

# II-Musbieh

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

Numru 89 - Diċembru 2020



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COVID-19

## Side-lined Frontliners

Studies show that healthcare workers working on the frontline of the coronavirus pandemic are three times more likely to test positive for the disease than the general community. Workers who reported a lack of adequate PPE in their healthcare institutions were at greater risk still. But although we are on the frontline of this crisis, nurses are too often being left out of responses to the pandemic.

According to the International Council of Nurses (ICN), more than 1,500 nurses worldwide have died from COVID-19 during the pandemic and this is a fraction of how many health-care workers have likely been killed by the virus. This should not be a surprise: we are the largest group of healthcare workers in the world, dedicated to preventing the spread of coronavirus, and we are also engaged in caring for those who are suffering. Nurses working in hospitals, care homes and within communities are often put at greater risk from COVID-19 because they have not been given adequate

personal protective equipment, or PPE.

2020 is the World Health Organisation's Year of the Nurse and Midwife which was supposed to raise the profile and perceptions of nurses globally. We can set a positive example in terms of fair working conditions, protection from infection and pay. This could start with ensuring equal provision of PPE for all staff irrelevant of location of institutions, wards etc.

Our Nursing and Midwifery Union has also voiced its disappointment about the change of heart of giving danger money (Covid Allowances) to nurses when this is extra payment for working under dangerous conditions. Deflecting all requests for nurses is simply not a good idea when all they need is to have their mind at rest while working with patients suffering from COVID-19. If this is not a priority for the government it's definitely a priority for nurses and midwives. Danger money has been promised to us and this U-turn does not make sense.

In addition to this, another union has been deliberately used to divide nurses and stop our danger money. Nurses and midwives were used as pawns in a game. This was certainly

a political manoeuvre of rule and divide during a critical moment when everyone is doing their best to ensure the safety of Coronavirus patients. This decision on danger money must be reconsidered yet again. When this pandemic is over, we must never take our health systems for granted again, and we must invest much more heavily in our healthcare workers.

Nurses have a duty to their patients, but they also have a duty to themselves under the nursing code of ethics. The psychological consequences of putting nurses in dilemmas such as leaving their jobs will be profound and long-lasting to our healthcare system. Nurses were already burned out before, and this pandemic might push many of them completely out. It is already an insult to us that contrary to other professionals, we were denied the shift allowances; need to fill in our own appraisal reports and make-do with unrevised CPD allowances. Double standards, that it. It's no use calling us heroes, just don't side-line us.



## President's message

The year 2020 is nearly over. It was meant to be a year for celebration for the nurses and the midwives after WHO Declaration that 2020 is to be the year of the nurse and the midwife. Unfortunately not only there was no celebrations but the year 2020 turned out to be a year where a deadly pandemic took place causing along the year several hardships for all healthcare professionals. 1500 nurses lost their lives this year due to this pandemic, not to mention the hundreds of thousands who died from this pandemic.

The main question on everyone's thoughts as a healthcare professional are on the effectiveness of the vaccine which will be distributed early next year. How effective will the vaccine be? Will the vaccination eradicate the virus? How long will the antibodies going to last? Time can only answer to these questions especially in the light that the studies on the vaccination have not yet been published and even if they were, the studies only covered a very short period of time. What is important is that all Healthcare workers get vaccinated since it will make a major difference in our life style and at our work places. We all work with vulnerable persons who are paying a high price, so reducing the risk of Covid both to the patients and to ourselves, to be a major priority.

As a union, it was a very active year, with scenarios and situations never experienced before. The issue of vulnerability, quarantine, PPEs are just examples which our members faced on a daily basis. The Health and Safety of every member of MUMN had become the greatness concern to the union and as MUMN, we were the only union to issue directives and take stand to see that the rights of its members

are protected. Unfortunately certain countries allowed these issues to get out of control, and the healthcare staff paid a dear price.

The pandemic proved clearly (not that prove was needed) that from all the healthcare professions in all hospitals, nursing/ midwifery is by far the most challenging. This is not just a matter of just shortage of nursing. But definitely patient management and ward management in every hospital including Health Centres and Elderly Homes has become to say the least challenging and at times problematic. Shortage of nursing, an issue which this country like many countries is suffering from, is leaving its toll on most of our members.

The numerous vacancies in all hospitals, including elderly settings and homes is not being prioritized by the Government. It is clear that the Health Division has not all the support from central Government on this issue, not to mention that this year with all the political propaganda, the recruitment failed to even balance the nurses leaving the work force. Nursing was never a easy job but now with Covid, nurses are even more in greater demand with added workloads and responsibilities.

The achievements which MUMN

brought to its members during the year demonstrated two important aspects. MUMN is strong for two main reasons. As a Council we are one big family who are totally loyal and trust each other. There is great harmony amongst us which is the main driving factor. But what is what makes us stronger is you, all members of MUMN, for having your trust, for abiding to MUMN directives when our rights are withheld from us. The union emerged stronger than ever this year and this was felt not just amongst our members but to the new members who joined MUMN during the year.

Not only MUMN has a record number of nurses and midwives as its members, but now MUMN has three other healthcare groups in its fold. Dental Surgery Assistants, Phlebotomists and Decontamination Surgical Technicians have all joined MUMN. These are to be added with the nurses, midwives, physiotherapists, social workers and the ECG technicians.

The latest victory in court was a huge test of fire for MUMN. It was not easy, court cases are never easy but we all felt betrayed by the latest

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# Kelmtejn mis-Segretarju Ġenerali

Għezież Membri,

Nittama li tinsabu tajbin u b'saħħitkom.

Ma nistax nibda dawn il-kelmtejn mingħajr ma ninnota s-sodisfazzjon tagħna u ta' ħafna aktar membri dwar ir-rebħa kbira li għamlet l-MUMN fil-konfront tal-Gvern wara li għoġbu jissottometti mandat ta' inibizzjoni biex iwaqqafna milli niddefendu lill-membri mill-ħniżrijiet li saru fil-konfront tagħhom bir-riżultat li sabu ruħhom meqjusa bħala *second class professionals*.

Huwa vera aġir tal-mistħija. Qed jaħsbu li qed jittrattaw mat-tfal. Kieku ma tkunx preżenti lanqas temmen. Jien kont preżenti għall-laqqgħat kollha tal-Ftehim Settorali u nista' nixhed għal dak kollu li seħħ, għall-assigurazzjonijiet u l-garanziji li tawna. Kollu daħk fil-wiċċ għaliex dawn inkissru kollha.

Is-sena d-dieħla l-MUMN tagħlaq 25 sena mit-twaqqif tagħha. 25 sena ta' servizz u ħidma fejjieda. Qatt ma ġiet affrontata bl-ebda mandat ta' inibizzjoni mingħand ebda Gvern, kienu x'kienu ċ-ċirkostanzi. Lanqas meta kellna fis-seħħ Direttivi Industrijali ħafna aġar minn dawn. L-ebda Prim Ministru qatt ma azzarda jieħu deċiżjoni bħal ma ħa l-Prim Ministru attwali. Dan il-Gvern huwa suppost il-Gvern tal-ħaddiema! Però

lil ħaddiema, biex inkun eżatt ċertu ħaddiema, qed jippruvaw jafgħuhom. Qed jippruvaw juruwhom li l-union tagħhom m'għadiex valida. Fejn qatt smajna li l-Prim Ministru nnifsu jibgħat għad-dokument tal-Mandat ta' Innibizzjoni biex jarah u jirranġa fejn hemm bżonn qabel jiġi sottomess fil-Qorti?! Minflok irrikonoxxa r-riskji diretti għall-ħajjithom li n-nurses u l-midwives qed jieħdu u għadhom qed jieħdu f'kull ġurnata li tgħaddi, qed jipprova jittrattom ta' professjonisti tat-tieni klassi. Veru tal-mistħija.

Iż-żejt tela' f'wiċċ l-ilma. Is-sewwa rebaħ. Il-Qorti tat raġun lill-MUMN - il-Union għandha raġun u kull dritt li tiġġieled għall-membri kollha tagħha anki biex tikkontesta ftehim settorali li żvantagġja lill-membri tagħha. L-MUMN mhux ser tieqaf qabel jiġi mogħti lilha dak kollu li hu tagħha, dak kollu li jneħhi l-iżvantagġi kollha li sabu ruħhom fihom il-membri tal-Union. Minn hawn irrid insellem lill-Imħallef li sema l-Mandat, fejn fid-digriet tiegħu kkonferma l-kapaċitajiet tiegħu. Ma beżax jeħodha kontra l-Gvern u dan għax ma kellhux raġun fl-aġir tiegħu. Kapaċissimu u bravu huwa wkoll l-avukat tal-union fejn bl-għaqqal tiegħu ġab fix-xejn l-argumenti tal-Gvern.

Fil-ġranet li ġejjen ser ikollna

laqqgħat mal-Gvern biex naraw issa jekk jibqax rasu iebes quddiem it-talbiet tal-MUMN. Jekk ma jintlaħaqx ftehim ma jibqalnx triq oħra ħlief li nerġgħu mmorru għad-Direttivi u din id-darba ma niqfux qabel ma t-talbiet tagħna jintlaqqgħu.

Apprezzajna mmens is-support li rċevejna kemm minn unions mill-isfera lokali kif ukoll dak li rċevejna minn barra minn xtutna. Kieku dan il-Mandat intrebaħ mill-Gvern, kien ser jinħoloq precedent veru ikrah li kien jimpatta fuq l-ambjent trejdunjonistiku kollu f'pajjiżna.

Id-deċiżjoni li wasslet lill-Gvern biex itellana l-Qorti huwa l-mod metikoluż kif il-membri tal-Union segwew id-Direttivi. Meta l-Gvern ra din il-lejaltà sħiħa, iddeċieda li jissottometti l-Mandat fil-Qorti. Il-membri tal-MUMN huma rrajjati għall-mod kif qed jiġu ttrattati u permezz tad-Direttivi qed jeżegwixxu il-protesta tagħhom lill-Gvern. Intefa' l-melħ fuq il-ferita meta mbaġhad ġew ttrattati bħala ħaddiema tat-tieni klassi.

Nisperaw li s-sens komun jipprevali. Nisperaw li l-Gvern ma jibqax iwebbes rasu. Nisperaw li l-membri tagħna jingħataw ir-rispett li jixirqilhom. Nisperaw li ningħataw dak li bi dritt huwa tagħna.

Colin Galea  
Segretarju Ġenerali

**L-isbaħ xewqat  
għall-Milied Hieni u  
sena mimlija risq!**



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## Success of mass Covid-19 vaccination programmes will depend on frontline nurses and nurse leaders at the highest level of government

Geneva, Switzerland, 12 November 2020 - International Council of Nurses (ICN) calls on governments to ensure nursing leaders are at the heart of the planning and delivery of any proposed mass vaccination programmes. This will safeguard the equitable and effective distribution and administration of vaccines, once they are available.

ICN welcomes recent encouraging news from the third phase of a large vaccine study, and once a vaccine is available, we look forward to the start of mass vaccination programmes. However, the delivery of the planned 2 billion doses by the end of 2021 will depend largely on the world's healthcare workforce, including 27 million nurses, who have been stretched to breaking point by the pandemic.

ICN Chief Executive Officer Howard Catton said:

"It is great news that a vaccination may soon be available: it gives hope to billions of people that the nightmare of this pandemic will be brought under control. But a successful vaccination programme is so much more than just a quick jab in the arm, and the huge and unprecedented task of vaccinating the people of the world is the public health equivalent of landing someone on the moon.

'Health organisations and governments must recognise the scale of this task and do whatever it takes to ensure their staff have the support they need, and one way to ensure that happens is to have senior nurse leaders in the management teams controlling the vaccination response in every county, right up to government level.'

ICN believes mass vaccination

programmes will face a number of obstacles that only experienced nurses can help to overcome. These include:

A lack of trust and confidence in vaccines among some members of the public

Accessing hard to reach groups  
Socioeconomic factors preventing some people from accessing immunisation services

The fact that some jurisdictions are not enabling nurses to work autonomously and to their full scope of practice

The need to provide holistic care, rather than just vaccine clinics.

Mr Catton continued:

"ICN's report on the role of nurses in immunisation showed that they are central to the delivery of vaccinations right around the world, but vaccination programmes on this scale require the input of nurse leaders from the outset to ensure they are properly planned, managed and monitored, and that they provide equitable and effective outcomes.

'The majority of staff administering the vaccines and giving advice will be nurses, but they are already hugely overstretched by the demands of the second wave of the virus, and by their levels of infection and illness, which remain worryingly high. ICN data and recent research reported in the British Medical Journal show the high risk of patient-facing healthcare staff

to COVID-19: they must be prioritised for the vaccine so they can be in a position to deliver on the promise of the vaccine and in order to protect the health systems in which they work."

"ICN has no doubt that nurses and their healthcare worker colleagues are committed to carrying out the vaccination process with the same courage and commitment that they have shown throughout the entire pandemic. It is up to governments to make sure they have the support they need to complete the task."





## “Applause without action is no longer acceptable”

**Geneva, Switzerland; 9 November 2020** – Princess Muna al-Hussein of Jordan has recognised the contribution of healthcare workers for their courage and relentless fight against COVID-19 and said that “applause without action is no longer acceptable.” ICN endorses her comments and calls for immediate action to safeguard the health and wellbeing of nurses and other healthcare workers.

Speaking at the opening of the 73rd World Health Assembly (WHA) today, the Princess called health workers “heroes” and recalled the WHA’s commitment to action during the Ebola crisis, saying,

“Now the COVID-19 pandemic is here and, once more dear friends, health workers are dying, but this

time in their thousands, the majority of which are nurses.

“We must invest in health workers. We must invest in educating and employing more health workers to ensure every mother, child, student, parent, and grandparent has access to safe health services. We must invest in fair pay and protection of health and care workers. We must invest in health workforce that would help the world recover.”

ICN Chief Executive Officer Howard Catton said Princess Muna’s statement mirrors ICN’s concerns and underlines the need for strong global action now so that the rhetoric of recent months can be turned into tangible changes on the ground.

Annette Kennedy, ICN President, thanked Princess Muna for her phenomenal leadership and contribution for the past six decades and welcomed her powerful call to action.

“We stand shoulder to shoulder with Her Royal Highness and wholeheartedly support her call to governmental leaders to invest in health systems and health workers. This pandemic has exposed the fragility of health systems and the dire need for all countries to be more prepared.

“It has also highlighted the role of nurses and other healthcare workers everywhere and, while the public show of support has been absolutely amazing, health workers need more than applause and words to continue to provide vital care. ICN stands in solidarity with Princess Muna in her call to the WHA to commit to take action.”

Mr Catton added, “Princess Muna is absolutely right now is the time to act, not clap. We have been saying for months what needs to be done, in our Call to Action,

reports and regular updates, and it is deplorable that all the necessary action has not yet been taken. In short, governments need to collect and analyse the data of infections and deaths among nurses, recognise COVID-19 as an occupational disease, ensure personal protective equipment in all healthcare settings, have zero tolerance of discrimination and violence, increase nurses’ pay, invest in training and education, prioritise nurses for vaccinations, ensure mental health support, and increase the number and authority of nurse leaders.

“After the pandemic, there will doubtless be inquiries and investigations into how it was handled. There are no excuses. ICN has shown clear actions on what must be done. The world is watching, and leaders must now act.”

Her Royal Highness Princess Muna al-Hussein is a long-time advocate of nursing, supporter of the International Council of Nurses (ICN) and the World Health Organization Patron of Nursing and Midwifery in the Eastern Mediterranean Region.

During her opening speech at the virtual WHA, the Princess reminded delegates that health workers are continuing their fight against other health challenges: “Preventable diseases do not stop killing young children; mothers do not stop having babies; cancer continues to require treatment; our elders still require health and care services.”

She also stressed that once a vaccine is available, “we will be faced with a staggering task of vaccinating billions of people. No country will succeed without properly preparing their health system.”

Given that 70% of the world’s health workers are women, Her Royal Highness also raised the need for “investment in transformative, gender equity and rights policies”.

# OECD-European Commission Report “Health at Glance - 2020” and the Nursing Workforce



The broader outline of this report is the following: chapter 1 provides an initial assessment of the resilience of Europe’s healthcare systems dealing with the COVID-19 pandemic. Chapter 2 reviews the health and welfare burden of air pollution as a public health issue. The other five chapters of the report provide an overview of key indicators of health and health systems across the 27 EU member states, 5 EU candidate countries, 3 European Free Trade Association countries and the United Kingdom.

Furthermore, the report provides a much-needed preliminary assessment of the effectiveness of European countries’ COVID-19 containment and mitigation measures, health systems capacity, testing strategies, measures to protect vulnerable groups and continuity of care for non-COVID patients.

The report contains a section dedicated exclusively to the availability of nurses, which can be accessed separately online. It highlights nurses’ critical role in providing care in hospitals and long-term care institutions under normal circumstances, and how their role became even more critical during the COVID-19 pandemic across all European countries. On top of that, pre-existing workforce shortages were exacerbated during the pandemic because many nurses became COVID-19 infected. These findings are aligned with the EFN’s findings estimating that the drop-out of nurses is up to 30% in some Member States – due to the risk of infection, burnout, low wages and/or difficult working conditions. The report provides policymakers with high-quality evidence from which valuable

The Organisation for Economic Co-operation and Development (OECD), in cooperation with the European Commission, has just published its “Health at Glance: Europe 2020” report. This report is published yearly. It analyses the status of Europe’s healthcare systems, ongoing challenges, risks and opportunities. The 2020 edition of this report focuses greatly on the COVID-19 pandemic, its evolution and impact on European countries healthcare systems.



lessons can be learnt, more effective policy interventions developed, and build more resilient health systems, both in the short and the long term.

The report touches on the topic of nurses' demand, too. It explains that it is expected to rise in the following years because of two main reasons: population's ageing (with all in entails, such as the increasing number of people living with chronic diseases and/or co-morbidities) as well as a big part of the nursing workforce approaching retirement age. While some countries are recruiting nurses from abroad, this is not happening equally across all European countries (if even happening). Increasing the retention rate of nurses in the profession remains a key issue in most countries to avoid current and future shortages.

In addition, several European countries are implementing advanced roles for nurses in primary care, including Advance Nurse Practitioner roles. These nurses can improve access to services and reduce waiting times, while delivering high-quality care for a range of patients, including those with minor illnesses and those needing routine follow-ups.

A factsheet summarizing the report has also been made available here.

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## President's message

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agreement of the Allied Health. Betrayed since while MUMN was first to sign its sectoral agreement with hard bargaining, another union was given the same agreement with huge and better benefits. Not only were hospital front-liners deprived from any financial remuneration but now we are also being discriminated. Thanks to you, all members of MUMN which make MUMN a strong union since your support was a 100% success. We will keep you updated on this issue and see what will be the coming developments.

Next year will also be a challenging year for MUMN. MUMN will be launching the biggest project ever. New state of the art premises with a whole dedicated training centre for all its members. MUMN's intention are that since next September 2021, MUMN will be celebrating the 25 years anniversary from its

launching, the new premises will be the pinnacle of its celebrations.

Well, as President of MUMN in the name of the Council, we wish you a Merry Christmas and a Happy New Year to you and your family. 2021 will neither be a normal year to any of us but at least, 2021 could be the year where we are all getting closer to "normality" and most important where our patients will be less at risk. 2021 could be the start of going abroad and going out and enjoying ourselves again. Lets be optimistic since as Healthcare professionals we have to be strong for our family and patients.

Paul Pace  
MUMN President



**"You treat a disease:  
You win, you lose.**

**You treat a person,  
I guarantee you win –  
no matter the outcome."**

- Patch Adams

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**YOUR STRENGTH,  
OUR PLAN.**

# “I was sick and you took care of me”

It all started from a telephone call conversation I had with one of our friars who, like me, attended a Clinical Pastoral Education Programme (CPE) abroad. On the phone, this caring friar, a real angel of God, told me: “The translation of Matthew 25:36 should never be translated and read as, ‘I was sick and you visited me.’ But, and instead, it should be translated and read as ‘I was sick and you took care of me’.”

Upon hearing such a smart and caring remark the windows of my soul jubilantly and widely opened up! I sensed that for me, as a chaplain, this teaching is, in fact, revelational! So, the first thing I did was to verify what this real brother taught me by sharing with me this valuable and fruitful information. Thus, I went to the Revised Standard Version and checked the English text of Saint Matthew. What did the English version say? In Matthew 25:36 Jesus says: “I was sick and you took care of me”.

Then, I had a look at Matthew 25:39 and found the following: “And when was it that we saw you sick or in prison and visited you?” The third text I searched for was Matthew 25:43 which says: “I was ... sick and in prison and you did not visit me.” The final text which came under my scrutiny was the following one as found in Matthew 25:44: “Lord, when was it that we saw you hungry or thirsty or a stranger or naked or sick\*\* or in prison, and did not take care of you?”

Interestingly enough I have found that the English translation presents “took care of me” and “visit me” twice each, thus both verbs stand on an equal footing. Hence, the

phrase “take care of me” is detected in Matthew 25:36.

44 in the English translation of the text whereas “visit me” is found in Matthew 25:39. 43. But when the original “koine” Greek which is the language of the New Testament Greek is translated as “visit me” does it imply “take care of me”? It would be wise to study, in a detailed way, the original “koine” Greek verbs used in the original language in order to appreciate more the meaning of these four quotes which I have referred to in the English text.

When one looks at the Greek original translation one notices that Matthew

25:36 and Matthew 25:43 use the same verb ἀφίεμι (epeskepsasthe

[http://biblehub.com/greek/epeskepsasthe\\_1980.htm](http://biblehub.com/greek/epeskepsasthe_1980.htm)) which comes from the Greek verb ἀφίεμι (episkeptomai). This verb offers some very interesting meanings such as I look upon or after, visit, look out, select, examine with the eyes, to see, to look upon in order to help or to benefit, have a care for, provide for, to look out or about and to choose or to employ. It can even mean to furnish with things necessary or to furnish oneself or for oneself.

Another verb which features in the translation of Matthew 25:39 in the New Testament Greek is ἐπισκεπασθε (episkeptomai) whose transliteration is “erchomai”.

Although the present English translation of the text portrays it as “visited (me)” the verb ἐπισκεπασθε can be translated in many other words. For instance, one can translate the verb ἐπισκεπασθε as come, go, arrived, brought, came, comes, coming, entered, expected, fall, falls, give, going, grown, lighting, next, turned and went. Furthermore, ἐπισκεπασθε, when referred to people means to come from one place into another, and used of persons arriving, to come into, to

come toward, to come in the sense of appearing, to make one’s appearance, come before the public, the coming one (obviously referring to the Messiah and here it is used metaphorically), relying on (Messiah’s name), will come, to come into being, arise, come forth, show itself, find place or influence, be established, becoming known, to call into or unto, to come to a thing, to come upon one, to devolve (entrust) upon one, to follow one, to accompany one, to walk and to take steps. In other words, the verb ἀφίεμι generally mean to accompany, appear, bring, come, enter, fall out, go and grow.

“ Lord, when was it that we saw you hungry or thirsty or a stranger or naked or sick\*\* or in prison, and did not take care of you?”

The last verb which comes into play is that found in Matthew 25:44. Here, the Greek text uses the verb ἐπισκεπασθε (episkeptomai) (\*diakoneō\*).

Consequently, here, the appropriate English translation of this text in English would be: “Lord, when was it that we saw you hungry or thirsty or a stranger or naked or sick\*\* or in prison, and did not minister to you?” (Mt 25:44). The verb ἐπισκεπασθε is really powerful here! Its meanings are very direct. As a matter of fact, this verb suggests wait at table (particularly of a slave who waits on guests), serve (generally); “kicking up the dust” because “on the move”; caring for the needs of others as the Lord guides in an active, practical way; minister; ministered; ministering; servant; contributing ... support; do ... the serving; employ in serving; services ... rendered; take care; wait; waited; to be a servant; attendant; domestic; wait



upon; to minister to one; rendering ministering offices to; to be served, ministered unto; to wait at table and offer food and drink to the guests; supply food and the necessaries of life; to relieve one's necessities; to provide, take care of, distribute the things necessary to sustain life; to attend to, anything, that may serve another's interests; to minister a thing unto one, to serve one with or by supplying anything to one another for mutual use.

What can we deduce from the following meanings given to the English rendition of the Biblical Matthean phrase \*I was sick and you took care of me\*? First, the nature of the pastoral relationship of the chaplain with the sick person is one of looking after, visiting, selecting to serve that person after closely observing that s/he is in distress, ongoingly providing of care for and attending to that person's needs, approaching publicly, accompanying patiently, walking with step by step, evolving, supporting by waiting, relieving the other from his and her pain, distributing care to him and her, in other words serving another person's interests. From this survey, we can conclude that the pastoral relationship between a chaplain and the person in distress is patient-centred.

Second, this short study concerning the verbs that are connected with caring for the sick in the Matthean Gospel picture the chaplain as the one who looks after, visits, selects those who mostly need his care, observes intently the most needy ones, gives his help for their benefit, provides care continually by visiting them regularly and publicly, being always on the move to support, accompany slowly and patiently, revealing growth by his frequent visits, serving by responding to their needs, distributing his care and serving them by welcoming them. Obviously, as the Lord guides him practically!

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photo | <http://nihealthcare.com/>



# EFN Policy Statement on the Consequences of Nurses' Shortages in Public Health

Nursing shortages in Europe are having disastrous consequences for the quality and continuity of care provided to patients and people and placing nurses themselves at serious risk due to excessive workloads and high levels of illness and burnout.

It is worth reminding stakeholders that nurses are the largest group single of healthcare profession—about 3 million in the EU, and 6 million in Europe. Meaning that if the frontline of healthcare is weakened by cuts and insufficient nurse staffing with negative effect on nurse-patient and nurse-population ratios, a domino effect will occur and have negative consequences for the rest of the healthcare system. The evidence clearly shows that nurse staffing positively affects patient outcomes. Health settings with high number of nurses are associated with a statistic significant decrease in length of stay at hospitals as well as mortality. Safe nurse staffing means high patient safety and patient satisfaction. Moreover, insufficient staffing is also coupled with unfair and sometimes discriminatory hiring processes, in which short-term contracts are chained to each other and this largely female workforce is increasingly employed on precarious contracts.

On hospital care, the EU citizens are already seeing how the continuity of care is being interrupted, waiting times for treatment is increasing and safety, in many cases, no longer assured. As for the workforce itself, as the workload continues increasing, shifts are often very long, increased

workloads and often inappropriate skill mix increasing senior experienced nurses resignations, nursing processes allocated to non-nursing personnel and in many EU countries there are difficulties in obtaining job security and competitive contracts of employment.

Low Registered Nurses' (RN) staffing increases the risk for patients. The risk is intensified when support staffing for nurses is low, and the effect may be intensified when both RN and nursing support staffing are low. Healthcare Assistants (HCAs), while important, cannot make up for deficits in patient safety arising from RN shortages.

Caution should be taken in implementing policies to reduce hospital nursing skill mix because the consequences can be life threatening for patients. Beyond risking preventable death among hospitalised patients, the erosion of nursing skill mix could negatively impact overall quality and safety of care as well as patients' perceptions of the adequacy of their hospitals at a time when there are growing concerns about eroding hospital care quality.

On home and community care settings, adequate coverage of nurses is no longer guaranteed, underutilisation and underinvestment in the growth of Clinical Nurse Specialists and Advance Practice Nurses (APN managing caseloads in the community, with prescribing and chronic disease management focus) is contributing to patients attending acute Hospitals when they fear that their condition may be worsening, and timely competent nursing led services are not available as an alternative.

On nursing homes residents staffing levels of qualified nurses tend

to be low. Residents increasingly have need for nursing care related to chronic illness including dementia. Because of lack of resources and qualifications residents are often unnecessarily sent to hospital for treatment when their health deteriorates endangering continuity of care and disrupting daily habits/routines which represents a high risk in particular for residents suffering from dementia.

In terms of scarce post graduate education, worldwide nursing shortages, aging population of nurses, inadequate pay for the hours of work, longer working weeks than other health care professionals and inability to provide safe care required by regulated responsibilities held, all have the consequential negative effects on recruitment and retention. Ultimately working conditions are worsening and potentially making the profession less attractive for newcomers, such as young students or older more experienced people from another background being on a second chance education, and those currently working as nurses who may choose easier careers paths, despite their possible aptitude for patient care. In many countries the nursing workforce is ageing which will increase the shortage.

The SARS-COV2 pandemic has shown the nurses have a crucial role in managing health care and when a crisis hits the lack of planning and funding in relation to staffing is exposed. This pandemic worsened nursing shortages due to high infection rates among these workers themselves, again exposing the dangers involved in the provisions of services particularly when the workforce is insufficient to begin with due to inferior salaries and working conditions.





Ultimately working conditions are worsening and potentially making the profession less attractive for newcomers, such as young students or older more experienced people from another background being on a second chance education, and those currently working as nurses who may choose easier careers paths, despite their possible aptitude for patient care.

For all these very real and high-risk reasons, the EFN Members requests the EU institutions to:

- Ensure evidence-based policymaking determining sufficient and safe staffing levels and skill mix of nurses across all levels of healthcare being underpinned by EU Directive to Member States.

- Promote the strengthening and expansion of local care networks, in home and community settings by integrating care models that respond to growing needs in health care, particularly in nursing care, associated with chronic dependence on self-care, reducing the demand for hospital care.

- Develop and implement incentives to make the profession attractive and appealing to young population (scholarships, tuitions, national housing policy for deficitary professions, etc.).

- Protect and promote entry into the nursing profession and the working conditions of nurses by reinforcing and strengthening provisions of all relevant Directives e.g.: Directive 2005/36/EC, Amended by Directive 2013/55/EU, Working time Directive 1993, Framework on Health Safety and Welfare at Work 1989, Protection of Employee Fixed Term Employment 2003, Protection of Employee Part-Time Employment 2001, Protection of Employee temporary Agency work

- Ensure the right and full

transposition across all EU countries of Directive 1999/70/EC, which protects workers' from being hired under a chain of short-term contracts without any proper justification.

- Ensure the Biological Agent Directive<sup>1</sup> is implemented across EU member state and domestic provisions to recognise COVID-19 as an occupational injury in order to provide worker safety and supports if infected by COVID-19 and suffering longer term post COVID infection.

- Recognise the importance of the nursing profession for patients and citizens, by fulfilling the points above, hence making it more attractive for students and newcomers and a magnet to retain those already employed. Safe nurse staffing levels result in low nurse turn-over to the benefit of the patients with higher patient safety, fewer readmissions in hospital settings and lower mortality.

1 Directive 2000/54/EC on the protection of professionals from risks related to exposure to biological agents at work. <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32000L0054>

2 [https://www.ilo.org/sector/Resources/publications/WCMS\\_508335/lang--en/index.htm](https://www.ilo.org/sector/Resources/publications/WCMS_508335/lang--en/index.htm)

The SARS-COV2 pandemic has made the indispensable role of nurses and nursing more visible. It is important to note that before the crisis the problems were almost unbearable. Through the crisis, nurses have risen too super heroism – now it's time to put nurses first on the agenda in all policies.

The EFN urges all EU-member states to sign the Nursing Personnel Convention 149 of the International Labour Organization (ILO)<sup>2</sup>. Only 14 EU-members have signed the convention which dates from 1977!



**“I was sick and you took care of me”**

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Thirdly, this short study of the Greek biblical verbs which, the English translation presents as \*visit\* or \*taking care of\*, made me more aware that, in the end, the pastoral relationship between the chaplain and the patient benefits both parties in question. The feedback that the patient might give by his and her verbal and non-verbal communication to the chaplain makes the latter more responsible to watch his behaviour, what he says and does not say, his gestures and non-gestures comportment. Let us never forget that we, as chaplains, are not serving a patient by supplying him or her a something but we are permitting that person to express himself and herself. Thus, the patients' feedback is essential for us chaplains since a healing pastoral relationship ultimately benefits both the patient and the chaplain alike.

How many blessings and reflections came upon me, as a hospital chaplain, by delving deeper into the Greek text of the English Matthean rendition of the verse: \*I was sick and you took care of me! \*What a blessing that phone conversation with my Capuchin confrere really was!

Fr Mario Attard OFM Cap

## Frontline workers wearing PPE still at more than three times the risk of Covid-19 infection, new study finds

by Shelby Lin Erdman, CNN



Wearing personal protective equipment (PPE) when caring for patients with Covid-19 isn't enough to completely eliminate the threat from the virus for frontline workers, according to a new study from King's College London.

Health care workers with adequate gloves, gowns and face masks still had 3.4 times the risk of contracting the coronavirus compared to the general population, the study found, and minority health care workers had an even greater risk of testing positive.

African American, Latino, and other minority care providers were five times more likely to contract Covid-19 than their White counterparts, the study found.

"A little over 20 percent of frontline health-care workers reported at least one symptom associated with SARS-CoV-2 infection compared with 14.4 percent of the general population; fatigue, loss of smell or taste, and hoarse voice were especially frequent," the researchers wrote.

The researchers used the COVID Symptom Tracker app to study the data of more than 2 million people, including almost 100,000 frontline health care workers in the United

States and the United Kingdom between March 24 and April 23. They found more than 2,700 cases of Covid-19 per 100,000 healthcare workers compared with just over 240 cases per 100,000 among the general population.

"After accounting for differences in testing for healthcare workers compared with the general community, the researchers estimate frontline workers are around 3.4 times more likely to test positive for COVID-19," the researchers wrote.

"The data is clear in revealing that there is still an elevated risk of SARS-CoV-2 infection despite availability of PPE," said King's College London professor and senior study author Sebastien Ourselin.

Not only did researchers find that minority health care workers had an increased risk of Covid-19 infection, they also found that they were more

likely to report a lack of adequate PPE and said they were forced to frequently reuse equipment, Ourselin said.

Previous studies have found that 10-20% of coronavirus infections occur among frontline workers.

"Our study provides a more precise assessment of the magnitude of increased infection risk among healthcare workers compared to the general community," said Dr. Andrew Chang, a senior study author and director of cancer epidemiology at Massachusetts General Hospital.

At the time the study was conducted, health care providers in the US and the UK were experiencing severe shortages in gloves, gowns and face masks. The authors said the results of a similar study now might be different.

"Many countries, including the US, continue to face vexing shortages of PPE," Chang said. "Our results underscore the importance of providing adequate access to PPE and also suggest that systemic racism associated with inequalities to access to PPE likely contribute to the disproportionate risk of infection among minority frontline healthcare workers."

The research suggests health-care systems should ensure adequate availability of PPE and develop additional strategies to protect health-care workers from COVID-19, particularly those from Black, Asian and minority ethnic backgrounds.



The study was published Friday in the journal *Lancet Public Health*.



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A photo of Pope Francis as he approached the MUMN delegation. (Left) MUMN delegation presented Pope Francis a tunic filled up with signatures of Midwives & Nurses due to the fact the WHO dedicated this year for the Nurses & Midwives



Mr. Gesmond Micallef met with WHO officials regarding his contribution in the Libya and Kosovo Wars, uprising in Egypt and Tunisia and in the Ebola pandemic in Africa. Mr. Micallef, on behalf of the WHO is delivering Covid-19 skype lectures to the Libyan citizens.



MUMN with the collaboration from Bank of Valletta is organising half days seminars with all the precautions listed from the public health



MUMN Administration attended the Courts of Justice together with MUMN lawyer to defend the rights of its members after the Government decided to take MUMN to Court



MUMN & The Florence Nightingale Benevolent Fund paid a donation to the Community Chest Fund on behalf of its members



MUMN engaged with the Health Department in the ITAMA Project funded by the EU. Nurses attend schools to perform Celiac Testing for children



MUMN's Administration Committee paid a courtesy visit to the new elected Leader of the Opposition

# Nurses industrial action gets green light from court - with patient safeguards

12 December 2020 by Matthew Agius, Maltatoday



In a ruling on Friday Mr. Justice Robert Mangion allowed the action ordered by the Malta Union of Midwives and Nurses to go ahead, with the exception of directives which could place patients' health at risk.

The MUMN has hailed as a "great victory" a judge's ruling that partially upheld its plans for industrial action, but which also ordered the union to withdraw some directives which could negatively impact patients' wellbeing.

In a ruling on Friday Mr. Justice Robert Mangion allowed the action ordered by the Malta Union of Midwives and Nurses to go ahead, with the exception of directives which could place patients' health

at risk. The judge also forbade any industrial action to be taken by nurses working at the St Vincent De Paul care home and the Karin Grech Rehabilitation Hospital.

The nurses' action will leave only 4 out of 12 operating theatres at Mater Dei Hospital operational.

"The court believes that while the right of industrial action should be respected and this should not be hampered in any way, at the same time it believes that when it comes

to actions affecting essential services, such a right has its limitations especially in the midst of the COVID-19 pandemic," judge Mangion said.

The ruling has been hailed as a "great victory" by the MUMN Council.

"MUMN expects that the sectoral agreement is to be discussed if the Health Division wants to prevent further industrial actions allowed by the same decree," the union said in a reaction on Saturday.

Friday's judgment partly upheld an application for an injunction filed by the health authorities against the union's wide-reaching action, which could have brought the hospital to a standstill.

The judgment confirmed a previously upheld interim request to stop the industrial action because of its impact on the health service.

The MUMN is locked in a dispute with the government over wages and allowances with nurses contesting what they say is a €2,000 - €5,000 discrepancy between their annual wage and that of other healthcare workers.

But the court limited itself to judging the directives without going into the financial issues. Some of the long list of directives issued by the union could go ahead others could not, ruled the court.

"While the right to industrial action must be respected, the court must act with caution and attention to ensure that patients' lives and health are not jeopardised," Mr Justice Mangion said.

"In these circumstances, the court must distinguish between what can, at face value, endanger patients' lives and their health and those that would only cause inconvenience but which would not endanger lives.

"For an injunction to be issued, it is not sufficient to prevent an inconvenience, difficulty, discomfort or concern. Needless to say, industrial



# General Workers Union loses 761 members over one year

Union membership only saw a net increase of 61 workers between 2019 and 2020

Nicole Meilak - Maltatoday

Malta's largest union, the General Workers Union, lost 761 members over one year, the largest single reduction in terms of union membership between 2019 and 2020.

The report, published annually by the Registrar of Trade Unions, shows that union membership saw a net increase of just 61 new members between 2019 and 2020.

A total of 1,089 new workers registered for union membership between 2019 and 2020, while 1,028 workers revoked their membership throughout the same period.

The GWU was the biggest loser in terms of membership, with a total loss of 761 members. At 51,026 members, they remain Malta's largest trade union.

MUT, Malta's oldest trade union, saw 49 teachers joining the union, while 241 educators opted for membership with rival union UPE – Voice of the Workers. They boast of 9,952 and 2,107 members respectively.

**The Malta Union of Midwives and Nurses saw the largest increase with 296 new members and a membership total of 4,362.**

The Malta Union of Bank Employees, albeit being the fourth-largest trade union at 2,843 members, saw 157 workers revoke their membership between 2019 and 2020.

Malta's five largest unions by number of members:

- GWU: 51,026
- UHM: 25,821
- MUT: 9,952
- MUMN: 4,362
- Malta Union of Bank Employees: 2,843

## Unions in crisis

While the number of employed persons increased by some 15,000 persons, the number of new union members increased by 1,089. This would amount to 7% of active labour market entrants opting for membership.

On a wider level, only 39.9% of the employed labour force is also a member within a union.

Last year the GWU put forward a proposal for mandatory trade union membership, with those opting out of a trade union will pay a fraction of the membership fee into a common trade union fund. They justified this proposal using the free-rider argument, that when a union secures benefits for their members, non-members enjoy these benefits too.

Employer associations had come out against the proposal, insisting that compulsory membership would diminish individual freedom. The MEA, Malta Chamber of Commerce, and the MHRA all argued that the decision to join a union should be left to the individual employee, with no intervention from the state.

action without any form of impact would be a useless action," he said.

The judge partially upheld the health authorities' argument that some of the directives, like stopping communication between nurses and other health service providers, would have had a negative impact on the standard of care received by the patient.

**“MUMN expects that the sectoral agreement is to be discussed if the Health Division wants to prevent further industrial actions allowed by the same decree”**

The court rejected the directive to nurses not to call for bed cleaning to be done, as well as not to give handovers to other hospitals or homes and not to refer patients to other professionals for treatment.

Other directives which the court ordered to be ignored include not reporting any faults in the ward and not coordinating with other wards or other hospital personnel.

“The court is of the opinion that delays in communication or coordination may endanger the patient's health.” If in any case, the health of a patient is endangered, nurses and midwives must assist that patient without taking any of the directives into account,” the judge ruled.

The court declared that the MUMN was allowed to take industrial action during the operative period of the Sectoral Collective Agreement, but in view of the fact that part of the directives by the union could endanger the safety of patients, not all of the directives could be actioned.



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**ICN Congress**  
Nursing Around the World  
2-4 November 2021

## ICN Congress 2021 Nursing Around the World to celebrate the nursing profession

Geneva, Switzerland; 23 November 2020 - The International Council of Nurses (ICN) today has announced new dates for next year's biennial ICN Congress. The virtual event will be held on 2-4 November 2021 and will take delegates on a virtual celebratory tour of the world to reflect the truly global nature of nursing and celebrate the contribution nurses have made, especially during the COVID-19 pandemic.



photo | scrubsmag.com

With the theme 'Nursing Around the World', ICN 2021 will pass the nursing baton across the globe in a series of live and interactive events which will give our members the opportunity to showcase their expertise and innovations throughout the world. The 'around the world' theme will kick off in the Emirates where the Emirates Nurses Association (ENA) will be our partners for the 2021 Congress, before moving to Asia, the Americas, Europe and Africa and then returning to the Middle East for the conclusion of this virtual global tour.

ICN President Annette Kennedy said:

"We are planning for our Congress next year to be a unique event that will serve as a tonic for our profession, hopefully with the dark days of the pandemic behind us.

'2020 has been the International Year of the Nurse and Midwife, but the emergence of COVID-19 meant that we were not able to hold the many thousands of small events that had been planned by nurses all around the world. Our Congress next year will make up for that with an amazing celebration of nursing and nurses, a party for all 27 million nurses to enjoy from the safety of

their homes. It will provide a pick-me-up for us all and enable us to look forward to a brighter and more certain future."

In addition to celebrating the world of nursing, ICN 2021 will address the many burning issues affecting our profession, which have been brought into such stark focus by the pandemic.

Ms Kennedy added:

"Alongside the events we have planned a full scientific programme, we will of course be taking time to commemorate and mourn the loss of our many nurse colleagues who have sadly died during the pandemic. Their sacrifice will never be forgotten."

ICN Chief Executive Officer Howard Catton said:

"2020 has been a difficult year for everyone, not least our nurses, many of whom have, through no fault of their own, been in harm's way during the course of their duties. But from the bedside to the boardroom, nursing has been the golden thread that binds our health services together and ensures our patients get the treatment and care that they deserve.

'ICN Congress 2021 will celebrate the amazing achievements of our profession, highlight its latest

research, and show how nursing leadership has shaped the world's responses to the pandemic and all the other healthcare challenges that we face."

ICN originally announced its 2021 Congress for 5-9 June 2021 but due to the COVID-19 pandemic it has been decided to move it to a later date and change its nature. Abstracts have already been submitted and registrations made in early 2020, but abstract submission will reopen with the option to edit previously submitted papers as well as submit new abstracts. For those already registered for ICN 2021, we offer the choice of a full refund or a transfer of the registration to the virtual Congress with a refund of the difference. Full details on new fees will be available by the end of November 2020. Registration to the virtual Congress will open early 2021.

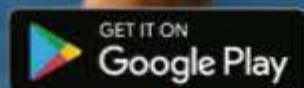
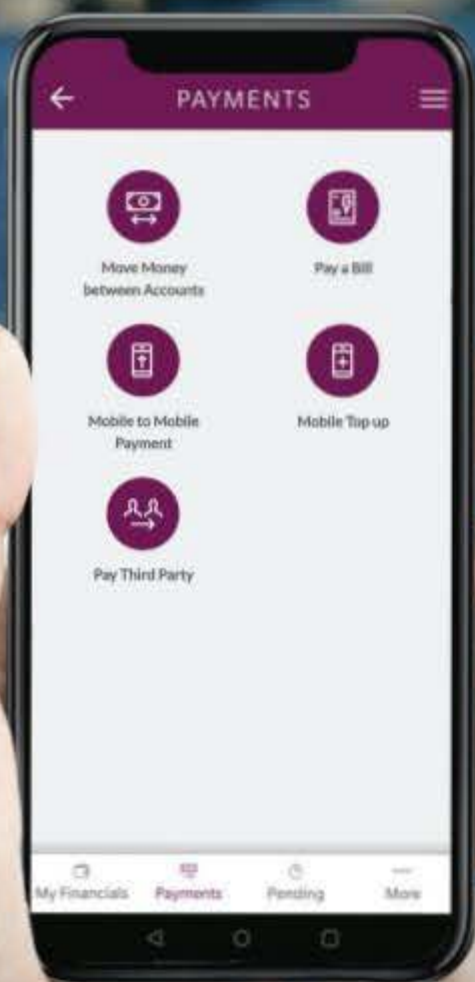
You may visit the new landing page of the ICN 2021 virtual Congress at <https://www.icncongress2021.org/>.

The Council of National Nursing Association representatives (CNR), ICN's governing body, will meet virtually on 4-6 October 2021 when elections for a new President and Board will take place.



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# L-Istorja tal-Vaċċin



Il-vaċċini salvaw u għadhom isalvaw miljuni ta' hajjiet kull sena u dawn jaħdmu billi jharrġu u jippreparaw d-difiża naturali tal-ġisem; is-sistema immunitarja.

Il-prattika tal-immunizzazzjoni tmur lura mijiet ta' snin. Patrijiet Buddisti kienu jixorbu l-velenu tas-serp biex jagħti protezzjoni mill-gdim tas-serp u kien hemm ukoll il-prattika tal-varjolazzjoni (it-tiċpis tal-cowpox fuq fetħa fil-ġilda għall-protezzjoni mill-Ġidri (Smallpox) li kienet tiġi ppratikata fis-17-il seklju fiċ-Ċina. Edward Jenner huwa kkunsidrat bħala missier il-vaċċinologija tal-Punent fl-1796, wara li inokula tifel ta' 13-il sena bil-vaċċin tal-viru (il-cowpox, li ġej mill-familja tal-Orthopoxvirus u l-viru tal-variola) żviluppa immunità għall-ġidri. Fl-1798, l-ewwel vaċċin tal-Ġidri ġie żviluppat. Matul is-sekli 18 u 19, kien hemm implimentazzjoni sistematika tal-immunizzazzjoni tal-Ġidri li waslet għall-eradikazzjoni globali fl-1979.

L-esperimenti ta' Louis Pasteur xprunaw l-iżvilupp tal-vaċċin tal-

*Kolera live attenuated* u tal-vaċċin għall-*Anthrax* inattivat fil-bniedem (1897 u 1904, rispettivament). Il-vaċċin tal-Pesta ġie vvintat ukoll fl-aħħar tad-19-il seklju. Bejn l-1890 and l-1950, l-iżvilupp tal-vaċċin tal-batterji mexa ġmielu, inkluż il-vaċċinazzjoni tal-Bacillus-Calmette-Guerin (BCG), li għadu magħna sal-lum.

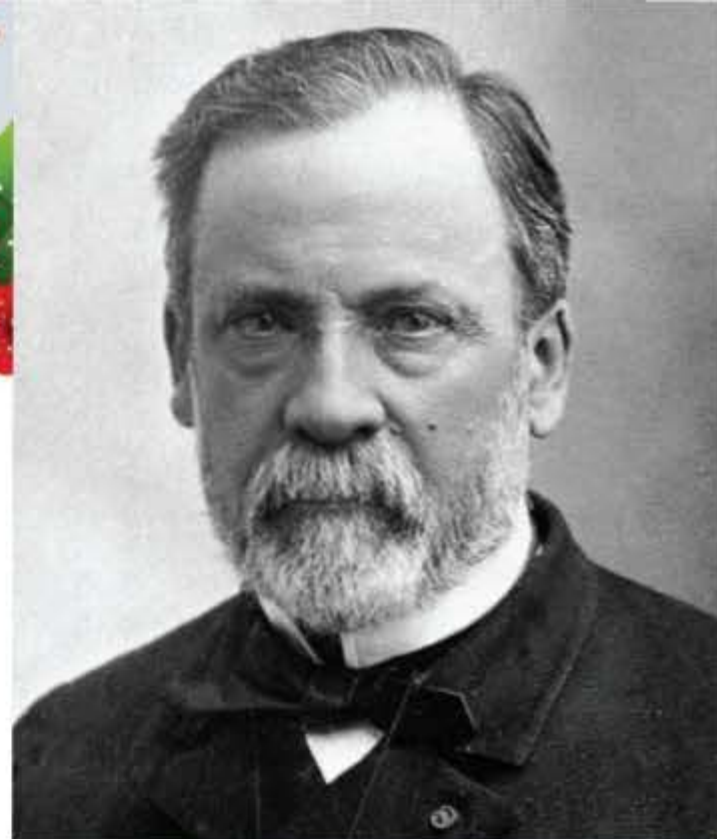
Fl-1923, Alexander Glennie ipperfezzjonametodulijinattivat-tossin tat-Tetnu permezz tal-formaldehide (CH<sub>2</sub>O). L-istess metodu ġie wżat biex jiżviluppa vaċċin kontra id-Difterite fl-1926. L-iżvilupp tal-vaċċin tas-Soghla Konvulsiva ħa aktar fit-tul, b'sistema ta' *whole cell vaccine* li ġie llicenzjat għall-użu fl-Istati Uniti fl-1948.

Il-metodu tal-*Viral tissue culture* żviluppa bejn l-1950-1985, li wassal għall-bidu tal-vaċċin tal-Polio Salk (inattivat) u l-vaċċin tal-Polio s-Sabin (*live attenuated* fil-ħalq). L-immunizzazzjoni tal-Polio tal-Massa eradikat il-marda minn ħafna reġjuni madwar id-dinja.

*Attenuated strains* tal-Hożba, Gattone u Rubella ġew żviluppati biex jiġu introdotti fil-vaċċini. Il-Hożba hija bħalissa fil-mira li tista' tiġi eradikata permezz tal-vaċċinazzjoni.

Għalkemm hemm evidenza li l-programmi tal-immunizzazzjoni kienu u għadhom ta' gwadann fis-saħħa tal-bniedem, dejjem kien hemm reżistenza għall-vaċċini f'ċertu gruppi. L-aħħar tal-sebghinijiet u t-tmeninijiet kienu perjodi b'żieda ta' litigazzjoni u anqas dħul għall-manifatturi tal-vaċċin, bil-konsegwenza li naqsu n-numru ta' kumpaniji li jipproduċu l-vaċċin. Il-legat ta' din l-era għadu magħnasal-ġurnata tal-lum minħabba kriżi fil-provvisti u l-isforzi kollha tal-midja ma jaqtgħu xejn minn *lobby* voċiferuż tal-anti-vaċċinazzjoni.

Fl-aħħar żewġ deċenni rajna l-applikazzjoni tal-ġenetika molekulari u l-benefiċċju tagħha fl-immunologija, mikrobijologija u *genomics* applikati fil-vaċċinologija. Is-suċċessi kurrenti jinkludu l-iżvilupp tal-vaċċin rekombinanti tal-Epatite B,



Louis Pasteur

vaċċin tas-Soghla Konvulsiva anqas reaktoġenika u aċellulari, u teknika ġdida għall-manifattura tal-vaċċin tal-Influenza stagjonali. Il-ġenetika molekulari tawgura futur sabiħ għall-vaċċinologija, li jinkludi l-iżviluppi ġodda ta' kif tapplika vaċċini ġodda (e.g. vaċċini tad-DNA, vectors virali, vaċċini mill-pjanti u medicina topikali), adġuvanti ġodda, l-iżvilupp ta' vaċċini aktar effettivi tat-tuberkolożi, u vaċċini kontra *s-cytomegalovirus* (CMV), il-viru tal-*herpes simplex* (HSV), il-viru respiratorju *syncytial* (RSV), il-marda tal-*istaphylococcus*, il-marda tal-*istreptococcus*, l-Influenza Pandemika, ix-*shigella*, l-HIV and *s-schistosomiasis* fost oħrajn. Vaċċini terapewteċi jistgħu wkoll jintużaw għall-allergiji, mard *autoimmune* u vizzji tad-dipendenza mid-droga.

“Għalkemm hemm evidenza li l-programmi tal-immunizzazzjoni kienu u għadhom ta' gwadann fis-saħħa tal-bniedem, dejjem kien hemm reżistenza għall-vaċċini f'ċertu gruppi.

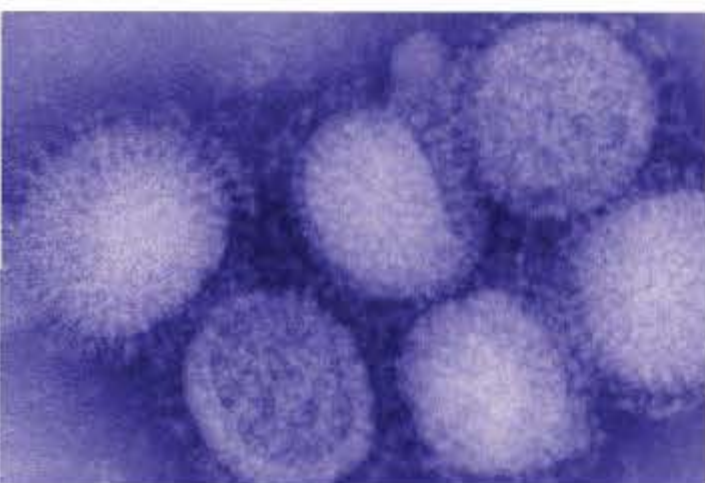
L-ewwel każi fil-bniedem tal-COVID-19, marda kkawżata min-*novel coronavirus*, li wara ġie msejjaħ SARS-CoV-2 ġie rrapurtat għall-ewwel darba mill-uffiċjali fil-belt ta' Wuhan, iċ-Ċina, f'Diċembru 2019. Minn hemm 'l quddiem dil-marda żviluppat f'pandemija u b'hekk bdiet tellieqa oħra għall-vaċċin tagħha.



Edward Jenner



Il-mikrobu tas-Sogħla Konvulsiva



L-Influenza Pandemika

Bħalissa hemm aktar minn 100 kandidat biex jiżviluppa l-vaċċin tal-COVID-19, b'numru minnhom fil-fażi tal-*human trials*. Il-WHO qed taħdem qatigħ f'kollaborazzjoni ma' xjentisti, imprendituri u organizzazzjonijiet dinjija tas-saħħa permezz tal-ACT (Aċċelerratur għar-rispons tal-pandemija). Meta l-vaċċin jinstab li jkun effettiv u ma jagħmilx ħsara, COVAX (immexxija mill-WHO, GAVI u CEPI) tiffacilita li jkun hemm aċċess u distribuzzjoni ta' dawn il-vaċċini biex tipproteġi l-popli tal-pajjiżi kollha. Popli li huma l-aktar f'riskju jridu jingħataw prijorità. Sa issa mhux ċar kemm il-doża ta' vaċċin tal-COVID-19 jinftieġ biex jagħti protezzjoni fit-tul.

Joe Camilleri - CN



Il-vaċċin tal-Covid-19 tad-ditta Pfizer



## Concern over recruitment of Portuguese nurses in Europe

by TPN/Lusa, in News

The Order of Nurses (OE) has expressed concern about the recruitment of Portuguese nurses in Europe, revealing that in the last two weeks needs have intensified from countries such as Spain, the United Kingdom, Germany and the Netherlands.

According to the OE, these countries are offering "free annual contracts, transport and accommodation", stressing that the proposals "are now with more advantageous conditions from hospitals, but also from nursing homes".

"From Spain alone there have been five contacts in recent days, from Galicia to the Canary Islands, with offers of €30,000 per year. The Netherlands, on the other hand, is offering, in addition to the best conditions of remuneration, home, transport and travel".

The Order recalls that "although the recognition of nurses is unanimous, there is no incentive, risk or painful subsidies, nor decent pay". In 2019 alone more than

4,000 nurses asked the Order for the declaration for emigration purposes, a record number that tripled compared to 2017 and represents an increase of 64% compared to 2018.

In a statement, the OE stresses that "there are almost 20,000 nurses abroad" and that "the Government should be concerned with creating means for them to return."

"Given the situation we are going through, after eight months into the pandemic with exhausted nurses it is imperative that the way nurses are hired, as well as their working conditions must be improved," he says. "We can't continue to export nurses," says OE Bâtonnier Ana Rita Cavaco, quoted in the statement.

# 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 year to remember

As a health care professional how would you describe 2020? Quite possibly, your initial reaction would be linked to negative connotations primarily due to the challenges set by COVID-19. A year ago, COVID-19 was already here. Prominent news from the Asian continent. Little did we know the impact COVID-19 would have on the world during the following three months.

This year challenged many of us beyond our expectations; the restrictions, the fears, the isolation, the unknown, the list goes on and on. As health care professionals we were also given opportunities, perhaps the most notable, was rising to the challenge, particularly the front liners. If you were to reflect on 2020 do you feel that you have managed to rise above your fear, demonstrate compassion against all odds, be part of a team and be a pillar of reassurance for patients and relatives? Did you strive to maintain your level of competence, excel in donning and doffing and be a role model in social distancing measures and hand hygiene?

Some of you reading this, may at this point be disengaged and think isn't it obvious that 2020 is the year we all want to

forget. As a health care professional 2020 was the year that highlighted to the world the difference a nurse really does make, the courage of health care professionals to report for duty day in day out, some isolating themselves from families to keep them safe. Others became determined to be the support and comfort of patients who died alone. Relatives who felt isolated and overwhelmed at the circumstances of losing a loved one in this situation found refuge in health care providers who were ready to overcome their own fears. Many health care professionals faced their daily duties to ensure that the local health care system continued to function as smoothly as possible.

When you reflect on 2020, as a health care professional, consider the values needed to be able to endure the challenges you faced. The first value to consider is perhaps resilience. Resilience is the ability to accept a new reality, even if it is worse than the one you faced before. How resilient were you throughout 2020? 2020 has given those who have been resilient a new strength and the important skill of adaptability. Another important value is cooperation. Looking back to your practice, were you a team player? Did you network effectively with colleagues? How supportive was your professional network? Is there anything you could have done for this to have been better? Teamwork was and is still critical as we continue to face the pandemic. Resilience and cooperation are



crucial for this to be done effectively.

Values synonymous with health care providers are care and compassion. These were required at an unprecedented level during these past few months. COVID-19 has changed society, dare I say permanently, following global lock downs and social distancing. How well have you as a health care professional adapted to this new reality and effectively conveyed to patients and relatives care and compassion? Have you managed to maintain this important connection with your patient despite all the restrictions and measures in place?

Last but for sure not least, in line with care and compassion, have you managed to extend this sentiment to your colleagues. The winter months lie ahead of us, and many health care providers already feel worn out. Although a local vaccination campaign is on the horizon, we need to be prepared that the following months will be just as intense as the ones that have past, particularly for the front liners. Caring for each other is therefore more important than ever.

When you look back at 2020 think of all the opportunities you had to be there for someone else, the things you appreciate now more than, the strengths and skills you developed as a professional. This reflective process is perhaps more important now than ever. It may also serve as a motivator to forge ahead together and ultimately come back stronger than ever.



photo | i.huffpost.com/

You may contact Marisa on [marisavella@gmail.com](mailto:marisavella@gmail.com) for references and information related to this article.

# Last MMDNA Queen's Nurse dies

Kathleen Galvin (née Sleigh), born on 11 March 1920, was one of the six Queen's Nurses who came to Malta to establish the Malta Memorial District Nursing Association (MMDNA), which had been set up in 1945, after the Second World War. She died on 15 September, aged 100. Her father had grown up in Malta before the First World War, his mother Maltese.

She began nursing training at the Derbyshire Royal Infirmary in 1937. After qualifying in 1940, realising that nursing needed to be in the community, following her mother's death due to complications following pregnancy, she trained as a district nurse and midwife in Birmingham and Tewkesbury. Continuing as a Queen's Nurse in Clerkenwell, London – an area very much in need of community nursing – she began teaching fellow nurses.

In 1947, she embraced the opportunity to be one of the nurses funded by Britain to start the work of the MMDNA, including training Maltese nurses to work on the district. Caring services were soon expanded to include midwifery and, by the end of her 5-year appointment, many Maltese nurses had started work with the MMDNA, an institution remembered fondly and warmly.

In Malta and Gozo, she found new friends in colleagues and patients, many remaining in contact with her after she returned to Britain. She always had a great love of Maltese people, remembering their warm welcome.

Kathleen always loved travel. With her close friend Ida Bailey, she returned to work in London by road. This was a brave decision in 1952!

Kathleen later met Jim Galvin, whom she married in 1960. She stopped working to bring up her sons, but in 1971 resumed community nursing as a Health Visitor in Hillingdon, then Uxbridge (in Greater London) until retirement



Kathleen Sleigh (centre) and Ida Bailey (right) enjoying the Blessing of Animals day in Valletta, 12 January 1948.



Queen's Nurse Kathleen Sleigh setting off for Valetta



Kathleen Galvin on her 100th birthday at home in Newton Abbot (Devon).

in 1980. This ended a very successful varied career, reflecting the values of Queen's Nurses, demonstrating a high level of commitment to patient care and nursing practice.

During 40 years in retirement, she gained an Open University degree and continued her travels, as well as enjoying time with her family and friends. Kathleen was a loving wife

and mother, capable guide and teacher. Her strong Catholic faith was reflected in her work to help those in need. She was proud of the achievements of her family members and is sadly missed by her sons, their wives, children and grandchildren, her extended family and friends.

Jim Galvin (son)  
jfgalvin1961@gmail.com



Press Information  
Communiqué de presse  
Comunicado de prensa



## ICN launches new report on COVID-19 pandemic and international supply & mobility of nurses

Geneva, Switzerland, 29 July 2020 – The International Council of Nurses' (ICN) new report COVID-19 and the International Supply of Nurses reveals the perilous state of the global supply of nurses and how it has left so many poorer states with fewer nurses than they need. It also calls for the implications of the COVID-19 pandemic on nurse mobility to be taken into full consideration.

The report, written by Professor James Buchan, Adjunct Professor, University of Technology, Sydney and ICN Chief Executive Officer Howard Catton, released today, underlines that if high-income countries continue to recruit large numbers of overseas nurses, they will undermine the ability of low and middle-income countries to cope with the virus and dangerously weaken their health systems.

The report argues that high-income countries must train enough nurses to meet their own needs if low-income countries are to have a chance of coping with the pandemic. The world is facing a global shortage of nearly six million nurses, the vast majority of which – 89% - are in low and middle-income countries. The report highlights wide variations between countries in the number of nurses trained every year, which has led to one in eight nurses, approximately 3.5 million, working in a country that is different from the one they were born or trained in.

The ICN report says that unless there is a step change in the number

of nurses trained in high income countries so that they finally make progress to become self-sufficient, poorer countries will continue to suffer, lose nurses to overseas jobs, and struggle to meet their own healthcare system's needs.

Mr Catton said: "Up to one in eight nurses, approximately 3.5 million, are living and working in countries other than the ones they were born or completed their training in. This has come about because many wealthier nations are supplementing their inadequate numbers of nurses with international inflow, which is the antithesis of self-sufficiency.

"Such gross inequalities in the distribution of nurses is causing harm to countless millions of people, and if it continues, it will make achieving Universal Health Coverage nothing more than a pipe dream."

Professor Buchan said:

"There is a real danger that some high-income countries will revert to their pre-COVID-19 practices of bolstering their nursing workforces by recruiting international nurses, rather than prioritising adequate domestic training capacity, and improving retention of nurses and the attractiveness of nursing as a career. They must ensure that the risk of COVID-19 burnout of nurses is addressed, and provide fair pay and conditions of employment, structured career opportunities, and access to continuing education."

Mr Catton continued: "The pandemic has shown that nurse shortages are so important that they should feature on countries' national risk registers. Not having enough nurses is a major risk, not only in relation to the health of the

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## International Council of Nurses calls on public to support nurses: stopping the spread of COVID-19 is in your hands

photo | s.yimg.com



population, but also to the economy, and to societal norms and freedoms.

'Over the years, governments around the world have talked a good talk about workforce planning and their intentions to make themselves self-sufficient by training their own nurses, but their actions tell a different story.

'As we know, nursing is an investment which guarantees a positive return on improved global health. And as our report highlights, the best way to guarantee a country has enough nurses is to train and retain more of their own, because being self-sufficient is the smart choice.

'We are recommending that every country starts using a simple self-sufficiency indicator, based on the proportion of practicing nurses who were born or trained overseas, because it's a simple method to track and monitor progress on the road to self-sufficiency.'

ICN urges countries to adhere to the World Health Organization's (WHO) Global Code of practice on the International Recruitment of Health Personnel and make changes to the way they meet their nursing workforce needs.

Professor Buchan concluded: "Without country level policy change focused on investing in their own nursing workforces, pre-COVID-19 trends of increasing flows of nurses from low to high income countries are likely to continue, and the iniquitous mal-distribution of nurses may become more pronounced. This "do nothing" option risks undermining both country level progress towards the attainment of UHC, and the overall global response to any future pandemic waves."

**Geneva, Switzerland; 12 August 2020 - The International Council of Nurses (ICN) today called for the public to support nurses by continuing to adhere to guidelines for hand washing, social distancing and wearing face masks.**

"The world has shown so much appreciation to its nurses and other healthcare workers," said Annette Kennedy ICN President. "The applause and messages of support have been incredible as morale boosters, but what nurses need most from the public is for them to keep themselves and others safe to reduce the pressure on healthcare services.

'As lockdown restrictions are lifted, case numbers are rising again, and we must not let our guard down. Each and every one of you can play your part in stopping the spread of this virus, by regularly washing your hands, wearing a mask in public, maintaining distance between yourself and others, and self-isolating if you have even minor symptoms.

'By following these simple guidelines and those issued by your government, you can show your support for nurses and other healthcare workers who are risking their own health, and even their

lives, to care for others."

ICN has estimated that 8% of all COVID-19 cases are among healthcare workers, and the World Health Organization (WHO) believes it could be up to 10%, which is almost two million cases and rising.

ICN - a federation of over 130 national nursing associations around the world - has brought attention to the plight of nurses who are facing unprecedented challenges at the frontlines of the battle against COVID-19.

ICN has called for the protection of nurses and improved working conditions and pay. ICN has also implored governments to collect accurate data on nurse infections and deaths, and called for nurses to be prioritised once a COVID-19 vaccine is available.

"While ICN is putting pressure on governments to invest in and protect nurses, we need the public's help to stop the spread of this virus," Ms Kennedy said.

# Planning for the Future



How will our life look like after retirement? Will we afford to travel, go to restaurants, and take up new hobbies with our state pension? The short answer is probably not. For the majority of us, the state pension will be sufficient to support our current lifestyle. Personal pension plans on the other hand may.

When we think about it, if we actually do, we probably all seek assurance that we will live THE life after years of hard work. But it is becoming increasingly evident that the state pension will require additional top-ups to meet our expectations. Longer life expectancy, higher standards of living and rising medical costs are all factors that play an important role. The way we look at pensions is also changing and the onus is shifting from government entitlement programmes to individuals. Recent measures introduced by the government, such as an increase in the tax credit to those who enroll into a personal pension plan, continue to support this notion.

From a young age, we are encouraged by parents, guardians and grandparents to save the coins and notes we receive for helping out in the house, for our birthdays, confirmation and other milestones. But we are rarely encouraged to

grow this money and so it is not at all surprising that we tend to postpone investment and pension decisions to a time when it may be too late. The younger we start to invest, the greater are the chances of harvesting larger savings and retirement security.

Starting a pension plan at an early stage in our careers could be our best strategy as we address short and long term goals, together with the longevity challenge. Regardless of our age, we should still plan. Pension plans spread the risk of investments over time, taking into consideration different life stages and goals. We will not get rich overnight, investments take years to grow. This is the thinking behind saving affordable amounts on a monthly basis, shifting them from our salary into a pension plan.

Financial advisors can help us prepare for retirement, provide planning advice and propose investment products from a wide spectrum of financial opportunities,

taking personal circumstances into the equation. This is a complex job which involves factoring in affordability, spending patterns, medical expenses, inflation, longevity, housing expenses and taxation rates amongst others. It is a task which involves assumptions and it takes a professional hand with the necessary capabilities to provide essential advice. Financial advisors are backed by robust systems and knowledge, helping them to propose the right investment vehicles for every stage of our lifecycle.

We need to move away from the idea that investments are only for the rich. We can invest in a pension plan from as little as €40 a month while at the same time benefit from the government's 25% tax credit on personal pension contributions. The bottom line is understanding that the current low-interest rates on bank savings accounts will not grow our wealth - planning our investments provides greater potential. Investing for the future translates into our actual future!

For more information and guidance on personal pension plans, please send an email to [bovic@bov.com](mailto:bovic@bov.com).



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*Investment returns in a pension fund can go down as well as up and past performance is not necessarily a guide to future performance. Changes in the rate of exchange currencies may also affect the value of your investments. Any views, assumptions or opinions expressed in this article are those of the author. Issued by Bank of Valletta p.l.c., 58, Triq San Żakkarija, il-Belt Valletta VLT 1130. Bank of Valletta p.l.c. is a public limited company regulated by the MFSA, licensed to carry out the business of banking and investment services in terms of the Banking and Investment Services Acts (Cap.370, 371 of the Laws of Malta).*



## Ħafna nies japprezzawna iżda oħrajn jieħduna 'for granted'

- Nicole, infermiera studenta

Hekk kif riesqa lejn tmiemha l-Gimgha Ewropea għall-vokazzjonijiet, TVM tkellem mal-istudenta tal-infermerija Nicole Scerri Gatt, li hija l-ambaxxatriċi tal-vokazzjonijiet għal Malta din is-sena.

Nicole tinsab fl-aħħar sena tal-istudji tagħha fl-infermerija fl-MCAST, u l-irwol tagħha bħala ambaxxatriċi huwa li tteġġeg żgħażaġh bħalha jitharrġu f'qasam vokazzjonali, li jkun jinvolvi kemm teorija u anki Prattika.

Dwar dan iż-żmien tal-Covid-19, Nicole tgħid li l-infermiera u professjonisti oħra fil-qasam mediku ntlawtu hażin u qegħdin kwarantn jew għandhom persuni vulnerabbli

fil-familja tagħhom. Tgħid li ħafna nies japprezzaw ix-xogħol tagħhom, iżda hemm ħadna wkoll li jeħduhom 'for granted.'

F'dawn iż-żminijiet tispjega li qed iqattgħu iktar ħin mal-pazjenti biex ikunu jistgħu jagħtu kura holistika, peress li wħud mill-pazjenti ma jkunux jistgħu jirċievu żjarat mill-qraba, u dan jista' jaffettwahom ukoll mentalment.

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Happy Christmas & Happy New Year!





# COVID

## Why is coronavirus such a threat?

by James Gallagher - Health and Science Correspondent

We have faced viral threats before, including pandemics, yet the world does not shut down for every new infection or flu season.

So what is it about this coronavirus? What are the quirks of its biology that pose a unique threat to our bodies and our lives?

### Master of deception

In the early stages of an infection the virus is able to deceive the body.

Coronavirus can be running rampant in our lungs and airways and yet our immune system thinks everything is a-ok.

"This virus is brilliant, it allows you to have a viral factory in your nose and feel completely well," says Prof Paul Lehner from the University of Cambridge.

Our body's cells start releasing chemicals - called interferons - once they are being hijacked by a virus and this is a warning signal to the rest of the body and the immune system.

But the coronavirus has an "amazing capability" of switching off this chemical warning, Prof Lehner says, "it does it so well you don't

even know you're ill".

He says when you look at infected cells in the laboratory you cannot tell they have been infected and yet tests show they are "screaming with virus" and this is just one of the "joker cards" the virus can play.

### It behaves like a "hit and run" killer

The amount of virus in our body begins to peak the day before we begin to get sick.

But it takes at least a week before Covid progresses to the point where people need hospital treatment.

"This is a really brilliant evolutionary tactic - you don't go to bed, you go out and have a good time," says Prof Lehner.

So the virus is like a dangerous driver fleeing the scene - the virus has moved on to the next victim long before we either recover or die.

In stark terms, "the virus doesn't care" if you die, says Prof Lehner, "this is a hit and run virus".

This is a massive contrast with the original Sars-coronavirus, back in 2002. It was most infectious days after people became ill, so they were easy to isolate.

### It's new, so our bodies are unprepared

Remember the last pandemic? In 2009 there were huge fears about H1N1, aka swine flu.

However, it turned out to be no way near as deadly as anticipated because older people already had some protection. The new strain was similar enough to some that had been encountered in the past.

There are four other human coronaviruses, which cause common cold symptoms.

Prof Tracy Hussell from the University of Manchester, said: "This is a new one, so we don't think there's much prior immunity there."

The newness of Sars-CoV-2, to give it the official name, she says, can be "quite a shock to your immune system".

This lack of prior-protection is comparable to when Europeans took smallpox with them to the New World, with deadly consequences.

Building an immune defence from scratch is a real problem for older people, as their immune system is slow off the mark.

Learning to fight a new infection involves a lot of trial and error from the immune system.

But in older age we produce a less diverse pool of T-cells - a core component of the immune system - so it is harder to find ones that can defend against Coronavirus.

### It does peculiar and unexpected things to the body

Covid starts off as a lung disease (even there it does strange and unusual things) and can affect the whole body.

Prof Mauro Giacca, from King's College London, says many aspects of Covid are "unique" to the disease, indeed "it is different from any other common viral disease".

He says the virus does more than simply kill lung cells; it corrupts them too. Cells have been seen fusing together into massive and malfunctioning cells - called syncytia - that seem to stick around.

And Prof Giacca says you can have "complete regeneration" of the lungs after severe flu, but "this does not happen" with Covid.

"It is quite a peculiar infection," he said.

Blood clotting also goes strangely awry in Covid, with stories of doctors unable to get a line into a patient because it is immediately blocked with clotted blood.

Clotting chemicals in the blood are "200%, 300%, 400% higher" than normal in some Covid patients, says Prof Beverly Hunt from King's College London.

She told Inside Health: "Quite honestly, in a very long career, I've never seen any group of patients with such sticky blood."

These whole-body effects could be due to the cellular doorway the virus strolls through to infect our cells - called the ACE2 receptor. It is found throughout the body including in blood vessels, the liver and kidneys, as well as the lungs.

The virus can cause runaway inflammation in some patients, making the immune system go into overdrive, with damaging consequences for the rest of the body.



photo | cosmosmagazine.com

### And we are fatter than we should be

Covid is worse if you are obese, as a generous waistline increases the risk of needing intensive care, or death.

This is unusual.

"Its very strong association with obesity is something we haven't seen with other viral infections. With other lung injuries, obese people often do better rather than worse,"

said Prof Sir Stephen O'Rahilly, from the University of Cambridge.

"It looks pretty specific [to Covid] it probably happens in pandemic flu, but not regular flu."

Fat deposited throughout the body, in organs like the liver, causes a metabolic disturbance which seems to combine badly with coronavirus.

Obese patients are more likely to have higher levels of inflammation in the body and proteins that can lead to clotting.





## Nurses want proper burial for victims of COVID-19

### Rushed burials are not necessary, MUMN says

by Matthew Xuereb, Times of Malta

The nurses' union has called for victims of COVID-19 to be buried with dignity because it is safe to do so, saying the laws being enforced date back to the bubonic plague of the 1500s.

"The MUMN cannot understand why this human suffering is being tolerated," union president Paul Pace said in a letter to Superintendent of Public Health Charmaine Gauci.

He said there was no scientific evidence that COVID-19 transmission could take place through the coffin "where the body is wrapped in two body bags and the coffin sealed in plastic".

When contacted, Pace said the union had received several complaints from people whose relatives had died from the virus and who could not be taken to church for a final send-off.

The funerals simply consisted of a rushed burial, the family

members complained.

Pace said nurses, as front liners, were on the receiving end of the disappointment and anger being expressed by these people.

He said the union could not understand either why the graves of COVID-19 victims could not be reopened until 10 years had gone by.

"Today there is sufficient scientific knowledge that a dead person can only transmit the virus through body fluids. Having two body bags covering the body in a sealed coffin is more than sufficient to limit any transmission of the virus."

He said it seemed that the

authorities were enforcing a law enacted in the 1500s to control the bubonic plague. The same law was being used to enforce the closure of graves for 10 years, he added.

The MUMN appealed to the health superintendent to put an end to the additional and unnecessary suffering that relatives were having to endure when they were prevented from organising a proper funeral Mass followed by a dignified burial for their loved ones.

Times of Malta last April published an interview with a man whose father died of coronavirus and was buried within a few hours. "My father's burial took place less than six hours after his death," the man said as he described the harrowing experience of losing his father and having to rush through the burial process.

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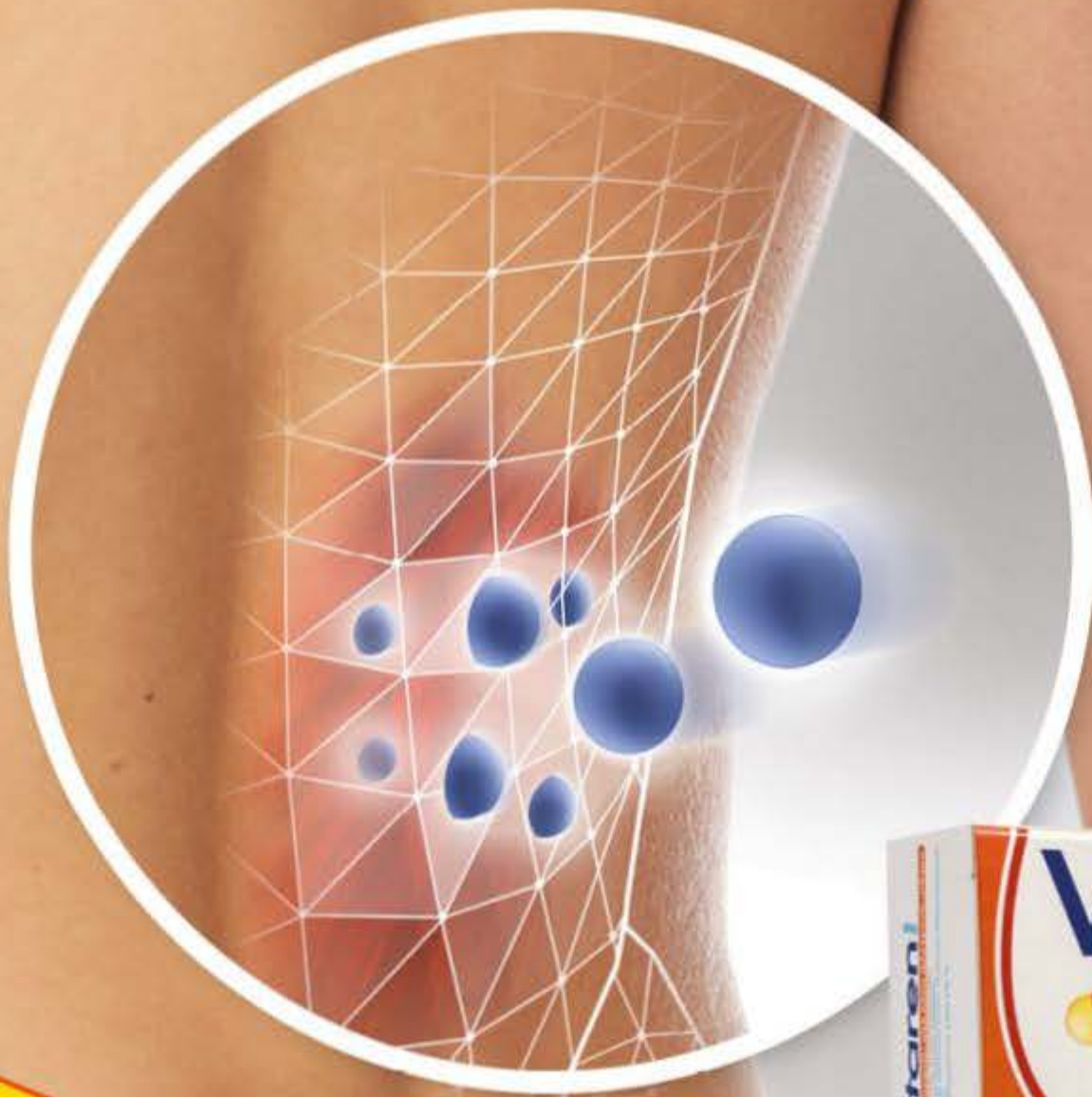
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