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MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

No.53 - December 2011

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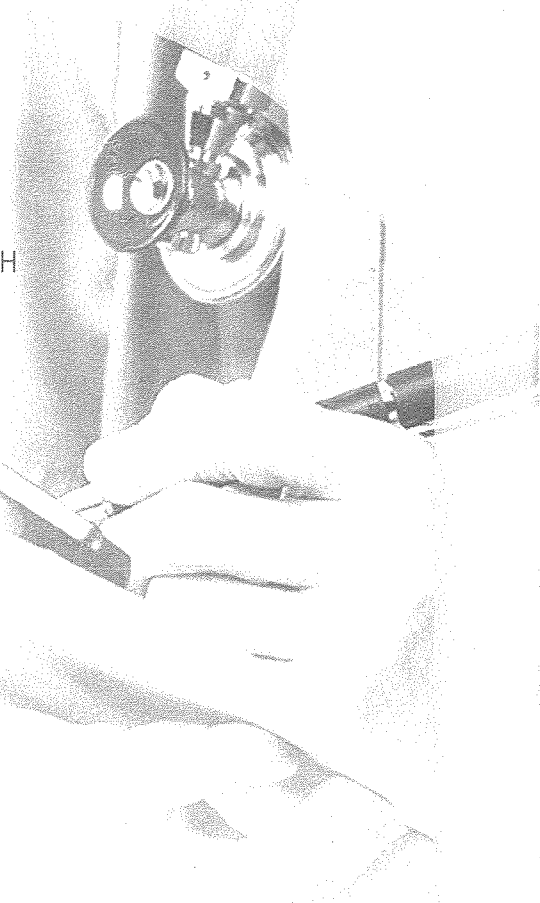

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editorial

EVERY midwife and nurse has worked his or her share of holidays, including significant family events such as Christmas. It's a hazard of belonging to a profession that is on duty 24/7. Our families often had to realize that the timing for the gift exchange and annual feast would be altered if Mum or Dad were working that day. Or, it may have been the parents and siblings waiting for a single nurse to make it home after a long shift. It is our profession that in itself is a gift to others. Christmas is traditionally known as a time for giving gifts. But as nurses and midwives we give of ourselves every day of the year, bringing relief and consolation to those who are ill.

Too rarely does the community at large take time to express its gratitude to the nursing and midwifery profession for the work that we carry out. As we continue to provide our unique service to the community over the Christmas period often sacrificing time with our families, to be with those in hospital – I would like to offer all of us, nurses and midwives my grateful thanks.

Another year is nearly at its end and we should all sit down and see what we have achieved as nurses and midwives. We should also think very carefully and by being sincere to ourselves and note what we could have done and did not to the disadvantage of our clients and to ourselves. We need to move forward but we can only succeed if we move forward together as nurses and midwives. These are two very important professions that should encourage each other constantly and not hinder each other.

What do we, as nurses and midwives want to achieve? This is a question that I as a nurse very often ask myself. Sometimes I cannot even find the words to explain what I want because it is very difficult to put ideals and goals in both the nursing and midwifery profession in a few words. But lately due to many things that I encountered I managed to confirm my belief, that, the end or goal will never justify the means that this goal is achieved with. I am very sure that many of you share my ideas, and that we have to be careful what paths we should take to achieve our goals in nursing and midwifery. I strongly believe that no nurse or midwife will put a goal to be achieved before seeing that the means are just. We have to think hard and study the paths that we should take very carefully so as to reach the summit with our heads high and not having to think about whom we have injured.

May the peace of Christ, God's gift to humanity, be yours in your daily work and in your family life.

the editor

President's message

THIS is the last publication of our journal Il-Musbieh for the year 2011. It gives you the temptation to analyse how the year 2011 was for the nursing and midwifery professions. This year will definitely be remembered for the International Council of Nurses Conference which made history on having such a prestigious event in Malta. This year was also the year were we had commenced the meetings for the Sectoral Agreement for the nurses and midwives. What worries me greatly is that with all the sacrifices the nurses and midwives have done, with all the input MUMN has put into the nursing and midwifery profession this year, the 2012 does not seem that it is going to be better. The reason is pretty obvious. The shortage of beds in Mater Dei Hospital (now even in the maternity departments), the shortage of beds in Mt. Carmel Hospital accompanied with the shortage of nurses and midwives will also plague us next year.

The recent events this year were mind bobbling (to say the least) not just for MUMN but also for all the Nursing Officers and Deputy Nursing Officers involved. The promotions have brought joy and disappointment to a lot of our colleagues. The Health Division decided to launch a number of transfers which caused a certain amount of disappointment to some whilst others, their request of transfer were granted. MUMN is never in favour of transfers who can cause demotivation and stress on the nurses and midwives.

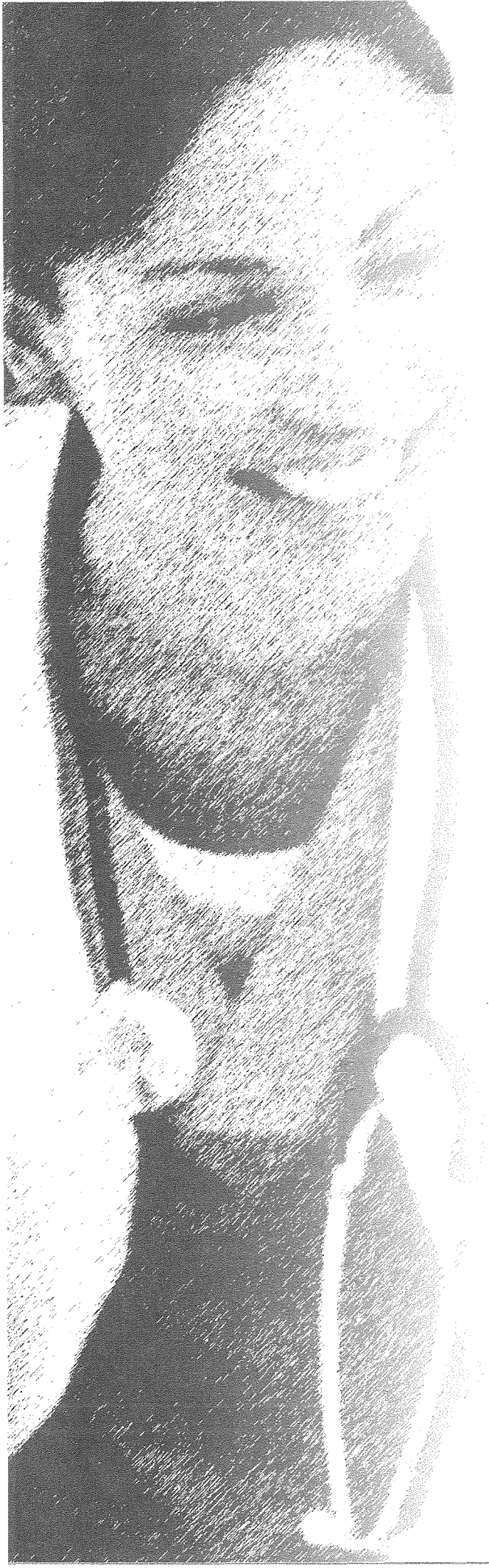
Well it is Christmas, so I have some news which could be the silver lining of this dark cloud. MUMN closed the agreement of the CPD allowance where now nurses and midwives can purchase through CPD allowance – PC tablets, digital cameras and smart phones. Also finally after the battle by various press releases being issued by MUMN, two specialist posts for Occupation Health Nurses- One for Mater Dei Hospital and the other nurse for the rest of the hospitals will be issued by the end of the year. With such posts, MUMN managed to conclude three other specialist posts for nurses - PDN paediatrics, PDN mental health, PDN oncology. Also all ration money for nurses working night duties in all the hospitals will be equal as those nurses and midwives working in the Health Centres and Mater Dei Hospital. This year MUMN has finally finalised the collective agreement for Karen Grech Nurses.

So the million dollar question – what to expect next year? Next year will be the year MUMN will be summoning all nurses and midwives for their vote on the Public Service Collective Agreement. Also next year the Deputy Nursing Officers results will be issued and MUMN will as usual be there to see that all vacancies are filled. Hopefully next year, the Midwives Group Committee within the Health Division together with our Vice President would come up with innovations within the Maternity Department by expanding the role of the midwife. Also next year be prepared for a high dose of politics on the media - the election campaign will definitely increases next year!

As I said, I see no light at the end of the tunnel for next year which will lessen the burden of the problems nurses and midwives are facing unless the Minister of Health and the Health Division takes up MUMN suggestions and start formulating and implementing protocols and guidelines which should regulate practises and admissions in the Maternity Department, in Mt. Carmel Hospital and Mater Dei Hospital, so a similar year to this year will unfold. The only good aspect is that the Government intends to open new wards at Karen Grech Hospital supposedly by February 2012 which should increase residential beds by another 100 in the country.

I can't end my article without remembering for the dear nurses who passed away this year. We have lost some nurses at a very young age this year and that is very sad indeed. MUMN in the name of all the nurses and midwives would like to offer all its support to all those who this year became afflicted with some serious illness. Our thoughts should go to our colleagues since we should always appreciate life and health. Well, in the name of MUMN, I would like to wish you all a Merry Christmas and try to appreciate and enjoy the family in such festive season. That is after all the most important aspect in our lives.

Paul Pace
MUMN President



kelmtejn

mis-Segretarju Ġenerali

IMPORTANTI li niftakru li l-MUMN hija Union u r-rwol ta' kull Union huwa li tħares l-interessi tal-membri tagħha. Nifhem li l-awtoritajiet ma tantx jarawna f'lenti sabiħa però dan ikun ifisser li l-MUMN qed taqdi dmirha kif jixraq. Aħna wkoll inkunu nixtiequ li niftehmu kollox madwar il-mejda iżda jkun hemm ċertu sitwazzjonijiet li ma tasalx bil-kelma t-tajba u għalhekk ma jibqa' l-ebda triq oħra li mmorru għat-triq aktar diffiċli.

Barra minn hekk l-MUMN hija Union professjonali li tħares ukoll l-iżvilupp taż-żewġ professjonijiet li nirrapreżentaw. Barra li din il-Union qed torganizza courses, seminars u symposia, issa wkoll ħadna l-inkarigu li nħajru żagħżagħ sabiex jagħżlu l-professjoni tan-nursing. Dan seta' jsir biss bl-għajnuna tal-Gvern.

It-tielet pilastru li fuqu mibnija l-MUMN huwa dak soċjali fejn din il-Union tgħin lill-membri tagħha jaffrontaw sitwazzjonijiet xejn feliċi. L-MUMN dan tagħmlu permezz tal-Florence Nightingale MUMN Benevolent Fund fejn qed tingħata assitenza kemm finanzjarja kif ukoll psikoloġika permezz ta' persuni professjonali fuq din il-materja.

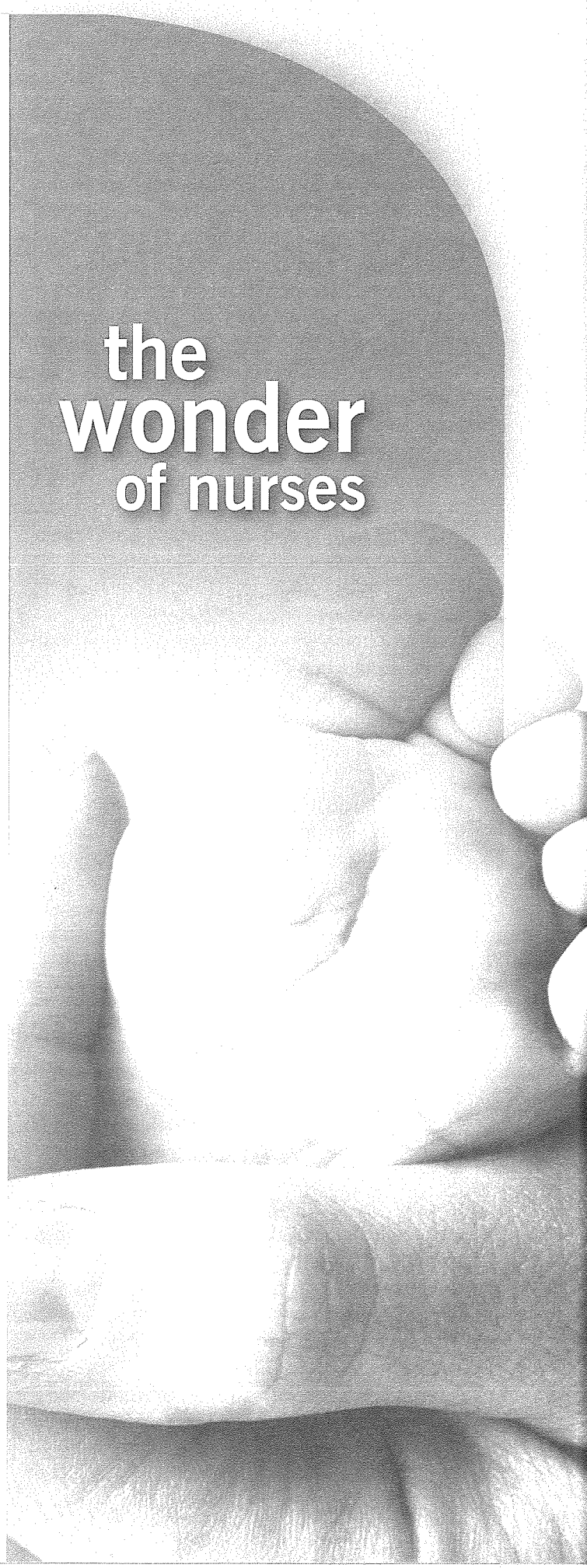
Qegħdin lejliet li nsejjuħulek sabiex tattendi l-Istitut Kattoliku biex tisma' b'widnejk il-Ftehim Kollettiv Ġdid għall-Ħaddiema fis-Servizz Pubbliku. F'dawn l-aħħar 15-il sena kemm ilni fl-MUMN, dawn il-Ftehim dejjem kienu tajbin u sodisfaċenti però għal din id-darba, skont kif għalissa għalinqas qed jidhru l-affarjiet, ftit hemm akkwisti li tista' tiddiskrivijom bħala pożittivi. Aktar nista' ngħid li rridu noqgħodu attenti li fejn jirrigwardaw kundizzjonijiet tax-xogħol ma mmorrux lura. Però l-Gvern wiegħed li ser jirrevedi l-proposti finanzjari li ppreżenta ftit tax-xhur ilu. Nistennew u naraw.

Dwar il-Ftehim Settorali tan-Nurses wasalna fl-istadju fejn spjegajna l-klawsoli kollha lill-Uffiċjali tal-Gvern. Issa fil-ġimgħat li ġejjien nistennew il-kontro proposti u jibdew in-negozjati sakemm fl-aħħar nisperaw li naslu għall-ftehim aħħari. Aħna nkomplu nżommuwk infurmat bl-andament kollu.

Għal din id-darba ħa nieqaf hawn. Nieħu din l-opportunità sabiex nawgura lilek u l-familja kollha Milied Hieni u Sena Ġdida mimlija Risq, Saħħa u Barka.

Colin Galea
Segretarju Generali MUMN

the wonder of nurses



EXPERIENCE is the best teacher of life. I have heard this popular axiom hundred of times, but have never really stopped pondering on its relevance and life-changing impetus. Until one fine day, I have ended up myself in hospital and started seriously appreciating my life's value. On my hospital bed I discovered the deep-seated truth of what Val Saintsbury had to say concerning the nursing profession: "Nurses dispense comfort, compassion, and caring without even a prescription".

My injured fourth toe of my right foot greatly helped me to realize the astounding dedication of our nurses, especially at *Mater Dei Hospital*, the place where I work as a chaplain. During my three-day stay at our national hospital I had a first-hand experience of the wholehearted commitment our nurses generously show by each bedside of the hospital.

It was a Thursday when I woke up and could hardly walk. As I entered the Emergency Department I found a nurse who saw me limping. A cubicle was immediately reserved for me. My infected toe showed the staff that mine was an urgent case to tackle. Either it had to be medicated and saved or else finish up being amputated. Some of the nurses I knew swarmed around me and began supporting me. The immense pain I was feeling made me feel almost miserable. Their encouraging words and the quick procedures I underwent exceedingly eased the excruciating pain that was flooding my being from all sides. Finally, as I was admitted to the ward, the flow of care, comfort and compassion which I initially received from the Emergency Department nurses never left me for a while. Their punctuality for medication together with their warm hospitality speeded up my recovery.

Reflecting in retrospect on the aftermath of my hospital stay, a particularity which made me more appreciative of the nursing profession has been the dressing of my fourth toe. I was literally amazed how each nurse dressed my fourth toe in his/her own way. Some would cover it from all sides whereas others preferred to leave its sides open. Instantly, I became aware how wound dressing in nursing is an art. What really made a deep impression on me was the fact that despite their various modes of dressing, all nurses served me with their usual welcoming smile and utmost generosity. And, precisely that way of comportment made my wound dressing appointment an experience to look for!

the wonder of nurses

Sharon Hudacek, in *A Daybook for Nurses*, writes: "Bound by paperwork, short on hands, sleep, and energy... nurses are rarely short on caring". Nursing is tantamount to constant and vigilant caring. But caring does not happen in a vacuum either. There has to be some qualities which intrinsically transform this holy profession from a way of money making to a genuine vocation that serves and respects the dignity of every human being. While acknowledging that skill, hard work and commitment constitute the backbone of the nursing profession, leading traits such as passion, interpersonal skills, presence of mind and utter devotion to one's assigned tasks are crucial.

From my personal experience with nurses I could detect the following nursing characteristics:

Highly trained and qualified. A good nurse should possess a solid formation of his/her nursing profession, acquired from a renowned institute which specializes in Health Care. Ideally, a nurse should be eager to further his/her learning skills in order to excel in the profession s/he has undertaken.

Sound communication skills. Since a nurse always deals with patients on one-to-one relationship, it is essential that s/he develops both talking and listening skills. In certain situations the nurse is expected to talk openly to patients and their families so as to comprehend their needs and expectations. Concomitant with this, a nurse is to explicate the treatment procedures that are given to the patient.

Watchfulness. Being on alert is part and parcel of the nurses' *ens*. It is not the first time that I came across nurses who spent a big chunk of their shift serving patients whose serious condition demanded that they be on constant watch. Since a change in the patient's health status can be fatal, nurses are required to be on alert of what might happen to their patients.

Emotional stability. Nursing can be a very stressful job. Experience repeatedly shows me that nurses assist to various acute traumatic circumstances, surgeries and deaths. Nurses must possess a good mental health in order that they may not be disturbed by such happenings that are the bread and butter of each hospital setting.

Good presence of mind. When confronted with a medical emergency or a critical condition, especially if the doctor is not around, the nurse should be confident to take the right decisions which the situation calls him/her to do.

Kindness and empathy. These are the core qualities of a nurse worthy of his/her name. Calmness and kindness should be a nurse's spontaneous comportment, particularly with aggressive patients. From his/her sound preparation a nurse is ideally equipped to successfully respond to the patients' pains and suffering. S/he should offer a comforting and empathic environment in which the patient can disclose her/his feelings instead of blocking them by her/his anger.

Flexibility in working hours and responsibilities. Nursing is a time consuming profession. Medical emergencies can take place at any time. As a result, it is not uncommon that nurses are demanded to prolong their duty hours, work in overnight shifts, or on weekends as well. That is part of the deal of the nursing profession.

A strong physical endurance. Because nursing sometimes requires a number of strenuous maneuvers, such as standing up for long periods of time or lifting heavy objects/ patients routinely, a nurse should have a strong physical endurance.

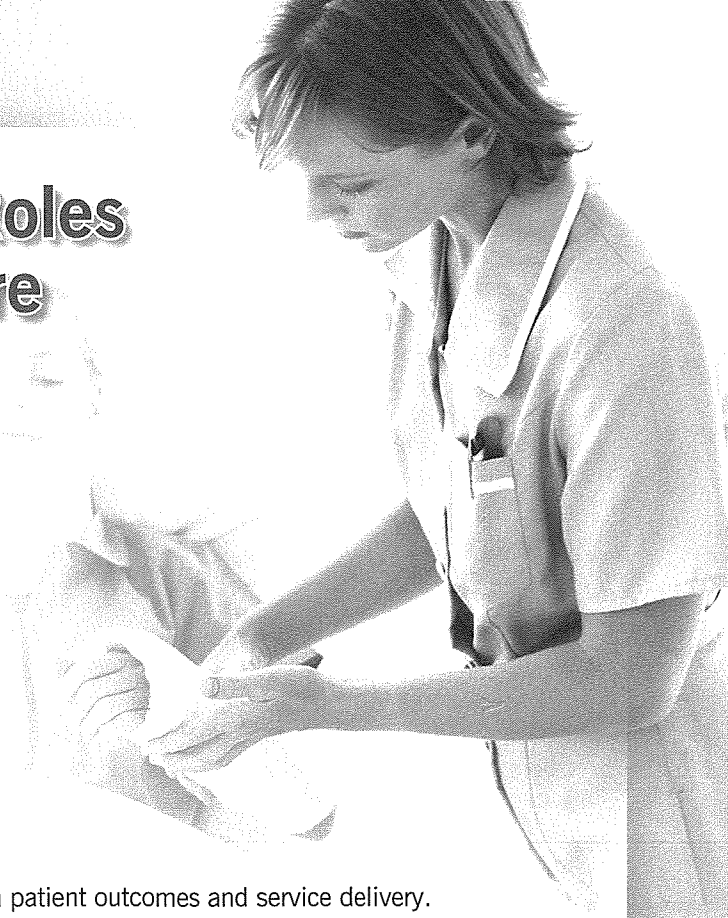
Respecting people and rules. A nurse's devotion to his/her profession is made manifest in the way s/he respects people and rules. Due to the multicultural trends that are shaping our society it is fundamental that our nurses should be ever more conscious of the different cultures and traditions that are remodeling our country. Hence, they are to respect them. Furthermore, nurses are to scrupulously keep confidentiality.

Active and cheerful. In order to make the client feel relaxed and comfortable a nurse should nurture an active and cheerful attitude. A nurse's caring response can, in the long run, lessen the patient's distress and pains. It is important that his/her voice be soft and gentle as much as they can possibly be.

The ideal exists only on paper. For many reasons, nurses fall short of these qualities not because they intend to but the stresses that their vocation brings about stifle a bit their generous nature. However, thanks to constant individual and group supervision, taking vacations, and ongoing formation nurses have a good chance of showing more care in the service they excellently provide. Thus, periodical reflection makes a nurse what s/he is meant to be: an angel in comfortable shoes! Hence, the wonder of nurses!

Fr Mario Attard OFM Cap

Developing Nursing Roles in Primary Health Care



11th October 2011

LADIES and gentlemen, colleagues and distinguished guests, it is with pleasure that I have accepted this invitation to close this 6th Primary Health Conference. This brings to a conclusion a number of presentations and discussions of interesting and stimulating projects and research carried out by various health professionals.

The work carried out by the health professionals is the result of a collective vision that benefits the health of our community. This is also reflected in the mission statement for the primary health department which: ***'strives to ensure the availability to all citizens of a comprehensive health care system, offering continuity of care on a personalized basis, with an emphasis on health promotion and illness prevention rather than cure'.***

Yet, as the demography and social patterns of our community change, so do the health needs of our population. These changes have to be seen in the light of the major challenge of all health care systems, that is sustainabilty. The delivery of primary and community care needs to reflect these changes, strive to meet the evolving needs while overcoming the challenges inolved. This is not only a local issue but primary care policies across the globe continually have to focus on restructing their services so that these remain relevant and sustainable.

Service development necessitates, amongst others, role evaluation of various health care professionals who work within the sector. In various countries around the world, these evaluations have highlighted the need of developing and extending the roles of community nurses. Nurses could and should assume roles traditionally held by General Practitioners. I sincerely believe that the issue of 'role substitution' in the local scenario needs to be further discussed and the rest of my speech will attempt to focus on this matter.

Rather than 'role substitution' I would like to refer to the extension and development of the nurse's role. This may include, amongst others, work traditionally carried out by the doctor. I feel that the need for these developments is an issue we can no longer ignore. Furthermore this issue is crucial to any restructuring process which needs to be implemented.

In other countries, the development of the nurses' role in the community has been mainly driven by the need to improve access and sustainability of services. Various models of extending and advancing nursing roles have been proposed and implemented world wide. Consequently, Primary Care research has been focusing on the impact of nursing role developments on patient outcomes and service delivery.

Evidence has shown that such 'role substitution' results in better patient satisfaction and in health outcomes which are equally good to those obtained by GP care (Horrocks et al 2002, Laurant *et al.* 2005).

In the local context, the role of nurses working in the Primary Health Care sector is limited. Patient assessments and related decision making are mostly within the role of GPs. Autonomous nursing practice is minimal. We have witnessed developments in this area, such as the establishment of the 'Health Awareness Clinics' where health needs assessments are carried out by nurses. However, decisions making, central to these assessments, such as those related to screening tests, are still within the role of the GP. It is my personal belief that the need for further nursing developments in the Primary Health Care Sector can no longer wait. Ways by which these developments could best be implemented need to be studied, taking into account foreign experience.

Such a move implies first and foremost a cultural change. I am convinced that our nurses are academically and clinically prepared to assume more specialized and autonomous roles. Yet they also need to be psychologically prepared to assume such roles. The general public should also be prepared and assured to accept the fact that they will be cared for by nurses. It is thus imperative that such a change needs to be well planned and most importantly it needs to be done gradually.

Perhaps at this stage it may be deemed more appropriate to move on to advanced roles within specialized areas, such as extending the roles of Nurse Specialists in Primary Health Care. Again developments in this area are already in place, as seen in the establishment of nurse led wound

management clinics. However, much more can be done in this respect, focusing mostly on the management and follow up care of chronic illness.

Considering the increased prevalence of long term disease, and the poor self management skills which are generally reported, these new roles may be ideal in meeting local health needs. Care in "nurse led clinics" will be patient centered, continuous, and focused on patient empowerment. Nurses who work at these clinics would be specifically trained in motivational skills and empowerment. This is what I mean by not merely substituting the work of the doctor, but also adding on to it.

The trend in health care management today, focuses on early discharge from hospital. It also aims at maintaining the elderly in the community. This is despite the significant reduction in family carers. The needs of our elderly, in many instances with co morbidity, are complex. They strive to manage their complicated treatment regimens, and to adapt to their increasing functional limitations. This requires extending the roles of district nurses to better support the needs of these citizens.

Holistic home based assessments and case load management is needed and could be adopted as part of the nurses' roles. Such roles would also improve continuity of care, including that between hospital and home. It is a way of ensuring outreach and the delivery of care which is relevant to the need, whether this is physically, socially or psychologically determined.

The World Health Organization (1998) refers to a similarly extended role as 'Family Health Nursing'. Nurses within this role provide counseling, support and home care to a limited number of families. The WHO proposes that this role forms the core of an integrated health care system. A good step towards this direction has been the establishment of the CommCare unit, whereby nurses visit and assess patients in the community, identify needs and perform the required referrals and follow up. These nurses now form part of a multidisciplinary team which aims at giving integrated, holistic care to patients. Because the need for this care is so vast, more investment is needed in this area, particularly in relation to case load management.

As the Parliamentary Secretary responsible for the Elderly and Community Care I have recently set up an Elderly Community Outreach Team. Its aim is to support the Elderly in the community. It is composed of a Multi Disciplinary Team. The initial results are very encouraging and in the coming months I hope we will be able to beef up and extend this service.

Whatever new nursing roles are developed, implementation would require the necessary infrastructure. There will be need for specifying role descriptions or scope of practice. Protocols will need to be established. These will be developed in consultation with different members of the health care team, and reflect evidence based practice. There will also be a need for developing a system whereby nurses will be able to refer to specialized care when such need is established. Necessary training programmes and means of ongoing professional development need to be in place. Methods for assuring quality of service would ensure that this is delivered at the desired standards.

I acknowledge that the implementation of extended nursing roles may seem challenging. Yet this should be the way forward to ensure accessible and affordable good quality care. This would enable GPs and specialists more time to dedicate to more complicated and specialized care.

Throughout the last couple of years we managed to introduce quite a number of new services and initiatives within our primary health care. These achievements have been made possible, not only by the necessary investments, but also thorough the commitment of the health professionals involved.

Such developments are central to providing better care. We need to continue to make sure that services delivered are those that are really needed. They have to be delivered in a timely and appropriate fashion and in a way that will reap the maximum benefits in the long term.

We are duty bound to ensure that we deliver a holistic and individualised service towards our community and to ensure that what we plan and deliver is oriented towards the health and social needs of our community members.

Conclusion

Finally I would like to thank you for participating in this conference. As Health Care Professionals working in the area of Primary Care we come in contact with so many people. Most of these patients come to us when they are most vulnerable and they put their trust in us to give them advice, care for them ease thier pain, ailments and discomfort and help them to go with their life. Undoubtedly this puts on us all a great deal of responsability.

In this context, I would like to encourage you all to continue to strive to deliver the excellent service that you deliver and to continue to make your services patient-focused. I am aware that most of the time your efforts and dedication go on unnoticed. So I would like to take this opportunity to salute each and every one of you for your dedication and commitment.

Thank you for touching the lives of so many people and for making their lives better.

Thank you very much.

Hon. Mario Galea
Parliamentary Secretary
Elderly and Community care

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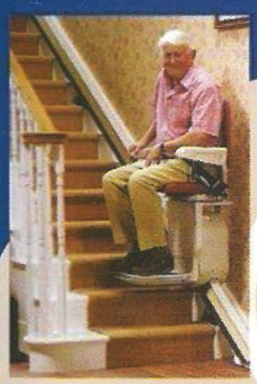

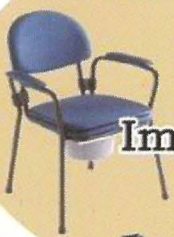

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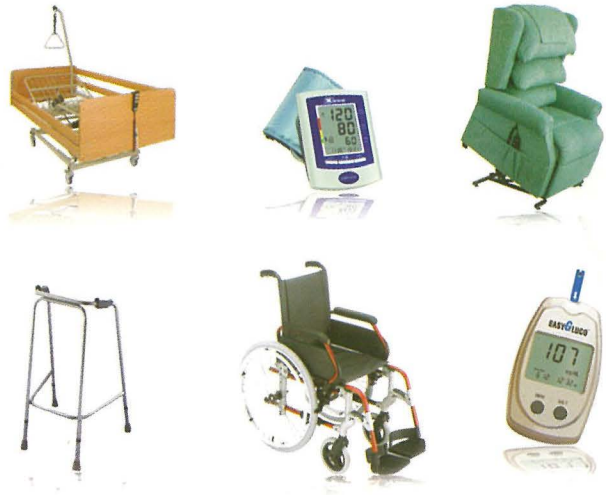

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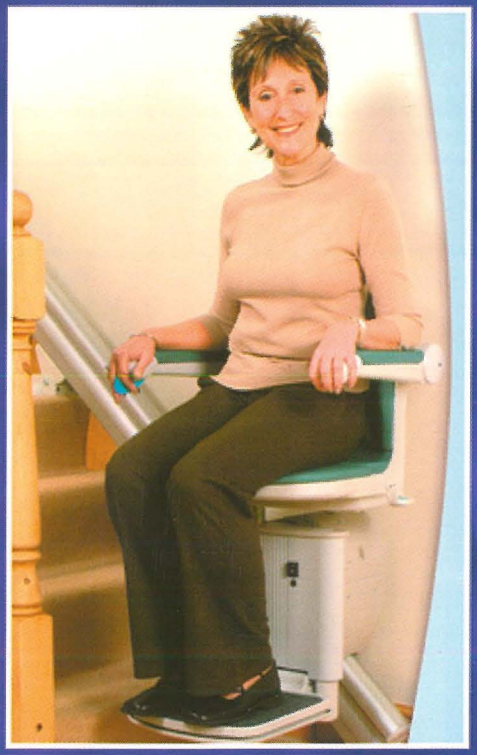
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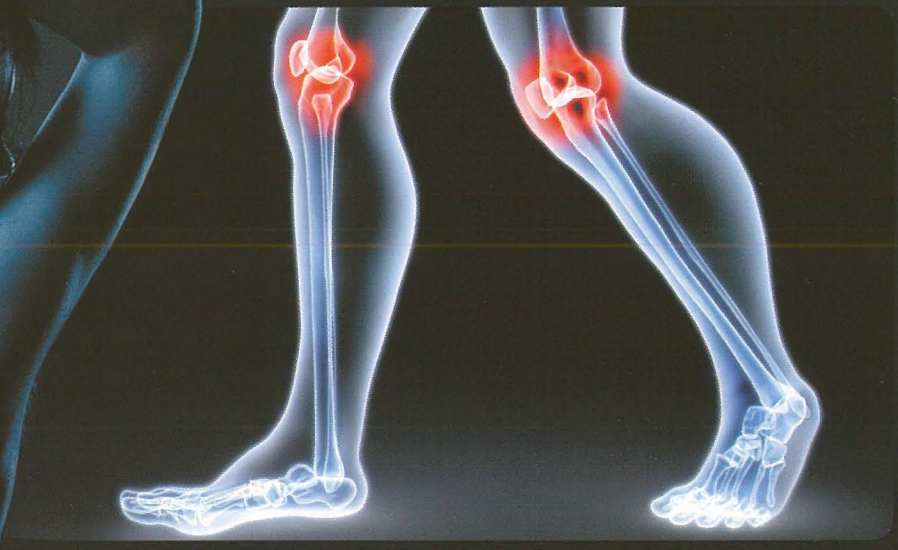

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Results of the questionnaire for nurses and midwives

23rd November 2011

Dear Colleague,

Once again the MUMN Council is asking from you for a feedback on four issues which we feel is of utmost important to our professions. The questions are:-

1. Are you satisfied with your general working conditions on your place of work?	Yes (27%)	No (73%)
2. In your place of work, do you have the appropriate nursing/midwifery compliment?	Yes (35%)	No (65%)
3. During your work, do you feel the imposition of the medical profession?	Yes (68%)	No (32%)
4. When you compare our present career progression and opportunities with nurses/midwives working in other European countries, do you feel we are lacking behind?	Yes (97%)	No (3%)

Paul Pace
President

Colin Galea
General Secretary

ANTONIO Mifsud

Artist/decorator

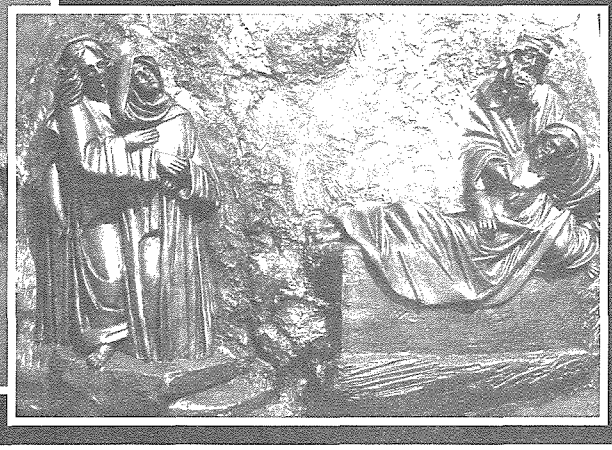
BIOGRAPHY

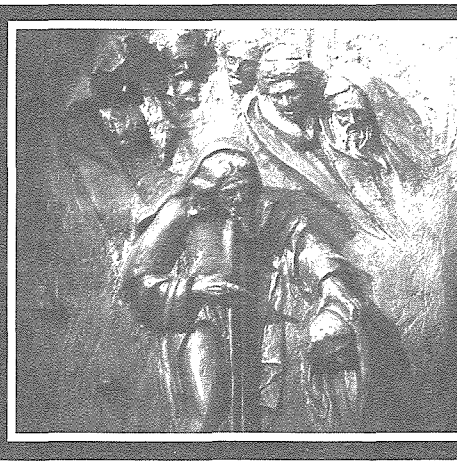
Antonio Mifsud (b.1977) received his education at the Archbishop's Seminary and at the University of Malta. He received his first art lessons under the guidance of Dr. Ġorġ Mallia and later studied privately with the internationally recognized sculptor Chev. Alfred Camilleri Cauchi O.R.C.B from whom he perfected his skills in monumental and sacred sculpture, decorative paintings, Papier-Mâché techniques and statue making conservation and restoration. Mifsud attended several courses about Interior Design. His is also graduated from the Malta Institute of Videography in Camera Techniques and Television Production.

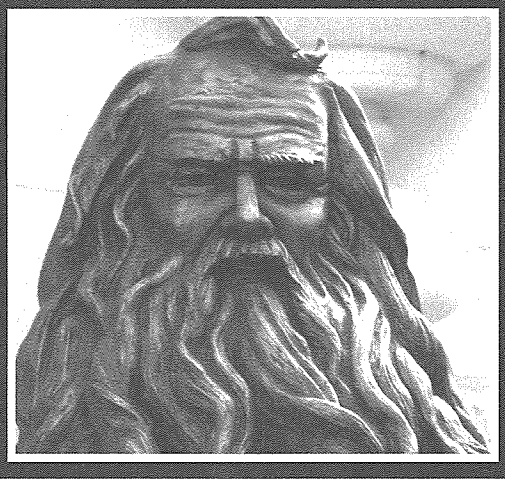
Antonio Mifsud first gained local attention with his VIA CRUCIS, a series of 10 alto relief sculptures commissioned for St. Philip's Band Club, Zebbug. For his first solo exhibition entitle 'ANIMA the soul within', at the Inquisitor's Palace Museum in Vittoriosa, in 2008, Mifsud presented a collection of sculptures and decorative abstract paintings. NATIVITY, an alto-relief sculpture was acquired by the Inquisitor's Palace, National Museum of Ethnography, Heritage Malta and featured permanently in a collection entitled 'Christmas in Malta'. In 2010, the Auberge D'Italie in Valletta, hosted Mifsud's large scale collection entitled 'SACRED SPACES' which also formed part from the Notte Bianca Festival.

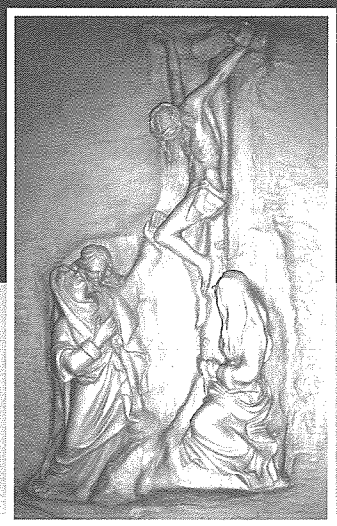
A certain freshness and sincerity of vision distinct Mifsud's work. His figures invite close-up inspection of the anatomical details, expression, taking you on a psycho-topographical journey. If you stare long and deeply enough, you experience an intensely spiritual sensation. Simultaneously, Antonio has created a unique way how to interpret abstract decorative paintings including sculptured texture. Additionally, he uses colors and sculptured texture to produce powerful images suggestive of land, sea and sky, set within a semi-abstract space that allow room for the inner emotional landscape of both artist and spectator to emerge.

Mifsud's other notable commissions include a Bust sculpture of Maltese poet SAMMY CALLEJA, bust sculpture of ST. PAUL APOSTLE found at the 'Għaqda Talent Mosti' Mosta. Mifsud was also commissioned to decorate epochal scenography of the last supper displays for the 'Għaqda Armar Madonna tal-Karmnu' in Valletta (2002) and for St. Philip's Band Club in Żebbuġ Malta (2005) and to design studio setup of television programme 7000 broadcasted on Favourite TV (2009). In 2008, his work 'NATIVITY' (Alto-relief sculpture) was featured as Christmas card by the Ministry of Health, the Elderly and Community Care. Mifsud participated in local and









international collective exhibitions and competitions. In January 2009, Antonio Mifsud was awarded 2nd prize in sculpture section when represented Malta in the 6th Edition of the Editorial Project on Sacred Art – held in the European Parliament – Brussels Belgium. Works by Mifsud are found in local churches mainly in Rabat Malta (St. Paul's Shipwreck) and Swatar, public places such as The Malta Tourism Authority, St. James Capua Hospital and the Presidential Office, and abroad particularly in Australia, Canada, Egypt and Italy.

Antonio Mifsud is the author of several scripts for radio (RTK, CAMPUS FM and other community radios) and television documentaries. He was the artistic director and script writer of television programme, 'BOTTEGA – minn fejn tibda l-arti', broadcasted in 2007 on NET Television and nominated in the category Best Documentary in the Go Malta Television Awards 07.

AWARDS

2009 Classified 2nd in Sculpture in the Editorial Project on Sacred Art – European Parliament/ ADLE Group and European International Crib Exhibition – 6th Edition – Brussels Belgium

NOTABILE WORKS OF ART

2002 Scenographic setup – Last Supper Display – Ghaqda Armar Madonna Tal-Karmnu – Valletta
2004 Abstract paintings - Medical Lab Services/St. James Capua Hospital - Sliema
2004 Scenographic setup – Last Supper Display - St. Philip's Band Club – Zebbug
2007/08 Via Cruces – 10 alto-relief sculptures – St. Philip's Band Club Zebbug
2007 Bust Poet Sammy Calleja– Ghaqda Filantropika Talent Mosti – Mosta
2007 Roman Wall Decorations – Vinum @ Fontanella Wine Bar – Mdina
2008 Abstract Paintings – St. James Capua Hospital – Sliema
2008 Nativity - Inquisitor's Palace Museum Heritage Malta – Vittoriosa
2009 Bust St. Paul's Apostle – Ghaqda Filantropika Talent Mosti – Mosta
2009 Set Design for television programme '7000' - Favorite TV
2010 SACRO E DIVINO - Maltese polychrome sculptures – Consultancy and presentation for a large scale exhibition for the Parliamentary Secretariat for Tourism, Culture and Environment – Office of the Prime Minister – Auberge d'Italie, Valletta
2010 Set of 4 Landscape Paintings – Malta Tourism Authority - Valletta
2010 The Temptations of St. Jerome – Office of the President of Malta - Valletta
2011 Designed emblems for The Confraternity of Our Lady of Sorrows –St. Paul's Shipwreck Parish Church. Rabat
2011 Redemptoris Mater – Nicolo Isouard Philharmonic Society – Mosta
2011 St. George Preca in Glory, St. George Preca founder of The 'MUSEUM' Society – Nicolo Isouard Philharmonic Society Chapel – Mosta
2011 Crucifix – Adoration Chapel Swatar Parish Church– Swatar

SOLO EXHIBITONS

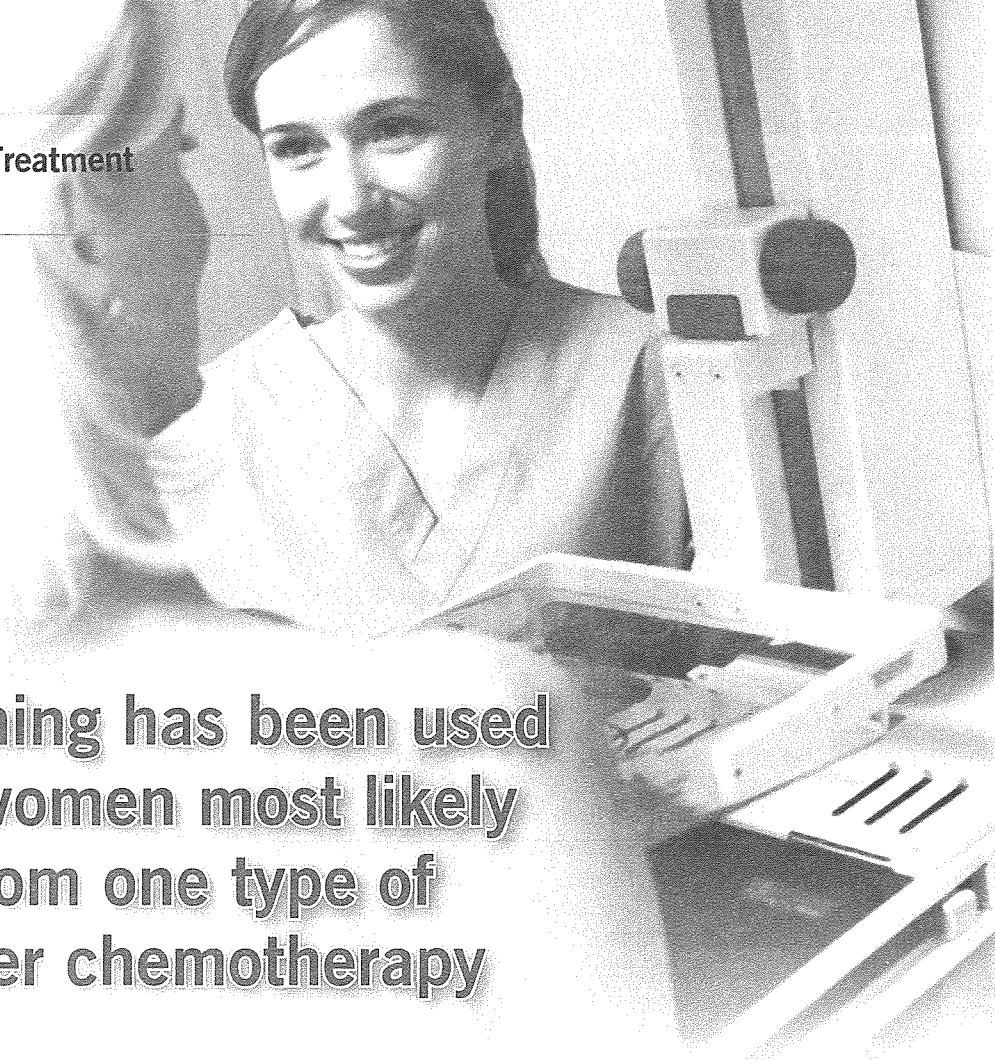
2008 ANIMA – the soul with in – Inquisitor's Palace – Vittoriosa
2009 CAUGHT IN BETWEEN - CASAL FORNARO – Qormi
2010 SACRED SPACES – Auberge d'Italie, MTA – Valletta
2011 SACRED ART EXHIBITION - ANTONIO MIFSUD – Nicolo' Isouard Philharmonic Society – Mosta
2011 ART EXHIBITION - ANTONIO MIFSUD – Qormi Wine Festival – Qormi
(In preparation progress) 2013 - SACRO – A Touch from Heaven – San Anton Presidential Palace – Attard

CONSERVATION AND RESTORATION

2002 Restoration 2 Papier-mâché' Adoration Angels – St. Luke's Chapel – St. Luke's Hospital – Gwardamangia.
2011 Restoration 17th century oil painting, 'Lamentation of Christ with Holy Trinity' – Parish Church – Mqabba

Gene Test Aids Breast Cancer Treatment

Jo Couzens,Sky News Online



Gene-screening has been used to identify women most likely to benefit from one type of breast cancer chemotherapy

THE TECHNIQUE could lead to a simple test enabling doctors to administer personalised treatment, say researchers.

In future the same method may offer a way of predicting which patients will respond to other cancer drugs.

This in turn could make expensive new treatments more cost effective and available on the NHS, according to the international team of scientists.

Researchers scanned 829 genes in breast cancer tumour cells.

They selected six which, if missing or faulty, would prevent the chemotherapy agent paclitaxel working properly.

A patient study then showed how the genes could reveal in advance which women were likely to respond best to the drug.

Lead researcher Dr Charles Swanton, from the Cancer Research UK charity's London Research Institute, said: "Since the whole human genome was sequenced, scientists have been trying to understand the role of each of the 21,000 genes contained within it.

"Our research shows it is now possible to rapidly pinpoint genes which prevent cancer cells from being destroyed by anti-cancer drugs and use these same genes to predict which patients will benefit from specific types of treatment."

Each year more than 45,500 women are diagnosed with breast cancer in the UK, and around 12,000 die from the disease. About 15% of these patients will be prescribed paclitaxel.

The new findings, reported in The Lancet Oncology medical journal, suggest that half the women currently prescribed the drug could do without it.

Dr Swanton added: "Now the challenge is to apply these methods to other drugs in cancer medicine and to help identify new drugs within clinical trials that might benefit patients who are predicted to be unresponsive to treatment.

"These could include treatments that are currently deemed too expensive to fund on the NHS - however, in the future, treating only the patients that will benefit from certain treatments will save the NHS money in the long term."

Dr Lesley Walker, Cancer Research UK's director of cancer information, said: "Health professionals may in the future be able to use this information to direct treatment to patients most likely to benefit and avoid giving treatment that is less likely to be effective to patients with drug resistant cancers.

"Ultimately similar approaches could reduce the cost of delivering cancer care whilst enabling improved patient access to beneficial treatments."

The scientists used a technique called RNA interference to screen the genes. It involves turning genes on or off by targeting the molecules that carry their coded instructions.

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MUMN 1996 Malta Union of Midwives and Nurses

2011 from our diary...

1. For the first time Forum Officials attended the ETUC meeting representing 11 unions.

2. MUMN Administration Committee meeting the electoral committee to analyse the electoral process to elect the MUMN council.

3. Forum Unions Maltin meeting the Prime Minister to discuss the exclusion in MCESD and budget proposals.

4. MUMN signed the collective agreement pertaining to the nurses working with the Foundation of Medical Services at Karen Grech Hospital.

5. The seven Unions participating in the collective agreement of the public service met together to discuss the pending issues.

6. Forum Unions Maltin holding a press conference to decelare its budget proposals.

7. MUMN officials discussing the new Sectoral Agreement with Government Officials.

1


3


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7

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By offering an insightful and clinically proven product portfolio,[1–5] Philips AVENT strives to support new mothers reach the World Health Organization (WHO) 6-month breastfeeding target.[6]

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Philips AVENT also offers a range of breastfeeding accessories to support mothers every step of the way. For example, the Niplette™ has been developed to support the 10% of women whose inverted nipples make breastfeeding particularly challenging. This unique and innovative device is clinically proven to permanently correct inverted nipples, without the need for surgery.[3]

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References: **1.** Fewtrell MS *et al. Paediatrics* 2001;**107**(6):1291–1297. **2.** Lucas A, St. James-Roberts I. Presentation at the 105th Ross Conference on paediatric research, Florida, November 1994. **3.** McGeorge DD. *Br J Plast Surg* 1995;**48**(2):115. **4.** Fewtrell MS *et al. J Hum Lact* 2001;**17**(2):126–131. **5.** Infant Feeding Bottle Design, Milk Intake, Growth & Infant Behaviour: A Randomised Trial. Presented at Second Congress of the European Academy of Paediatrics, Nice, October 2008. **6.** Postpartum Care of the Mother and Newborn: a practical guide, Report of a Technical Working Group, World Health Organization. Available at http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/MSM_98_3_/en/index.html. Last accessed February 2010.

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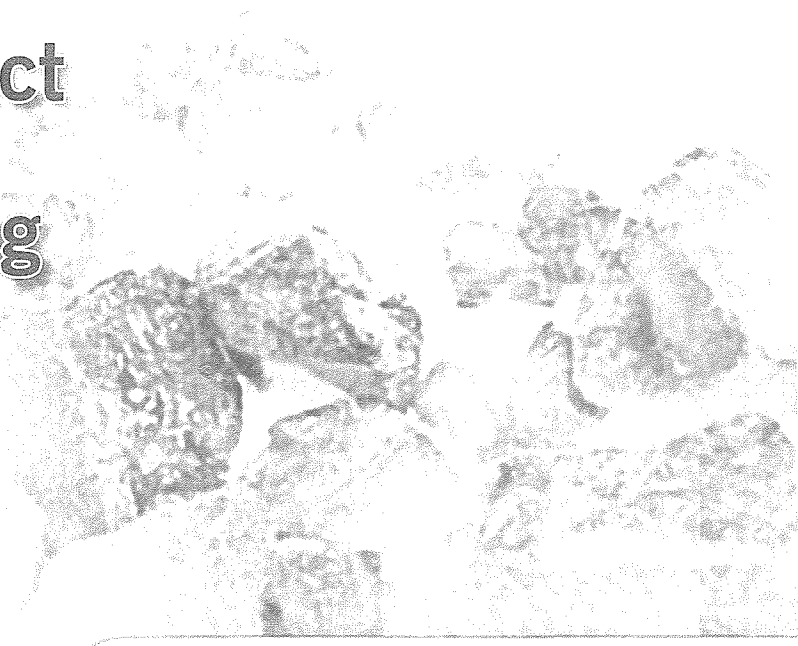
Colophony contact allergy in the healthcare setting



Colophony

also known as Rosin, is a sticky amber mainly obtained by tapping the sap of living pine and spruce trees. Colophony is the oleoresin residue after distillation and consists of 90% resin acids and 10% neutral matter. The primary component of colophony is abietic or sylvic acid and air oxidation results in the formation of potent contact allergenic compounds. Currently, colophony represents the 4th most frequent allergen in Germany and the 3rd highest cause of occupational asthma. It is also a cause of allergic contact dermatitis. Development of colophony sensitivity mainly depends on the length of exposure, the concentration of the allergen, the site of exposure, skin integrity, and the chemical constituents of the colophony. Dermatitis tends to occur within 1-3 days after contact, although reactions can appear within 24 hours or even after a week following exposure. Dermatitis tends to be confined to the site of contact. Typical symptoms of colophony allergy are skin redness, swelling, itching and fluid-filled blisters. However, continued exposure may result in dermatitis becoming chronic with thickened, lichenified skin.

Sources of Colophony exposure in the medical setting

are various since it may be found in a lot of products including adhesive tapes, dental devices, wart treatment gels, ostomy appliances, wound dressings, skin 'butterfly' sutures, diapers, sanitary pads and surgical clothing (gowns and drapes).

"Despite the demand of low priced dressing materials, which, it must be said, are rarely dependable or of high quality, I refuse to abandon my principle of delivering the best there is to offer, time after time."

Paul Hartmann,1885

Colophony in Wound Dressings

Several studies have reported allergic contact dermatitis to chemicals found in the adhesive or the dressings themselves. Allergic contact dermatitis from the presence of a colophony derivative in a tape skin closure had already been reported in 1984. A study of 155 patients showed that 70.6% of skin injuries whilst using dressings were due to contact dermatitis. Such allergenic chemical components often involve modified derivatives of colophony and another study revealed that some patients reacted only to abietylic alcohol, whilst others reacted to methylabietate, used as plasticiser in adhesive "hypoallergic" plasters. Contact dermatitis was observed to occur much more likely when the tapes or bandages were left on the

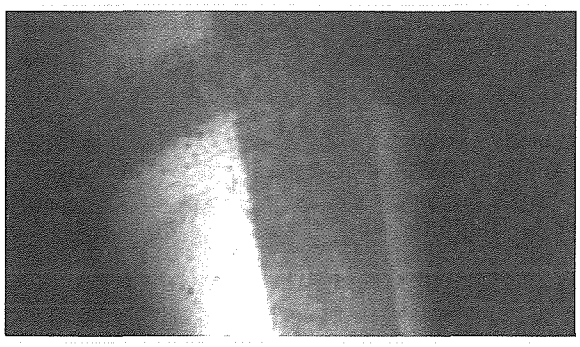
skin longer. Three case studies showed that patients had a massive eczematic reaction, 1 also with lesions, to 3 types of hydrocolloid dressings. The hydrocolloid dressings contained pentaerythritol ester of hydrogenated rosin as the tackifying agent. Another study showed that repetitive treatment with hydrocolloid dressings induced major functional alterations of the stratum corneum, whilst polyurethane and soft silicone adhesive dressings did not. Patients with chronic wounds often have a tendency to contact sensitisations, and a study of venous leg ulcer patients in Germany showed 13.9% prevalence of colophony sensitivity. Hence, the inclusion of highly potent allergens, such as colophony, should be strictly avoided in the content material of wound dressings.

Colophony in Surgical clothing

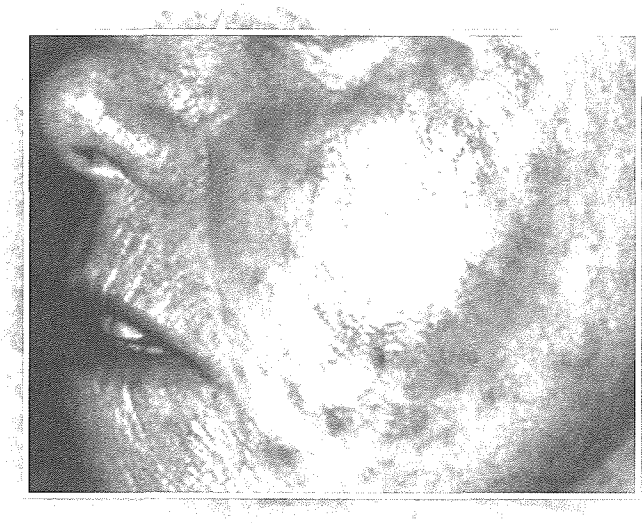
Reports of allergy due to colophony in paper-based surgical clothing had already been published in 1994 by Bergh, Menné and Karlberg. Contact dermatitis from clothing is quite common and is usually located in body areas in contact with the garment. Textile fibers mostly induce irritant dermatitis, often due to the presence of textile resins which are used to enhance the touch and quality of clothing.

Colophony in Incontinence devices

Allergy to sanitary pads was clearly shown in a case study of a teenage girl who recurrently presented with vulval dermatitis starting several days after using a sanitary pad. The rash subsided, but recurred on subsequent use of the pad. Colophony was present in all diapers tested, in a study conducted on disposable



Contact dermatitis to adhesive plaster
Allergic Reaction to strapping



diapers available on the Swedish market. A higher concentration of colophony was found in the top layer, which is in close contact with the skin. The risk of triggering dermatitis in sensitive individuals to colophony in diapers is quite high when considering that penetration into the skin is enhanced by occlusion and irritation. Long-fibred chemical pulps (kraft or sulfite) have traditionally been used for the absorbent medium in diapers and pads. However recently, less-expensive mechanical grades of pulp have taken a significant share of the market. A major part of the colophony content in chemical pulp is separated and removed. In comparison, the colophony components in mechanical pulp are higher, since they remain incorporated in the pulp. The increase in popularity of mechanical pulps for production of cheaper fluff for less expensive diapers thus increases the risk of allergic contact dermatitis. The adhesive used in some diapers may also be a source of rosin allergens and should be exchanged for a colophony-free alternative.

The best way to minimise risks of colophony contact allergy is to avoid using products containing colophony. Hence, it is very important for one to be aware of the chemical content of medical devices in use. This can be done by consulting the product label, material safety data sheets or contacting the manufacturer.

A significant rise in prevalence of colophony sensitivity was revealed in 2 studies involving patch testing in the Netherlands and Greece. The increase in popularity of mechanical pulp manufactured cheaper paper products tends to promote an increase in prevalence in the future. This evidence supports the reasoning that in the long term, cheap alternatives might turn out to be the most expensive.

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

ICN Industrial action

ICN Position:

The International Council of Nurses (ICN) expects nurses to have equitable remuneration and decent working conditions, including a safe environment. As employees, nurses have the right to organise, to bargain collectively, and to take industrial action. Strike action is considered the measure of last resort; to be taken only after all other possible means to conclude an agreement have been explored and utilised. ICN defines a strike as employees' cessation of work or a refusal to work or to continue to work for the purpose of compelling an employer to agree to conditions of work that could not be achieved through negotiation.

Effective industrial action is compatible with being a health professional so long as essential services are provided. The complete abandonment of ill patients is inconsistent with the purpose and philosophy of professional nurses and their professional organisations as reflected in ICN's Code of Ethics for Nurses.

When taking industrial action, including during a strike, a minimum essential service to the general public must be maintained.

Other principles to be upheld include:

- Crisis intervention by nurses for the preservation of life;
- Ongoing nursing care to assure the safety and survival of those unable to care for themselves;
- Nursing care required for therapeutic services without which life would be jeopardised;
- Nursing involvement necessary for urgent diagnostic procedures required to obtain information on potentially life-threatening conditions;
- Compliance with jurisdictional legislation and the NNA-specific policies or guidance on the implementation of industrial action;
- Strike action should only be undertaken as a last resort and following a participative process which observes the principles of industrial democracy and representation within the NNA;
- Nurses' right to take industrial action in the case of a breakdown of negotiations may only be curtailed if independent and impartial machinery such as mediation, conciliation or arbitration is established.

National nurses' associations (NNAs) are responsible social partners and must develop education and training programmes that adequately prepare their representatives, nursing leaders and nurse employees in the practice of the various methods of negotiation as a means for resolving their employment concerns -i.e. conciliation, arbitration, collective bargaining -as appropriate in each country/province. Individual nurses must provide input to their NNAs so that policy and decision-making are relevant and consistent with the realities encountered in daily practice.

ICN provides technical support to NNAs addressing labour issues and encourages the International Labour Organization to positively influence national policy in each country.

NNAs, as professional associations and/or trade unions, are affected by health sector industrial action. They must therefore develop proactive policies and contingency processes as well as structures to guide their members' professional attitude and behaviour in such situations. At the same time, NNAs must be proactive and assertive to improve the nurses' socio-economic welfare before industrial action becomes necessary. Evaluations of industrial actions (including the responsibility of main stakeholders) must be undertaken so that lessons learned may improve future negotiations.

Any industrial action undertaken should comply with jurisdictional legislation. The ICN condemns any form of victimisation against strike leaders and participants or their relatives or associates.

ICN and NNAs recognise the potential strength of interdisciplinary partnerships within the health and social sectors during negotiations with public and private employers.

ICN and NNAs oppose the deliberate use of strike breakers, a practice that weakens the pressure for credible social dialogue.

Background

The fundamental responsibility of the nurse is fourfold: to promote health, to prevent illness, to restore health and to alleviate suffering. In certain cases, nurses may find themselves in situations where industrial action is necessary to ensure the future delivery of quality care by qualified personnel.

While social dialogue is widely recognised as the principal and most effective means of resolving professional and workplace-related problems, frustrated employees may take industrial action in cases where the option of employer/employee negotiation has been

unsatisfactory, unsuccessful or refused. Where deficiencies in the quality of working life and the economic rewards of nurses have become so serious as to affect the long-range prospects for maintaining high standards of nursing care, nurses may choose to take industrial action to bring about needed changes. In extreme situations, strikes have occurred and on occasion have resulted in wide public and intra-professional debate.

Industrial action, maintaining essential services has been used successfully by professional trade unions in the past to initiate social dialogue, improve the quality of care provided as well as the working conditions of nurses/health workers. A range of industrial action is possible. "Selective strikes" have provided the necessary impact to advance negotiations while generating less disruption to patient care. In certain cases, token strikes (e.g. one hour demonstrations) may generate the impetus to initiate social dialogue. Other forms of industrial action may be undertaken as an initial or complementary measure, including but not limited to the cancellation of all elective interventions, a work-to-rule policy and/or the withdrawal of services involving non-nursing duties, e.g. domestic, clerical, portering, catering.

The potential impacts and outcomes of a negotiation and/or strike process should be risk-assessed, including the impact on patients, other stakeholders and social outcomes. Relevant supports required for the parties involved in each step of the action undertaken should be identified and provided (e.g. financial, emotional).

If industrial action is taken, national/provincial legislation may determine the conditions under which such measures are implemented. Essential services are commonly accepted service levels applied during industrial action that are often based on evening/night shifts and weekend staffing ratios and protocols.

Adopted in 1999 Reviewed and revised in 2004 and 2011

Related ICN Positions:
- Socio-economic welfare of nurses
- Scope of Nursing Practice
- Nurses and Shift Work
- Nurses and Human Rights
- Patient Safety
- Helath Human Resources Development (HHRD)
- Occupational Health and Safety for Nurses

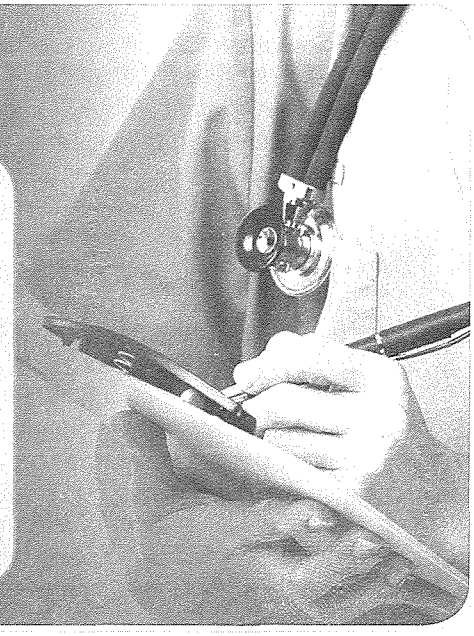
Related ICN Publications:
- The ICN Code of Ethics for Nurses
- Ethics in Nursing Practice
- Guidelines on Essential Services during Labour Conflict
- Guidelines: Law and the workplace

The International Council of Nurses is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

A selective strike -where nurses from a determined number of hospitals/health services or departments within health care facilities stop working.

You're a nurse?

That's cool, I wanted to do that when I was a kid. What do you make?" ... "WHAT DO I MAKE? I make holding your hand seem like the most important thing in the world when you're scared. I can make your child breathe when they stop. I can help your father survive a heart attack. I make myself get out of bed at 5am to make sure your mother has the medicine she needs to live. I work all..... day to save the lives of strangers. I make my family wait for dinner until I know your family member is taken care of. I make myself skip lunch so that I can make sure that everything I did for your husband today is charted. I make myself work weekends and holidays because people dont just get sick monday thru friday. Today, I might save your life. I make a difference, what do you make?"



'CO2 May Be Cause Of Near Death Experience'

Lulu Sinclair, Sky News Online

NEAR death experiences could be caused by something as mundane as raised levels of carbon dioxide, scientists suggest.

People who claim to have felt such experiences describe them as life flashing before their eyes, feelings of peace and joy and supernatural encounters.

An "NDE" is usually an experience described by someone who has been declared clinically dead or appears very close to death.

Improved resuscitation rates mean more NDEs are being reported but the causes for them are not known.

Many scientists put them down to hallucinations while psychics or religious groups are more likely to consider them as evidence of an afterlife.

A number of studies have been undertaken over the years but this is the first one that has taken carbon dioxide levels into consideration.

Slovenia-based scientists studied 52 patients whose hearts had stopped, using questionnaires to determine whether or not they had had an NDE.

Eleven patients reported NDEs, with more incidences among those with a higher concentration of carbon dioxide in the breath and arteries, the study published in Critical Care, said.

Zalika Klemenc-Ketis, who led the research, told Sky News Online: "Our study pointed out a possible effect that carbon dioxide has on the provoking of NDE.

"But we cannot say that this is the only factor that provokes NDE, we have just found out that carbon dioxide is associated with NDE.

"Some theories talk about the role of carbon dioxide in the NDE, because it has been known that in other cases, for example in people at higher altitudes, carbon dioxide might provoke some sort of hallucinations and visions, that could be described as NDE-like experiences."

When asked if the study would rule out paranormal activities, she said: "I don't think that, based on our study, we can say that paranormal believers are wrong.

"We have simply found out that one of the factors that could play a role in provoking the NDE, is carbon dioxide. But a lot still has to be done to totally explain this phenomena."

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Florence Nightingale MUMN Benevolent Fund

YOU must be crazy!.....is sometimes how I am greeted when I speak about the Florence Nightingale MUMN Benevolent Fund with my friends. Could be that I am, but am proud to do an honourable gesture to fellow colleagues when the need arise. Believe me one wouldn't know what, when or even who is next to cry for help or some financial support, for you or your immediate loved ones.

Well to tell you the truth I've been there and touch it with my own hands, even the other three committee members, to whom I haven't enough words to be thankful. The common thing amongst the committee is when it was us, we found nobody to support and offer a helping hand. Still we did not stop there! Our life continued and after it settled we thought that if a colleague comes in need of some help, he/she wouldn't find closed doors like we did.

Being a nurse doesn't mean you are untouchable or immune to illness! Though being a nurse, one would not qualify for full free treatment. Going for treatment abroad means you have to pay for flight tickets, pay accommodation and buy basic necessities like eating, from your pocket. The FNBF tries to support by paying part if not all of the expenses incurred.

We get requests from members spending an average of Đ3,000 a week for cancer treatment which is not provided by the health schemes. Yet we try to help as much as it is possible.

My joy and payback is when I receive some letter of gratitude and thanks saying that because of help from the Fund they are buying this treatment to fight their illness and they are on the recovering side, so much so that they even managed to be present for their son's/daughter's first Holy Communion! These are very few as we have other beneficiaries that don't even find the time to acknowledge they received our reply. Life is so fast now a day!

Life is not plain sailing all the time and we are not always on the winning side. It is a sad occasion, but we get to assist families with funeral expenses when our members demise. We even try to be present at the funeral for moral support. The Fund also remembers its late members by a mass during the month of November in all hospitals and health entities.

The Fund also extends its help by offering psychological assistance with the help of professionals in the field. We get all sorts of requests from work related issues to domestic violence. The Fund never asks for reason from the member for such assistance as we know that it is very hard to take the first step. All we ask is name and surname of the member needing such assistance for session payment reasons.

We also like to celebrate with those members who reach the retirement age. A mass followed by a reception is held once a year and all retired members are presented with a small memento as a means of gratitude for their years of service to the patients.

The fund is self funding and that small monthly fee gives a member all the right for help and assistance within the stipulated guidelines. We promise that our work will not stop here and will consider more ways how to help each other in time of difficulty.

All members are asked to be guided through benefits provided in line with the FNBF Guidelines which may be found in the diary that is given to all the members every year.

Finally but as much important I want to thank Carmel, Frans, Carmen and Marvic, my fellow committee members together with their families for all the help and support they give free of charge but I know that it is done with great responsibility, in silence and without pretending anything back for it.

May we as the Fund Committee take the opportunity to wish a Merry Christmas and a Happy New Year to all its members and their loved ones.

George Fenech
Chairperson FNBF

Ono. Minister Dr. Joseph Cassar
Minister for Health and Elderly

Dear Dr. Joe Cassar

I am writing this email not to seek confrontation with you but I am trying my best to voice the anxiety and demotivation presently being felt by all Nursing officers working in Mater Dei Hospital. I am specifically referring not to the new appointed Nursing Officers where a deployment exercise is always expected to occur but I a referring to the Nursing Officers who have been rendering a sterling service to the Health Division for many years in such a post.

As you are aware such Nursing Officers have been notified of the existing transfer list which was announced about a week ago. I, as President of MUMN have immediately written to you and the Health Division for an urgent meeting which to this very day, neither notification nor a reply was forwarded either by your Ministry or by the Health Division. It is unacceptable for MUMN to allow such nursing officers to be left suffering from such psychological stress as a normal day to day process. Such vital management personnel who have the running of each and every ward/department are being left in the dark of their future as nursing officers in Mater Dei hospital. MUMN will never accept mass transfers on a huge scale since earthquakes will not only cause great harm to our loved nursing profession but also will demotivate all our nurses which will have a direct impact on the patients service which we are proud to provide. Also MUMN will not accept any protocols or policies issued from the Health Division or Ministry that every nurse/ nursing officer is to be place in a transfer list after 15/ 20 years of service in a specific ward/department. That is purely discriminate and defeats the concept of specialization even from a managerial aspect. Such nursing officers in Mater Dei Hospital are working under extreme stressful conditions with the huge responsibilities even in normal circumstances let along the added stress of the imminent phone call that can announce a transfer at any time. I would like to remind you that since Mater Dei Hospital has NO polices and protocols it is up to the decisions of the Nursing Officer to manage the day to day running.

MUMN would like to clarify in such meeting these number of issues: 1) If such transfers are still being considered or have been abolished. 2) The reason behind such transfers if such transfers are to take place. 3) The choice of work place by each respective Nursing officer who unfortunately is to be transferred. 4) If other Nursing Officers working in other hospital are also present in such list.

This important issue cannot be left to linger and so MUMN is requesting that if by Thursday the 25th November 2011, such meeting requested by MUMN will not materialise, MUMN will be issuing industrial action to ALL nursing officers in Mater Dei hospital and will be organising a protest in front of Kastille during the cabinet meeting, Monday the 28th November. For such a protest MUMN will summon not only all nursing officers working in Mater Dei hospital but will encouraging nurses and midwives from all Government Hospitals who will be supporting and sympathizing with the nursing officers in Mater Dei Hospital.

Also if no CONFIRMATION is received by MUMN by Thursday the 25th November 2011 regarding the new rosters of the Nursing Officers and the Deputy Nursing officers as it was discussed with the management of Mater Dei Hospital (that the Nursing officers and the Deputy Nursing officers be offered the agreed rosters as DDODO as SVPR's nursing officers and Deputy nursing Officers), MUMN would still be issuing the protest and the directives. MUMN does not accept when TOP management go against what has been agreed with MUMN, after all the Nursing Officers and the Deputy Nursing Officers are paid equal salary as the Nursing Officer and the Deputy Nursing Officers of SVPR, so the working conditions HAVE to be equal to all. This is being done since as MUMN, we feel that any nurse or midwife or in this case our valid colleagues the Nursing Officers should be treated with respect and dignity for their valid management with their staff and their patients. I rest my case and hope that you as Minister do not allow this case to escalate into industrial actions and protests in Valletta.

Paul Pace
MUMN President 18/11/11

16th November 2011
Notice to all Nurses and Midwives

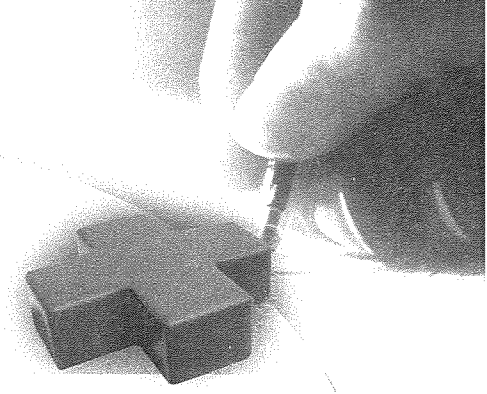
MUMN has the pleasure to announce that the Health Division has taken all the necessary actions regarding the unexpected deductions which nurses and midwives discover on their pay slip on a regular basis. MUMN has been officially informed that arrangements have been made so that the nurses and midwives will be informed in advance prior to effecting any deductions in pay.

With effect from 28th November, 2011, the current payroll software is to be upgraded so that nurses/midwives will automatically be notified in advance of their deductions.

Nurses/midwives will be informed at least four weeks in advance (through their pay slip) of the deductions which will occur in the next payroll. This will allow ample time for nurses/midwives to rectify any "unjustifiable" deductions.

MUMN has thanked all those stake holders who were so helpful and cooperative.

Paul Pace MUMN President



MUMN shames Health Minister for abandoning the Occupational Health and Safety of Nurses and Midwives in all Government Hospitals

MUMN is condemning and protesting on the speech and attitude issued by the Health Minister Dr. Joe Cassar during the seminar "Caring for doctors" organized by the Medical Association of Malta (MAM) on the 24th October 2011 which prioritizes the welfare of doctors while no reference was made to the well-being of the other professionals working in the Health Sector. The Health Minister did not have the decency in his shameful speech to make any reference to the agreement which was signed between MUMN and the Health Division in the setup of an Occupational Health Unit to ALL professionals (and not just nurses and midwives) and which the Health Division neglected to this very day.

It is a great pity that the Health Division is led by a Minister who fully endorses and approves an "occupational health structure for doctors" when MUMN has been requesting such a service from its very first year of its existence – that is in 1996.

It is shameful to have a Health Minster biased so vividly to the Medical profession since as he stated in his speech taken from the Malta today: "Speaking as a doctor, Cassar felt that ....."

It shows clearly that as rightly said by the Minster himself that he is a doctor, and therefore acts as a Minster only for doctor's benefits whilst the nursing and midwifery professions and all the other professional bodies working in the hospital arrive second class behind the doctors.

As stated by Dr. Cassar in yesterday's speech:- "In order for the planned occupational services to come to fruition, individual doctors need to work together to identify, pick up and help those around us who may be struggling and indeed drowning"

This is a pure insult to all the workers striving in all Government Hospitals. The Minster deserves to resign after such a speech since it shows clearly THE UTTER NEGLECT on the grievances suffered by nurses and midwives during their line of work.

Through various international and local studies, nurses and midwives have by far the largest number of physical and psychological problems due to the stress and heavy workload which in their line of duty have to suffer on a daily basis. Such grievances are from needle stick injuries, back injuries, spinal injuries, verbal and physical harassment and psychological issues such as mental fatigue and depression.

It is shameful for the Minster to be quoted as:- "The central purpose of occupational health services for doctors is to ensure the physical, mental and social well-being of all doctors."

Dr. Cassar who is a psychiatrist by profession is suffering from severe amnesia since no reference was made to the agreement between MUMN and the Health Division in November 2010, for the post of two Occupational Health Nurses that had to be issued to offer an essential service for the welfare of all the employees in every Government Hospital. Although this was signed and endorsed by the Health Division, the Health Ministry never had the decency to issue such important posts to this very day.

Also two years ago, when the Federation of Occupational Health Nurses in the EU (FOHNEU) was present here in Malta, such international organization protested and had advised the same Minister to set up such the important Occupational Health units in every Government hospital according to EU directives. When MUMN had issued such press conference, Dr. Cassar was either deaf or asleep since no reply was ever forwarded by the Health Ministry even if such press conference was reported in all media.

It is a laughable situation that on the media Dr. Cassar always preaches on the sterling work of the nurses and midwives, then in actual practice does not provide the necessary support that such caring professions need so desperately. Unfortunately the current practices is that when a nurse or a midwife suffers some form of injury, such nurse or midwife will have to queue in the Emergency Department and be treated according to the waiting time available with the general public. No follow up exists and in cases of psychological problems, due to lack of such occupational health and safety units, nurses and midwives have to report to Mt. Carmel hospital since no proper services exist for the professional staff.

Therefore MUMN is requesting an urgent meeting with Dr. Cassar on this matter and MUMN is prepared to issue directives to all nurses and midwives as to protect its members from a fundamental right which Dr. Cassar has been depriving due to his lack of appreciation (in actual fact) to the work of the nursing and midwifery profession.

Paul Pace
MUMN President

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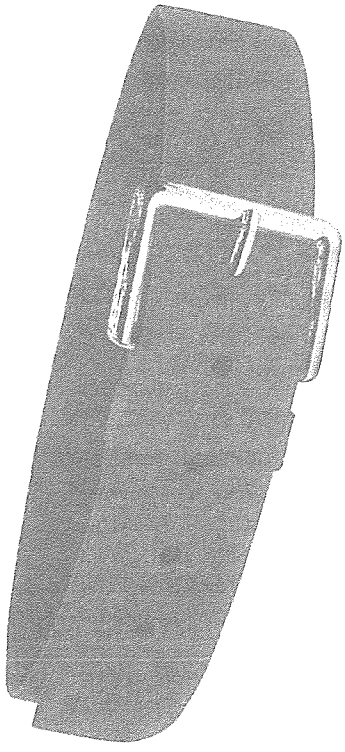

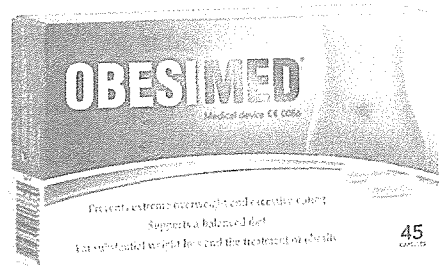

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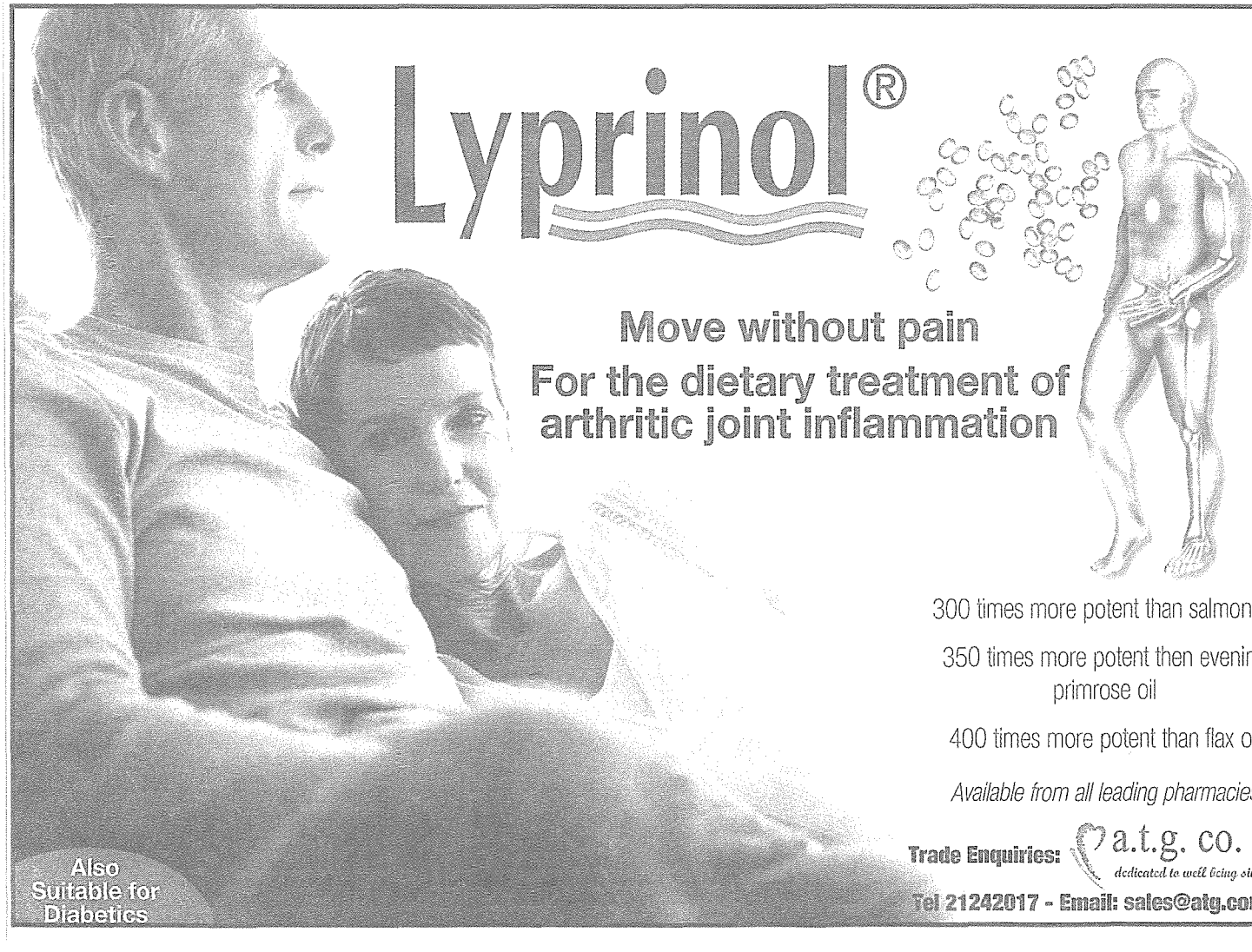

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Il-Ministru tas-Saħħa għoġbu ma' jimpjegax 25 infermier ġdid mad-Diviżjoni tas-Saħħa

IL-MALTA Union of Midwives & Nurses ilha tisħaq bis-sħiħ mal-awtoritajiet konċernati sabiex 25 infermier ġdid li għaddew b'suċċess mill-eżami, aktar minn xahar ilu, jiġu mpjegati mid-Diviżjoni tas-Saħħa minnufih, iżda jidher li dawn l-appelli waqgħu fuq widnejn torox.

L-MUMN ma tistax tifhem kif dawn l-infermiera għadhom ma ġewx impjegati mad-Diviżjoni meta fil-pajjiż hawn nuqqas esaġerat ta' infermiera. In-nuqqas ta' infermiera jeżisti f'kull sptar f'Malta u Għawdex u bl-introduzzjoni ta' dawn l-infermiera s-servizz tas-saħħa jkun f'qagħda li jingħata aħjar. Kull ġurnata li tgħaddi hija ta' detriment għall-kura mogħtija lejn il-pazjenti rikoverati fl-isptarijiet.

Wara li l-Prim Ministru faħħar lill-Ministru tas-Saħħa bix-xogħol li qed jagħmel, l-MUMN kienet tippretendi li l-istess Ministru kellu jinsisti, li ftit ġranet wara li dawn l-infermiera għaddew mill-eżamijiet tagħhom, jiġu mjegati mad-Diviżjoni tas-Saħħa.

L-istess jista' jingħad għall-ħatra ta' seba' Departmental Nursing Officers. L-awtoritajiet konċernati ilhom xhur iwegħdu li dawn il-ħatriet ser iseħħu però wara li r-riżultat tal-eżami ġie mħabbar fi Frar, sa llum, għadhom ma seħħewx.

Il-ħruġ ta' sejħa għall-applikazzjoni sabiex jimtlew il-vakanzi fil-gradi ta' Deputy Nursing Officers u Midwifery Officers ilu ħafna xhur fuq l-ixkaffa u l-MUMN ma' tistax tifhem x'inhi r-raġuni li dan il-proċess għadu ma nbediex meta hawn numru sostanzjali ta' vakanzi f'dawn il-gradi u l-proċess sabiex jimtlew jieħu xhur sħaħ sabiex jintemm.

Għalhekk l-MUMN tappella lill-Ministru tas-Saħħa sabiex jintervjeni f'dawn il-każijiet u b'hekk dawn il-25 infermier jiġu impjegati minnufih mad-Diviżjoni tas-Saħħa u jimtlew il-vakanzi tad-Deprtemental Nursing Managers, Midwifery Officers u Deputy Nursing Officers.

Colin Galea
Segretarju Ġenerali MUMN

MUMN requests the updating of the CPD Allowances Agreement

DEAR Colleagues,

MUMN would like to inform all its members that a request has been issued to the Health Division so that the latest IT innovations such as Tablets PC, smart phone and digital camera can be claimed as to be reimbursed from the CPD allowance.

Also MUMN has requested that the three year interval period to buy Personal computer from the CPD allowance is to be omitted. MUMN believes that a nurse and a midwife who will need to purchase a digital camera, tablet PC or a smartphone or a laptop in each consecutive year, would not have to wait three years to buy only one of such essential IT equipment.

The present CPD Allowances Agreement does not allow the reimbursement of such new technological equipment since such agreement has been signed more than five years ago between the MUMN and the Health Division.

MUMN will inform all its members when such items have been approved so as to allow nurses and midwives make better use of their funds to their career development.

Paul Pace
MUMN President - 29/10/11

Directives to all Nursing and Midwifery Staff working in the Maternity Department at Mater Dei Hospital

MUMN has been informed that extra beds are being added in Obstetrics wards 1, 2 and 3, Gynecology ward and Labour ward. MUMN was promised that consultants had to do all necessary discharges and no extra beds were to be added in any of these wards. This fell short.

MUMN has a standard policy that it would never agree any extra beds in any ward, in any Government hospital. The Maternity Department is not an exception. Therefore MUMN is issuing a directive to all nurses and midwives working in this area that with immediate effect, all extra beds are to be removed from the wards so that the management of Mater Dei Hospital would seek other solutions.

Paul Pace
MUMN President - 06/10/11

Nurses in Mt. Carmel Hospital signed a petition to the Health Minister and the Attorney General since level one supervision is not being provided in MCH

NURSES working in Mt. Carmel Hospital have signed a petition declaring that they are not assuming responsibilities of the patients residing in Mt. Carmel Hosplta1 who are not belng provided level one supervision when this has been prescribed by their consultant. Such a petition was addressed to the Health Minister and copied to the Attorney General, Chief Medical Officer and MUMN.

This clearly demonstrates what MUMN has been stressing on the lack of management from the Health Ministry and the Heath Division in all Government hospitals. In all Government hospitals including Mater Dei hospital a lack of policies and lack of protocols exists so as to allow a free hand for the medical profession to act as it pleases with the consequence that patients safety is placed in a great risk.

The nurses in Mt. Carmel Hospital actually pointed out in their petition the following statement: "As nurses, being the ONLY professional staff working with patients on a 24 hour basis feel that the Health Ministry and the Health Division have failed to formulate a level one and level two policy acceptable to our representatives (MUMN) as to regulate and to establish the necessary criteria on how level one and level two can be administered when no nursing staff is available."

Also from the same petition the nurses signed to the following statement: "Young doctors are referring to an unknown protocol by changing patient's level not for clinical reasons but due to shortage of staff. That is not acceptable to all of us. Therefore highly clinical ill patients are being nursed not as originally prescribed by the patients' consultants."

The management by crisis has been ongoing for a number years with MUMN having to issue directives to fill the great vacuum which exists due to lack of policies and protocols which the Health Ministry and the Health Division has failed to formulate. It is a great pity that in this country the Prime Minister is more inclined to defend his ministers when such press statements are issued than to actually assess the accountability and the actual results of his ministers. Such ongoing problems have been left too long and MUMN fully understands the nurses working in Mt. Carmel Hospital to submit such a petition since their job and the patients' lives are at stake.

Paul Pace
MUMN President - 12/11/11

MUMN is request that the updating of the payroll system be on the same lines of Mater Dei Hospital for the PHC

Dear Mr. E. Borg

MUMN is drawing your attention that to this very day, nurses are passing from distress on the current old methodology used for the payroll by Primary Health Care. The lack of personnel, the lack of customer r service for such staff and the mistakes which occur on a monthly basis makes one wonder if we are in the 2011 era. In the Primary Health care when compared with Mater Dei Hospital, no Dakar exists, no proper personnel exists and what is worst of all is that nurses are having literally to run after their salary when deductions or mistakes occur.

This is a far outcry on what it should be. Not to mention the deductions and trouble a nurse has to pass through to refund unjustifiable dedications. I am referring to the deductions which several nurses discover with every pay roll. One has to consider that whilst some deductions are justifiable, but at the same time certain deductions are being refunded since a proper justification has been produced by the effected nurse/midwife. Then adjustments have to take place by refunds which occur in the next pay roll or sometimes even after two pay rolls have elapsed.

This is definitely not acceptable to MUMN and feels that the complaints of the nurses due to the unnecessary collaboration are far from justifiable. The situation need to be addressed urgently since such deductions at times accumulate to hundreds of euro which would then have a direct impact on the personal commitments such as house loans which nurses and midwives are obliged to pay back by contracts.

Therefore MUMN is proposing that in the electronic sheet which is sent to every nurse in Mater Dei Hospital, the deductions would be announced on such sheet one month in advance, before the actual deductions take place. By this methodology the nurses would have one month notice as to ratify such deductions when possible or at least would not commitment further financial burdens for that particular month.

MUMN is requesting to resolve such issue which is causing great stress or distress in the nurses and midwives lives. MUMN is always open for discussions if better solutions than the one proposed are available.

Waiting for an urgent reply, I thank you anticipation.

Paul Pace
MUMN President - 18/11/11

MUMN clarifies it's position regarding the article in Malta Today newspaper "Civil Service still awaiting punch clocks"

REGARDING the article in the newspaper – Malta today – dated the 20th November under the title, "Civil Service still awaiting punch clocks", MUMN feels that certain facts from the article are far from the actual facts which have taken place in 2005. The article referred that:

"In the 2005, agreement between the government and the unions had agreed to introduce modern mechanical or electronic systems ....." has given a totally distorted picture on what has been actually agreed in 2005.

The 2005 agreement specifically indicates that for the Government to introduce any electronically system, the unions have made it clear in the 2005 agreement that the electronic system has to be a (same) homogenous system to all departments and to all employees – irrelevant to the position or rank of the employee. Since MAM did not sign the 2005 agreement due that MAM never agreed on the Punch clock, the Government could not implement the electronic system in any Government Department on any Government employee.

Regarding the tender for the procurement of an electronic system which Dr. Godwin Grima referred to in the Malta Today's article, MUMN could not understand how such a tender had been issued in the light that MUMN and other unions representing the Government workforce have already declared in the meetings for the 2011 agreement that what has been agreed in the 2005 agreement is still very valid to this very day, - That is that any electronic system to be agreed by the unions has is to be homogenous to ALL employees in the Government workforce in all departments/hospitals. Also MUMN has made a set of conditions on such an issue if it is to be agreed. It is possible that the same scenario of 2005 agreement can take place also in 2011 agreement.

Paul Pace - MUMN President

Swap Popcorn for Fruit Salad Says Film Boss James Jordan, Sky News Online

A top film boss has called for cinema chains to swap popcorn for healthier snacks like fruit salad and yoghurt

Michael Lynton, head of Sony Pictures, told cinema owners they should be offering healthier snacks to help fight obesity and give audiences a broader range of food choices.

He said: "I don't mean close the window for popcorn, soda and candy. Audiences love them and should always be able to buy them at your theatres.

"I can almost imagine the Romans eating popcorn and drinking Coke at the Coliseum 2,000 years ago."

The average cinema bucket of buttered popcorn has 76 grams (2.6oz) of fat - the equivalent of six McDonald's cheeseburgers - and 1,100 calories.

According to Mr Lynton, healthier food selections suggested by cinemagoers included fruit salads, vegetables with dip, yoghurt, granola bars, baked chips and unbuttered, air-popped popcorn.

However, Mr Lynton admitted that old habits might die hard. He said: "I don't think giant tubs of spinach or broccoli is a good idea.

"And nobody wants to eat cauliflower while watching Spider-Man, or drink a 40oz cup of prune juice."

Last month Tim Smith, the chief executive of the Food Standards Agency, called for filmgoers to be told how many calories there are in the popcorn, ice cream and fizzy drinks and for them to be available in smaller portions.

Deirdre Flynn, spokesman for the Popcorn Board, a non-profit organisation funded by US popcorn processors, said: "If you ask most consumers what they consider the number one movie snack, they will tell you it's popcorn.

"Popcorn and movies have gone hand in hand since the early 1900s."

Joint Statement of the European Sectoral Professions

In the context of Modernisation of the Directive 2005/36/EC of the European Parliament and of the Council on the Recognition of Professional Qualifications

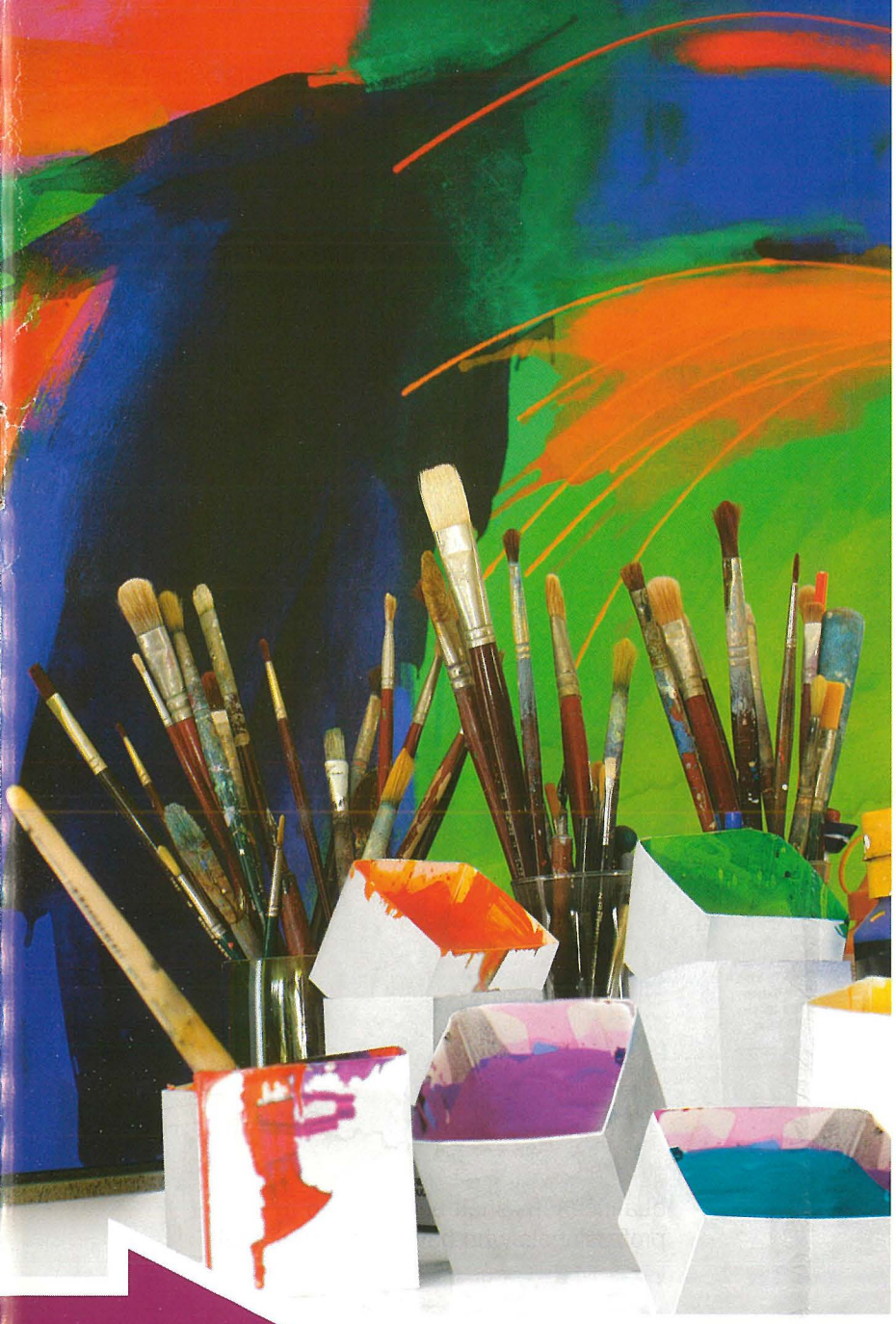
Architects Council of Europe (ACE)
Council of European Dentists (CED)
European Federation of Nurses Associations (EFN)
European Midwives Association (EMA)
Federation of Veterinarians of Europe (FVE)
Pharmaceutical Group of the European Union (PGEU)
Standing Committee of European Doctors (CPME)

QUALITY AND INTEGRITY OF QUALIFICATIONS MUST BE PRESERVED

7 November 2011

The seven Sectoral Professions call upon the Commission to take the following fundamental principles into account when drafting the legislative proposal:

- Amend the Directive in a consistent and clear way in order to strengthen the quality and safety of the services provided by the sectoral professionals;
- Ensure that automatic recognition of qualifications shall be restricted to professionals who have completed a full course of study satisfying the minimum training conditions as stipulated by the Directive;
- Refrain from introducing the "Partial Access" principle to the Directive since it has the potential to dangerously undermine the integrity and quality of qualifications of the sectoral professions thus causing health and safety threats for the general public;
- Retain the levels of qualifications in Article 11 of the Directive, whose deletion would undermine the established practice and transparency in the General System and ultimately in the Automatic Recognition system;
- Update the list of training subjects as part of the first phase of modernisation where necessary and applicable;
- Implement effectively Article 59 of the Directive allowing experts from the professional groups concerned to exchange views and reports with the Committee of Member States' Representatives as laid down by Article 58.



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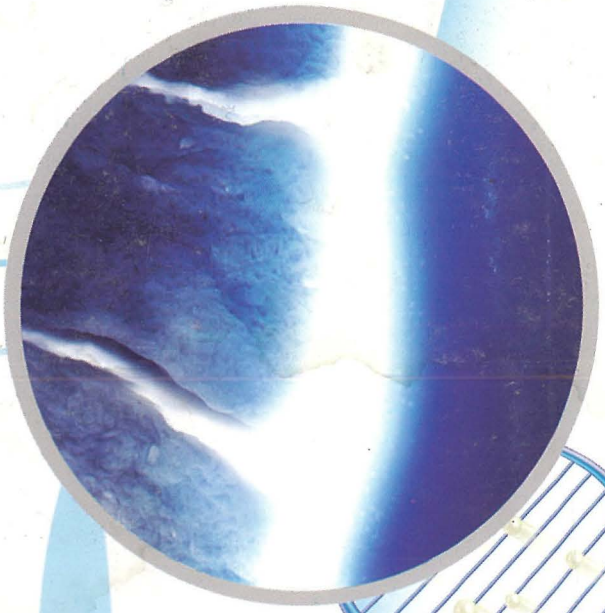

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