġa.

Għal-lum ser nieqaf hawn għax parlajt biżżejjed. Nirringrazzjakom għall-fiduċja tagħkom fl-MUMN. Flimkien persważ li naslu.

Colin Galea
Segretarju Ġenerali

Nurse, patella!

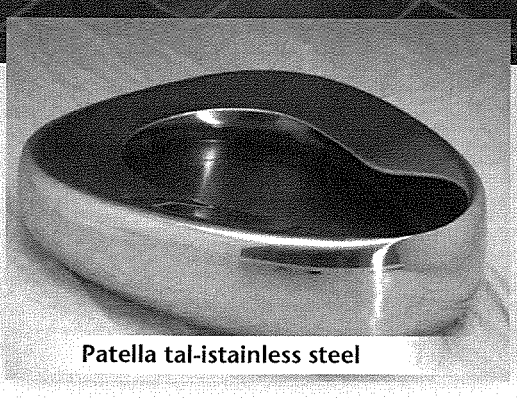
Sluice room antika

Min jaf kemm smajniha din! Imma għadna nisimgħuha daqshekk? Donnu minn mindu daħlu d-nappies fl-isptarijiet, il-pazjent ma baqax jiddependi wisq fuq l-użu tal-patella. Din għalhekk kellha l-konsegwenzi u anke l-vantaġġi tagħha. Ċertu pazjenti pero', speċjalment fl-ortopedija, l-użu tal-patelli baqa' regolari.

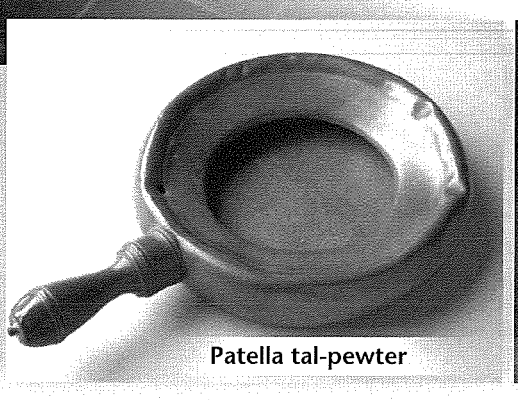
Ma rridux ninsew ukoll li dari l-użu tal-patelli kien aktar popolari minħabba l-fatt li f' ħafna mill-mard fl-isptarijiet, fl-anzjani u anke nisa li għadhom kif welldu, kienu jinsistu li ma jinżlux mis-sodod tagħhom minħabba xi riskji jew konsegwenzi għal-saħħithom. L-immobilta' fis-sodda għal-tul ta' żmien kienet sagrosanta u għalhekk kellhom jagħmlu l-bżonnijiet tagħhom fis-sodod.

Minn ma jiftakarax il-bedpan rounds, speċjalment fis-swali tannisa, b'dak il-karru l-kbir? Min ma jiftakarx il-ħoss ta' patella taqa' fl-art fis-satra tal-lejl u tqajjem sala sħiħa? Min ma jiftakarx il-ħasil tal-bedpans mill-istudenti, mill-health assistants u anke minn nurses, qabel daħlu l-King flushers (bedpan washers) fl-Isptar Karen Grech? Kienet invenzjoni sabiħa din tal-flushers imma bil-wear and tear, maż-żmien kienu spiċċaw bl-ebda waħda minnhom ma taħdem sew!

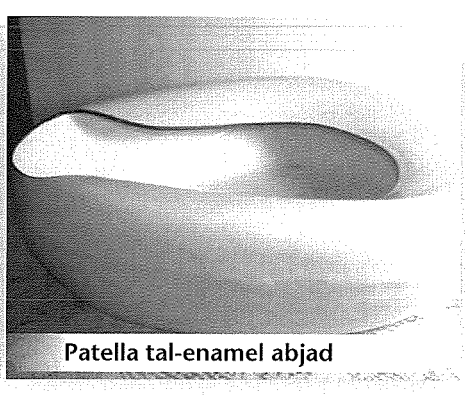
Qatt ma kien faċli li tpoġġi patella taħt xi ħadd, speċjalment meta kien



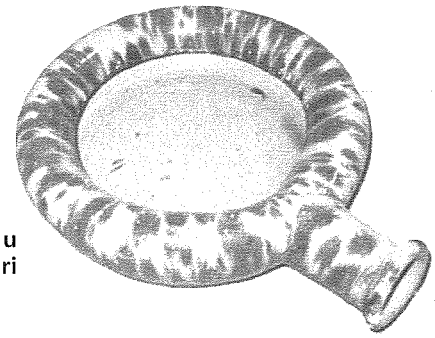
Patella tal-istainless steel

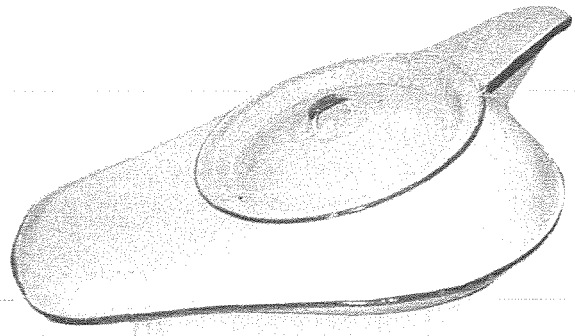


Patella tal-pewter



Patella tal-enamel abjad





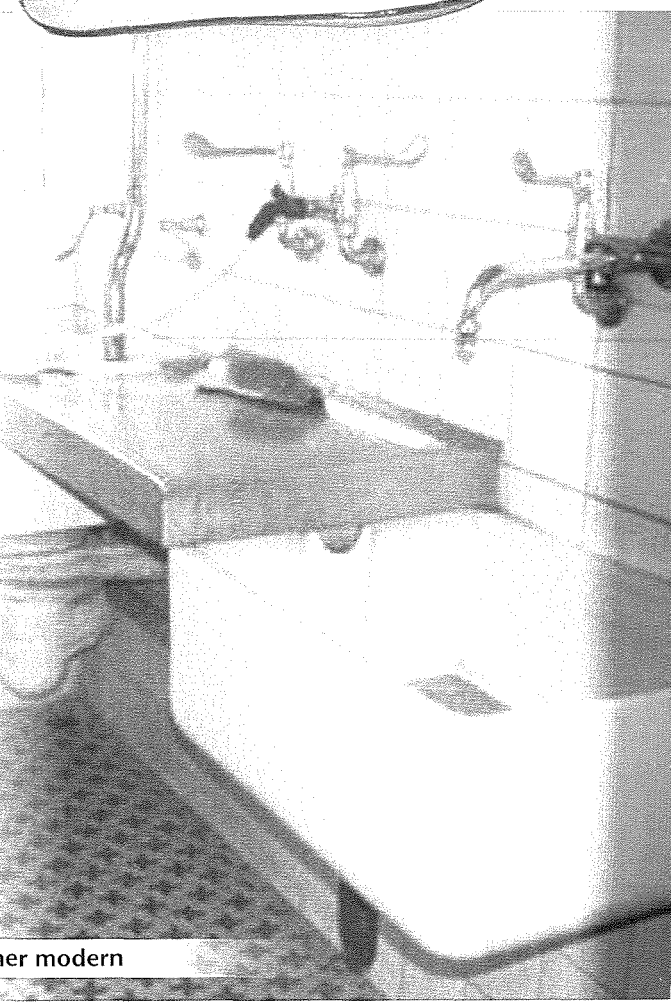
Żewġ patelli bi stil u forom partikolari

ikollok pazjent jew pazjenti ta' piż kbir u mhux l-ewwel darba li tpoġġiet patella bil-maqlub minn xi ħadd b'inqas esperjenza. Mhux l-ewwel darba lanqas li ħarbet xi patella minn taħt xi ħadd u li l-konsegwenzi ta' wara kulħadd jaf x'inhuma!

Jidher li l-kelma patella ġejja mit-Taljan padella (taġen), għax fil-verita' hekk qisha speċjalment meta l-patelli l-antiki kellhom il-manku. L-użu tal-patella jmur lura ħafna snin fejn qabel is-seklu 19 il-patelli kienu jkunu magħmula minn metalli bħall-pewter u r-ramm. Lejn l-aħħar tas-seklu 19 il-patelli kienu magħmula mill-porċellana, miċ-ċakkuf u anke mit-tafal u damu jintużaw anke sas-seklu 20. Fil-bidu tas-seklu 20 kienu bdew isiru mill-enamel u wara mill-istaineless steel. Il-bidla għall-plastik u disposables oħrajn seħħet fis-sittinijiet.

Kien hawn anke patelli msejħa fracture bedpans (kultant imsejħa slipper bedpans) li kienu pjuttost goffi imma aktar komdi, fejn uħud kellhom bħal-zennuna biex jitnaddfu aħjar jew anke manku biex jinġarru.

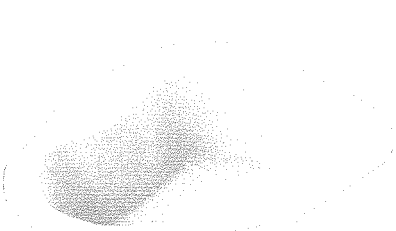
Illum hawn ukoll bariatric bedpans li huma b'saħħithom hafna, magħmula mill-graphite biex jifilħu pazjent ta' madwar 400 kilo. Il-futur tal-bedpans huwa l-pulp bedpans fejn dawn jintużaw darba mill-pazjenti u jinqerdu f'macerators speċjali fis-sluice rooms. B' hekk ikun hemm biċċa wġieħ ta' ras inqas f'dak li għandu x'jaqsam ma infection control.



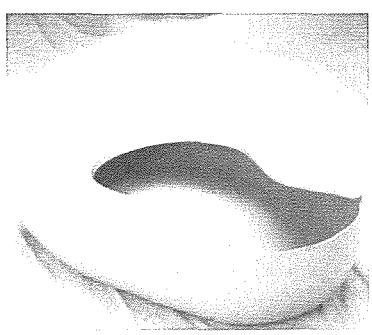
Bedpan flusher modern

Interessanti li bedpans antiki Illum jiġġemmgħu u saħansitra ssibhom fi ħwienet tal-antika' u anke flea markets. Il-prezz tagħhom ivarja skont meta nħadmu, xi stil għandhom, minn użhom u l-kwalita'. Eric Eakin mill-Amerika għandu kollezzjoni ta' 250 patella u anke urinals, waqt li mara oħra li biegħet il-kollezzjoni tagħha ta' 150 bedpan lill-Guinness Book of World Records ġabret is-somma rekord ta' 150,000 Dollaru Amerikan.

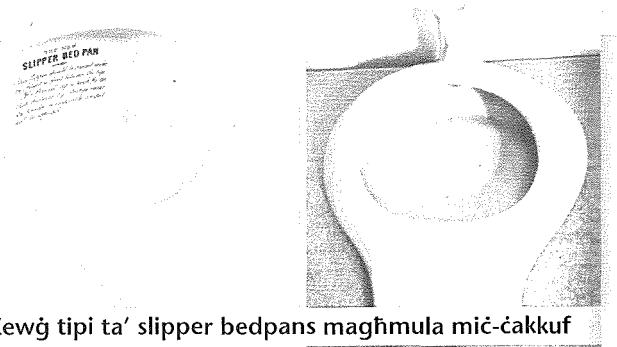
Joe Camilleri



Il-pulp bedpan



Patella tal-plastik



Żewġ tipi ta' slipper bedpans magħmula miċ-ċakkuf

NHS nurse who offered Bible to cancer patient 'rightly sacked' for her religious fervour

A nurse who offered a bible to a cancer patient and encouraged him to sing The Lord is My Shepherd was fairly dismissed, a court has ruled.


Nurse Sarah Kuteh

Sarah Kuteh was given the sack from her job at Darent Valley Hospital in Dartford, Kent, in 2016 for repeatedly talking to patients about her faith and handing out a bible, in breach of Nursing and Midwifery Council (NMC) rules.

A ruling, published last week by the Court of Appeal, stated that on June 3 2016 a patient at the hospital had complained about Ms Kuteh's conduct.

The court heard how the patient likened the incident to a 'Monty Python skit', which he said was 'very bizarre' - in which she encouraged him to sing along with Psalm 23 with her.

The ruling, which upheld a decision that she was fairly dismissed by the Dartford and Gravesham NHS Trust, stated: "On 20 June 2016, the Complaints Department noted a call from a patient being treated for cancer concerning his assessment by the Claimant on 3 June 2016.

"He had replied 'open minded' to the question on the form concerning religion and alleged the Claimant had told him that the only way he could get to the Lord was through Jesus.

"(She) told him she would give him her bible if he did not have one; gripped his hand tightly and said a prayer that was very intense and went 'on and on'; and asked him to sing Psalm 23 [The Lord is My Shepherd] after which he was so astounded that he had sung the first verse with her.

"He described the encounter as 'very bizarre' and 'like a Monty Python skit'.

The court documents also point to a number of other incidents, in which Ms Kuteh told a bowel cancer patient in April 2016 'that if he prayed to God he would have a better chance of survival'.

Another complaint, again in April 2016, came from a patient who said Ms Kuteh 'spent more time talking about religion than doing the assessment', and another, the same month, came from a patient who said they didn't want to see Ms Koteh as they 'didn't like preaching'.

Miss Kuteh, a 50-year-old mother of three, was suspended from her job in June 2016 and sacked for gross misconduct in August the same year, with her dismissal upheld by an employment tribunal later the same year.

She appealed the ruling of the tribunal in 2017, but failed in her bid to have her sacking overturned, but was allowed to work as a nurse again in July last year after her working restrictions were lifted by the Nursing and Midwifery Council.

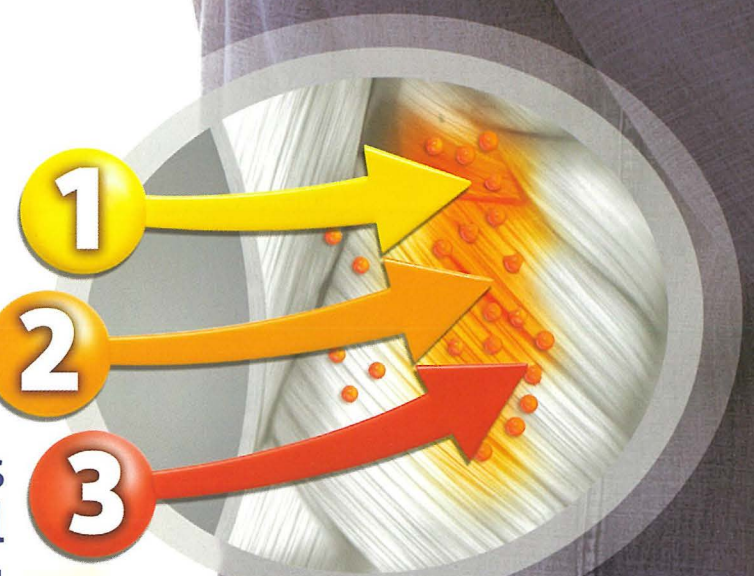
Ms Kuteh, however, appealed for a second time against her sacking to the Court of Appeal - saying the employment tribunal had "failed to consider the correct interpretation of the NMC Code and the distinction between appropriate and inappropriate expressions of religious beliefs".

She also said the tribunal had failed to acknowledge that Article 9 of the European Convention on Human Rights - Freedom to manifest one's religion or beliefs - was "applicable" and to "consider the fact-sensitive distinction between true evangelism and improper proselytism".

Judges at the Court of Appeal, however, rejected the nurse's most recent appeal, saying she was not unfairly dismissed in a ruling published last week.

The Christian Legal Centre - which represents Ms Kuteh - said she is currently in discussion with her legal team to consider her next step.

Penetrates deep to relieve pain



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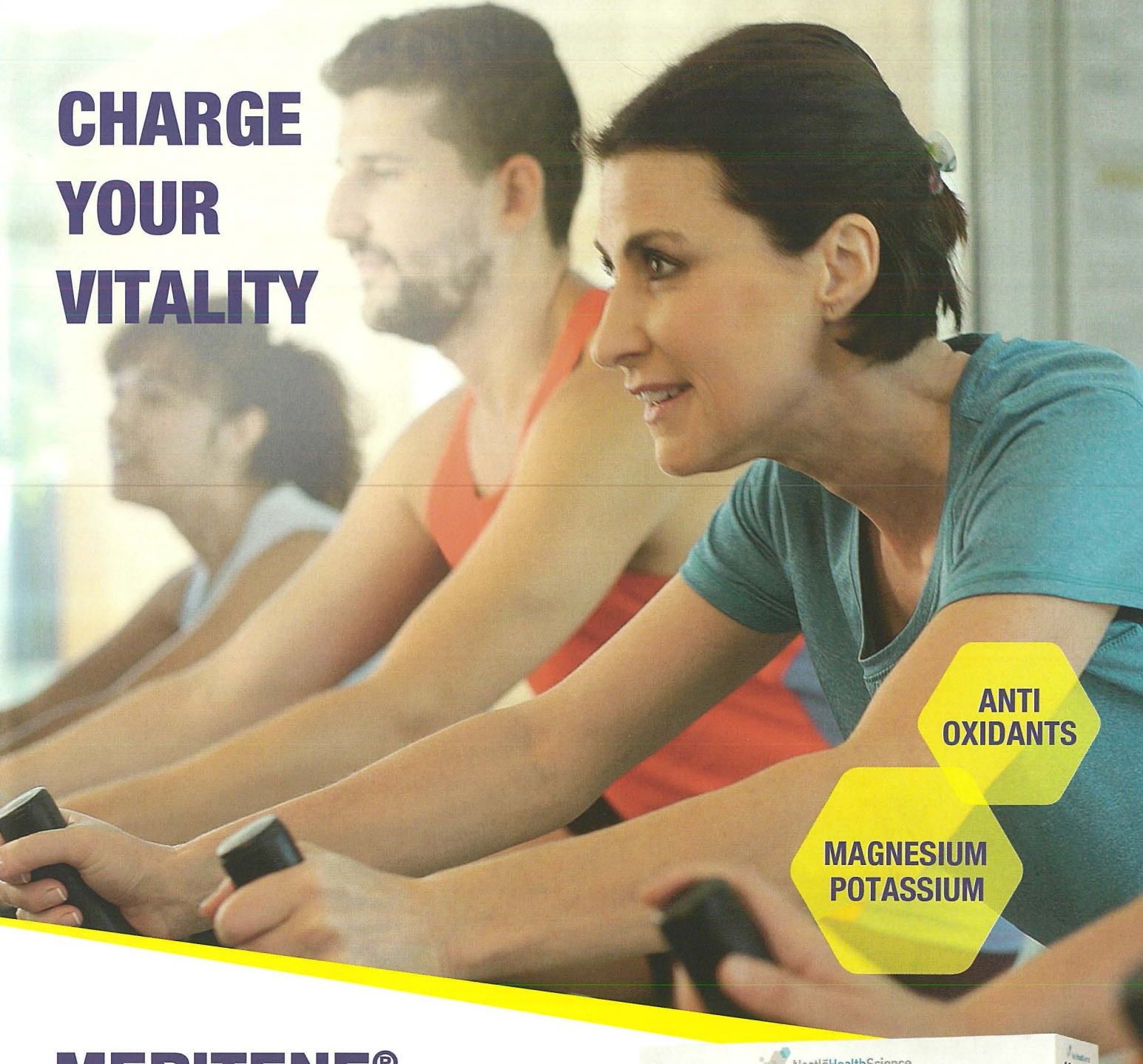

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Hoping that the situation will not be so busy in your homes and that you find time to do at least a walk between meals, remember, if you wish to get back into shape, you need to start from doing some physical activity and follow these simple tips given by our dietician Mirko Cirolli:-

Drink water only! Drinking alcohol is harmful not only due to the high calorie content (7 Kcal/ml), but also it could damage your liver, thus to get back into shape drink plenty of water. Your liver, muscles, skin, kidneys, and your body in general will reap the benefits. In addition, drinking water increases the sense of satiety and you will eat less!

Introduce healthy foods! After the festive excesses, your body may naturally crave light and healthy foods, therefore, cucumbers, cauliflower, cabbage, brussels sprouts, spinach and even broccoli seem more appealing. When doing your shopping, choose fruits and vegetables and healthy snacks, such as yogurt and natural unsalted nuts.

Eat moderately! Try to eat 5 to 7 little meals a day, at least 3 portions of vegetables and 2 fruits a day. During the main meals try to reduce processed carbohydrates like white bread and pasta, by replacing them with whole grain products like, barely, oat and whole rice. **Never skip protein source, otherwise you will lose your lean mass!** If you feel hungry, have a salad and include a protein source, like tuna, wild salmon, eggs or cold legumes. It is also recommended to consume legumes at least 5 to 6 times in a week in order to rebalance your microbiome by eliminating harmful substances accumulated. You should not consume cheese more than 3 times in a week, and do not consume eggs and red meat more than 1 time weekly. Malta is rich in fresh fish; feel free to have even 5 portions of wild fish weekly!

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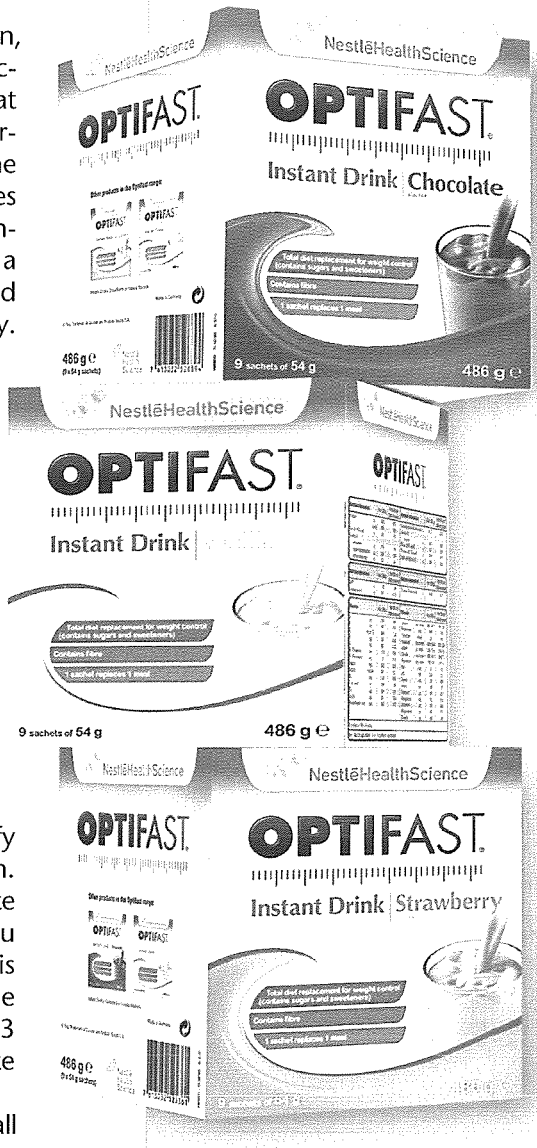

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This article has been brought to you by:
Mirko Cirolli
BSc (Hons.) Dietetics(Italy) MSc Human Nutrition (Rome, Italy)
Business Developer Nestlé Infant Nutrition & Nestlé Heath Science

Editorial

• continued from page 4

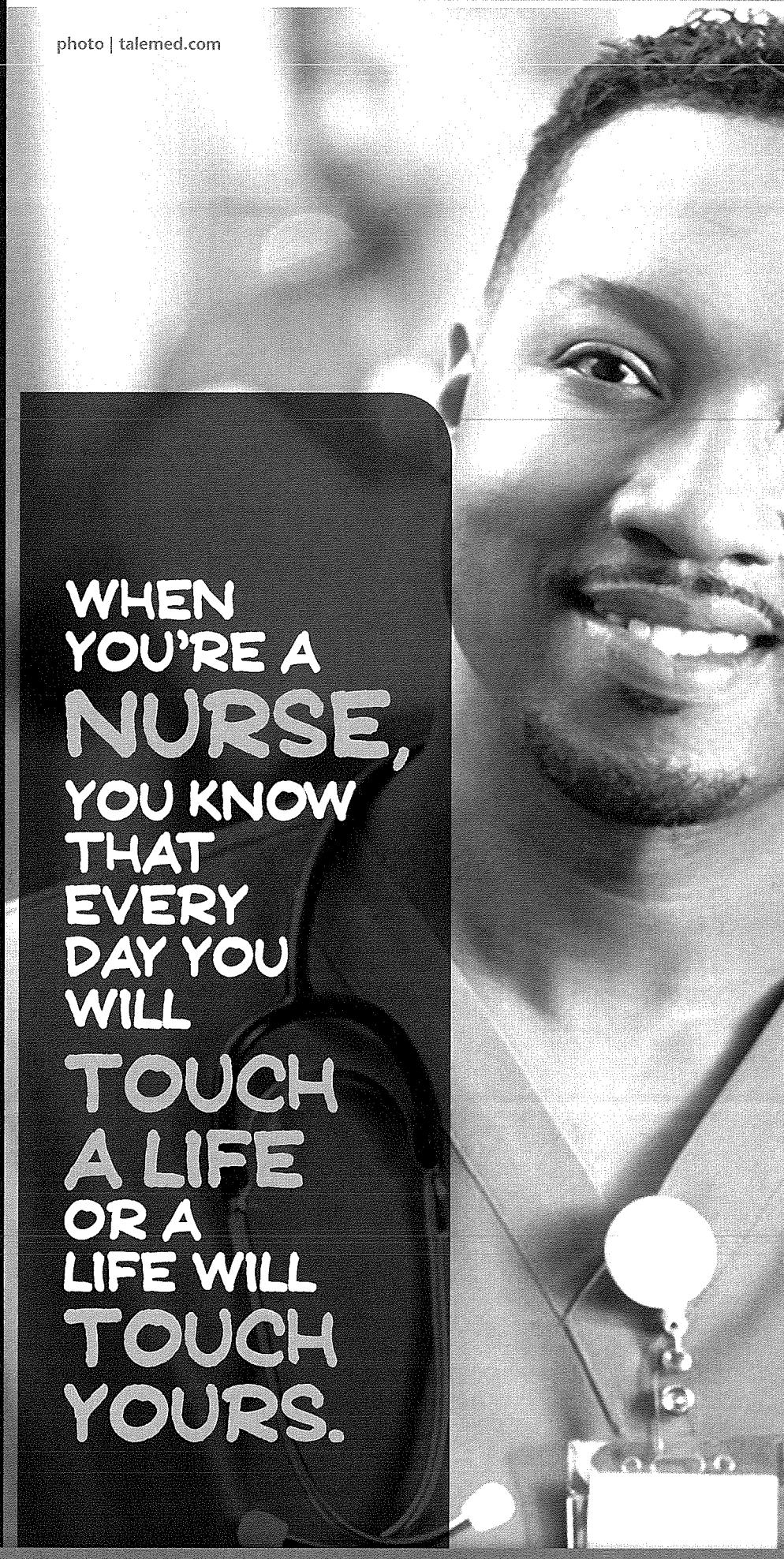
other. According to a survey, it is found that 90% of the divorce and separation cases arise in families where people have less time to spend with each other without being disturbed.

No Down Time: Every one of us at some point need relaxation from work life. One is not supposed to work continuously without a break. There is always a need of entertainment and fun in life to rejuvenate. How one can relax when boss is constantly reminding you of the pending work or a presentation next day. To be able to enjoy and find relief one needs free mind which isn't possible now-a-days due to work pressure.

Too much screen time: After spending the entire day brooding at the computer screen, one needs some no-technology time. Due to constant staring at computer and mobile screens, eye drying and itching are some common problems faced by people, not to mention the bigger issues we hear about every other day on the drawbacks of overusing technology. People can for once ignore other attractions that their alluring smart phones offer but once it comes down to work, there is no denying attention.

Lack in Performance: People can only perform best when there is a proper balance between work and private life. Until and unless there is high work pressure they are not capable of performing to their best capability. It has been found that people who disconnect work after office hours and spend good time relishing with friends and family or enjoying a sport of their choice, actually performed better than those who put in extra hours to work and stayed connected even while at home

A survey carried out by For.U.M. among 527 members found that 97% of respondents work after hours; 95% said they checked their emails during weekends whilst 82% admitted to checking their emails during family times such as during dinner or on vacation. This right needs to materialise as soon as possible.



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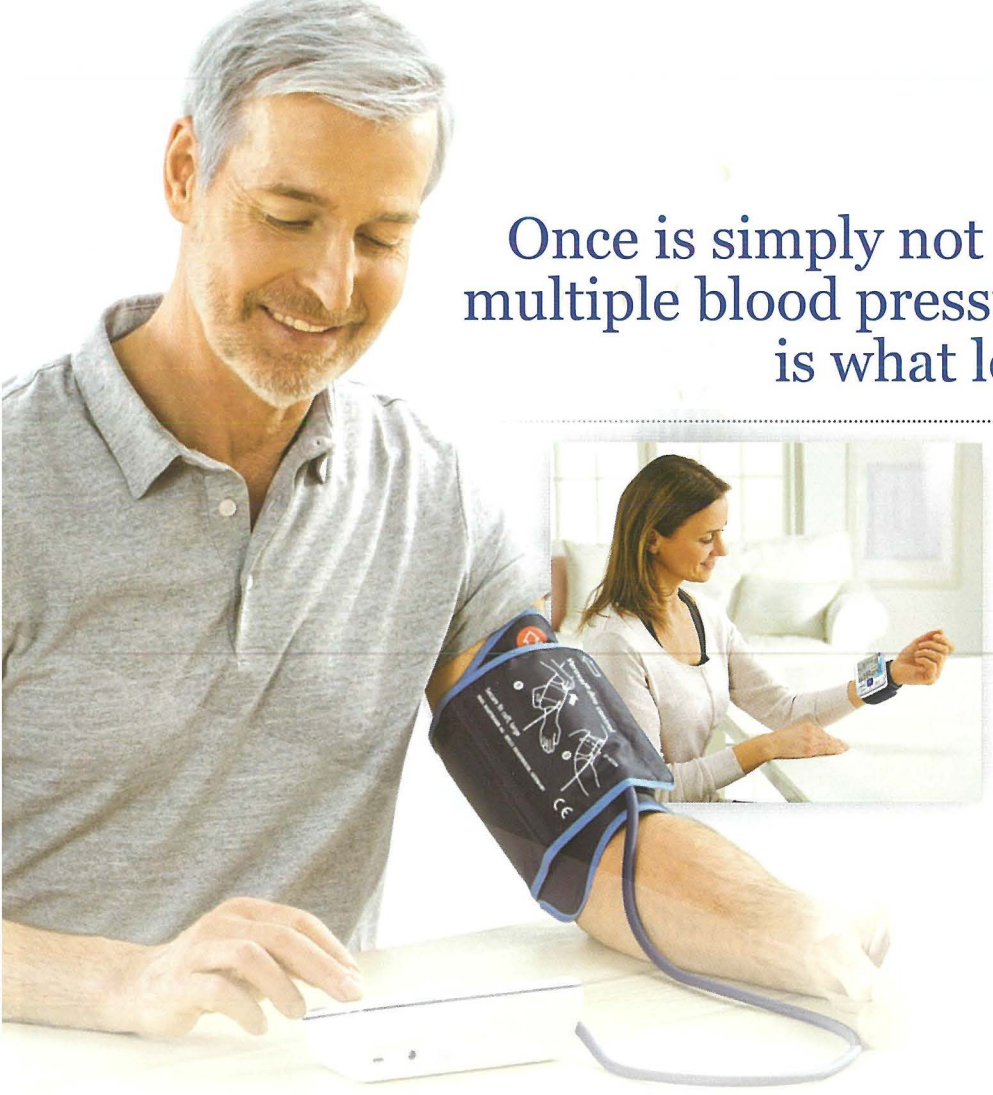
Once is simply not enough - why only multiple blood pressure measurements is what leads to a diagnosis



Pinpoint blood pressure problems despite a myriad of popular symptoms

The diagnosis of blood pressure problems is key to understanding the symptoms. Diagnosing blood pressure problems is not always so straightforward. Symptoms such as headaches, face flushing, dizziness, vision problems, chest pain or fatigue relate to many illnesses. There is no single indicator or symptom of too high or too low blood pressure. The only way to diagnose blood pressure problems is through regular check-ups.

However, a single measurement of high blood pressure is not yet a diagnosis of hypertension or hypotension. In order to find out if a person really suffers from blood pressure problems, the European Society of Cardiology recommends at least two measurements per day over a period of seven days must take place.

If the values are elevated, health professionals suggest time intervals for regular check-ups that range from every four weeks to three months. Only consistently elevated values indicate the diagnosis of hypertension.

According to a recent study by the German Robert Koch Institute, 20% of the people affected are completely unaware that they suffer from too high blood pressure. Another 28% decide against any treatment. The authors estimate that half of all heart attacks and strokes would be avoidable if the blood pressure problem had been treated. A study by the Epidemiologisches Bulletin 5/2015 suggests that a mere 52% of concerned people are successfully treated. The "silent killer" with its fuzzy symptoms is among the population's greatest sources of health-related problems.

Put yourself in charge and measure your blood pressure at home

The most common home measurement devices are either for the upper arm or the wrist. Upper arm monitors come with an inflatable cuff and a monitor, wrist monitors mostly come with an elastic wrist band and a monitor.

It is important to find the right blood pressure monitor for home monitoring since the device is used frequently. Cuffs must be applied on bare skin which might be more of a hassle in winter. Wrist bands are easier to apply though the position of the wrist must be at heart level. This is given with upper arm cuffs.

The golden rule for any type of domestic blood pressure monitors is - **it has to be clinically validated**. Everything else isn't reliable.

A quick and easy way to ensure that your blood pressure monitor fulfils the requirements are quality seals, e.g. by the German Hypertension League, the European Society of Cardiology or the British Hypertension Society. You might also want a device that keeps an eye on your cardiac arrhythmias. The European Society of Cardiology strongly recommends that devices should be validated according to standardized conditions and protocols.

Various apps on mobile phones promise to check the blood pressure, but their results are anything but accurate, clinically not viable or recommendable in general. Using an app, however, is a good method to track the results for better comparison by your family doctor afterwards. Alternatively, you may want to use your device's software or app to record your values.

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from our diary

MUMN 1996
Malta Union of Midwives and Nurses

MUMN embarked on an aggressive manner to market the Nursing profession in amongst students

A European Federation of Nurses Meeting where all the Nursing Unions/Associations meet to discuss and decide on Nursing policies

Forum Unions Maltin organised an EU parliament election debate for all its members

New MUMN Council met with H.E. President of Malta (photo: Austin Tufigno - DOI)

On. Minister for Gozo paid a visit to the MUMN display during a career fair organised in Gozo (photo: Terry Camilleri - MGOZ)

The Pensioners Group Committee organised a very interesting outing for its members

New MUMN Council met with On. Deputy Prime Minister and Minister for Health

The Electoral Commission is counting the votes for the election of the new Council

By Alan Selby

More than 300 overworked NHS nurses have died by suicide in just seven years

Heartbreakingly high suicide figures reveal the struggle nurses face on a daily basis

More than 300 nurses have taken their own lives in just seven years, shocking new figures reveal. During the worst year, one was dying by suicide EVERY WEEK as Tory cuts began to bite deep into the NHS.

Today victims' families call for vital early mental health training and support for young nurses – and an end to a "bullying and toxic culture" in the health service which leaves them afraid to ask for help in their darkest moments.

One mum – whose trainee nurse daughter Lucy de Oliveira killed herself while juggling other jobs to make ends meet – told us: "They're working all hours God sends doing a really important job. Most of them would be better off working in McDonald's. That can't be right." Lucy was left with just £6 to live on each month and worked at a pizza restaurant and a care home to make ends meet

Shadow Health Secretary Jonathan Ashworth has called for a government inquiry into the "alarming" figures – 23 per cent higher than the national average – from 2011 to 2017, the latest year on record.

"Every life lost is a desperate tragedy," he said. "The health and wellbeing of NHS staff must never be compromised."

His call is backed by the Royal College of Nursing (RCN) which wants the Government and NHS do more to stop up to 54 nurse suicides a year.

RCN chief Dame Donna Kinnair said: "Nursing staff experience high levels of stress, a shortage of colleagues and long working hours. Our members repeatedly say their employers ignore or disregard mental health issues. They feel they 'should cope'. We must all redouble our efforts to support nursing staff."

The figures, from the Office for National Statistics, show 305 killed themselves over the seven-year period. Data revealed 32 suicides were recorded in 2017. This was down from 51 nurses aged from 20 to 64 in 2016.

But the highest total was 54, recorded in 2014. And a recent study has shown female nurses are more at risk of suicide than other professions.

The family of Laura Hyde – an A&E nurse at Derriford Hospital, Devon, who took her life at 27 in August 2016 – want mental health training for nursing students and a 24-hour helpline at every trust.

Her cousin Liam Barnes, who launched the Laura Hyde Foundation to fight for this, said: "Nurses love caring for people. Laura was selfless. But they are in a constant cycle of trauma.

"Paediatric nurses are telling parents their children have died. They're seeing car crash victims and horrific injuries daily. Constantly exposed to regular trauma, they forget to look after themselves."

Lucy de Oliveira, 22 – daughter of Liz and Barnabe – died by suicide in 2017 while training in Liverpool.

Liz, 61, said a "toxic culture" meant younger nurses never asked for help, afraid mental health issues would be a blot on their record. She said: "Senior staff say 'We did it, knuckle down'. It's like saying, 'I worked in a factory at 12.'

Just because you did it, it doesn't make it right. There's a bullying you wouldn't expect in the NHS."

During her training, Lucy wasn't paid. Her bursary covered her "grotty" accommodation leaving her with £6 to live on a month.

"On top of three 12-hour shifts at hospitals she was working at a pizza restaurant and a care home," says Liz, of Kidderminster, Worcs. "I can't bring Lucy back. All I can do is make sure there's change as a legacy for her."

The family of Laura Hyde, who took her life at 27 in August 2016, want mental health training for nursing students and a 24-hour helpline at every trust

In 2016, nurse Ann Burdett, 51, killed herself after becoming stressed at work at the Royal Stoke University Hospital.

The 51-year-old had made two previous suicide attempts that saw her referred to mental health services on May 19, her second attempt. But just a week later she was dead.

Her fiancé Andrew Ward, 49, said she also had family issues. But he added: "Everybody should be aware of the stress involved in working for the health service.

"There should be some sort of website or blog within the health service where people can vent their anxieties or give advice to others. It would be a solution if there was a mentor system."

The RCN said guidance at work was not good enough, and conditions were getting worse for overworked

"a recent study has shown female nurses are more at risk of suicide than other professions"

nurses with a national shortage of 40,000. Dame Kinnair said: "The Government and all NHS bodies must take a detailed look at why female nurses are much more likely to take their lives than male counterparts."

The Department of Health and Social Care said: "The NHS will shortly set out its response to recommendations which will improve mental health support for staff, including access to a dedicated confidential helpline."

SAFETY PLAN THAT COULD HELP TO SAVE MORE LIVES

COMMENT by Dr Alys Cole-King of 4 Mental Health

There is rarely one cause for suicide, though specific pressures female nurses face may increase their vulnerability.

Nurses experience a range of stresses and have significant responsibilities with high expectations. They may work under pressure in difficult circumstances. And like many others in healthcare, nurses may avoid talking about stress, mental ill health and suicide.

Female nurses may have a greater role at home, and may struggle to care for themselves while caring for both their patients and their own families. Such non-stop pressure may take its toll on their mental health. Financial worries and debt have also been linked to suicidal thoughts.

Suicide is thankfully rare, but of course always tragic. It is important to know that people considering suicide can be supported through their distress to recovery. Being compassionate and having confidence to talk to someone in distress and motivate them to get help, can all have a positive impact.

> "Paediatric nurses are telling parents their children have died. They're seeing car crash victims and horrific injuries daily. Constantly exposed to regular trauma, they forget to look after themselves."

As well as tackling NHS work pressure, nursing students should be taught more about dealing with the emotional burden of caring for others. As well as the technical side of training, self-care should be given equal status to other aspects of training. All nurses should be encouraged to make a Safety Plan, a mental health equivalent of putting on a car seat belt. A Safety Plan is a personal set of things to help keep someone safe in times of distress including who to contact for support if needed. "

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The Learning Institute for Healthcare Professionals

Welcome to all the readers from the new Chairperson of the Learning Institute for Healthcare Professionals. As you know a new Council has recently been elected a few months ago and I have been chosen to chair this institute. For that I am very glad and grateful to my colleagues within the committee who have recommended me and seconded me to be here today.

photo | unomaha.edu

As you are all aware, the MUMN has always strived to keep nursing and midwifery in the forefront and to promote continuing professional education, and this, especially since the last committee, has been one of our highlights. Our aim is to keep health care professionals up to date with the latest literature, in touch with the realities of nursing, healthcare and even other life challenges that we all go through during our work and family life. Continuing education and lifelong learning is a big agenda in all life settings nevertheless in healthcare, where knowledge, skills, techniques, procedures and equipment are evolving rapidly on a daily basis, this is even more fundamental. Knowledge is power and where there is knowledge there is evolution, growth and development.

The new committee is made up of a number of members who are all very knowledgeable in their areas of practice and work and are all leaders at their place of work. Our expertise includes an accumulation of knowledge and skills from various areas and that will ensure that we will start to offer a variety of courses, lectures, seminars and conferences that deal with various and varying aspects of healthcare. We already have a number of ideas that we will share with you shortly, once they are formalised, however, we still encourage members to bring forward new ideas depending on your tastes, needs and requirements. We are also building a new website where we will be able to advertise our events and where you will be able to find a structured calendar of events. This will be disseminated to you once it is finalised. Through this website you all will be able to contact us, ask us questions and send us any suggestions that you might have with regards to lectures, courses or conferences that you may wish. Our idea is to offer online booking facilities and a website which can be a reference to all professionals who would like to organise an event. We will also be striving to offer accredited courses developed by our institute and by other accredited institutes in order to you offer all healthcare professionals an educational platform. In this we have already started working and will always aim to improve on it.

Briefly, the LIHCP aims to offer a platform of education, source of knowledge and wealth of skills in order to empower all healthcare professionals become better practitioners, offering safe, up-to-date and research-based knowledge in order to upgrade all the services offered to our clients. To contact the chairperson you may send an email on chairpersonpihcp@gmail.com or you may call 79848125 or 99822288. Once the website is up and running an online contact form will also be available.

Thank you and may we all strive to get better for the benefit of our clients

Geoffrey Axiak
Chairperson LIHCP

Maltese Association of Psychiatric Nurses

On its 13th birthday, the Maltese Association of Psychiatric Nurses launched a new website. This website represents not only the association, but it's a testimony to the birth and upbringing of Psychiatric Mental Health Nursing in Malta and the achievements of these last 13 years.

Psychiatric Mental Health Nursing in Malta evolved at a time when there was a general recognition on the need for specialized nurses to work with people suffering from mental health difficulties and mental illness. The University of Malta played a key role in this regard, by introducing a direct entry diploma in Mental Health Nursing in 1994.

However, the formation of mental health nursing was not without its hurdles. There was a huge and lingering stigma in mental health; the state psychiatric hospital remains a conventional institution with its political and provocative issues, and mental health nursing remains a complex speciality, perhaps due to insufficient numbers of nurses qualifying in psychiatry and general nurses working in mental health.

On the 11th of May 2006, a group of nurses, who had just obtained their degree in mental health, very much aware of the mentioned limitations to our profession, formed a coalition with the help of an international psychiatric nurse advisor, with the intent of advancing the psychiatric mental health nursing profession in Malta and with the aim of promoting the concepts of "Awareness, Education and Recognition". This was the birth of the Maltese Association of Psychiatric Nurses (MAPN), with Mr Kevin Gafa being the founder and first president of the association.

The objectives of the association are: To improve and recognize the roles & standards of Psychiatric Nursing in Malta; To represent the special interest of Psychiatric Mental Health Nurses in Malta; To liaise with other stakeholders in the improvement of mental health care; To empower nurse leadership in mental health; To provide information and education about mental health.

During these 13 years, the MAPN has worked hard in meeting these objectives and concepts. First and foremost, in collaboration with the University of Malta, it arranged a structure on how nurses without qualifications in mental health, can obtain the necessary training, professional development and supervision to work in mental health, in a safe and accountable manner. This proved to be a successful endeavour, with almost 200 nurses having now a qualification in mental health.

Moreover, the MAPN was instrumental for psychiatric mental health nurses to obtain their warrant. This was achieved in 2011, with most psychiatric mental health nurses receiving a warrant as a professional recognition in mental health.

In the meantime, the MAPN took several steps to increase the profile of psychiatric nursing locally. This involved a wide array of activities, from

voluntary mental health promotional activities to involvement in professional and educational events, conferences and seminars. This presents a long list, with topics including Cognitive Behavioral Therapy, Suicide, Substance Misuse, Research, and Mental Health Interventions. Several other educational activities were held in collaboration with the Practice Development Unit at Mount Carmel Hospital, including training on Emotional Intelligence, the use of Synthetic Drugs, The Therapeutic Relationship and Nursing Assessment.

MAPN has a long standing history with Horatio European Psychiatric Nurses Association, being one of the original founding members. MAPN has over the years organised 3 international Festivals in Malta (2012, 2014 and 2017), which were all highly attended and still talked about to date. Malta, represented by MAPN, has successfully managed to elect representatives on the Board of Horatio with the latest being Dr Alexei Sammut (current Vice President of MAPN).

In May 2016, Mr Pierre Galea was elected president of the association, after a 10 year presidency by Mr Gafa. Mr Pierre Galea focused on the psychiatric mental health nurses standards and in April 2017, the association published and launched a unique document for Maltese Psychiatric Nurses, the Standards. This document, which give a sense of pride not only to the association but also to every nurse who works in mental health, represent a collective effort of every mental health nurse in Malta, and gives a snapshot of the role of the mental health nurse, with guidance and direction for nurses, students and other professionals who are interested our work.

The MAPN has an established alliance with MUMN. Apart from our contribution to the Musbieh magazine, the association always liaised with MUMN on issues regarding trade matters, legal advice and work dealings. MUMN has always been a great source of support to MAPN, who always offered their assistance in publication, distribution, suggestions, use of facilities and organization of events.

Over the years the MAPN has also been vigilant regarding the appropriate coverage of mental health issues and events on the local and social media and their impact on stigma. The association reacted to press releases when it was felt this was our role, in order to educate, inform and direct the media and the local public.

The MAPN has been involved in the development of the mental health services in Malta, also since nurses are part and parcel of the same services. It is an active partner in discussions that influence mental health issues, with particular interest to the nursing profession. It is affiliated with other organizations to suggest and guide the services in such a way as to improve the quality of service provision to those individuals with mental health problems and who require our care.

In the current local climate, of a mental health strategy being introduced for a much needed change, MAPN continues to present their ideas, listen to nurses, service users and other professionals, and collaborating with stakeholders in the improvement of mental health provision.

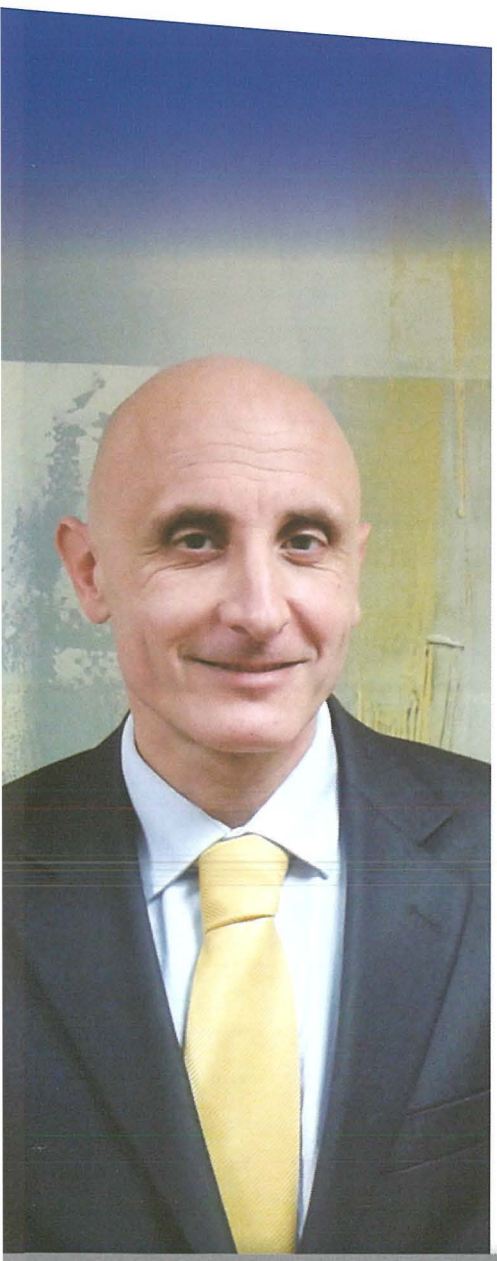
The MAPN aims to empower nurses to be part of the strategy and offer support and advice with regard to the profession. Change can be challenging and frightening. However, great things never come from comfort zones and we cannot become what we want by remaining what we are. In life, nothing is permanent, except change. You can ask those group of psychiatric nurses, who 13 years ago decided to form the Maltese Association of Psychiatric Nurses.

Pierre Galea
President – Maltese Association of Psychiatric Nurses
For further info please log on @ www.mapnmalta.net

Will my pension be enough?

by Mario Farrugia

Retirement is a phase in life which most people look forward to. And after years of hard work, most people imagine themselves living in a comfortable manner, at least at the level of comfort enjoyed prior to retirement. But will that be the case?



It is an accepted fact that a person will require at least two thirds of pre-retirement income in order to maintain the same level of lifestyle upon retirement. While some might argue that old age would bring new additional costs, these will be largely offset by other costs which end upon retirement, mainly the end of bank loan repayments, which usually do not go beyond retirement age, as well as commuting costs amongst others. However, not everyone will be eligible to receive two thirds of their current income, mainly for the fact that the state pension is capped. In fact, as at 2019, the maximum pensionable income stands at €24,194 for those born after 1962.

This will provide a maximum state pension of €16,129. It therefore stands to reason that all those persons earning more than €24,194 will be short of their two thirds state pension. The higher their income, the higher the shortfall. Based on our accepted argument, a person earning €30,000 would require an income of €20,000 upon retirement in order to maintain their pre-retirement lifestyle, of which only €16,000 will be provided by the state as at 2019, leaving a shortfall of €4000 for a seamless transition towards retirement or else having to take the difficult decision to let go of the lifestyle one would be accustomed to. Unless one has other sources of income, going into retirement will result in a financial shock.

For these reasons the government through the Ministry of Finance has in recent years introduced tax incentives for private individuals opting to invest into a private pension in Malta. As from 2019, these tax incentives have become even more attractive whereby an individual may be eligible for a 25% tax rebate on a private pension contribution of €2000 for a maximum tax credit of €500 p.a.

A private pension cannot be accessed prior to a person reaching 50 years of age and not later than 75 years of age. The aim of such limitations combined with the tax incentives is to ensure as much as possible that an individual gets to retirement age with a pot of savings to supplement the state pension. When the time arrives to access the private pension plan, 30% of the pot is payable to the individual as a lump sum tax free, while the remaining 70% are receivable by the pension plan holder over a number of years based on the individual's age and life expectancy. The annual receivable amount is taxable as part of the person's annual income and in accordance to the income tax rates as stipulated by the Inland Revenue Department.

A further development on private pensions has been the extension of the same tax incentiveswhich are applicable to private individuals to corporates and employers. Meaning that employers will be eligible to receive the same tax credits for contributions for their employees towards a workplace pension. Better known as Voluntary Occupational Pension Schemes, or Workplace Pensions, these usually work best when contributions are effected by both the employer as well as the employee.

Workplace pensions are an effective tool for employers to gain an edge over competition to attract the best talent in the market as well as to try to keep their best employees from leaving their job. This is more so true in this current day and age whereby the demand for specialised and skilled workers is very high and supply is low. Workplace pensions are usually transferable from one employer to another whenever a person changes jobs. Workplace pensions are already being negotiated as part of new collective agreements, and going forward this is set to be on the increase and eventually a standard clause in every agreement.

Mario Farrugia FCII is a Fellow in Insurance and a Chartered Insurance Practitioner with 30 years experience

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in banking and insurance. He currently heads the Bancassurance business at Bank of Valletta p.l.c.

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NHS vacancies a 'national emergency'

by Nick Triggle, BBC Health correspondent

The shortage of NHS staff in England has started worsening again, official figures show.

One in 8 posts is vacant with the situation particularly bad among the nursing workforce.

Experts described the situation as at risk of becoming a "national emergency" given the rising demands on the NHS.

It comes after sustained efforts by ministers and NHS bosses to tackle the shortages, including a new pay deal and recruitment and retention campaigns.

ANALYSIS: 10 CHARTS ILLUSTRATING NHS WOES

The latest figures have been published by the regulator, NHS Improvement, for the April to June period.

They showed: 11.8% of nurse posts were not filled - a shortage of nearly 42,000

9.3% of doctor posts were vacant - a shortage of 11,500

Overall, 9.2% of all posts were not filled - a shortage of nearly 108,000

This is slightly worse than this time last year and comes after improvements at the end of last year and start of this year.

The difficulties facing hospitals, ambulances and mental health services mean spending on temporary staff is going over budget.

Tom Sandford, of the Royal College of Nursing, said the report painted a "bleak picture", pointing out that the number of nurse vacancies had risen by 17% in the past three months alone. "The government must immediately investigate this sudden spike."

Siva Anandaciva, chief analyst at the King's Fund think tank, said the shortage of nurses was at risk of becoming a "national emergency".

Chris Hopson, head of NHS Providers, which represents NHS trusts, said services were "most worried" about the vacancies given the situation had started deteriorating.

He said the NHS was facing a "triple challenge" of increasing demand, growing workforce shortages and pressure on finances.

Alongside the workforce figures, the quarterly report showed that a deficit of £519m was being forecast for this year, although that is lower than it has been for the previous three years.

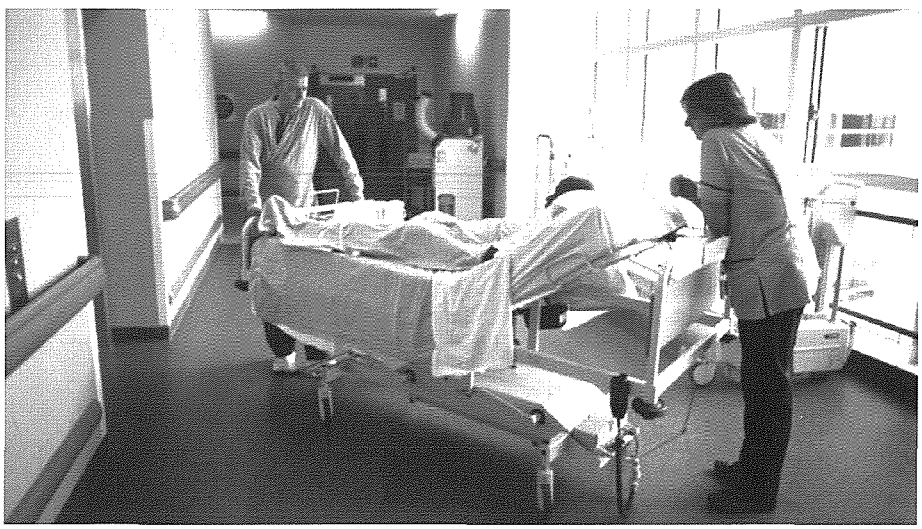
It comes as waiting-time targets for A&E and planned operations continue to be missed.

NHS Improvement chief executive Ian Dalton acknowledged that staff were working "extremely hard to cope".

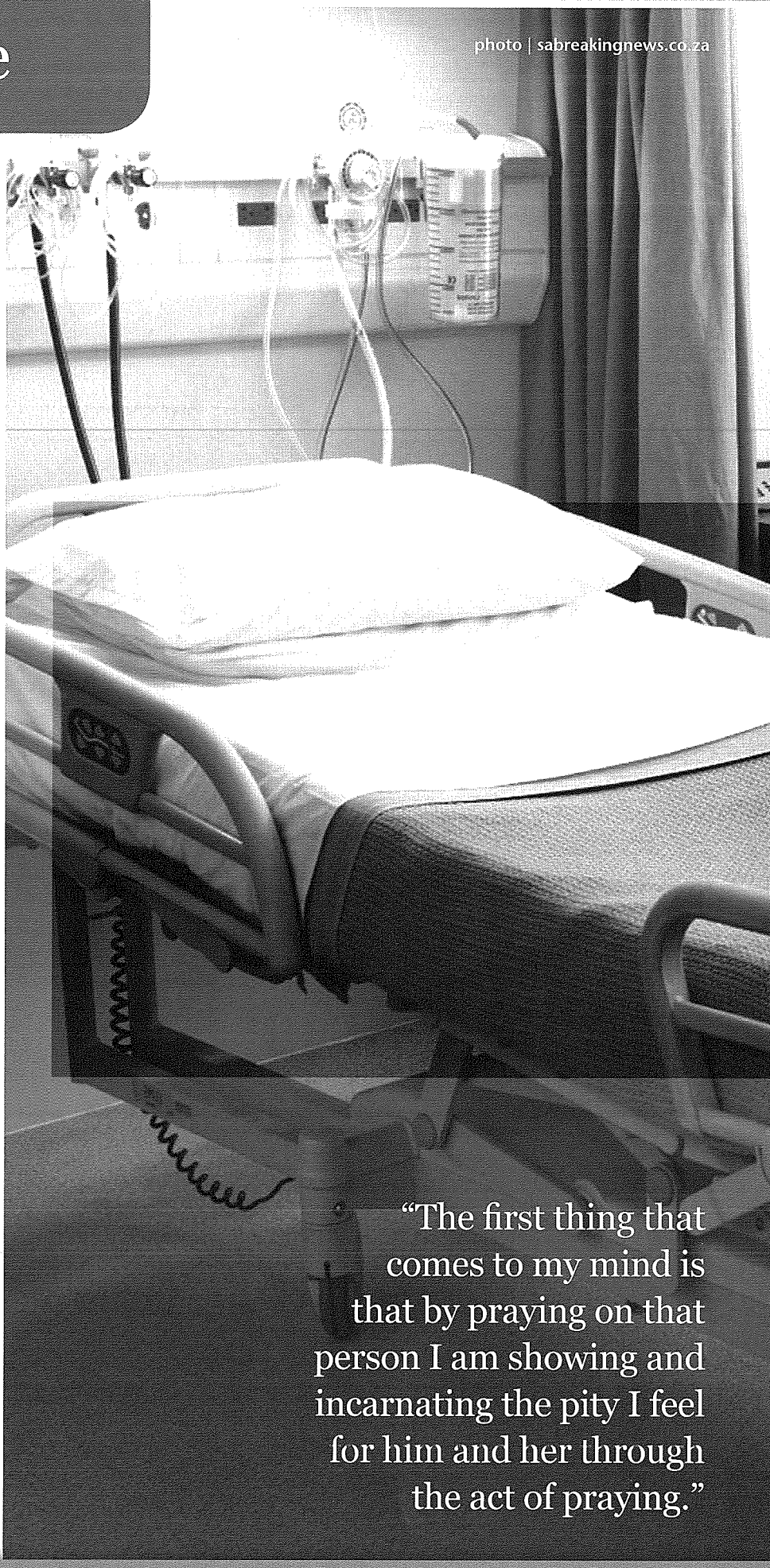
But he said steps were being taken to relieve the pressure, including a concerted effort to get patients out of hospital more quickly with the help of services in the community.

And a Department of Health and Social Care spokesman praised "hard-working" staff and said despite the pressures the NHS was still providing "world class" care.

Alongside the pay rise, he also pointed out that the number of training places for doctors, nurses and midwives was increasing by 25% in the coming years.



Please Father do pray for me



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This has been the recurrent refrain that people lodge at me during my hospital visits. After that the person has practically unloaded what is troubling him and her at that moment there comes the painful cry: *Please Father do pray for me!*

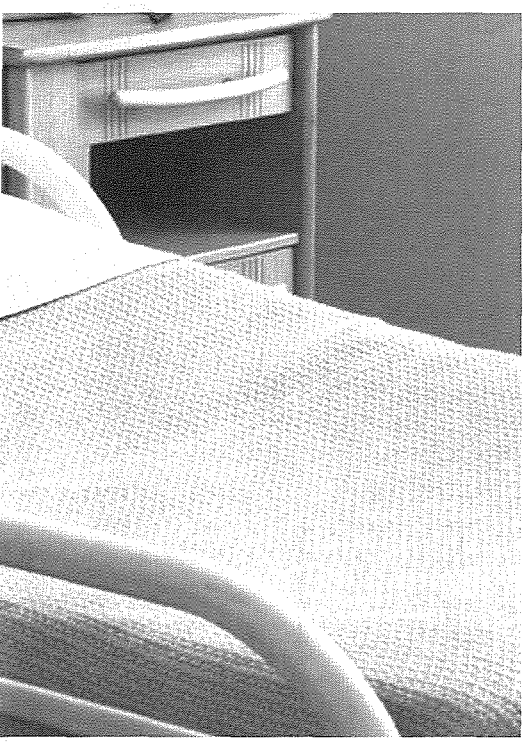
But how did Jesus react before a suffering person? Here I am gently reminded of the impromptu speech given by Pope Francis during his apostolic journey to Sri Lanka and the The Philippines, precisely from 12 till 19 January 2015. While meeting the Young People on Sunday January 18 2015 at the Sports field of Santo TomÃ¡s University in Manila, the Holy Father told them:

"The great question for everybody is: 'Why do children suffer?'. Why do children suffer? Only when our hearts can ask this question and weep, can we begin to understand. There is a worldly compassion which is completely useless. You said something about this. A compassion which, at most, makes us reach into our pocket and take out a coin. If Christ had that kind of compassion, he would have passed by, cured three or four people, and then returned to the Father. Only when Christ wept, and he was capable of weeping, did he understand our troubles. Dear young men and women, our world today needs weeping. The marginalized weep, those who are neglected weep, the scorned weep, but those of us who have relatively comfortable life, we

"The first thing that comes to my mind is that by praying on that person I am showing and incarnating the pity I feel for him and her through the act of praying."

don't know how to weep. Certain realities of life are seen only with eyes that are cleansed by tears...

In the Gospel, Jesus wept. He wept for his dead friend. He wept in his heart for the family which lost its daughter. He wept in his heart when he saw the poor widowed mother who was burying her son. He was moved and he wept in his heart when he saw the crowds like sheep without a shepherd. If you don't learn how to weep, you are not a good Christian. And this is a challenge. ... Why do children suffer? Why does this or



that tragedy occur in life? Let us respond either by silence or with a word born of tears. Be brave. Don't be afraid to cry!"

It has been happening all along in my life and ministry as a hospital chaplain to weep. Shedding a tear at a patient's bedside. Especially if that patient has been suffering so much during his agonizing journey from here till s/he reaches the Heavenly Jerusalem. But, I must say, that pastoral praxis taught me to make another step, precisely that of praying on the patients. Somebody remarked to me that I have been gifted in doing so whereas others helped me recall the ordination I have received as a priest some fifteen years ago.

Which other way it goes the answer has been crystal clear for me: as a hospital chaplain I am intrinsically called to pray on people. Principally as a member of a Religious Institute which appartains to the cenobitic monastic tradition. Historically speaking nonmedical healing through prayer is inherent in monastic life. In fact nonmedical healing within a hospital context comprises prayer, invocation of the name of Jesus; laying on of hands; and the application of holy water, holy oil and the sign of the cross. Thus, religious healing is not limited to the apostles' ministry but, and thanks be to the Holy Spirit's action, it remained an essential component of Christian life.

For monastics the capacity to heal through prayer was both an unearned gift as well as a responsible cooperation with that gift, praticulary by ascetic excellence. For instance Palladius, writing of his monastic experiences of the late fourth century aptly relates the capacity for healing religiously to monastic excellence. When talking about Benjamin he writes:

"In this mountain at Nitria, there was a man Benjamin who had lived eighty years and attained the height of ascetic perfection. He was deemed worthy of the gift of healing (*charisma iamatÃ³n*), so that every one on whom he laid his hands, or whom he blessed and gave oil, was cured of all sickness".

In the first centuries of the Church it was widely believed that the prayer of a powerful monastic was strong enough to cure natural illness. Ancient Christian history tells us that Egyptian private letters from the early fourth century unfailingly show that the prayers of a monastic could work also at a distance. The case in point would be the letter a certain Valeria wrote to the monastic Apa Paphnutius around the year 340.

"I ask and beg you, most honored father, that you request [help] for me from Christ and that I receive healing. Thus I believe that I recieve healing on account of your prayers ... For I am beset by a great sickness, a terrible difficulty in breathing. Thus I have believed and do believe that if you pray on my behalf, I receive healing".

Furthermore monastic healers used blessed substances like oil and water so that the Holy Spirit could heal the persons on whom they prayed on. Thus in the *Historia Monachorum in Aegypto* we read of a monastic pilgrimage that occurred around the year 394.

"The blessed John [of Lycopolis] himself did not perform cures publicly.

More often he gave oil to the afflicted and healed them in that way. For example, the wife of a senator who had lost her sight through developing cataracts on her corneas asked her husband to take her to the saint. When he told her that the saint had never spoken with a woman, she begged only that he should be told about her and offer a prayer for her. This he did, and moreover sent her some oil. She bathed her eyes in the oil only three times and on the third day regained her sight and publicly thanked God".

Blessed water by monastic was also applied in this way. This is evidenced in the Pachomian *Letter of Ammon*, which is a letter from a former Pachomian monastic (Bishop Ammon) to Theophilus

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Please Father do pray for me

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the patriarch of Alexandria. In this letter we have an ample description of Theodore's use of water for healing a young girl who had purportedly been poisoned.

"Amid the sound of a crowd of men and women weeping near the monastery " for [the girl] was expected to expire " the child's father came from the opposite bank, carrying a silver cup filled with water ....

Theodore took the cup, looked up to heaven and prayed with tears, and made the sign of the cross of Christ over the water. The child's father took the water and went to his house with the crowd. After three or four hours he returned ...

He said, 'My brothers were able by force to open the corners of my daughter's mouth and pour in a small portion of the water. Immediately there was an abundant excretion below and the girl was saved".

It is interesting to point out that results of prayer were not considered in themselves the sign of the prayer's efficacy. These ancient texts attest to the fact that prayer by a monastic was inherently good, irrespective of its consequences. In the second Sahidic *Life of Pachomius *we thus find the following:

"If it happened that the sick person was healed be applied a [religious] remedy to him, he did not pride himself on it, knowing that the power came not from him but from the Lord who dwelt in him. On the other hand, if he applied a remedy to someone without obtaining a cure, he was not saddened or disheartened, but blessed the Lord".

Amazingly enough Saint Athanasius describes Saint Anthony's frequent failure to heal.

"And with those who suffered [Anthony] sympathized and prayed " and frequently the Lord heard the prayers he offered on behalf of many people.

And Anthony was neither boastful when he was heeded, nor disgruntled when he was not; rather, he gave thanks to the Lord always. He encouraged those who suffered to have patience and to know that healing belonged neither to him nor to men at all, but only to God who acts whenever he wishes and for whomever he wills".

So, to conclude, when someone approaches me and tells me: *Please Father do pray for me! *the first thing that comes to my mind is that by praying on that person I am showing and incarnating the pity I feel for him and her through the act of praying. Secondly, the phrase *Please Father do pray for me! *reminds me also that it is my mission, first and foremost as a consecrated person to God and then as a hospital chaplain, to pray on sick people. Thirdly, the phrase *Please Father do pray for me! *encourages me to look for the God of healing rather than the healing of God. Hence, effective results are not the point of prayer whereas the fidelity to pray, irrespective of the desired or non desired outcome, remains the rule.

Fourthy, the phrase *Please Father do pray for me! *helps me realise that the Lord uses substances like oil, water and the laying on of hands to show us that our limited cooperation is essential if we want to see God's healing Spirit at work.

Fr Mario Attard OFM Cap

Electronic Cigarettes

What the health care professional should know

Every year, on the 31st May, the World Health Organisation (WHO) and its global partners celebrate World No Tobacco Day. This annual campaign presents an opportunity to raise awareness on the harmful effects of tobacco to its users and those around them, with the aimof discouraging the use of tobacco in any form.

Most smokers are indeed interested in quitting smoking,[1] with the motivation to quit being very high among in-patient smokers.[2] Around 50% of those who smoke would have had attempted to quit in the past 12 months,[1,2] however these do not always succeed despite trying an array of options.

Recently, Public Health England has suggested that smoking cessation practitioners and health professionals receive education and training in the use of e-cigarettes for smoking cessation as an add-on to the provision of behavioural support.[3] However both the European Public Health Association (EUPHA) and WHO state that there is lack of quality scientific evidence to suggest that e-cigarettes may assist most smokers to quit.[4,5] Moreover, their use has not been established to be safe.[4,5]

This article aims to provide a brief outline on e-cigarettes while imparting knowledge to health care professionals.

The electronic cigarette

Electronic nicotine delivery systems (ENDS), better known as electronic cigarettes or e-cigarettes, are devices that heat a solution (e-liquid) to create an aerosol, usually composed of propylene glycol or glycerol and flavourings, generally with nicotine.[4] This is then inhaled by the users, in a process called 'vaping'.

Although e-cigarettes are considered to be a single category of products, they can differ significantly in the production of toxicants and delivery of nicotine.[5] Since their introduction on the market, three generations of e-cigarettes have

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been released: first-generation 'cigalikes', second-generation 'tank systems' and third-generation 'personal vaporizers'.

The latter generations may be either closed and open systems. Unlike closed systems, open systems provide a customisable vaping experience by increasing the degree of control that users have over the e-liquid used and the voltage and resistance applied to heating the e-liquid, amongst other additional ventilation features.[5] The degree of control that open systems provide, and the user's puffing style can determine whether or not there is a speedy delivery of sufficient nicotine to mimic the sensory feel of smoking.[5]

E-cigarettes have not been deemed to be a safe product

The typical use of untouched e-cigarettes produce aerosols that are generally composed of glycols, aldehydes, volatile organic compounds (VOCs), polycyclic aromatic hydrocarbon (PAHs), tobacco-specific nitrosamines (TSNAs), metals, silicate particles and other elements.[5] Dicarbonyls (glycoxal, methyglyoxal, diacethyl) and hydroxycarbonyls (acetol) are also found in e-cigarettes' aerosols.[5]

E-cigarettes come in many flavours, with adolescents and adults generally preferring the sweet flavours.[6] Most of the flavourings used in e-cigarettes are deemed to be safe by the U.S. Food and Drug Administration only when ingested (i.e. as flavourings used in food). The majority have not been studied for safety when inhaled.[6] Infact the presence of diacethyl, which is found in most flavoured samples, has been found to cause the lung condition 'popcorn lung'.[8]

Moreover amongst non-smokers there is a growing concern on the possible adverse health effects of being exposed to e-cigarettes' aerosols. The Maltese Legal Notice no. 22 of 2010 (Simulating Cigarettes or Tobacco Regulation) in the Tobacco (Smoking Control) Act (Cap. 315) states that any substitute to a conventional tobacco product (thus including e-cigarettes) must comply with the Tobacco Act and its regulations.[9] Hence, e-cigarette users must comply with the Tobacco Act, which for example prohibits the use of a tobacco product in indoor public places. Similarly, other European countries have also enacted laws/ regulations which prohibit the use of e-cigarettes in public places. In spite of such regulations, a recent European survey reveals that 31.0% of the total participants had seen people using e-cigarettes in general public places, while 19.7% had seen others using e-cigarettes in indoor places where it is forbidden.[10] Using an electronic cigarette may expose non-users to the constituents (or toxicants) of the e-cigarette aerosol that include propylene glycol and nicotine.[11] Short-term passive exposure has been found to result in mild ocular, nasal and airway symptoms that persisted up to 30 minutes.[12] Further research is needed to investigate long-term health implications.[12]


photo | henryfordlivewell.com

When compared to conventional cigarettes, the chemical analysis of carcinogenic profiles and association with health parameters indicate that e-cigarettes convey a lower potential disease burden than conventional tobacco cigarettes.[13] However it is premature to speculate on how harmful vaping is when compared with smoking, as much remains subject to interpretation[8] and e-cigarettes have not been in the market for long.

It is likely that most e-cigarettes are less harmful to human health than conventional cigarettes, however this does not mean that e-cigarettes are a safe option.[4,5,8] Risk of harm depends not only on the brand, batch, or preferred flavour, but also on other factors such as: the heating capability of the e-cigarette; the vaporizer; how worn out the e-cigarette is; and the method of use.[8] Moreover as the large majority of e-cigarette users continue to smoke conventional cigarettes, the health risks of dual use must be taken into account in the assessment of harm from vaping.[8] Long-term use of e-cigarettes is expected to increase the risk of chronic obstructive

pulmonary disease, lung cancer, and possibly cardiovascular disease as well as some other diseases associated with smoking.[14]

Changing habits

A recently-published longitudinal correlation study, conducted in England found that e-cigarettes were equally effective to varenicline in achieving high abstinence rates following a quit attempt.[15] Moreover a recent randomized control trial, comparing e-cigarettes to nicotine replacement therapy, found that e-cigarettes were more effective as smoking cessation tools,[16] raising confusion amongst health care professionals. Nevertheless, these results need to be interpreted with caution. It is important to highlight the fact that 80% (63 of 79) of those who quit smoking using e-cigaretteswere still using e-cigarettes at 1 year follow-up, while only 9% (1 of 11) were using nicotine replacement in the nicotine replacement group.[16] This suggests that unlike most participants who used nicotine replacement, those who quit using an e-cigarette still required its use (after 12 months), either because of unresolved nicotine addiction or because of the 'hand to mouth' habit. Moreover, a longer follow-up period is required so as to make definite recommendations. This is because vaping for more than one year after quitting smoking has been associated with smoking relapse.[17]

In fact, both the WHO and the EUPHAstate that there is lack of quality sclentlflc evidence on the effectiveness of e-cigarettes as smoking cessation devices.[4,5] EUPHA adds that for most persons, e-cigarettes might actually increase the subsequent use of conventional tobacco cigarettes.[4]

A public health concern

E-cigarettes are expanding the nicotine market by attracting adolescents who were at low risk of initiating nicotine use with conventional cigarettes, but many of whom are now moving on to conventional cigarettes.[4,18] In fact many e-cigarettes come in child-friendly flavours, making them more appealing to young people. Some even come in discreet, novel forms and shapes (e.g. looking like a USB flash drive). Even if youths do not progress to smoke conventional cigarettes, promoting nicotine use (which harms the developing brain) to youths is bad public health policy.[4] Furthermore, nicotine and other potentially harmful compounds in e-cigarette liquids claimed to be 'nicotine free' have been identified.[19]

In summary...

E-cigarettes are mostly nicotine based and their use amongst non-smokers (youths in particular) increases the risk of subsequent use of conventional tobacco products, thus posing a threat to public health.

On an individual level, e-cigarettes may potentially be less harmful than cigarettes and could possibly assist in smoking cessation in the short-term, however the user may progress from one habit to another (smoking to vaping), possibly reverting to smoking in the long term. If a smoker is concerned about the harmful health effects caused by smoking and is contemplating about changing his/her habit, he/she would benefit more from direct behavioural support, rather than merely being advised to switch habit to using e-cigarettes.

Hospital and clinic settings provide an opportunity for health care professionals todeliver the required behavioural support–assistingsmokers to resolve their ambivalence about smokingas well as advising smokers to go for approved pharmacological treatment and intensive behavioural support, rather than e-cigarettes. Smokers who receive advice to quit smoking are more likely to attempt to quit (adjusted odds ratio OR: 1.25, 95% confidence interval (CI) 1.10–1.41) and be successful in the long-term(adjusted OR: 1.49,95% CI 1.10–2.02).[20] There is moderate quality evidence that behavioural support, provided by nurses, can encourage and support smoking cessation leading to a modest increase in sustained abstinence.[21]

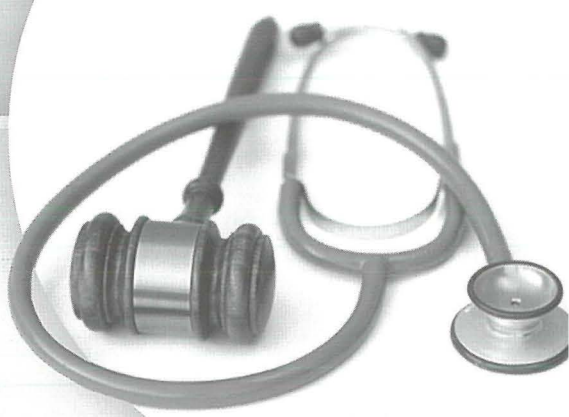
Those who receive advice are more likely to use cessation medications.[20] Combination nicotine replacement therapy and varenicline, which are both available locally, are found to be equally effective as quitting aids.[22] Furthermore smoking cessation interventions that combine pharmacotherapy and behavioural support increase smoking cessation success compared to a minimal intervention or usual care.[23]

The Health Promotion and Disease Prevention Directorate provides free training sessions to health professionalson how to deliver brief behavioural interventions for smoking cessation. Free intensive behavioural support is also available for smokers who wish to quit smoking. More information can be obtained by calling 2326 6000 or by going on www.healthpromotion.gov.mt

Joseph Grech

To contact Joseph for any clarifications and references of this article please do so on joseph.m.grech@gov.mt

Conscientious Objection



Part 2

Ethical practice in health care is becoming increasingly challenging, particularly because addressing ethical issues in practice is complex. The need for qualified nurses and health care professionals to deal with complex situations in clinical practice and within the health care system is on the rise. These challenges are compounded further with individual values, ethical beliefs, determining what is right or wrong together with the benefits and consequences.

Integrity is viewed by many as an essential value, whereby moral integrity indicates that the individual acts with moral unity, both personally and professionally. In order for health professionals to feel empowered to do so, it is essential that they are supported and assisted to be able to balance ethics within their profession and according to their personal ethical beliefs, in a way that does not compromise patient care or their own well-being. Well-being here refers to the individual being healthy in mind, body and morality.

Davis et al (2012) found that nurses whose ethical beliefs were influenced by their religious beliefs experienced a notable amount of moral distress when compared to nurses whose ethical beliefs were based on family values, work and life experience, political beliefs and the professional code of ethics. This was also reflected similarly on what determines a request for conscientious objection.However, Lamb (2016) explains that the requirements related to conscientious objection go beyond simply identifying what our ethical beliefs are based on. Making a conscientious objection needs to be grounded by an understanding of what is meant by conscience, where Lamb (2016) acknowledges that an awareness of this is typically absent when considering conscientious objection. Lamb (2016) continues to explain that this gap in knowledge about conscience in conscientious objection has a significant impact on the health care professional'sability to act.

It is important to note that the intention here is not to focus on individual conscience. This is quite a personal perspective, the context of which can be understood for example when we ask ourselves "what would I do if this was my mother, father, husband, wife, partner etc..". If this is taken further, one may ask about what is fair, how can equality be promoted whilst safeguarding justice, with the desire to do what is best for everyone. Conscienceis in fact, not entirely private, and this is demonstrated by individuals who practice a religion or have witnessed the importance faith has on others, for example our patients. Conscience is referred to daily, but what is less understood is how it affects our reasoning and how we act (Melia, 2014). The emphasis on addressing the gap between conscience and how it influences conscientious objection is to move away from an individual sense of right or wrong, and to be more objective.

Achieving this will allow nurses and health care professionals to reach the balance that is required, with an understanding that we must safeguard our personal moral well-being yet be actively aware that individual conscience is not the only perspective that matters.It is also important to have regard for the profession we signed up for and the values of the people we take care of. Lamb (2016) reiterates that".... distance from conscience in conscientious objection could compromise a healthcare professional's right to conscientious objection..." Hence, having an awareness of our personal beliefs and how to behave in accordance to those beliefs (Melia, 2014) is essential.We must also acknowledge how we are expected to act and know what to do when these are not in line with each other. The criteria set by Magelssen (2012), which were shared in last month's article, may be a useful guide to follow.

Marisa Vella

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You may contact Marisa on marisalvella@gmail.com for references and information related to this article.

Some advantages of using an insulin pump instead of insulin injections are:

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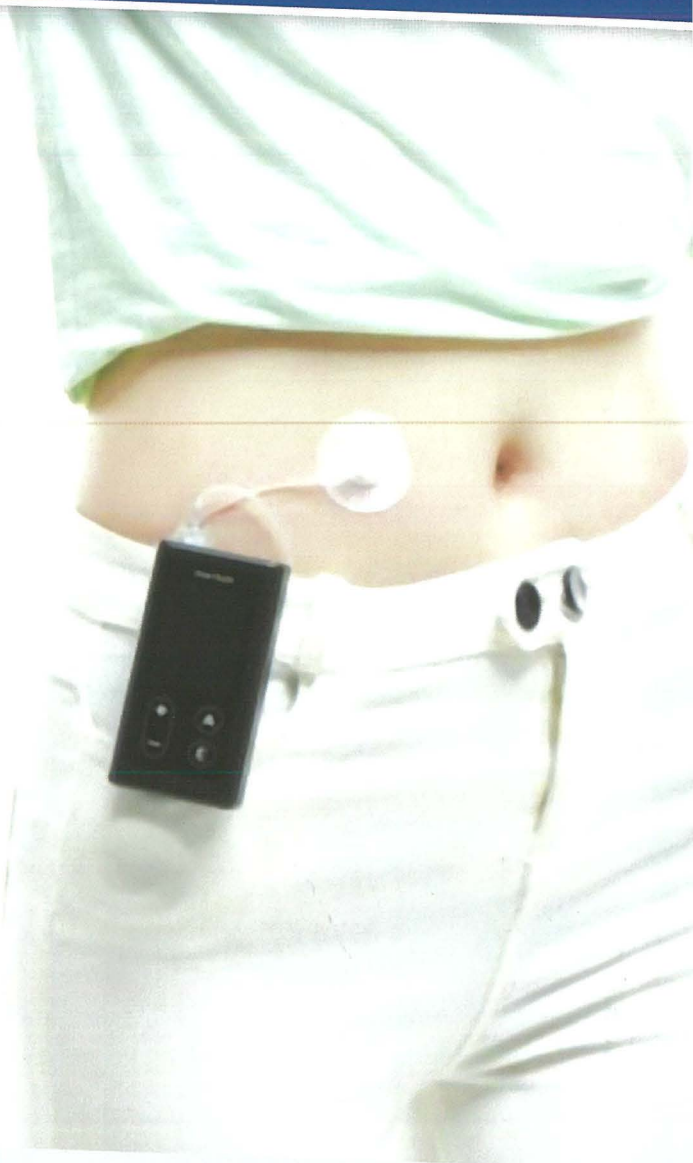
- Using an insulin pump eliminates unpredictable effects of intermediate- or long-acting insulin
- Using an insulin pump means you only need to wear the pump and do not carry anything.



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CUSTOM BOLUS RATES

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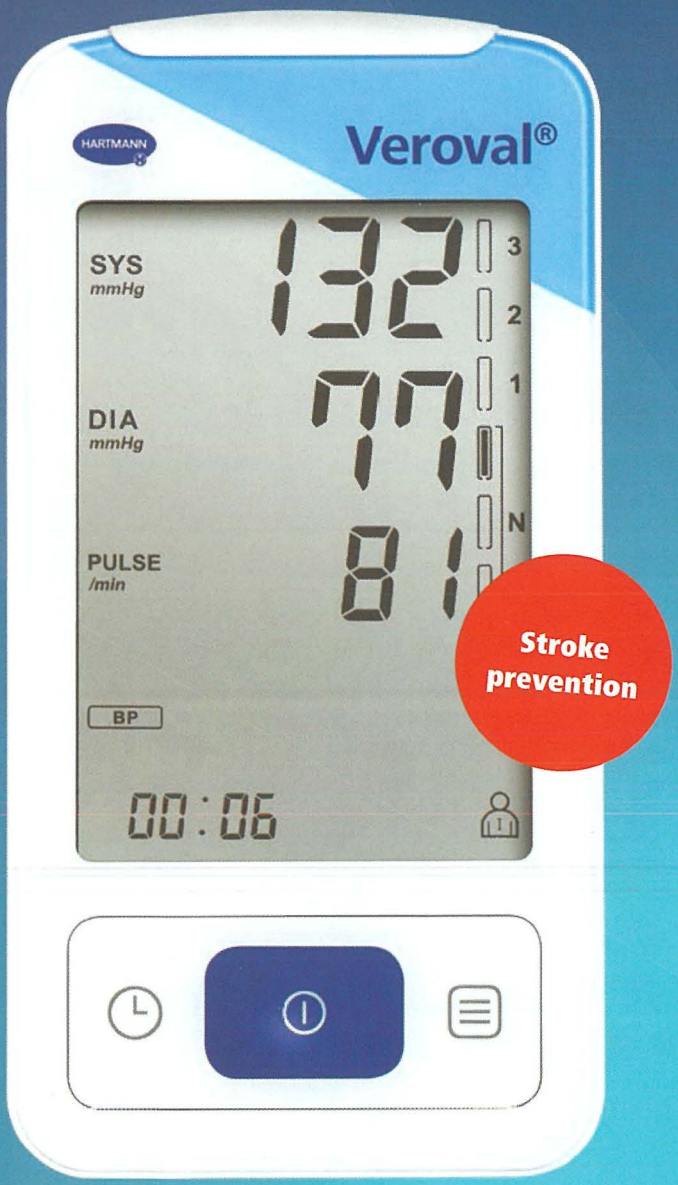

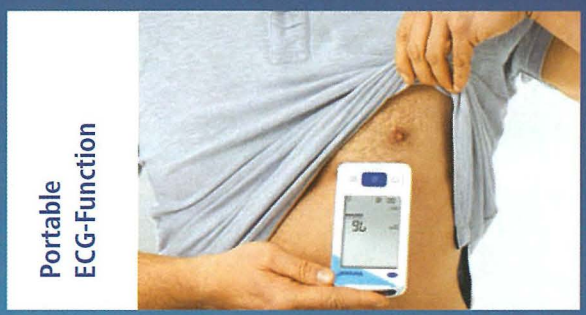

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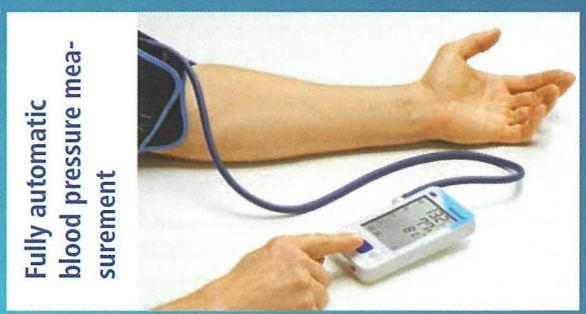

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