

Il-Musbieh

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

Numru 92 - Settembru 2021

25 Anniversarju

 
The inauguration of new premises of the
Malta Union of Midwives and Nurses
Celebrating its 25th Anniversary
today Sunday 19th September 2021
by H.E. George Vella
President of Malta



awguri MUMN



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Il-fehmiet li jidhru f'dan il-gurnal mhux necessarjament jirriflettu l-fehma jew il-policy tal-MUMN.

L-MUMN ma tistax tinzamm responsabbli ghal xi hsara jew konsegwenzi oħra li jiġu kkawżati meta tintuża informazzjoni minn dan il-gurnal.

L-ebda parti mill-gurnal ma tista' tiġi riprodotta mingħajr il-permess bil-miktub tal-MUMN.

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

Il-bord editorjali jiggarrantixxi d-dritt tar-riservatezza fuq l-indirizzi ta' kull min jirċievi dan il-gurnal.

Kull bdil fl-indirizzi għandu jiġi kkomunikat mas-Segretarja mill-aktar fis possibbli.

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Harga nru 92 Settembru 2021

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MUMN's Silver Jubilee



MUMN is celebrating its quadrans centennial anniversary with pride and some nostalgia.

Today the Malta Union of Midwives and Nurses also holds the sole recognition of the ECG Technicians, Social Workers employed within the Public Service/ Sector, Phlebotomists, Dental Surgery Assistants, Decontamination Sterile Technicians and is the fourth largest union in Malta.

Twenty-five years ago, a group of very enthusiastic nurses founded what became one of the leading unions in Malta. In 1996, it was decided that the then called Malta Union of Midwives (MUM, founded in 1990), could attempt at broadening its base by opening its membership to all nurses. Numerous meetings were held where experienced nurses in trade unionism worked with inexperienced nurses in the sector to make this work. September 19th, 1996 was a crucial day in the history of MUMN when an Extraordinary General Meeting was held and a motion to amend the MUM's statute was unanimously passed. MUM became MUMN. This opened the doors to welcome all nurses working in Malta and become members. This was also the beginning of a successful 'sectoral union' where at the time, some nurses were sceptical especially those who had experienced previously failed attempts at setting up a nursing union of their own.

Some may have debated what was the difference from working in a union facility versus a non-union facility. The evidence illustrates that union workers have better contractual protections for safety on the job and have better job security and

protections from discretionary actions by the employer. Union members have a voice in their workplace and an access to a grievance and arbitration procedures to challenge disciplinary decisions and unfair treatment.

Because of MUMN, our wages, benefits and working conditions were negotiated in this quarter of a century and have certainly improved quite substantially. At the bargaining tables during Sectoral or Collective agreements, Union leaders have wisely negotiated with all our employers and reached agreements, which were many a times quite controversial and the envy of other unions. We certainly hope that there would be no more bureaucratic glitches in future collective agreements, as fair pay is now an important priority.

Our Union was at the forefront to increase productivity at the place of work through better staff training, protected study hours and study leave where everyone benefited from this. Furthermore, the EN-SN conversion courses and the push for the second nursing university in Malta, certainly left an impact in our sector.

Our legal rights have improved by the provision of a lawyer and we all know how important it is that nurses and other professionals are

adequately guided and defended at our Law Courts and during PSC disciplinary proceedings.

"Il-Musbieh" journal editorial, being part and parcel on MUMN's history, is proud of its contribution in MUMN's success and will continue to keep a direct communication link with its members to promote its mission statement and vision. "Il-Musbieh" is certainly MUMN's proud showcase.

One must also commend all groups working through MUMN who volunteer and are very active in the Union, namely the Florence Nightingale Benevolent Fund (FNBF), The Learning Institute for Healthcare Professionals (LIHP), all Industrial Group committees, the Senior Members Group and the Entertainment Committee. Hats off also for MUMN leading the For.U.M - The Forum Unions Maltese which was established in 2004.

When Nurses and other professionals are unionised it makes a world of difference, in clear and measurable ways. The benefits of unionisation make a difference in the lives of its members, as well as a difference in the patients they care for and serve.

Ad multos annos MUMN.

President's message

This article on our journal has to be dedicated to the fact that our union will be 25 years old on the 19th September 2021. MUMN started as a pressure group, having nurses at that time both in the GWU and UHM. This resulted in nurses always being used in industrial disputes for the benefit of other Health Care professionals by both these unions, with nurses always being on the forefront fighting other worker's battles.

The voice of the nurses was still not being heard as it is today. Actually the first union to be set up was that of the midwives and from the midwives union, a merger was done with the nurses and that was the birth of Malta Union of Midwives and Nurses.

MUMN's first premises was a garage in Fgura, inaugurated by the Prim Minister of the time Dr. Alfred Sant. This property was a garage which was converted into a small office and a board room which was so small that we used to be cramped next to each other during executive meetings.

As the union started growing, after four years from its birth, we moved to a two room apartment in Swatar with a garage next to it. These premises were inaugurated by the late Dr. Gwido Demarco, who was the President of Malta. At that time MUMN was evolving, starting not just as a union but also investing heavily in the Education of Nurses and midwives. Conferences on various themes were regularly organized and international affiliations were recognizing MUMN as the main body representing nurses and midwives in Malta.

Since the demands on MUMN from it's members were increasing in 2009, we moved to a much bigger property in Mosta. During this period MUMN together with MUT

were the leading unions informing the Forum Unions Maltin (FOR.U.M) a confederation of 14 trade unions which become representative in national bodies such as the MCESD. The current premises in Mosta was a huge leap forward since it was the first time the premises of MUMN could be in a position to hold meetings and lectures for our members. Such premises were also inaugurated by another President Of Malta, being Dr. Eddie Fenech Adami.

Now after 25 years, MUMN would be making the biggest leap forward. On the 19th September 2021, MUMN would be inaugurating a state of the art premises which will not just have more offices, but a conference centre and a training centre for all its members. The inauguration would also be by his Excellency the President Of Malta, Dr. George Vella and blessed by his Excellency Archbishop Mons. Charles Scicluna.

Going through the brief history of MUMN, one could see the great success of MUMN. Today MUMN is not only representing nurses and midwives but also other Health care professionals which MUMN is proudly to represent. MUMN is also recognised in many international fora and recognized as the main voice of the nurses and midwives of Malta. Such a huge investment shows the responsibilities and the commitment

of all the current Executive Council together with all group committees working hard as a team for such a growth in such a short period of years.

This achievement is due to everyone, and by everyone I also mean all its members who always supported MUMN. I would also like to thank all previous council members who had the honour to be in the forefront of our union's leadership together with all the sub committees of MUMN. The growth was constant and this clearly shows that although we had to constantly encounter one challenge after another we were always there for our members irrespective of the hard times we passed from.

I am also proud to say that no other union has done such a huge leap forward in just 25 years, not just in membership but also in investment and in the continuous growth of MUMN. The 19th September 2021, would be an outstanding day, a day to remember, a day were all members of MUMN would be proud to benefit from state of the art facilities for meetings, conferences, training and other special occasions. As MUMN, we have to thank you all as members and thank God for this history of success.

Thank you all.

**Paul Pace
President**

Kelmtejn mis-Segretarju Ġenerali

Lanqas temmen. Qisu l-bierah. Ftehmna li norganizzaw l-ewwel laqgħa fis-sala parrokkjali ta' Haż-Żabbar nhar il-Ħamis 19 ta' Settembru 1996. Ma konniex ċerti jekk in-nurses hux ser jattendu. Kien hemm hafna nkorraggiment imma din kienet xi haġa kwazi ġdida. Biex tgħaxxaqha kien hemm attentat ieħor qabel, li spicċa wara ftit li beda.

Barra minn hekk kienet għadha kemm tħabbret id-data tal-elezzjoni għal Ottubru u ngħiduha kif inhi, xi ftit jew wisq l-elezzjoni ġenerali tilgħab ftit bis-sentimenti. Però l-ansjetà malajr taret mar-riħ għaliex ma kienx hemm post fejn toqgħod labra dakinhar. In-nurses minn Malta kollha attendew u laqgħu bi hġarhom l-istedina li għamilna. Kulhadd beda jhoss il-htieġa kbira li n-nurses ikunu maqgħudin f'union settorali.

Minn dakinhar sa llum għadew 25 sena. L-MUMN qatt ma ħarset lura. Tlett Presidenti, Segretarju Ġenerali wieħed u sebgħa Kunsilli. Kulhadd jibni fuq ta' qablu, nirrangaw għall-aħjar. L-ewwel premises kien garaxx fil-Fgura li dawwarnieh f'żewġ uffici. Wara mxejna għall-appartament ta' 4 t'ikmamar fis-Swatar. Fl-2008 trasferejna ruħna għall-Mosta u issa fi ftit tax-xhur oħra nimxu għal Hał Qormi fejn ser ikollna kwartieri li jixirqu lil kull membru. Dan ser ikun premises li mhux biss ser jaqdu l-funzjoni tal-aspett trejdunjonistiku imma wkoll il-kontribut tal-Continuous Professional Development li kull wieħed u waħda minnha neħtieġu. Meta jkun lest ser norganizzaw Open Day sabiex il-membri kollha jkollhom çans jaraw id-dar ġdida tagħhom.

Fl-istess ġurnata ġie inawgurat ukoll Monument ġdid li ħa post dak li ntradam madwar sentejn ilu. Kull deni ħudu b'ġid għaliex dan il-Monument ġie ferm isbaħ. Kburin li l-MUMN issa għandha Monument iddedikat lill-Health Care Professionals. Ma setgħax jiġi f'mument aqwa minn dan li qed ngħixu fih u minn dak li għaddejna minnu f'dawn l-aħħar 20 xahar.

Issa nkomplu nħarsu 'l quddiem u naghmlu kuraġġ lil xulxin. Fil-ġimgħat li ġejjin ser nibdew nilqgħu proposti mingħand il-membri in ġenerali dwar dak li jemmnu li

għandu jiġi inkluż fil-Ftehim Settorali li jmiss. Kull nurse u midwife tista' tibgħatilna email bil-proposta tagħha. Aktar tard jibdew laqgħat formali interni biex jiġi mhejji l-abbozz finali. F'Marzu tas-sena d-dieħla jiġi pprezentat lill-Gvern peress li dan preżenti jagħlaq f'Diċembru tas-sena d-dieħla u għalhekk jingħata lok biex id-diskussjonijiet għal wieħed ġdid jibdew 8 xhur qabel.

Fuq nota qarsa rrid nistqarr li l-Gvern għoġbu, għat-tieni darba fi ftit xhur juża l-Qorti biex iwaqqafna niddefendu l-membri tagħna milli jiksbu kundizzjonijiet aħjar ta' xogħol permezz tal-Ftehim Settorali tagħhom. Dan għoġbu jagħmlu lejliet li l-MUMN għalqet il-25 sena anniversarju tagħha. Rigal sabiħ u adattat! F'dawn l-aħħar 25 sena qatt hadd ma uża din it-tattika godarda fil-konfront tagħna. U mhux darba imma darbtejn. Minflok jara kif jagħmel biex jintlaħaq ftehim, imur jiġri jirrikorri l-Qorti. L-MUMN mhux ser tibza' jew taqta' qalbha quddiem din is-sitwazzjoni, anzi nissahhu aktar u nkunu aktar konvinti li qed naghmlu s-sewwa.

Ix-xahar id-dieħel, eżatt fid-29 ta' Ottubru, se nkunu qed norganizzaw Konferenza interessanti hafna fejn minn meta beda l-covid din ser tkun l-ewwel konferenza organizzata b'mod normali. Diġà hemm il-fuq minn mitt ruħ li ħallsu u serħu moħħhom. Jekk inti interessat thallix għall-aħħar peress li l-postijiet huma limitati.

Għal-lum ser nieqaf hawn però ma nistax nispiċċa dawn il-kelmtejn mingħajr ma niringrazzja lil kull min għen, ikkontribwixxa u ta daqqa t'id sabiex l-MUMN tinsab fejn qegħda llum. Grazzi mill-qalb.

Tislijiet,

Colin Galea
Segretarju Ġenerali



The ITU senior staff nurses behind the powerful pandemic photo are Doreen Zammit (left) and Charmaine Cauchi.

Nurses behind famous Covid-19 picture become faces of new 'heroes' coin

Image of ITU nurses struck a chord with many at the beginning of the pandemic NationalHealthCOVID-19
Fiona Galea Debono

A powerful photo of two Maltese ITU nurses that went viral during the outbreak of COVID-19 will become the face of a €2 commemorative coin dedicated to heroes of the pandemic, the Central Bank has revealed.

The picture is of senior staff nurses Doreen Zammit and Charmaine Cauchi, whose identities had never been disclosed as they were hidden from head to toe behind their PPE, locked in a supportive embrace, eyes shut tight, before treating coronavirus patients at Mater Dei Hospital.

The photograph, taken by nurse Diane Faenza, captured the climate of stress, fear and courage among healthcare workers at the time.

The image was widely shared when Times of Malta posted it on its social media platforms in April, 2020, amassing thousands of views and shares within hours.

A month later, it was chosen by the Europe branch of the World Health Organisation to mark the International Year of the Nurse and the Midwife, after it was spotted on the newspaper's social media and permission for its use was requested.

The annual programme for numismatic releases is planned well in advance by the Numismatics and Historical Publications Advisory Board (NHPAB), which recommends several themes to the board, the Central Bank said.

But the decision to use this particular visual on the €2 coin to pay homage to the heroes of the virus pandemic was confirmed by its chief officer for banking, Jesmond Gatt, during a public lecture on Monday.

The commemorative coin was meant to be issued this month but has been held up due to logistical problems at the mint in France as a result of the pandemic.

A new shot of the ITU nurses has



Nurses Doreen Zammit and Charmaine Cauchi (left) in full PPE gear, and recently, as COVID-19 cases drop.

now captured smiling Zammit and Cauchi in a more casual and relaxed atmosphere, standing under the original famous photo, as cases are down to zero on some days and, to date, there are no coronavirus patients in the hospital's intensive therapy unit.

At the height of the pandemic, more intensive wards had to be opened as health workers struggled to cope with the influx of patients.

The nurse who had admitted emotions were high at the time, with the number of new cases increasing daily.

Hundreds of people used the photo to show their appreciation and thank frontliners for their hard work while the country dealt with the outbreak.

It was also the most-liked photo ever on Times of Malta's Instagram page and even went on to be chosen as the WHO's Christmas greetings image.

In-Nursing fl-Ewropa bikrija u moderna

minn Joe Camilleri CN



Fl-Ewropa Kattolika, l-elit Kattoliku baqa' jipprovdi servizzi ospedaljeri minhabba t-teologija ta' salvazzjoni, fidi li tghallem xogħol siewi li 'twasslek sal-ġenna'. Teologija li damet sejra sas-seklu 21. Fl-lokalitajiet Kattoliċi, it-tradizzjoni ta' *nursing sisters* kompliet minghajr waqfien, fejn diversi ordnijiet reliġjużi pprovdew servizzi infermeristiċi f'diversi sptarijiet.

Il-professjoni tan-Nursing f'Malta tmur lura saħansitra mill-bidu tal-isptar ta' Santu Spirtu fir-Rabat imma mal-miġja tal-Ordni ta' San Ġwann ta' Ġerusalem, l-istandards fin-Nursing kienu tjebu imma reġġu ħzienu lejn l-aħħar tat-18-il seklu. Fl-1530 fl-Ordni, kellna s-sezzjoni tan-nisa magħrufa bħala s-Sorijiet ta' Sant Ursola, imma dawn qatt ma kellhom infermiera għaliex dawn aktar ħadmu ma' tfa' illegittmi f'Casa delle Alunne and ma' prostituti penitenti.

Ordni reliġjuż partikolari li spikkat kienet id-Daughters of Charity of Saint Vincent de Paul li twaqqfet fl-1633. F'Malta, bil-permess tal-Isqof Mgr. Publio de' Conti Sant, din is-Socjetà ġiet imwaqqfa fl-1860, minn Ms.

Matilda Moore O'Ferral, il-mara ta' l-uniku Gvernatur Ġenerali Kattoliku f'Malta. Dawn kienu jieħdu ħsieb l-orfni u wara bdew jattendu l-morda fi sptarijiet tal-gvern u ospizji.

Ir-riformisti Protestanti, immexxija minn Martin Luther, ma baqgħux jemmnu li fl-indulgenzi plenarji għall-erwieħ tal-purgatorju, u li l-pazjenti fqar kienu jirċievu l-grazzja u s-salvazzjoni permezz tas-sofferenzi tagħhom

Sptar Santu Spirtu (Ritratt, <https://vassallohistory.wordpress.com/civil-hospitals-in-malta/>)

Ordnijiet reliġjużi oħra ta' sorijiet Kattoliċi bdew jespandu fl-attivitajiet tagħhom u anke lokalitajiet. Per eżempju fi Brittanija rurali, fi Franza, id-Daughters of the Holy Spirit, li ġew imwaqqfa fl-1706, kellhom rwol ċentrali fil-qasam tan-Nursing. In-nobbli devoti kienu wkoll joffru l-art tagħhom lil sorijiet tal-karità fejn kienu jipprovdu kura komprensiva lill-fqar morda, mhux biss bħala infermiera, imma kellhom rwoli oħra ta' tobba, kirurgi u spizjara. Waqt ir-Rivoluzzjoni Franciża, ħafna mill-ordnijiet tal-infermiera ingħalqu u ma kien baqa' l-ebda *nursing* organizzat ieħor li ħa postu. Biss id-domanda għas-servizzi tan-*nursing* baqgħet waħda b'saħħitha, u wara l-1800 is-sorijiet reġġu tfaċċaw u komplew b'xogħolhom fl-isptarijiet. Dawn kienu ttolerati minhabba s-sapport li kellhom minn kulhadd u kienu



Sorijiet tad-Daughters of Charity, waqt l-Ispanjola tal-1918, maghrufa għall-kappun kbir u llamtat fuq rashom (Ritratt, Crux)

joqgħodu, uniformi u kura għal tul ħajjithom. Dawn kienu jippreparaw in-nisa għaž-żwieġ permezz ta' taħriġ fin-nursing, kura tat-tfal, xogħol soċjali u anke xogħol tad-dar. Sal-1890 lahaq kien hemm mal-5000 Djakonessa fl-Ewropa Protestanta u sat-Tieni Gwerra Dinjija ħafna mid-djar tagħhom sofrew danni kbar. Mal-era Komunista, fl-Ewropa tal-Lvant, ingħalqu ħafna minn dawn id-djar u mas-7000 Djakonessa spiċċaw refuġjati fil-Ġermanja tal-Lvant. Sal-1957, il-Ġermanja kellha total ta' 14,000 Djakonessa, ħafna minnhom Luterani waqt li fl-Amerka u l-Kanada dawn kienu jgħoddu 1,550 mara, li nofshom kienu ġejjin mill-Knejjes tal-Methodisti.

lkompli...

I-link bejn tobba tal-elit u l-fqar li ma kienux jafdawhom, imma li kellhom bżonnijiet kbar.

Ir-riformisti Protestanti, immexxija minn Martin Luther, ma baqgħux jemmnu li fl-indulgenzi plenarji għall-erwieħ tal-purgatorju, u li l-pazjenti fqar kienu jirċievu l-grazzja u s-salvazzjoni permezz tas-sofferenzi tagħhom. Il-Protestanti kienu għalhekk għalqu l-kunventi kollha u ħafna mill-isptarijiet. Mill-banda l-oħra kienu għarfu li l-valur pubbliku tal-isptarijiet u komplew joperaw basta mingħajr patrijiet u sorijiet u bil-kontroll tal-gvernijiet lokali.

F'Londra, il-kuruna Inġliża ippermettiet li 2 sptarijiet ikomplu x-xogħol karittativ, bil-kontroll ta' uffiċjali tal-belt mhux reliġjużi. Il-kunventi kienu mġegħla jagħlqu u xi nisa, eks sorijiet, kienu saru parti minn sistema ġdida li tipprovdi servizz mediku essenzjali. Dan ifisser li l-Ewropa Protestanta kien baqgħala ftit sptarijiet ta' stoffa imma bla sistema infermeristika regolari. Dan is-sistema kienet faqqret l-irwol tal-mara bħala *practitioner* li setgħet biss tassisti l-ġirien u l-familja, mingħajr kumpens u f'kapacità li ma jirrikonoxxiha ħadd.

In-Nursing modern beda fid-19-il sekl u fil-Ġermanja u l-Ingilterra, u nfirex mad-dinja kollha sal-1900. Fl-1836, fil-Ġermanja, Theodor Fliedner u martu Friederike Münster, fetħu

l-ewwel motherhouse f'Kaiserwerth, bis-sistema tad-Djkonessa Phoebe, li diġa' semmejna u li hija msemmija wkoll fil-Ġdid Testament. Dan il-mudell infirex fl-Ingilterra u l-Iskandinavja fejn dawn in-nisa kienu joffru s-servizz tagħhom għall-5 snin u kienu jirċievu pocket money, ituhom kamra fejn



Theodor Fliedner, dak li reġa' rriforma s-sistema tad-Djkonessa fl-Ewropa u Elizabeth Catherine Ferard, l-ewwel Djakonessa ta' Church of England (Ritratti, Wikiwand u Wikipedia)

Riferenzi

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Press Information
Communiqué de presse
Comunicado de prensa

Year of the Nurse and Midwife coins & certificates issued by International Council of Nurses and World Health Organization

Tue, Sep 14, 10:40 AM (2 days ago)

Geneva, Switzerland; The International Council of Nurses (ICN) and the World Health Organization (WHO) have issued a commemorative coin and certificate for the ICN's member national nursing associations and the ICN Board of Directors to thank them for their service during the International Year of the Nurse and Midwife and the COVID-19 pandemic.

The coins and certificates were designed by former ICN Board Member, Kallooa Bagoaduth. Signed by Dr Tedros Adhanom Ghebreyesus, WHO Director General, and Annette Kennedy, ICN President, the commemorative coins and certificates also mark the 200th anniversary of Florence Nightingale's birth and have been sent to the ICN Board and members NNAs in celebration of ICN's Founders Day on 1 July.

Dr Tedros, in his citation, said:

"2020 has been a year to celebrate and honour nurses. The backbone of every health systems, nurses provide care and treatment throughout the lifespan, in every part of the world, in every setting, reaching the most vulnerable and needy. In 2020, they showed their strength and dedication as they fought on the frontlines of the COVID-19 pandemic. I pay tribute to all those nurse who lost their lives while performing their duties. Thank you to all nurses who continue to work for the health of all."

Annette Kennedy said:

"2020 was an exceptional year for us all and the incredible work of nurses across the globe was highlighted in ways we could never

have imagined. Sadly, we lost many of our colleagues to this pandemic, and they must never be forgotten. I hope that this small token of this special year will remind you not only of those sacrifices, but also of the strength, determination and dedication of all nurses."

2020 was designated as the International Year of the Nurse and Midwife by the World Health Assembly (WHA), the decision-making body of WHO. The celebrations of nursing and midwifery were overshadowed by the COVID-19 pandemic which thrust the health professions into the spotlight in unexpected ways. Nurses across the world fought the pandemic with incredible strength and determination and cared for patients through the worst of times, often being the only people by their sides in their final moments. Nurses battled on the frontlines of the pandemic, often with no or inadequate protection, under-staffed, under-resourced and underpaid.

At the WHA in May this year, Dr Tedros announced that COVID-19 had taken the lives of at least 115,000 health and care workers. ICN, which represents the global voice of the 27 million nurses across the world, has been calling on governments

to protect and invest in the nursing workforce, and has written to the G7, the G20 and the United Nations to lobby for a Declaration on Pandemic Preparedness and create a supra-governmental body to oversee global responses to international health emergencies. ICN has also called for world leaders to agree a global pandemic treaty that will better prepare and strengthen health systems, and put the protection and safety of nurses and healthcare workers at its very heart.

When US President Joe Biden and Russian President Vladimir Putin met in Geneva in June, ICN joined the Swiss Nurses Association to call for immediate action of the global vaccination roll-out to ensure that nurses and other health and care workers are prioritised and that vaccines reach the world's poorest countries.

The idea of an International Council of Nurses was first proposed by Ethel Gordon Fenwick on 1 July 1899 at the Annual Conference of the Matron's Council of Britain and Ireland. The idea accepted, a Provisional Committee was formed the next day including nursing representatives from Australia, Canada, Denmark, the Netherlands, New Zealand, South Africa (Cape Colony), the United Kingdom and the USA. A year later, in 1901, ICN held its first International Congress in Buffalo, New York, USA. On 2-4 November 2021, 120 years after its first Congress, ICN will hold its 28th Congress via a virtual platform. For more information and to register go to <https://icncongress2021.org/>

€7,000 għal infermiera li sofriet trawma wara li giet trasferita darbtejn fl-2008

TVM News

Imħallef ordna lill-awtoritajiet tas-saħħa jagħtu €7,000 f'kumpens lil infermiera li sofriet trawma wara li giet trasferita darbtejn.

L-infermiera fetthet il-kawża fil-Prim'Awla tal-Qorti Ċivili kontra s-Supretendent tas-Saħħa Pubblika u t-Tabib Principali tal-Gvern.

Wara 15-il sena taħdem fil-Fairyland Ward fl-Isptar San Luqa, fl-2008 hija kienet trasferita għall-klinika tal-Ajruport Internazzjonali ta' Malta.

Hija sostniet li l-klinika u d-dipartiment responsabbli mill-klinika fl-ajruport ma rrikonoxxewx it-trasferiment u ma kellhix il-'pass' neccessarju.

Minbarra hekk irriżulta li fil-klinika ma kien hemm ebda post vakanti għal infermiera u ma kienx hemm bżonnha.

Waraseba' xhur giet trasferita għall-Isptar Monte Carmeli madankollu

wara sena reġgħet giet trasferita lura għall-klinika fl-ajruport anke wara li talbet l-għajnuna tal-MUMN.

L-infermiera sostniet li fl-Isptar Monte Carmeli giet soġġetta għal kundizzjonijiet inaċċettabbli waqt li fl-ajruport sofriet dawk li sejhet "abbużi fiżiċi, morali u psikoloġiċi".

L-Imħallef Francesco Depasquale sema', fost oħrajn, psikjatra jghid li minhabba dawn it-trasferimenti l-infermiera sofriet dizabilità permanenti ta' 5%.

Kien għalhekk li waqt li żamm lis-Supretendent tas-Saħħa Pubblika u lit-Tabib Principali tal-Gvern responsabbli għall-ansjetà li sofriet ordnalhom jagħtuha kumpens ta' €7,000.



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Eve of Biden-Putin Geneva Summit: Swiss Nurses and ICN stand in solidarity calling for immediate action on global vaccination roll-out

Geneva, Switzerland, 15 June 2021 - As the eyes of the world turn to the Geneva Summit between Presidents Biden and Putin, Swiss nurses gathered in the city to remember the 115,000 or more health workers from around the world who have died because of the pandemic.

Swiss nurses from the Geneva section of the Swiss Nurses Association (SBK-ASI) alongside the International Council of Nurses (ICN) stood in solidarity with nurses across the globe who are still waiting for vaccinations. They called for nurses to be prioritized to save lives and prevent the spread of the virus.

President of the Geneva Section of SBK-ASI, Patricia Borrero, said, "We are here today to express our solidarity for nurses all around the world who have suffered or even died from COVID-19. During the pandemic nurses have had to live with the fear of bringing the virus from their workplaces into their homes with the risk of infecting their families. Therefore, we urgently need to ensure that all our healthcare colleagues around the world are vaccinated without further delay. In Switzerland and certain other countries, we are fortunate to already be vaccinated but we know that in many other countries very few nurses have been vaccinated. We support their right to be vaccinated and urge governments to act now."

ICN President Annette Kennedy said, "ICN is honoured to welcome



members of the Geneva section of the Swiss Nurses Association and joins together with them to renew our call for nurses and other health workers to be prioritized for COVID-19 vaccines around the world. We must care for the caregivers if we want to stop the spread of the virus, if not the world will remain at the mercy of this pandemic and others like it. Let's also remember that global health requires global leadership and nurses must be at the centre, not just the deliverers of care but at every stage of healthcare policy-making."

ICN CEO Howard Catton added, "Swiss nurses are global nurses, and they are here today to support ICN's continued call for nurses around the world to be prioritised for vaccination. They are in Geneva to remind Presidents Biden and Putin and other world leaders that we have already lost 115,000 colleagues, nurses and other health workers, and the bottom line is the longer it takes to get the world to be vaccinated the more will die.

"We hugely welcome the global

commitments from world leaders to share more vaccines globally, but we need more, and we need them now. One billion is not enough when the World Health Organization puts the shortage at 11 billion.

"We also require an action plan to get those 11 billion doses rolled out and into the arms of people who need them desperately and urgently, including nurses and other health workers. ICN has written to the G7 and the United Nations calling for leadership at the highest level to implement such a plan and ensure that nurse leadership is at its heart. The response to and future preparedness for pandemics is an issue of global safety and security and that is why we are urging Presidents Biden and Putin to work together and take a lead on a global response."

ICN has pledged its support to the WHO Vaccine Equity campaign and to COVAX. ICN also applauds President Biden's pledge to donate 500 million vaccine doses to the world's poorest countries, but stresses that global leaders must do more.

Has this pandemic affected our relationships?

These past year was undoubtedly unpredictable for everyone. The coronavirus pandemic has reshaped our social connections and relationships significantly, forcing us to live closer to some, whilst having to stay apart from others. Experiencing quarantine has resulted in close, consistent contact with our partners and family members within our household. On the other hand, social distance measures have limited us from engaging with friends, members from our extended family and bigger communities that we make part of.

Months ago, when the COVID 19 virus was spreading from one country to another, we thought that it wouldn't reach our country, or if it did, it wouldn't be so soon. But it did, and soon enough we had our first case, and day by day the numbers of positive cases was going up, and this pandemic was starting to disrupt daily activities. At first, there wasn't enough information available on the virus itself for the general public, so many individuals alike were experiencing fear related to the unknown. It was surely a shock for everyone when new hygiene and social distance measures were becoming part of our daily routine. People had to adapt their daily lives, such as, having schools close down, juggling online learning, having parents working from home; at times both parents.

With this pandemic, mandatory quarantine came along. This is legally enforceable self-isolation in your home, where no one is allowed to visit. Reasons that can lead to this include: travelling from another country, being in contact with a COVID 19 positive person, or being infected with the virus yourself.

The quarantine in itself created a number of stressors, separate from those created by the COVID virus. All people, both young and old, who were placed in quarantine had to face their own personal challenges. Those who had to quarantine by themselves would obviously face isolation and loneliness, but in the cases of families who had to quarantine together, the issues would be different altogether.

Quarantine was seen as a blessing in the beginning. It gave families the much wanted opportunity to spend

quality time with the family. This meant that quarantine starts off on a good note, families had the time to spend together and talk and have fun, play some games. However after a while, too much free time does not remain such a good thing. Eventually the time together starts to feel less like a blessing and becomes to feel more like a burden. Being restricted to the house, would mean that there would be times where people would feel like they have nothing to do, and at that

point the worry, stress and frustration would start to set in.

Adults in quarantine, would have to miss work for a couple of weeks, unless their job is flexible and can be done from home. This in itself is already a cause for stress, as not everyone's job was guaranteed, and the possibility of having a couple of weeks without pay is not something that everyone can financially survive. This worry will most definitely put a strain on the relationship that said people would have with their families in the same household, as it is quite a big worry to have.

In the cases of families with children, another stressor would be online schooling. Although this ensures the safety of the physical health of the general population, it has the opposing effect on the mental wellbeing of those involved. Children have a hard time adjusting to the new routine of schooling from home. They no longer have the classroom environment with their peers, and having the lessons virtually delays comprehension. The teacher might not realise a child is not understanding, the background noises might distract the child's

• continued on page 27



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Ethical Basis of Patient Safety

Keeping in mind the principle of non-maleficence this brief write-up aims to provide some insight into the ethical basis of patient safety. Concern for patient safety is not a new, and dates centuries. For example, Florence Nightingale and her successful mission to Scutari hospital to ensure that soldiers were protected from harm at the bedside. Her 'basic' pedagogy for training nurses focused on access to water, clean bedding, fresh air, and nutrition to name a few.

Patient safety is universally acknowledged as a principle focus in providing healthcare. The WHO (2012) defines patient safety as the "prevention of errors and adverse events caused by the provision of healthcare rather than the patient's underlying disease process." By referring to this definition alone, the responsibility that lies upon the shoulders of health care professionals is conspicuous and very real.

From a conceptual perspective patient safety is fundamentally placed within ethical practice. The values that support the ethical basis of patient safety are human dignity, trustworthiness, and accountability. Genuinely embracing these values can have a significant impact on nurses' safe practice. Although these values are universal, particularly in healthcare, in the context of patient safety understanding and applying them is paramount.

Human dignity can be seen as the

strongest ethical motive in providing competent and safe care. The Maltese Code of Ethics and Standards of Professional Conduct for Nurses and Midwives (2020) highlights that nurses must respect the dignity of their patients and "strive to ensure that the care provided does not harm the health or safety of the patients." In this regard it is important to understand the individuality of each patient, including aspects such as culture and religious beliefs as this knowledge continues to strengthen the provision of an ethical approach in maintaining patient safety. In addition, it is also important to be able to recognise the patient's characteristics and attitudes.

Promoting patient safety is strongly linked to trustworthiness. The concept of safety can be divided into physical safety, psychological safety, and cultural safety. It is critical that this is communicated to patients and relatives in a genuine

manner. This can be achieved by demonstrating compassionate care, clinical competence, and professional comportment. It is also critical that adverse events are investigated in a transparent manner to improve practice. It is noted here that justice can strengthen such processes, which should also acknowledge the unequal balance of power in the health provider-patient relationship. Challenges that may exist within the respective organisation must also be acknowledged. Transparency can be seen as a strong indicator of a just culture.

Finally, accountability is a value that is required by the individual health care professional as well as the organisation. Accountability is required both in the prevention of adverse events by ensuring that the holistic environment is conducive to promoting patient safety but also in understanding and addressing adverse events. This is based on the principles of fairness, justice and non-maleficence as well as the patients right to understand and trust that they are in a safe environment.

Promoting patient care that is sensitive to ethics promotes and supports patient safety and ensures that the dignity and rights of all stakeholders are respected.

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



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EFN Position Statement on Violence and harassment against nurses

Nurses are at the frontline of addressing many forms of violence, due to the role they play in keeping patients and communities safe. However, nurses are themselves more likely to be exposed to verbal, emotional or physical (including sexual) violence at their workplace in comparison with other professions.

Most violence in nurses' workplaces is perpetrated by patients and visitors with evidence that this worsens in disaster and conflict situations. This is unfortunately a global problem crossing borders. With the COVID-19 pandemic, this negative phenomenon has been on the rise across many European countries, adding to the stress toll that nurses are already experiencing for being at the frontline of care during this crisis. The violence and harassment of the nurses happens due to two overarching reasons:

- Firstly, nurses are at the frontline of healthcare, 7 days a week and 24 hours a day, at the bedside of the patient. That may result in discrimination, harassment or violence stemming from patients/family members and/or from other healthcare professionals, particularly those with greater power. This occurs due to gender-based reasons and where nurses are not respected or included in the decision-making processes, their social and professional status is low and their role is under-recognised. In addition, during the COVID-19 pandemic many nurses have been discriminated and isolated by their communities for being perceived as COVID-19 infected and spreaders of the virus. Moreover, as studies have shown social isolation and lockdown due to COVID-19 have

The term "violence and harassment" in the world of work refers to a range of unacceptable behaviours and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment – ILO definition (Ref. C190 - Violence and Harassment Convention, 2019)

increased the incidences of domestic violence mainly against women.

• Secondly, nursing is a female-driven and female dominant profession. Globally, WHO estimate that women make up 70% of the health and social sector (WHO, 2019) and 89% of nurses are female (WHO, 2020). This entails that all the violence, harassment and discrimination that women in general may suffer may apply to most nurses, too. 35% of women have experienced physical and/or sexual intimate partner violence, or sexual violence by a non-partner. Female nurses are unfortunately at risk of experiencing violence and harassment in their professional environment and private-life spheres. Structural forms of inequality also make all women likely to face systemic inequality and discrimination (UN Women, 2020). Female Nurses tend to be the ones also in charge of domestic tasks at their household and take care of their elderly and children in their families. It is important to consider how different factors can intersect to shape risk, and ensure all health professionals are protected from violence, for example considering how male-nurses, older nurses or nurses with disabilities may be at risk of violence and the steps required to address this.

Violence and harassment against nurses are not new and is totally unacceptable, as it has an enormous negative impact on nurses' psychological and physical well-being and on their job motivation, with nurses' leaving the profession, and puts the quality of care and patients' safety at risk. Therefore, it is time to act! Nurses need to be protected from any kinds of gender related violence and discrimination.

Taking into account all of the above, the EFN, in the representation of its Membership, asks the European Commission, the European Parliament and the Council of Ministers to:



- Recognise the rising problem of violence, harassment and discrimination against nurses at EU level and raise awareness on the need to stop it among Member States and EU citizens.

- Make the reduction of violence and harassment against nurses a number one priority of the national, regional, local and EU political agendas, and make sure to implement policies and legislation that promote safety and the well-being of nurses.

- Strengthen the framework and the working condition in the healthcare sector, which is key both at organisational and financial level to reduce the risk of violence and harassment, even in difficult working environments.

- Engage with nurses and their representatives, through a tripartite social dialogue, at national and European level to plan the provision of adequate support for nurses against violence and harassment.

- Promote the importance of safe

and inclusive workplaces for all health care professionals by implementing preventive measures against violence and harassment at national, organisational and personal level.

- Strengthen nursing curriculums to support and empower nurses to deal with diverse forms of violence and harassment.

- Promote the training of nurses and other healthcare professionals on the risks of violence and harassment and how to prevent, identify and cope with it.

- Fund initiatives and projects aimed at National Nursing Associations that are committed to tackling this problem in their countries focusing also in political and legal solutions.

- Foster the role of the European Commission's DG Justice in monitoring and taking actions in this problem. DG Justice could provide assistance to the National Nursing Associations in echoing their demands and requests for help to the EU Member States governments.

from our
diary



The Monument before it was unveiled with the veil marking the 25th Anniversary and (below) the Monument after it was unveiled.



President Paul Pace delivering his message during the inauguration of the new premises.



H.E. Mons Archbishop Charles Scicluna blessing the new premises and praying for all those who will be working in these Offices.



MUMN Council with H.E. President of Malta & H.E. Archbishop of Malta.



Antonio Mifsud is the sculptor of the whole monument. Antonio is also a Nurse. We are so proud of having such a talent.



A musical suare was held during the unveiling of the monument – Alan Sciberras (Tenor) & Astrid Cacciatore (soprano) are both Nurses. Well Done.



Our Chaplain Fr. Mario Attard blessed the monument and prayed for all the Health Care Professionals.



During the ceremony a donation to the Malta Community Chest Fund was conveyed to H.E. President of Malta.

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presidentmt This morning my wife and I visited an art exhibition at **@materdeimalta** organised by the frontliners in aid of I-Istrina 2021. We enjoyed the talent of 16 exhibitors who in the last year and a half have served as great inspiration and confidence for all the people of #Malta and Gozo. I would like to thank them again for their dedication and contribution to The Malta Community Chest Fund Foundation.



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materdeimalta This morning Mater Dei Hospital CEO Celia Falzon welcomed the **@presidentmt** Dr. George Vella and his wife to Mater Dei Hospital for an art exhibition organised by our frontliners in aid of L-istrina 2021.

Thanks 🙏 to all our exhibitors for their dedication & contribution to The Malta Community Chest Fund

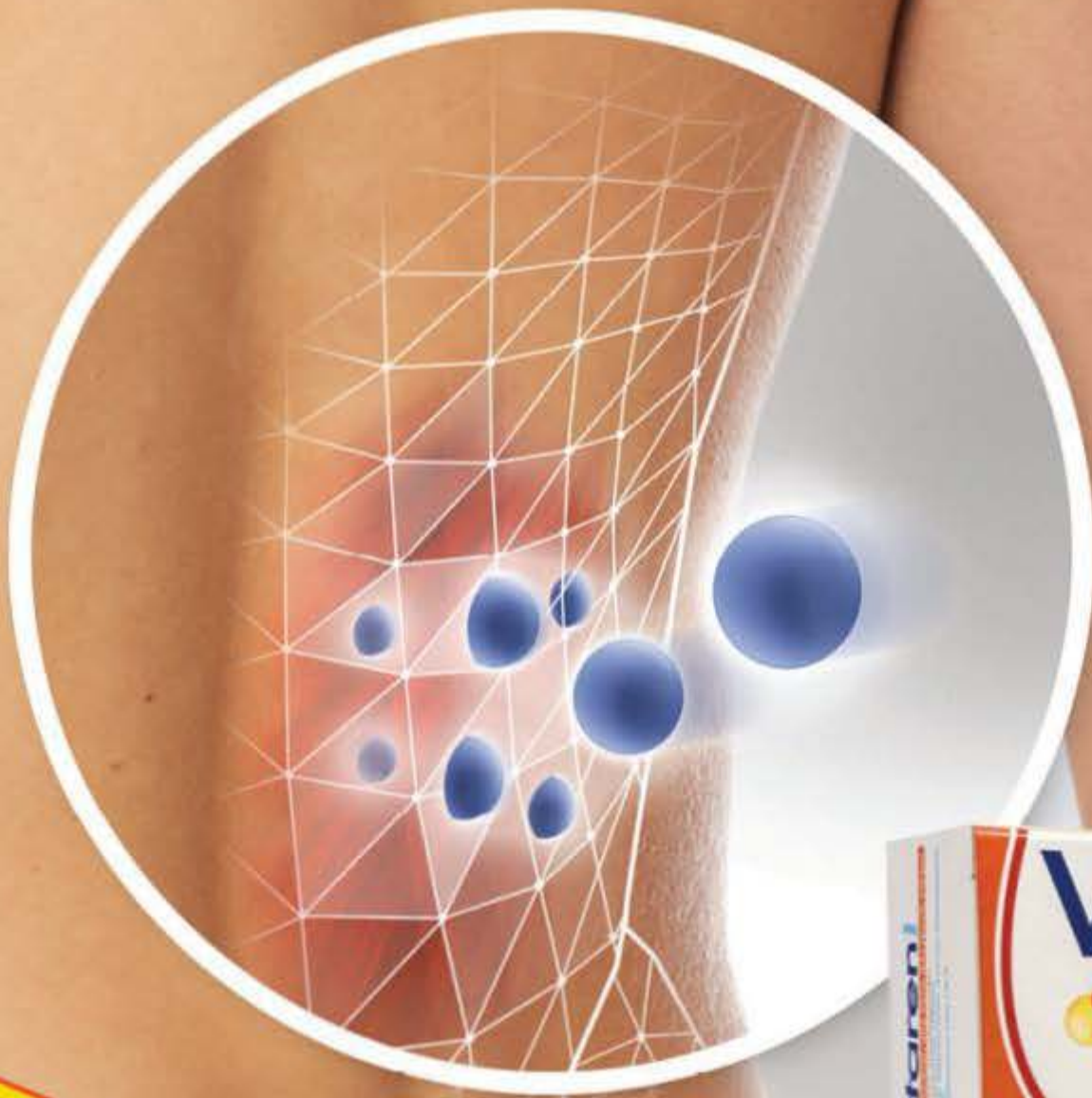
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Joint Pains

Joints are the parts of your body where the bones meet together. Joints allow the bones of the skeleton to move. Joint pain is a very common problem with many possible causes, but it is usually a result of injury or arthritis. There are different conditions that can result in painful joints. Such conditions include: Osteoarthritis, Rheumatoid arthritis, Lupus, Fibromyalgia, Bursitis, Gout, strains, sprains and other injuries.

Most often the joint pain would be the result of swelling, inflammation and stiffness. Such pains can interfere with body movements and causes a lot of pain.

Joint pain would be diagnosed by an intensive physical examination by a medical doctor and in some cases there might be the need of an x-ray or scan. Pains can vary from mild to severe. It can pass away after a few days or last for several weeks, months or years.

Joint pains can be managed or controlled by medications, physical therapy or alternative treatments. Medications can take different forms like oral, topical, suppositories or injections. Such medications vary from over the counter medicines, nonsteroidal anti-inflammatory, opioids, muscle relaxants and antidepressants. Physical therapy, ideally with a physiotherapist, can also be effective as it can strengthen the muscle around the joint, stabilise the joint and improve the range of motion. Other effective exercises which could be very effective are swimming and cycling. If the person is overweight, losing weight can relieve some pressure on the painful joints.



The Road of Physiotherapists within MUMN

Part 3 - Pauline Fenech - Chairperson, Physiotherapists Group Committee

This article continuous with the previous articles issued, whatever is being narrated is the sole truth. Several stakeholders have been witness to these decisions and facts which occurred and we are hear describing the work, the decisions and processes carried out.

2018- 2020

In March 2018, MUMN started the negotiations with PACBU & health directorate regards the sectorial agreement , there was as well GWU representing the ex-managers of allied health professions and other members. UHM did not attend this meeting so both MUMN and GWU started the discussions on the negotiating table. Meetings were slow , lethargic and far apart, UHM kept refusing to attend on the same negotiation table , even though in previous meetings with their own members the UHM director responsible for health workers had informed them that all unions can sit at the table and negotiate amicable as this is already done in the collective agreements of the public service. So for a whole year this circus of discussions was carried out , UHM negotiating separately from MUMN and GWU. May we inform our readers till that day UHM didn't have proof that the absolute majority of allied health professionals were actually members of UHM and thus no way of contesting their sole recognition of the allied health professionals. UHM was the main signatory for allied health professionals since the establishment of paramedics grade back in the early 90's by default. That same period when nurses and midwives had detached from UHM and formed their own union MUMN.

Besides the issue of the sectoral agreement , during that year we kept working hard on matters pertaining physiotherapists holding regular meetings within different entities, pushing for employment of new recruits within the health system, meeting with new recruits and also with physiotherapists returning back to practice. Our aim was beyond that of union matters, we needed to see that professional growth is achieved hand in hand with working conditions. We also followed the process of specialization closely with the Directorate and MAP , were we had respectable and open communication.

The negotiations regards the sectoral agreement kept going forwards and backwards till mid-2019 , when UHM were granted sole recognition of the allied health professionals (but without the physiotherapists) however they didn't dispute the fact that they didn't have the majority of physiotherapists. MUMN rebated back through the DIER , we were not allowed to negotiate any further on the table. For this reason we had no other alternative but push to leave the allied health group. Amidst several directives, MUMN through the lawyers had written officially to the concerned authorities to respect the sole recognition of physiotherapists on the premise that each individual had the right to be represented by the union of his choice and that MUMN had the absolute majority of physiotherapists as their members. In summer 2019 , MUMN filed an inhibitory injunction against the Government. That inhibitory injunction was lost on the premise that MUMN didn't file to become a separat bargaining entity through the right channels. However MUMN had followed the guidelines given to her by DIER , the attorney general and other stakeholders. Still the permanent secretary refused to budge in.



Later in November MUMN through our lawyers filed again an official cause to the permanent secretary to consider MUMN as a separate bargaining entity as advised and concluded by the judge in the first mandatory injunction. We kept being ignored and in spring 2020 Covid hit us all and the law courts were temporarily suspended. In Summer 2020 after Covid settled and the law courts opened again, our lawyers wrote officially again that we had been demanding for the separate bargaining entity but no official reply was received again, MUMN had no other option but reconsider yet again an inhibitory injunction. We did so with full responsibility knowing that our aim is not to disrupt other allied professions but to leave the said group (this was officially written in said filing) and that such a process wouldn't lengthen the saga more than 2-3 weeks.

Unfortunately UHM twisted the whole process of events, made false claims that MUMN is out to harm the allied health professionals and that is sabotaging the whole process. This caused a divisive response between professionals; when MUMN's fight was against the authorities for keep refusing to grant a sacrosanct right for health professionals to be represented by the union of their choice. MUMN had enough evidence & arguments to show that not all allied health professionals were represented by UHM, that physiotherapists are a distinct profession, having their own needs, etc. MUMN promised its members that it will go through all the processes and expenses, leaving no stone unturned to carry out what their members wished for.

The inhibitory injunction was lost however this was not an end-all for MUMN to reach its target. The judge still for the second time, advised that physiotherapists have the right to be represented by the union of their choice and the government should

see that the right for representation and affiliation is seen to. MUMN tried other ways how to achieve this however UHM tried to hinder the process.

This wasn't the only major saga with regards to physiotherapists for MUMN. There was a whole other battle to fight for the refurbishment and expansion of the physiotherapy department within St.Lukes's hospital (a process that took a whole 2 years) and when Covid hit our shores, another major concern was the health and safety and well being of all our members.

We also kept advocating and addressing the day to day needs that physiotherapists were encountering, and making sure that calls continued being issued in accordance to the sectoral agreement across all entities and ministries. All this might have irritated a handful of individuals within our own profession especially when certain maneuvers and decisions were being questioned.

We are well aware that when particular physiotherapists spoke against MUMN, they did so, not out of concern to the profession, but because their own decisions, behavior or actions were impinging on fellow physiotherapy colleagues and MUMN intervened as duty bound to safeguard its members.

In October 2020 the allied health agreement and MOU were signed, most professionals were positive about this, however we couldn't help notice that most of the agreement was in fact copied from the draft that we had proposed in 2017 and the counter proposal of the directorate in 2019 (especially between entry scale 10 up to scale 7). Still several other positive recommendations were not taken up.

We are consciously aware of this as the first draft handed in by UHM was mostly based on a point system which

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• continued from page 25

didn't make sense to the structure of how we as health professionals work. Of course this doesn't mean anything to our readers as long as they have additional money in their pockets. However with all the said claims that MUMN hasn't got the best interest of physiotherapists or of any other profession outside nurses and midwives, we had calculated that with the agreement settled by UHM and what MUMN had proposed, per capita we were financial at par . We still need to see what was promised by UHM is actually delivered with regards to the MOU, as till now there is a major set back within the scale 7 appointments and seniority issues within the said

scale, as everyone was appointed on the same date irrelevant of years of experience or masters. Certain needs within our profession are still kept unaddressed through this last signed agreement, the injustices created in 2013 remained untackled and professionals in middle management lower than scale 6 remained empty handed. In addition we recently got to know that UHM was adamant that additional roles such as team leaders (whilst still being scale 7 & part of job description of this grade), extended scope practitioners etc are not to be acknowledged as they don't fit in the nomenclature that they were proposing, instead of finding a means to compensate for the role of these senior members , or opening up new roles that our profession is so capable of doing. This goes to show that UHM were not seeing the needs of each individual profession especially how they function on day to day matters, but were only looking at how all professions are to be kept in line and how particular pockets of their members were gaining over others.

Final note

MUMN might come across as a hard-core communicator, however it does so on behalf of each profession it represents. Till now MUMN has gained the recognition of several other professions, which fall under the care of the allied directorate and that includes social workers, ECG technicians, phlebotomists, and dental surgery assistants. Each of these professions have their own recognition. There is a reason why such professionals switched over from their previous union, mainly because MUMN doesn't promise things which are impossible to gain for the sake of gaining members, doesn't promise pockets of members certain things which can impact negatively the rest of the same profession creating injustices. MUMN as a professional union and as stated in its own statute, beyond simple working conditions, seeks that the health professional is able to grow in his profession in a healthy environment where the well being is taken care of , treating all members equally without setting any secretive side agreements or encryptive MOU's to be exposed at a later stage.



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Has this pandemic affected our relationships?

• continued from page 15

attention, and the teacher has limited control over the students, given that they are in their own homes. If in this situation, the parents also need to work from home, as well as help the children follow the lessons, the frustration will continue to rise.

Where teenagers are concerned, one of the most important relationships would be their friends. Quarantine comes in the middle of that too. They would no longer be able to go out and meet their friends, so they start to feel alienated. The rise of social media was a great help for this aspect as teenagers had many different platforms through which they could still keep in contact.

Families who were put in quarantine would all have different circumstances. Many variables could be different, such as; the number of people, the ages of the people as well as the size of the house. These factors would of course result in the different ways that the quarantine would effect each family. To gain better insight on this, I interviewed Victoria, (whose name has been changed to protect her identity) a woman in her twenties who considers herself family oriented and quite an introvert. Victoria experienced mandatory quarantine twice, once with family, extended family and her boyfriend and the second time just her and her boyfriend. She mentions that quarantine resulted in a lot of stepping on each other's toes. Being limited to spending time with the same people resulted in some stress. However as time passed, they started to understand that being together and spending time together are not the same thing. Quarantine helped them to realise how little quality time they actually spent together as a family. They accepted that they would need to see the quarantine through and they would make the most of it, so they started planning ways how they could enjoy the time together as much as possible. They spent their afternoons together in each other's company to play a game or two. This was a great help for the family, because they spent time together

daily, but were free to spend the rest of their time as they wished without feeling obligated to be with the rest of the members of the family. When considering the second quarantine, Victoria and her boyfriend were alone. This afforded them the opportunity to spend time together as a couple. They reside in separate households, and with work and other obligations they had little time to spend together or any time to spend alone. Victoria expressed how the quarantine helped their relationship to grow. The occasion provided, meant that they experienced living together without anyone else for a couple of weeks, and from this they saw that they are quite capable of sharing the responsibilities of daily tasks.

Following both quarantines, Victoria's testament is that ultimately, quarantine was helpful to all of her relationships. There were of course moments of unease and disputes, however Victoria explains how she is thankful for the experiences. As a result she has become closer to her family, and they now spend more quality time together, and also knows her boyfriend better and their relationship has grown stronger for it.

Quarantine has put many different kinds of relationships to the test, both of those in quarantine together, as well as social relations outside, given that people in quarantine are to an extent dependant on those outside for anything they may need. Therefore, quarantine did indeed add stressors to an already stressful time, however it also provided the possibility for relationships to experience and rise above said challenges together.



Monument tal-MUMN

Meta nholoq il-monument li jfakkar l-ghoxrin anniversarju mit-twaqqif tal-MUMN, kien importanti li dan ikun artistikament originali.

Min jaf kemm-il darba smajna u tghallimna li ċ-ċentru fix-xogħol li jagħmlu l-ħaddiema kollha fis-settur tas-saħħa, jibqa' l-pazjent.

Fil-fatt il-monument juri l-Kura ppersonifikata fil-figura ċentrali li fil-waqt li tħaddan il-figuri kollha tidher issir parti minnhom. Il-figuri l-oħra jirrapreżentaw il-fażijiet kollha li jgħaddi minnhom il-bniedem, mill-ġuf sal-mewt. Sa mill-konċepiment il-bniedem jiġi fdat f'idejn il-professjonisti tas-saħħa, sakemm jitwieled. Il-monument jinkorpora wkoll l-omm tredda t-tarbija għaliex għiet edukata mill-professjonisti, it-tifla li tħaddan il-pupa magħha waqt li kienet fis-sala tat-tfal, filwaqt li x-xwejjah moribond hu mgħammad għaliex il-professjonisti tas-saħħa jitrattaw lill-pazjenti tagħhom bl-istess imħabba u interess minkejja l-etnicità, orjentazzjoni sesswali u età. Hu min hu, kull pazjent għandu valur u l-kura tingħata lilkom bla ebda distinzjoni. L-uċuħ fl-isfond jirrapreżentaw l-emozzjonijiet tal-qraba... imbeżza', irrabjati jew kuntenti kollha bl-istorja tagħhom.

Fuq wara mnaqqax fil-ġebbla tal-qawwi Għawdxija hemm ċirku li jirrafigura ċ-ċirku tal-ħajja. Il-ġebbla fit-tarf tagħha wkoll hija mnaqqxa f'linji vertikali, li juru l-jiem ikkunsmati tal-bniedem, kull linja hija jum ġdid.

Tlett snin ilu l-monument iġġarraf wara li l-ħajt li kien wieqaf warajh sfronda wara maltempata. Fuq inizjattiva tal-E.T. Dr. George Vella President ta' Malta l-monument ġie restawrat u ngħata l-glorja tiegħu mill-ġdid.

*Antonio Mifsud
Skultur
Charge Nurse MDH*



NANCARE.

Nourish every possible need

SPECIALLY
DESIGNED FOR
BABIES



New NESTLÉ NANCARE range of products for infants and young children

During the first years of life, every child, experiences many moments of joy as well as the occasional instance with minor ailments that can cause distress. It is particularly common for babies to suffer minor digestive problems such as diarrhoea or constipation because their digestive and immune systems are still maturing. New Nestlé NANCARE dietary supplements contain active compounds known to help resolve specific issues related to these problems in babies that are breastfed or formula fed. The New Nestlé NANCARE range of dietary supplements were recently introduced to the local market and comprise of 5 different products.

NANCARE Flora Protect+. Taking antibiotics early in life may severely disturb the developing gut flora, causing microbiota disbalance by killing both pathogenic and beneficial bacteria. The young child's immune system needs extra protection during early life, given that it's still immature. NANCARE Flora Protect+ with *L. Rhamnosus* and two predominant human milk oligosaccharides known as HMO's, help build a strong immune system. These active compounds present in New Nestlé NANCARE FLORA -PROTECT+ support a healthy gut microbiota and a strong immune system, even during antibiotic treatment.

NANCARE Flora Equilibrium is a supplement for children, that improves mild constipation by improving stool frequency and softening stool consistency. Nestlé NANCARE Flora Equilibrium contains FOS (fructo-oligosaccharides) and GOS (galacto-oligosaccharides). These compounds provide a prebiotic action that improve intestinal well-being and promote digestive health in children. Prebiotics are defined as 'non-digestible food ingredients that beneficially affect the host by selectively stimulating the growth

and/or activity of one or a limited number of bacterial species already resident in the colon and thus attempt to improve host health through this action.

NANCARE Vitamin D and NANCARE DHA, Vit. D & E. Several studies have demonstrated that serum levels of Vitamin D experience marked seasonal changes with a significant decline during the winter months. Both an impaired cutaneous synthesis of vitamin D and an inadequate dietary supply seem to be responsible for vitamin D insufficiency. Thus, particularly in winter, vitamin D supplementation may be an alternative solution to increase vitamin D levels. The new Nestlé NANCARE range offers two formulations that provide this indispensable vitamin,

namely NANCARE Vitamin D and NANCARE DHA, Vitamin D & E. In addition to Vitamin D, the latter also provides DHA and Vitamin E. DHA is a special fatty acid found in breast milk that plays a critical role in brain and visual development. Vitamin E helps protect cell components from oxidative damage. The role of vitamin E in protecting against oxidative damage applies to all ages, including infants and children.

NANCARE Hydrate. Diarrhoea is a very common health problem in infants and children. This condition may occur due to viral pathogens (e.g. rotavirus) as well as bacterial causes (e.g. Salmonella, Shigella and E. Coli.). Recent guidelines suggest use of reduced osmolarity oral rehydration solutions (ORS) as first line treatment in young children. Nestlé NANCARE Hydrate is a reduced osmolarity ORS, designed to replace electrolytes and water lost during diarrhea and vomiting that supports rehydration.



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A rewarding conference on death and dying and how to support the journey

On Friday, 26 October 2018, I have been given the grace of being officially invited to participate by speaking at a conference organized by the MUMN (*Malta* Union of Midwives and Nurses). This conference tackled the subject *Death and Dying: supporting the journey. *My presentation had to address the issues as well as meeting the challenges of death and dying.

In this conference I was kindly asked by its committed organizers to deal with the spiritual issues concerning the Anointing of the Sick (AOS). The quote which kicked off my presentation was the one given by Saint Teresa of Calcutta which, at that time, the very same quote was standing at the left side of the front door of the hospital chapel. This quote ran with the following words: *If you have a sick or lonely person ... be there. May be just to hold a hand, may be to give a smile, that is the greatest, the most beautiful work *(Mother Teresa 1910-1997).

I liked the quote from Mother Teresa a lot because it greatly challenged me to delve deeper into why the Anointing of the Sick is God's healing presence among the suffering ones. The latter, which was my agreed title for my 20-minute presentation, made me reflect on the sacramental presence of the chaplain within the hospital setting.

According to the website *catholic.org <<http://catholic.org>>* "the purpose of the sacraments is to make people holy, to build up the body of Christ, and finally, to give worship to God; but being signs, they also have a teaching function. They not only presuppose faith, but by words and object, they also nourish, strengthen, and express it; that is why they are called 'sacraments of faith.' The sacraments impart grace, but, in addition, the very act of celebrating them disposes the faithful most effectively to receive this grace in a fruitful manner, to worship God rightly, and to practice charity".

Hence, in my talk, I greatly emphasized the fact that before addressing the Anointing of the Sick as a sacrament in itself I had to highlight the reality of my sacramental presence as a chaplain among God's suffering children. My very

presence, as a pastoral minister, has the purpose to make holy, build up, teaching, nourishing, strengthening and celebrating God's presence in moments of great turmoil, which beset God's people. Most of all when it comes to death and dying.

That is why, as a chaplain, I have to be in the pastoral field of the hospital for God's children who are suffering. As we know, the hospital setting is not just made up of patients and their families. More than that, as my previous speakers rightly accentuated, the hospital staff also needs constant spiritual care. It is precisely for that matter that I chose the generic term the *suffering *and not just limited myself to the term *the patients and their families*. As the conference evolved, it emerged crystal clear that staff needed the caring attention of the chaplain so that they can carry out their profession professionally and fully imbued with God's Spirit.

Having been made aware of this pervading reality during my simple contribution, which came directly from my heart under the guidance of the Holy Spirit, I mentioned an experience when a nurse, after having accompanied a 30-year-old Mum with two kids till her eventual death, was greatly affected by the experience of care she offered to her and her family. In my reflection I recounted how the nurse's tears and pale face really struck me and motivated me as a chaplain to be there for her. I shared with the 150 conference participants how, after journeying with the family, I went straight away and, with the excuse of



the tea, the nurse and myself had time to go over together about the impact this nurse was impacted with in this terrible situation. I still remember her comment after my first tea sips: "What would happen to my kids if I go through this same experience? What lies behind the corner?"

It was at that moment when, as a chaplain, I offered her to pray with her. The nurse gladly accepted my invitation. Her acceptance made me more aware of how, as a chaplain, I need to pray with people and anoint them with the oil of peace, the MIR. After all, who can deny the fact that in hospital praying for inner peace is direly needed?

Then, after reflecting on this powerful experience, I passed on to speak about the rite of the Sacrament of the Anointing. Since Christ himself came into our world to heal the sick and forgive sins he passed on to His Church the power to do the same, especially through the anointing and the prayer that accompanies the sacrament, I highlighted the importance of having all the family united with the chaplain when the administration of the Sacrament of Anointing takes place. Let us not forget that the Sacrament of the Anointing of the Sick is the sacrament of the Church, the community of believers.

As a Catholic priest, this conference reminded me of some powerful quotes, taken from Pope Francis himself, during his various visits around the globe. These quotes continued to enlighten me as to how

I can be a sacramental presence for the people in need at the hospital where I am working.

For instance, in his Message for the 2015 World Day for the Sick, the Holy Father wrote: "Wisdom of the heart means being with our brothers and sisters. Time spent with the sick is holy time. ... Wisdom of the heart means going forth from ourselves toward our brothers and sisters. Occasionally our world forgets the special value of time spent at the bedside of the sick, since we are in such a rush; caught up as we are in a frenzy of doing, of producing, we forget about giving ourselves freely, taking care of others, being responsible for others."

In a homily, this time at Manila, The Philippines, on January 16 2015, the Holy Father said: "Said the Lord: 'Do you love me?'; Tend my sheep' (Jn 21:15-17). Jesus' words to Peter ... are the first words I speak to you, dear brother bishops and priests,

“As we know, the hospital setting is not just made up of patients and their families. More than that, as my previous speakers rightly accentuated, the hospital staff also needs constant spiritual care.

men and women religious, and young seminarians. These words remind us of something essential. All pastoral ministry is born of love. All pastoral ministry is born of love! All consecrated life is a sign of Christ's reconciling love. Like St. Thérèse, in the variety of our vocations, each of us is called, in some way, to be love in the heart of the Church."

And, finally, when meeting the bishops of Brazil on July 28 2013, in Rio de Janeiro, Pope Bergoglio told them: "Dear brothers, unless we train ministers capable of warming people's hearts, of walking with them in the night, of dialoguing with their hopes and disappointments, of mending their brokenness, what hope can we have for our present and future journey? It isn't true that God's presence has been dimmed in them. Let us learn to look at things more deeply. What is missing is someone to warm their heart."

Lord, thank you for giving me the grace of participating in this great conference regarding Death and Dying: supporting the journey. From what you have taught me from the other speakers and from my simple preparation for this conference, keep educating me as to how to warm the hearts of the suffering ones, how can I walk with them in their night, how can I dialogue with their hopes and disappointments; in other words, how can I mend their brokenness. Help me to always remember that, in this way, I am truly seeking your face in and through them. Amen.

Fr Mario Attard OFM Cap



Press Information
 Communiqué de presse
 Comunicado de prensa

Sharp-shooting Iranian nurse wins gold at Tokyo Olympics

Geneva, 26 July 2021 - An Iranian COVID-19 frontline nurse has won his country's first gold medal at the Olympics in Tokyo, Japan. Javad Foroughi set an Olympic record on his way to gold in the men's ten metre air pistol shooting event.

According to news reports, Mr Foroughi, who works on a COVID-19 ward at a Republican Guards hospital and has been twice infected with the virus, trained after his shifts in the basement of the hospital. During the second time he had the virus he was ill and unable to train for a month.

After winning his medal, Mr Foroughi said:

"As a nurse, I tell everyone if we follow the protocols, nobody will have COVID-19 and the whole world will be healthy. I tell all people, as a shooter and as a nurse, to support each other's health and

I'm very happy that COVID-19 could not cancel the Olympics."

International Council of Nurses CEO Howard Catton added his congratulations, "On behalf of the entire ICN family we would like to send our best wishes to Javad for his exceptional achievement in the most difficult of circumstances. I'm sure I express the thoughts of nurses not only in Iran, but across the world, when I say Javad has inspired us all, not only for his sharp shooting but also because he represents the courage and fortitude of all our nurses in the face of the COVID-19 pandemic"



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BioGaia Protectis Drops Small drops Big difference

- Recommended dose of 5 drops daily;
- Can be given from day of birth and is safe for long-term use;
- Proven clinical effects in preventive use in healthy infants*;
- Proven clinical effects in infants with colic, constipation and regurgitation.



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References*: Indrio F et al. Published online 13 January 2014 in JAMA Pediatrics.



BioGaia Protectis, a powerful strain of *L. reuteri* in colic, constipation and regurgitation

Probiotics, defined as live strains of bacteria with documented health effects, have become a well-recognized option to support the composition of a beneficial microbiota in infants and children. Different strains of a specific species have different probiotic properties and effects. Hence the benefits of one specific strain cannot be extrapolated to the effects of other probiotics.

***Limosilactobacillus reuteri* Protectis is special**

Limosilactobacillus reuteri Protectis (*L. reuteri* DSM 17938) is indigenous to the human digestive tract and one of few probiotics that have co-evolved with humans since beginning of time. *L. reuteri* Protectis temporarily colonize both the stomach and the small intestine. The probiotic exerts its effects, or mode of actions, in

many different ways. It has been proven that *L. reuteri* Protectis influences gut motility and may also reduce visceral pain by the release of neuromodulating molecules. Moreover it influences the intestinal microbiota by releasing reuterin, lactic acid and acetic acid, which help promote the growth of other good bacteria, and inhibit pathogens. *L. reuteri* Protectis may also strengthen mucosal integrity by tightening the epithelial barrier and improve immune response.

Scientific evidence

Numerous trials have shown the safety and significant effects of *L. reuteri* Protectis on functional gastrointestinal disorders and protection of infections in infants and children.

Clinical guidelines support the use of *L. reuteri* Protectis

The use of *L. reuteri* Protectis in paediatrics is supported by a number of international guidelines. Indications with a recommendation are infantile colic, functional abdominal pain, treatment of

acute gastroenteritis, as adjunct to oral rehydration solution and prevention of common infections.

Clinical effects of *L. reuteri* Protectis in infants with colic, constipation and regurgitation include reduction in crying time, increase in bowel movements and reduced number of regurgitations in both breast-fed and formula-fed infants.

BioGaia Protectis baby drops can be given from birth and do not affect breast-feeding or the taste of food.



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DNA, genes

Thanks to over a century of genetic research in personal genomics, we now are receiving the answers to such queries and can better form the quality and trajectory of life we desire. Back in the early 20th century, when the science of psychology first emerged, the only focus was the environmental aspect of behaviour. The term environmentalism, which can be basically defined as 'we are what we learn' dominated the branch of psychology for many decades. According to Freud and others, our family environment, or more specifically, the term 'nurture' was the key factor in determining who we are and who we will ultimately become.

However, in the 1960's geneticists started to query this view. Research conducted in the innovative area of genetics on twin siblings and adoptees showed that mental disorders and/or personality traits clearly run in families since children are 50 per cent genetically similar to their parents, therefore the possibility that nature (genetics) rather than solely nurture (environment) could be the reason that certain psychological traits were slowly being recognised. Understanding the importance of genetic influence is just the beginning of the story of how DNA makes us who we are. By studying genetically linked cases such as twins and adoptees, behavioural geneticists discovered some of the biggest findings in psychology because for the first time, nature and nurture could be disentangled.

So what is exactly meant by the term DNA? DNA is basically our hereditary information and material and it can be found mostly in the nucleus of our cells but a minute amount may also be found in the mitochondria. This is then termed mitochondrial DNA. Our DNA information is stored in the form of a code which is made up of four chemical bases; Adenine (A), Guanine (G), Cytosine (C) and Thymine (T). Our human DNA is

It would be a leap in health sciences, if we are able to predict the possibility of a person suffering from mental health disorders such as major depressive disorder or schizophrenia. Similarly, whether someone may pose a higher risk of having cancer, dementia or Huntington's Disease. These queries may seem far-fetched and very avant-garde to us however there are no mystical powers or witchcraft at play here. This 'reader' of what our future may hold in terms of understanding who we are, predicting our achievements and any health-related disorders from the moment when we are still in-utero, is our DNA (Deoxyribonucleic acid).

photo | www.sunshineuni-uk.com

and pharmacogenomics

made up of approximately 3 billion bases in the form of a spiral 'staircase' that we inherit from our parents at the moment of conception. The sequence of these bases then determines the information available for the maintenance and building of the organism.

A gene, on the other hand, can be defined as the basic physical and functional unit of heredity and is made up of DNA. Each individual has two copies of each gene, inherited from each parent. Most genes are alike in all people, however, less than one percent, differ slightly. These small differences contribute to each individual's unique physical features. A well-known research conducted internationally, "The Human Genome Project" determined the whole sequence of our genome and identified the genes it contains. It is estimated that a human has between 20,000 and 25,000 genes.

Continuing on the same spectrum of DNA, genes and inherited disorders is the innovative field of pharmacogenomics (Pgx). Pharmacogenomics, also known as precision or targeted medicine, is a study on how, the individual's own genetic make-up, affects how he/she responds to medication and may prove invaluable to the healthcare providers' medication selection and dosing by opting for what may work best for that particular person.

The very first clinical observations regarding the impact genetics has on drug disposition and effect dates back to the early 1950's. An article published in 1956 by Kalow (1956) described how several of the patients in his study did not exhibit a particular response due to a genetic variation in the activity of their plasma cholinesterase enzymes. Further studies of this type ensued in the years after, with studies revealing how participants with genetic differences in their metabolising enzymes proved to be either 'slow inactivators' or

DNA is basically our hereditary information and material and it can be found mostly in the nucleus of our cells but a minute amount may also be found in the mitochondria.

'rapid inactivators' of a particular antituberculosis medication.

The term pharmacogenetics was first used by Fredrich Vogel in 1959. This dynamic and evolving science is geared towards understanding how a patient's genetic composition can alter his/her pharmacokinetic and pharmacodynamic response to a particular medication or class of medications. In pharmacokinetics there are various factors that may influence this disposition of medication in the individual. This includes organ function, blood flow age and the amount of adipose tissue, however, the key component of what makes that particular patient an individual in his own right, his/her unique genetic make-up, is often overlooked.

Beyond simply tailoring a certain medication based on size, weight and age, pharmacogenomics allows for individualised drug therapy based on their own unique molecular characteristics; for instance the difference in the way he/she metabolises the medication, the drug-transporter activity, the receptor activity amongst others. Furthermore, pharmacogenomics may help improve our current knowledge of pharmacology to enhance the efficacy of the medication prescribed in this unique manner by reducing unwanted side-effects and any

potential toxicities.

To conclude, the field of pharmacogenomics has become a leading topic in the pursuit of precision medicine. To date, the field of oncology has seen the most advancement and success in integrating this innovative field of study since a number of gene-response associations have been discovered that are used to guide the selection of chemotherapeutic agents. On the other hand the Food and Drug Administration (FDA) has approved various commercially available tests that are purported to predict medication efficacy and toxicity thus strengthening the argument that pharmacogenomics has indeed made an entrance in medicine. One particular medical field which is still in its infancy where pharmacogenomics are concerned is psychiatry.

To date there are only a few validated gene-response associations that can be used in a reliable manner to help select the psychotropic medication required. According to an article written by Serretti (2018), precision medicine is greatly required due to the huge societal costs psychiatric disorders bring about. Furthermore, because of the lengthy amount of time required to observe any beneficial effects and response variability from psychotropic medication, a need for such a personalised mode of treatment is greatly required.

Personalised Medicine is considered one of the newest disciplines of medicine currently being used and can safely be considered 'an ongoing work in progress' in the scientific field and it is slowly but surely guiding us towards a more open-minded and widespread acceptance of such a dynamic albeit innovative field of science.

Sharon Maria Cuschieri
Is a Registered Mental Health
Nurse and a MAPN council
member.

Hemm post għall-carers maskili f'pajjiżna?



INTRODUZZJONI

"L-entitajiet intimati mhumiex qed jiddiskriminaw abbażi ta' sess meta fid-diskrezzjoni tagħhom jiddeċiedu li ma jassenjawx *carers* tas-sess maskil biex jassistu residenti tas-sess femminili. L-istess ikun jgħodd fil-każ invers."

Hekk ikkonkludiet il-Kummissjoni Nazzjonali għall-Promozzjoni tal-Ugwaljanza (NCPE) f'Awwissu 2021 f'każ imressaq minni fl-aħħar tas-sena l-oħra.

Il-każ svolgja meta waqt taħriġ għal ċertifikazzjoni ta' Carer f'Dar tal-Anzjani, li nsejħulha DTA, u waqt hidma volontarja f'Dar għal Persuni b'Dizabilità, li nsejħulha DTD, l-entità tal-ewwel insistiet li l-irġiel jieħdu taħriġ fuq irġiel biss, waqt li nisa ingħataw taħriġ fuq residenti kemm nisa kif ukoll irġiel. It-tieni entità, DTD, insistiet li kemm impjegati, kif ukoll voluntiera, jingħataw xogħol biss fuq residenti irġiel, jekk ikunu (l-voluntiera) irġiel, waqt li impjegati u voluntiera nisa jingħataw hidma fuq residenti kemm nisa kif ukoll irġiel.

Wieħed għalhekk jista' faċilment jikkonkludi li *carers* irġiel huma żvantaġġjati u kull entità jkun jaqbilha timpjega, u jkollha voluntiera, nisa milli irġiel, għax lil dawn tista' tqabbadhom kwalunkwe xogħol fi kwalunkwe sala u kwalunkwe resident.

X'QALU L-ENTITAJIET INKWISTJONI:

Entità DTA: "... irrikonoxxiet illi kien minnu li l-ilmentatur ma kienx ingħata opportunità jassisti residenti tas-sess femminili waqt li dawn ikunu qed jiġu assistiti biex jinħaslu. L-entità qalet illi kienet Prattika normali, minħabba diversi fatturi fosthom aspetti kulturali, rispett lejn id-dinjità tar-residenti femminili u ċertu bżonnijiet partikolari għas-sess femminili illi dan is-servizz jingħata minn *carers* tas-sess femminili."

Entità DTD: "Ikkonfermat li ma tiddiskriminax bejn l-impjegati tagħha."

"... li *placement* tal-voluntiera kien diskrezzjonali għall-*management*."

"DTD ma aċċettatx it-talba tal-ilmentatur li jagħti servizz volontarju f'Dar tal-Kommunità (imsemmija) minħabba n-natura tas-servizz li hemm meħtieġ hemm. "Id-Dar inkwistjoni hi għat-tfaliet u s'issa għadna ma bdejniex nieħdu hemm haddiema/voluntiera rġiel."

L-ARGUMENTI TAL-NCPE

Kif wasal għal-konkluzzjonijiet tiegħu l-NCPE?

L-ewwel nett, l-NCPE argumentat li

xogħol volontarju għandu jkollu l-istess protezzjoni bħal impieg regolari.

L-NCPE mbagħad ikkwotat minn Kap 456 tal-Liġijiet ta' Malta, fir-rigward ta' 'diskriminazzjoni', fejn 'jippermetti' 'żvantaġġ partikolari' fir-rigward ta' diskriminazzjoni abbażi ta' sess, orjentazzjoni sesswali, eċċ. meta 'ikun xieraq jew meħtieġ u jkunu jistgħu jiġu ġustifikati permezz ta' fatturi oġġettivi li ma jkollhomx x'jaqsmu mas-sess', u li 'trattament anqas faverevoli li jkun ibbażat fuq xi katteristika li jkollha x'taqsam mas-sess', 'm'għandux jikkonstitwixxi diskriminazzjoni'. Dan 'minħabba fl-attivitajiet okkupazzjonali partikolari involuti', jew f'każ ta' hteġa okkupazzjonali ġenwina'.

Il-piż tal-prova jaqa' fuq id-Dar, li tallega li hemm 'hteġa okkupazzjonali' li hi ġenwina. Jidher li l-NCPE aċċetta l-ġenwinità tar-raġunijiet mogħtija miż-żewġ entitajiet, anzi ddikkjarat li l-'hteġa okkupazzjonali hija self evident u ma teħtieġ ebda prova ulterjuri'.

L-NCPE kienet konvinta li l-'harsien tax-xewqat' u l-'harsien tad-dinjità' tar-residenti 'jissupperaw id-drittijiet tal-ilmentatur'.

DISKUSSIONI

Waqt li ż-żewġ entitajiet stqarrew li huma '*equal opportunities employers*' u '*do(es) not discriminate on the basis of race, colour, religion, sex, political affiliation, sexual orientation, marital status, disability or other matters*', u 'm'hemm policy daqshekk maqtugħha fil-blat', it-tnejn li huma kkonfermaw b'mod ċar id-diskriminazzjonai allegata. Argumentaw li meta *carer* raġel jassisti residenta (femminili), dan jikkawżalha '*shame and embarrassment*'.

Kif inhu magħruf, fid-dokumentazzjoni li timtela' minn Djar ta' dan it-tip, mal-ewwel wasla ta' resident ġdid fid-Dar, imkien ma ssib mistoqsija, jekk ir-resident għandux preferenza fis-sess tal-*carers* li jkunu ser jieħdu hsiebhom. Minkejja dan, dawn id-Djar qed jikkonkludu u jiddikjaraw li r-residenti femminili kollha jinsistu fuq *carers* femminili, u r-residenti maskili ma jagħmillhomx differenza. Kemm dan mhux korrett hu l-fatt li waqt it-taħriġ tiegħi konna permessi nieħdu hsieb u naħslu numru limitat ta' residenti femminili, u mhux biss dawn ma lmentawx, anzi, oltrè, bdew jitolbu għal *carers* irġiel, forsi għax hassewhom aktar *cared*?

Wieħed wkoll jista' jistaqsi fejn wieħed jaqta' l-linja? Meta residenti

Lil MUMN f'għeluq il-25 sena mit-twaqqif tagħha

jingħataw għażla fis-sess tal-*carers*, id-Djar jaċċettaw jew le meta residenti maskili jinsistu li jridu jaħsluom *carers* femminili biss? U kemm tiġi estiżja l-għażla? Għall-orjentazzjoni sesswali tal-*carers*? Tal-kultur tal-ġilda? Tar-religjon li jhaddnu?

Apparti li kif inhu magħruf, hemm numru sew ta' Djar f'pajjiżna fejn ir-residenti huma mistennija li jaċċettaw kwalunkwe *carer* li d-Dar timpjega, anke jekk wiehed jikkonsidra sptarijiet tal-Gvern, bħas-SAMOC, hemm, fl-istess sala jkun hemm taħlita ta' pazjenti rġiel u nisa, u dawn kollha jieħdu hsiebhom *carers* taż-żewġ sessi, mingħajr ebda distinzjoni.

Waqt li hu ovvju li appartu *nurses*, anke *health workers* oħra bħat-tobba (inklużi *gynaecologists*) u fisjoterapisti jaħdmu ma' u fuq kwalunkwe persuna, ftit jafu li fir-Renju Unit, saħansitra hemm *courses* għal *midwives* irġiel, u dawn mhux biss jaħdmu u jwelldu t-trabi, iżda nisa li ser iwelldu ppreferew lilhom minn *midwives* nisa. (Ref: Male midwives – Why some of you would actually prefer one, link hawn isfel).

Ta' min isemmi, li l-entità DTD irreġgaxxiet meta ġiet mitluba mill-NCPE jati spejga, billi, bil-miktub, waqfitni milli nati aktar servizz volontarju magħhom.

KONKLUŻJONI

Fil-konklużjoni tagħhom, l-NCPE ddikkjaraw li l-entitajiet residenzjali, meta jiddeċiedu dwar l-operat tad-Dar, għandom iqisu x-xewqat tar-residenti. Għal dan il-għan, l-NCPE ipproponiet li biex id-Djar ma jimxux fuq 'konswetudni, użanzi jew prattiċi stabiliti' isiru Regolamenti taħt il-'kappa ta' entità governattiva li tkun qed tara l-interessi tar-residenti.

Fil-fehma tiegħi, id-deċizjoni dwar jekk resident jew residenta għandux xi preferenza partikolari fir-rigward tal-*carers*, għandha jkollha bażi aktar soda minn 'konswetudni, użanzi jew prattiċi stabiliti' jew, mingħajr ġustifikazzjoni, x'jaħseb min ikun qed imexxi d-Dar għax jiddeċiedi li hi 'htieġa okkupazzjonali li hi ġenwina'. Dan qed jirrefelett f'ċertu Djar jippreferu jimpjegaw *carers* femminili minħabba li jitqabdu jieħdu hsieb kwalunkwe pazjent u resident, minkejja li jista' jkun ta' tbatija għalihom minħabba ċ-ċirkostanza fizika, eċċ. tar-resident. Għalhekk hemm skop li persuni maskili jiksbu ċertifikat ta' *carer*?

(Ref: <https://www.madeformums.com/pregnancy/male-midwives-why-some-of-you-would-actually-prefer-one/>)

Kenneth Abela
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Kien sewwasew nhar id-dsatax ta' Settembru Tal-elf, disa' mija, u sitta w desgħin, Meta uħud minn uliedek ingabru Waqqfuk biex lil bosta nies bi mħabbtek tgħin.

Infermiera, qwiebel imżejna b'hila Sabiex jieħdu hsieb lil Kristu fil-marid, Ixammru l-kmiem, ma jsibuhiex bi tqila B'għemilhom sieket w ħelu kemm jagħmlu ġid!

Għid lil min tilef lil għażiża ommu Jew lil missieru, 'il huħ, l'oħtu, 'il bint L-iben, iz-ziju, iz-zija, in-nanniet!

Ħa jgħożż kull wiehed b'qalbu u wisq b'fommu Xogħol l-infermiera u l-qwiebel, int min int Ħarsulhom xogħolhom u aġtuhom drittijiet.

Patri Mario Attard OFM Cap
19 ta' Settembru 2021

Jum il-25 sena mit-Twaqqif tal-MUMN u s-26 sena tal-Professjoni
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“If you love a healthcare worker, Pray daily that God will renew their passion, joy, and contentment in their calling. Because while the world fights over a shot, the medical field is fighting to keep their desire to serve”





Press Information
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World Humanitarian Day: ICN calls for protection of nurses and other aid workers during current crises

Geneva, Switzerland, 19 August 2021 – On World Humanitarian Day, the International Council of Nurses (ICN) remembers colleagues who have lost their lives in humanitarian service and during the pandemic, and honours healthcare and aid workers who continue to support people in conflicts and disasters across the world.

As the world faces a serious pandemic and the growing threat to health of global warming, nursing's collaboration with humanitarian organisations will be increasingly important in the battle to maintain people's health in a rapidly changing climate.

This year's World Humanitarian Day (19 August) highlights the immediate human costs of the climate crisis and is an opportunity to pressure world leaders into taking immediate meaningful climate action to protect the world's most vulnerable people.

It also shines a spotlight on the fact that the world's poorest and most vulnerable people, who have contributed least to the global climate emergency, have been hit the hardest by it, with millions of people already losing their homes, their livelihoods and their lives.

The latest report from the Intergovernmental Panel on Climate Change confirms the science on human activity-related global warming, and recent research from Harvard University and others shows that the fossil fuels, which contribute to climate change, are also responsible for the air pollution that causes one in five deaths worldwide each year.

ICN President Annette Kennedy said the effects of climate change on human health, wellbeing and global development will be even worse than those of the pandemic:

"As we have seen in the pandemic, the most vulnerable populations - especially women, older people and racialised communities - will be hit hardest. Protecting the world's most vulnerable people is essential to

health, gender and social equity."

Ms Kennedy said nurses are already seeing and responding to the impacts of climate change on the health of patients, communities and health systems.

"Nurses are making a powerful contribution to mitigate climate change and support people and communities around the world to adapt to its impacts. As patient and community advocates, they can be the voice for climate-vulnerable populations. Disasters directly linked to climate change are increasing in frequency and intensity. Nurses' collaborations and partnerships with humanitarian organisations will become even more important as the challenges and adverse health impacts from disasters, coupled with displacement of populations, will be complex and long-term."

ICN Chief Executive Officer Howard Catton said the effects of the COVID-19 pandemic, including the tragic deaths of at least 115,000 healthcare

workers, have made humanitarian relief work more challenging than ever.

"The world continues to fail to do enough to protect healthcare workers whether fighting the pandemic or the devastating effects of the crisis unfolding in Afghanistan. Healthcare worker rights are human rights and non-negotiable and that is why ICN is calling for the international community to ensure that the respect and recognition of healthcare workers, the vast majority of whom are women, are at the heart of the political discussions on Afghanistan in the coming days. Let's not forget that nursing is a high-risk profession with 90% of its workforce made up of women, who are particularly vulnerable and often subject to attack.

"ICN is a founding member of the Safeguarding Health in Conflict Coalition, and its most recent report showed that healthcare workers are still at risk, despite the United Nations vow in 2015 to protect healthcare in conflict zones. The World Health Organization's recent Health Worker Safety Charter must be implemented in full if healthcare workers are to be afforded the protection they so richly deserve."

Ms Kennedy said: "This issue is not new, and governments' inaction on it means that nurses, far from being protected, are experiencing increasing mental and physical stress. Ultimately this will lead to a mass exodus from the profession, which nobody wants. Governments must take action now because humanity begins at home: look after you nurses, or they will not be around to look after you."

More information about the 2021 World Humanitarian Day campaign can be found here.

See ICN's recent web-story on the Haiti and Afghanistan crises here.



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