IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

No.57 - December 2012

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Les Lapins Court B, No.3,
Independence Avenue, Mosta MST9022
- Tel/Fax: 2144 8542
- Website: www.mumn.org
- E-mail: mumn@maltanet.net

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

L-MUMN ma tinstax tinżamm responsabbli għal xi ħsara jew konsegwenzi oħra li jiġu kkawżati meta tintuża informazzjoni minn dan il-ġurnal.

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

Ċirkulazzjoni: 2500 kopja.

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

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

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

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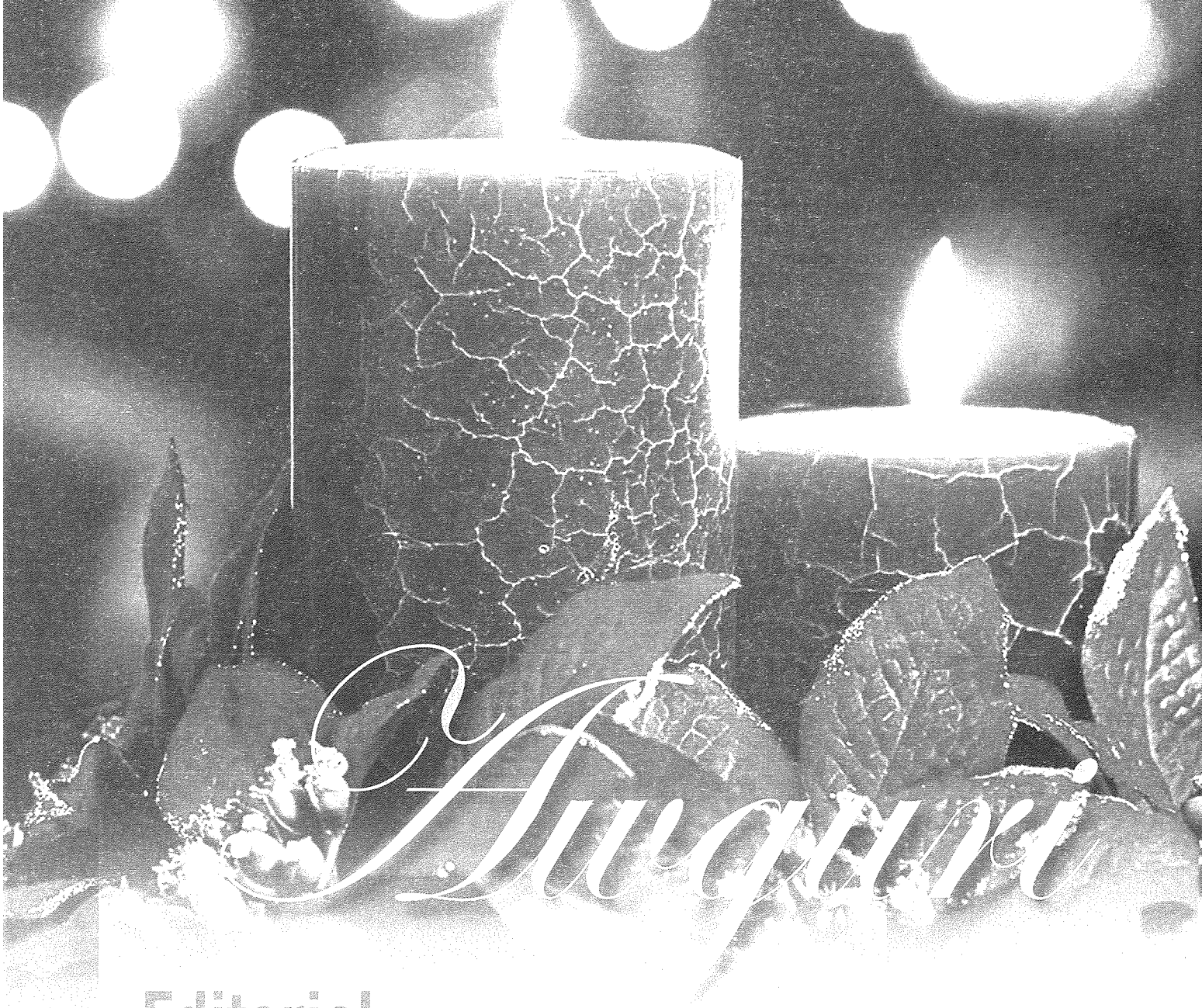


Editorial

This will be the last issue of our Nursing and Midwifery Journal for this year, and one tends to look back and try to evaluate the work that has been done. I cannot say that it is an easy task for the editorial board to be able to publish this journal even though we only publish four issues per year. We are lacking articles and many a times we have to publish foreign articles and research. This is not the aim of this journal. The idea behind the publishing of the nursing and midwifery journal was to give space for all nurses and midwives to publish their work, and share it with others. It would greatly help if all those nurses and midwives who have articles that can be published to come forward and give in their work. We should be proud that our work is being published and other nurses and midwives can use it during their studies. It is of no use to do research, write articles and then keep them in a drawer or on a shelf for dust to accumulate on them. MUMN have always promoted education and encouraged all nurses and midwives to move forward by publishing their work.

This is also a time when as nurses and midwives still have to work during these Christmas and New Year's festivities. Unlike other jobs, we certainly do not have shut downs, but work continues running as usual. We work with those people who need our care, need our support...and we will be there. We should be proud as nurses and midwives that we do deliver our care with happiness even though we would have liked to be with our families and friends. Lets find time to be with our families and enjoy this special time also. We need their support as much as we need theirs. Our families and friends are too important to be left on the side.

Lets all look back at all that we have achieved during this year... what we were not able to achieve... and evaluate what we could have done better for our patients and for ourselves to move forward in our careers, so as to give better quality of care to our clients. Lets all look forward and plan with energy and enthusiasm the way forward during the coming year 2113.

On behalf of the editorial board I would like to express my wishes for Christmas and the New Year.

Louise Cini SN, BA Hons. (Youth Work)

President's message

Another year is over....and what a year it was! It was a year where MUMN was involved in numerous meetings to address issues and problems which nurses/midwives were facing at their place of work. Looking back there was no hospital, clinic or an elderly home where nurses/midwives did not request the assistance of the union. The numerous emails, the strategies which needed continuous planning were throughout the whole year. But the results from such a high activity can be seen by all. The record of nurses/midwives recruited was also as a result of the union's commitment to increase the nurses/midwives work force which surely served as a breath of fresh air to our overworked members. Also this year the calls for the nursing specialist's posts/PDN and the various calls in management (Nursing Officers/Deputy Nursing Officers etc.), which the union managed to obtain financial approval, were also a record in number. MUMN's aim is always to seek various openings as to allow nurses/midwives develop their career pathways. MUMN is aware that such calls bring also a degree of disappointment to the nurses/midwives not chosen for such posts, but that is beyond MUMN's control. Achieving new posts is a total uphill "battle" for MUMN but I feel that as President such new horizons are one of MUMN's priorities.

MUMN was heavily involved in the Public Service Collective Agreement. From such an agreement, MUMN not only safeguarded the nurses/midwives interest but obtained better conditions of work. It was MUMN which lobbied and obtained that feasts rates should be paid triple to all Government employees. But the intensive work of MUMN for the last six months was on the drafting of the MUMN's document to all politically parties which offers proposals to be (hopefully) included in their respective electoral programme for the coming elections. Such document which is printed in this issue of Musbieh, points out the way forward in the health sector, provides solutions to current problems, provides alternatives and addresses issues being faced by the whole nation. We are proud of such a document since MUMN believes that nurses/midwives are the really professionals who are aware on the difficulties of the people and the patients. Such document was presented to both politically leaders, explained and elaborated during meetings. One has to appreciate that MUMN did not just list the shortcomings of the health system in Malta, but offered solutions. Less than a handful of unions ventured on such proposals and MUMN is one of them.

When writing this article, the discussions for the long awaited sectoral agreement have still not been finalized. Currently, the rumors and speculations on such agreement are really high by the standards of the numerous phone call and emails the union receives. I sincerely just hope that you all appreciate the commitment of the MUMN's Council and the sacrifice and the difficulties we as your representatives face. Nothing nowadays literally just falls on your lap or is just given to you as a gift as a divine right. I highly recommend that all nurses/midwives should attend the meeting MUMN will be organizing in the coming future for the presentation of such an agreement. I can assure you that such agreement will be to a benefit for every nurse/midwife in the country and will be historic since new frontiers will be opened which currently are not available. Competencies for better performance will be part of our duties so as to improve our service to our patients. I can assure you that the planning, the rationale, the long meetings, the heart ache and the difficulties were in simple words exhausting...but at least our job does not allow us to gain weight (joking). Well Happy Christmas....enjoy it with your families....remember the loved ones we have lost this year and the nurses who passed away (this was a negative record unfortunately, five in all and so young)....and think just how grateful we should be to have all our loved ones around us....Happy New Year to you all and your loved ones.

Paul Pace
President

Kelmtejn mis-Segretarju Ġenerali

Kull darba li noqorbu lejn l-aħħar tas-sena mingħajr ma trid tibda tirrifletti dwar dak li seħħ matul dawn it-tnax-il xahar li għaddew. L-ewwel ħaġa jiġrilek hija li tiskanta kif is-sena għaddiet daqshekk malajr.

Din is-sena kienet mimlija daqs bajda. Diffiċli biex issemmi kull ma seħħ għax ikolli l-inkwiet mal-Editur tal-Musbieħ għall-ispazju li neħodilha! Kienet sena fejn rajna miljorament sħiħ tal-kundizzjonijiet tax-xogħol tan-nurses u l-midwives. Kull darba li l-Union tikteb jew tipprotesta fuq xi fatt partikolari u jirnexxielha tikkonvinċi l-management, dak b'mod awtomatiku jfisser titjib fil-kundizzjonijiet tax-xogħol. U minn dawn kellna bosta.

Ma nistax ma nsemmix ukoll l-iffirmar tal-Ftehim Kollettiv għall-Ħaddiema fis-Servizz Pubbliku u jekk il-bambin irid, fi ftit ta' ġranet oħra, nerġgħu nsejħulkom sabiex tapprovaw il-Ftehim Settorali taż-żewġ professjonijiet tagħna. Dan irid jiġi apprezzat aktar fl-isfond tal-problemi finanzjarji li għaddej minnhom il-pajjiż u d-dinja in generali.

Matul din is-sena l-Group Committee tal-Istudenti reġa' rranka u dan ngħid grazzi liċ-Chairman ħabbrieki ta' dan l-istess kumitat li għaraf l-importanza li l-istudenti jkunu organizzati sew u rnexxilu jittrasmetti dan il-messaġġ lil sħabu.

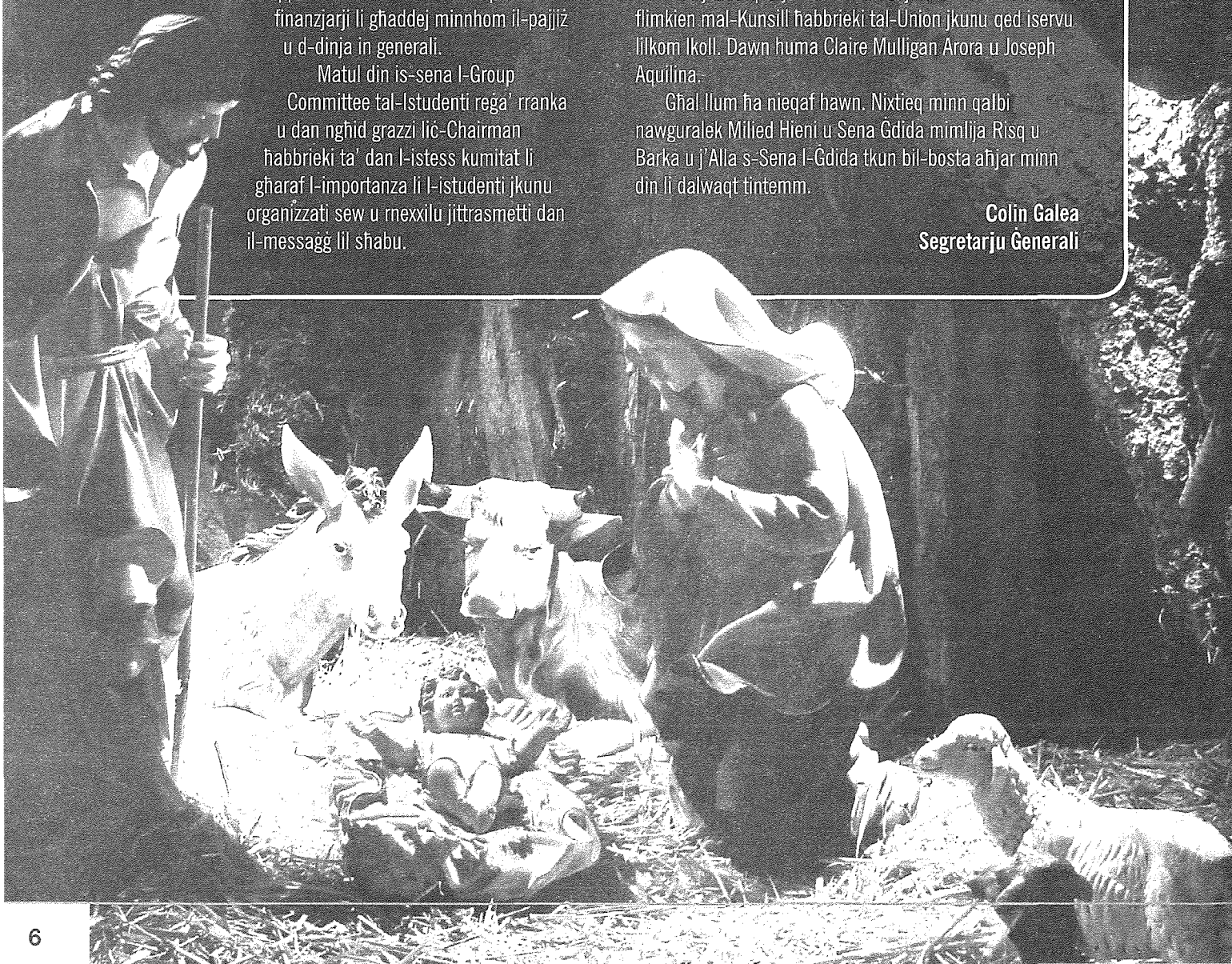
Il-Florence Nightingale Benevolent Fund, matul din is-sena, reġa' żied il-benefiċċji lill-membri tiegħu u dan ser jibqa' jagħmlu minn żmien għall-ieħor, sabiex b'hekk l-għajnuna fi żmien il-maltemp tkun mezz ta' solidajetà bejnietna.

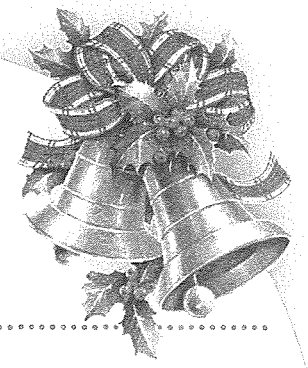
Il-Group Committees kollha rsistew u stinkaw fl-interess tal-membri u minn hawn nixiteq nieħu l-opportunità sabiex nirringrazzjahom tal-ħidma fejjieda li jwettqu anki kultant b'sagrifiċċji personali u familjari.

L-Office Administrator tal-Union, minħabba raġunijiet familjari, se tirritorna lura taħdem fil-post tax-xogħol li kellha qabel. Damet magħna kważi sitt snin u f'dan iż-żmien mhux talli qatt ma gergret mix-xogħol volumuż li kellha imma dejjem kienet mimlija entużjazmu sabiex l-MUMN tkun waħda mill-unions ta' quddiem nett. Minflokha, wara li ħarġet sejħa tal-applikazzjoni u saru l-intervisti, ġew magħżula żewġ Nurses li mit-3 ta' Jannar 2013 se jkunu qed jaħdmu fl-uffiċċju tal-MUMN biex flimkien mal-Kunsill ħabbrieki tal-Union jkunu qed iservu lilkom lkoll. Dawn huma Claire Mulligan Arora u Joseph Aquilina.

Għal llum ħa nieqaf hawn. Nixtieq minn qalbi nawguralek Milied Hieni u Sena Ġdida mimlija Risq u Barka u j'Alla s-Sena l-Ġdida tkun bil-bosta aħjar minn din li dalwaqt tintemm.

Colin Galea
Segretarju Ġenerali





Florence Nightingale MUMN Benevolent Fund

Being trusted with the chairmanship of the Florence Nightingale Benevolent Fund (FNBF) is no small feat, and to be honest, I personally felt not ready to shoulder such responsibility. However I took the challenge and here I am, writing my first message on this journal about this fund. There has been quite turbulence within this fund recently. First the benefits have been amended in such a manner to reflect a fairer, more even distribution of the funds. Such amendments now ensure a stronger sustainability of the fund, thus any member applying would benefit from such fund without the risk of compromising it. They have been published in the last issue of Il-Musbieh and are also on the union's website as a reference for all members.

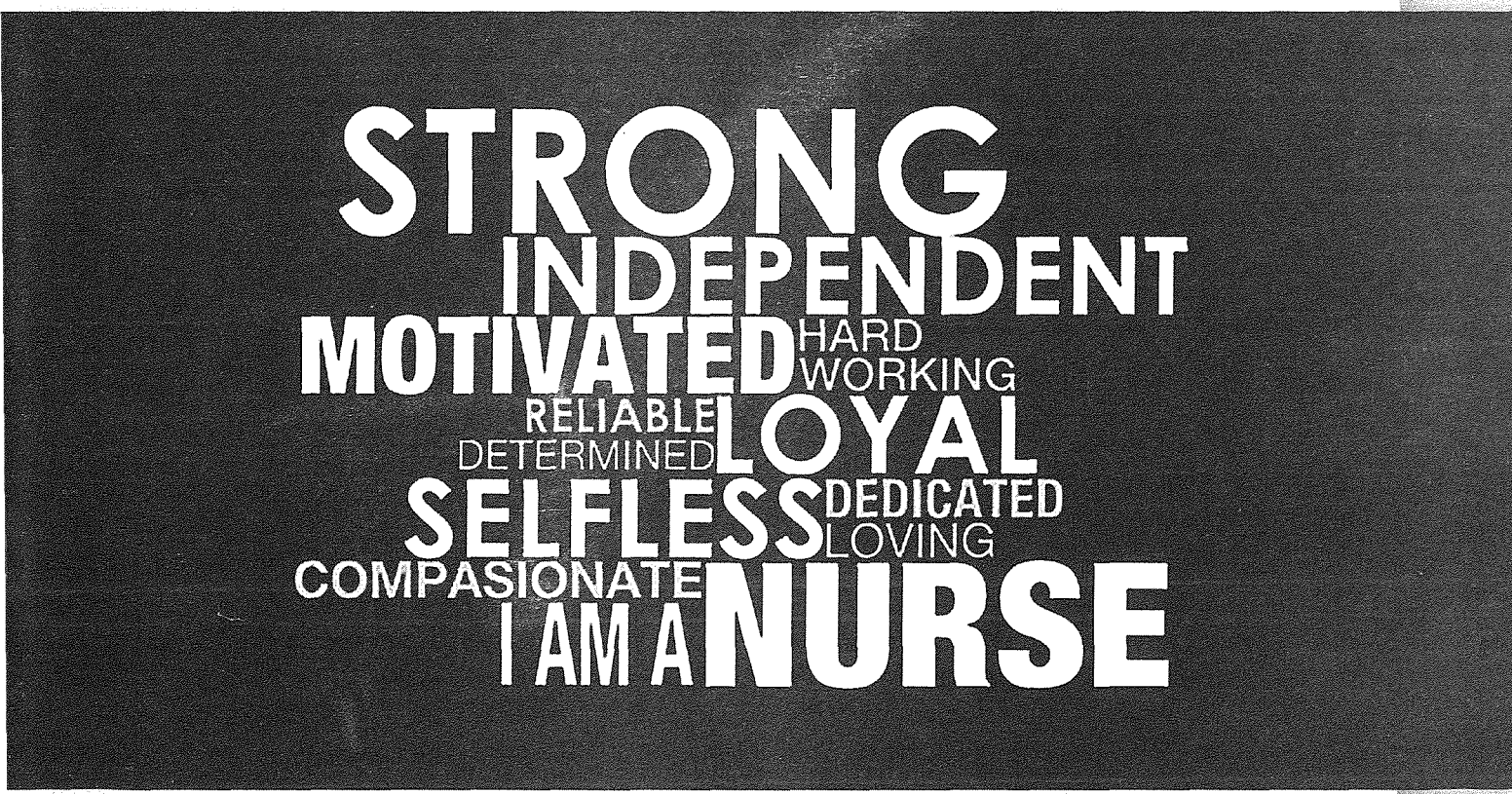
The turbulence did not stop there as it followed with a change in the members of the Group Committee too. In fact besides my appointment as Chairperson, the Secretarial post changed hands too. Thanks to Mr George Fenech and Mr. Carmel Grima, the previous Chairperson and Secretary respectively, their handover was very smooth thus making the continuity of the committee work look seamless. The new committee is now composed of myself as Chairperson, Mr. Joe Galea - Secretary, Mr France Agius - Financial Secretary, Ms. Carmen Abdilla - Member and two Council representatives Ms. Chantelle Muscat and Mr. Geoffrey Axiak.

The claims kept on coming and the committee maintained the monthly meetings to fulfill the demands. By the end of November the number of new claims this year counts to 14. I must admit that knowing that you are able to help your colleagues during their critical moments is in itself very rewarding. As a reminder, all MUMN members who are also enrolled in the FNBF can benefit from this fund when the need arises. For more information one can enquire with MUMN quarters or can log on to the union website on www.mumn.org

The group committee will soon be distributing the usual yearly diary for all members of this fund. It has been furnished with the necessary information about the new committee together with contact numbers for the members' disposition.

I would like to thank the Council Members for having faith in me to chair this fund. I would also like to thank the Group Committee members who welcomed me and showed full cooperation. I take this opportunity to wish all of you a Happy Christmas and a Prosperous New Year.

Vince Saliba, Chairperson FNBF



MUMN's proposals to the political parties to be included in their electoral programmes for the General Election 2013

MUMN is proposing a set of proposals to be introduced in the health sector so as to address the existing problems in the health services. MUMN's proposals also include new services which need to be introduced. All such proposals are for the benefit of the patients and to make better use of both the finances and the human resources of the country.

Although great investment had been done in the health sector, most of the health services being offered are still far from what the Maltese people desire - waiting list in Mater Dei Hospital at various departments and operations, waiting lists in SVPR and waiting list at out-patients' department are just a small fraction which definitely need to be addressed in the coming legislation. Also essential services such as community services need to support the rehabilitation and the care for the elderly especially by nurses and carers.

Patients' Rights

All patients should have the right to access their medical file without being censored and with the least bureaucracy. Health Services need to be transparent and accountable by all professionals who work within the health sector. This will allow patients to seek a second opinion when they feel it is required.

When patients need to ask questions on certain practices or need to complain, they should address these issues to an independent competent body which would be independent from any ministerial authority. This independent body should have all the necessary resources to be able to answer and investigate all issues. This is important so as to assure that all patients would be given the right for proper care and proper services from all professionals working in the health sector.

Less waiting time

The Health Division has to move forward from a medical consultant focused system to a patient focused care system.

Less waiting time in E/A department....currently a patient in the E/A is seen by three/four different doctors with repetitive examinations at the E/A department. An easier convenient system is to be introduced that once seen by a senior doctor and an admission is confirmed, the patient is to be taken to the ward for further management.

Less waiting time at the outpatients' department.... it is not acceptable to continue to adopt the current system where all appointments are done at 8.30 a.m. with the result that patients attending the out patients have to wait for long hours to be seen by their consultant or doctor. Staggered appointments with a professional management have to be introduced with assurance that specific quotas regarding the number of patients to be seen by the consultants and the various doctors of the firm would be well established. This should start to address the current large waiting list for all consultants at the out patients.

When a general practitioner refers their patients to the out patients, to be seen by a consultant, such appointments have a waiting time of more than a year which is unrealistic and promotes private practice. Longer sessions and afternoon sessions need to be introduced so as to offer more appointments. This would surely address such a waiting list.

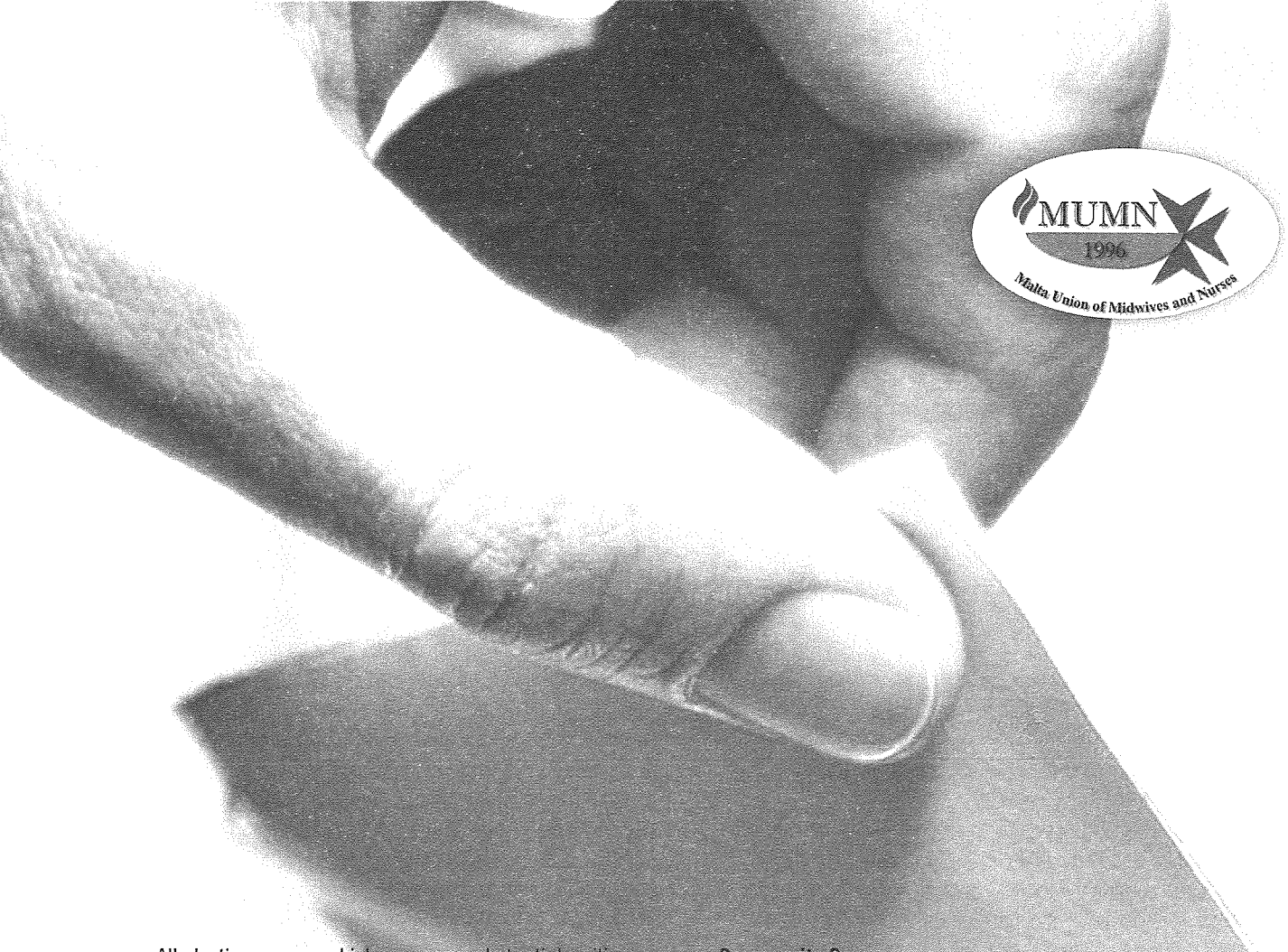
Patient Focused Care System

The present care system in Mater Dei Hospital is not regulated by any guidelines or protocols that reflect management or administration and therefore anarchy exists in Mater Dei Hospital. Such lack of guidelines and lack of protocols is causing confusion and distress on the patients. Patients are admitted in Mater Dei Hospital when no bed is available. Patients are being admitted on stretchers and are nursed in four different areas before they are discharge. An organised admission system and a properly planned discharge plan for each patient with liaison with community and long-term facilities is urgently needed. Also there needs to be reinforcement by the Nursing Management of existing clinical guidelines and protocols so that the nurses/midwives abide by them and the standard of care increases. These are just some of the problems which need to be solved. The Government after elections should start immediately with the planning to build an additional 500 bedded hospital for acute care since Mater Dei Hospital is already a small hospital and the shortage of beds will further increase in the coming years.

A clear channel for treatment in wards is another issue that needs to be addressed. This will introduce a more safe practice enviroment and is more cost effective.

Waiting list

The waiting list of all the elective surgery needs to be handed to a centralised managerial office and not left in the consultant's diary. The current system is leaving the Health Division with no control on the cold surgery and thus the waiting time is long. Also the Government is not in a position to guarantee if any 'favourisim' through frequent private consultations is not taking place so that patients move up the waiting list.



All elective surgery which posses a substantial waiting time has to be centralized by Mater Dei Management so that a transparent process can be guaranteed. Also all consultants are to be given official quotas in their contracts on the number of operations so that the waiting time is to be reduced. Patients should be provided by the Management of Mater Dei hospital a specific date when their operation is to be performed. In urgent cases, an independent board made from three consultants within every specialty, has to be set up so as to evaluate such cases as truly urgent. Such board of consultants will provide a transparent point system so that the Health Division has the guarantee that such cases are truly urgent. The current system is neither transparent nor equal with patients complaining of having to attend to frequent private visits to their consultant to be operated.

Accountability

The administration offices in all hospitals are to be enforced by new personnel. Proper registers and inspections to monitor the physical presence of all consultants in all hospitals, in all out patients' clinics, in all operating theatres and during ward rounds have to be documented and checked. Since consultants are the only professionals who have no attendance verification system when attending the hospital, there should be clerks engaged as to check the activity in all the departments by the consultants. This is important due to minimize the waiting list at the out patients, theatre and in ward rounds. Wards round in wards are important so beds could be made available and a patient does not do a single day at Mater Dei Hospital which would not be necessary.

Community Care

Community care is not mainly about the development of doctor's group practice as this was the impression it was given by the last proposal of primary care reform. The reform in community care is addressing the patient's needs. What are the patient's needs?

Rehabilitation after surgery;
Rehabilitation after neurological diseases;
Care of the elderly;
Care of patients suffering with cancer;
Rehabilitation of the elderly;
Maintaining the elderly in the community;
Care for the mother and child.

The present community care (Community Care Unit) should be developed to offer care in various districts and different staff should added. The biggest number of staff to be added should be carers, with nurses being the hub of such community care who in turn refer the patients to various professionals according to the patients' needs. Professionals such as occupational therapist, social workers, doctors, physiotherapist, and midwives are just some of the professionals needed. This is the only way forward to reduce the shortage of beds in Mater Dei Hospital, Oncology Hospital and the Elderly Residence. There is also the need to establish a program where chronic cases can be discharged earlier form Mater Dei hospital with all essential services available in the community.

The development of Health Centers was literally nonexistent in these present legislations. The Government's proposal of having small theatres in the Health Centres

does not make sense for MUMN. Health Centers should focus more on providing services which prevent disease or control diseases. With the increase of General Practitioners in the country, MUMN expects that all Health Centres should remain open and all offer a GP service. Also MUMN propose that the nurses working in Health Centers (since they are qualified and have the potential ability) should initiate nurse led clinics for health life style including diet, exercise and can offer advise on blood results in diabetes, high blood cholesterol, high blood pressure, etc. The prevention of non-communicable diseases which was the launching platform of all the European countries to safeguard the public health and reduce the cost in the health sector was never even developed to the detriment of the Maltese people.

Mental Health

Investment has to be made in Mt. Carmel Hospital in both the infrastructure and in human resources. New wards need to be built for patients with specific illnesses and disturbances and not have a "mixture" of patients all condensed in the same wards.

Community care needs to be properly organised and not as it is today. Not all patients being discharged are being referred to community mental care and hardly any patients are being reviewed by their consultants in the community. The whole community mental care needs drastic changes and the introduction of a care plan needs to be introduced. Community mental health should not just be an extension of the hospital in the community but a extensive orientation program to help patients keep out of our mental health institution and also on the well being and the integration of patients back into society.

Elderly Care

This would be a huge challenging aspect in the next legislation. Due to the aging population new investment has to be introduced in the elderly settings. With all the reforms in the community services, more beds in residential hospitals due to the elderly population are urgently needed. So the Government has to plan ahead and an additional of 100 beds needs to be increased per year for the next five years. Fully dependant patients are difficult if not impossible to maintain in the community especially those elderly who have no relatives living in the same household. Also according the NSO statistics an additional of 7, 000 residential beds are needed by 2025. These beds do not crop up overnight so a detailed planning program has to be done in order to increase beds and the training of carers so to accommodate the elderly population and to stop calling such persons as bed blockers.

More homes even with the participation of the private sector should be opened in our towns and villages. This will help the elderly to continue living in their surroundings.

Reducing the costs within the Health Sector

Every health service provided by the Government needs to remain free. But every health service has to be orientated to minimize all mal practices and reduce wastage. MUMN strongly believes what was clearly pointed out in the *Health Consumer Power House* report presented in the EU parliament where if the Health Division reduces the health expenditure by 40 %, the same health services presently available on the Maltese islands can still be delivered. The distribution of drugs and the Pharmacy of Your Choice initiative are current systems where hoarding and wastage of drugs are still not controlled by such a system. MUMN cannot understand how such lack of accountability and lack of proper reviews by the doctors is causing such great wastage for the tax payer's money and definitely needs to be addressed.

The yellow and the pink card system have to be issued by a more 'friendly' system as having mostly elderly people queuing for renewal of these cards is definitely not the way forward. Currently, health centre doctors or private GP's prescribing drugs on the yellow/pink cards without any examination of the patients goes against medical practice and is the main cause of such bad drug wastage. The system needs to change so that private doctors, and not just the consultant, should be allowed to modify or stop certain treatment on the yellow/pink card according to the examination of the doctor. Also repetitive prescriptions for chronic patients has to change so as to make the system more user friendly (such as e-prescription) and at the same time introduce better auditing on drug wastage.

The law needs to be modified on this regard while the tendering process of the procurement of disposables including drugs is not acceptable.

Out of stock list

The out of stock list with twenty to thirty drugs being out of stock on the everyday list has become a very frequent episode. This is causing great financial loss, not to mention anxiety and distress on patients on how to acquire the desirable treatment. The tending process has to be changed as to involve different suppliers for the same drug, so if one supplier fails to supply the drug in time, a back up supplier is available. 70% percent would be awarded for the first acceptable while the 30% would be awarded for the second acceptable. Such changes have to be drafted by the contracts committee's regulations. It is not acceptable that a tender for building a road and the tender for drugs be treated with the same regulations.

Maternity

All prospective mothers and all pregnant women have the right to have access for midwifery care. Midwifery service in the community for the mother and the baby needs to be gradually introduced by programs similar to other European countries. Presently all midwifery care in the community is close to be nonexistent and heavily medically orientated. Also Malta has one of the highest cesarean rates in the EU. This shows that the whole service has resulted in

medical orientated service at the cost of natural births. The midwives should be the hub of such a service. An integrate care model between obstetricians and midwives have to introduced as to provide a full holistic care for the mother and the baby. Such holistic care has to initiate from pre conception care to the post natal care.

Gozo General Hospital

All health care services should fall under the Ministry of Health and not under the responsibility of the Ministry for Gozo. This will reduce the duplication of meetings and decrease the beurocracy we have today.

GGH hospital needs to have a continuous refurbishment so that it safe guards the interest of the nurses, midwives and patients. New services such as chemotherapy should be introduced in GGH so as to reduce the hardships of the Gozitans when travelling to Malta to receive such treatment. GGH should also be a state of the art hospital and all possible health services should be introduced in such a hospital for the benefit of the Gozitans patients.

Nurses/Midwives

All professionals are essential in the health sector, but nurses/midwives are the back bone of every health sector.

Shortage of nurses/midwives will remain the most challenging aspect and therefore attractive conditions needs to be introduced.

The University of Malta should once again offer the diploma to degree course to all nurses so as to allow nurses to develop their career development and upgrade their nursing skills even for the benefit of the patient.

The development of a professional career pathway must be developed so that nurses/midwives can choose to develop their careers without the need to go into management.

The PSC should set up new regulations so that nurses who are re-seeking employment would be employed immediately without any unnecessary bureaucracy.

Incentives need to be introduced by the Government with agreement with MUMN so that more young people be attracted to the nursing profession.

Specialisation courses and degree courses have to be offered by the University Of Malta in view that nurses / midwives are travelling abroad or enrolling with international universities to specialise and upgrade their qualifications.

Empower nurses in the care plan for patents especially in the community set up.

Changing the law as to allow certain drugs to be given by nurses/midwives after a specialised training has been achieved.

Initiate nurse led clinics such on non-communicable diseases so that nurses/midwives can educate the general public on exercise, health eating and healthy life styles.

MUMN Council
August 2012

Being a nurse means

You will never be bored.
You will always be frustrated.
You will be surrounded by challenges.
So much to do and so little time.

You will carry immense responsibility
and very little authority.

You will step into people's lives
and you will make a difference.
Some will bless you.
Some will curse you.

You will see people at their worst -
and at their best.
You will never cease to be amazed
at people's capacity for
love, courage, and endurance.

You will see life begin - and end.
You will experience resounding triumphs
and devastating failures.

You will cry a lot.
You will laught a lot.
You will know what it is to be human -
and to be humane.

Melodie Chenevert

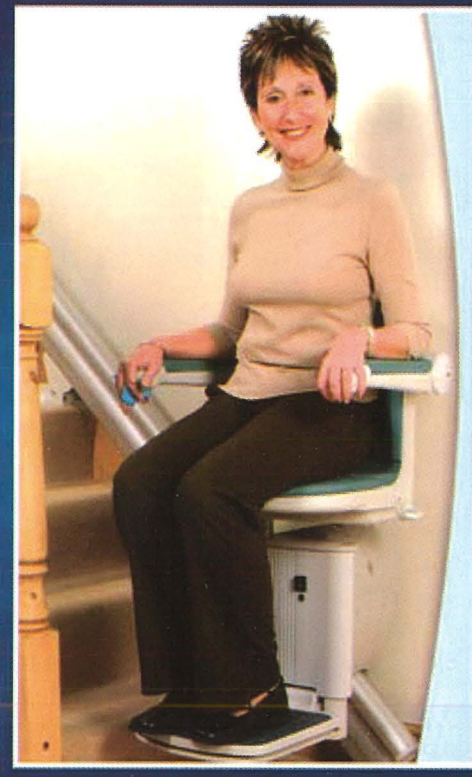
IBQA' GHIX KUNTENT ĠEWWA DAREK BIL-LIFT TAT-TARAĠ

Ghall-Aqwa Kwalita', Kumdita', Sigurta', Konvenjenza u Liberta'.

Electric Scooter

Platform Lift

Curved Stairlift



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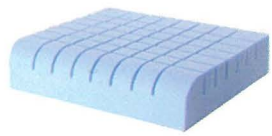

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Self-care through an equine metaphor

Fr Mario Attard OFM Cap

Seven months ago my physical health has been practically rocked by an unexpected heart attack. How come that a 39-year-old, a healthy and an energetic hospital chaplain, instead of going to his working place to serve the patients dramatically finishing up being treated as a patient? Almost on the verge of dying? Does this make sense? How would he cope during his convalescence? My experience as a patient taught me the healing power of metaphor.

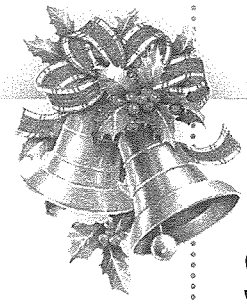
In his article Language, Metaphor, And Pastoral Theology, Belden C. Lane wrote: "Metaphor is a particular form of language-play in which the familiar, commonplace, and down-to earth is used to speak in a striking, often shocking-- though incomplete and indirect--way, about the unfamiliar.... The processes involved in pastoral care and spiritual direction may be very different from those of psychotherapeutic intervention, but the creative--even shocking--use of metaphor in effecting change is quite similar".

This splendid description of metaphor kept me wondering why horse-racing played a significant part during my hospitalization. When I was admitted to CCU, the first two days of my convalescence journey were difficult to put up with. Unfortunately, on my bed I could hardly move. The heart attack left me virtually glued to it. But, on the third day, precisely in the morning, I managed to get out of my prison and sit on the armchair. My bed number, eight, reminded me of Jesus' resurrection, which, incidentally, also occurred in the morning. For me this was a big signal that my victory over the angina pectoris had actually taken place. I could now sit and move around the space of my bed with certain freedom and ability. What a heavenly bliss after such a tragedy!

Mater Dei hospital's beds have the luxury of internet access. Or, to put it squarely, their designers were so much respectful of the patients' dignity that they fulfilled their sacrosanct need and right of access of information. Spending all those hours on an armchair is certainly not a joke. Someone needs to be cheered up. Generally, in such situations, newspapers tend to frustrate me all the more. So I opted instead for something quite familiar to my beautiful childhood days. I went on the You Tube in order to watch some horse-races. To my happy surprise, the more I watched the races the more I could relate my slow but steady recovery with the trotting horses I enjoyed watching.

The first horse which literally captured my attention was undoubtedly the great Maltese champion of the eighties Isard Du Pont. I was basically fascinated by his robust perseverance. Many a time he would win a race on the finishing line. Fully believing in the horse's capacity to sprint at the right time of the race, Isard Du Pont's astute jokey, Raymond Clifton, was wise enough to spur his phenomenal horse to speed up at the propitious moment and arriving perseveringly ahead of everyone till the end.

Isard Du Pont's inspiring perseverance helped me



realize that if I wanted to get out of the hospital to resume my life as normal as possible I too had to nourish the proper attitude so as to hasten my recovery and successfully integrate myself in the hustle and bustle of my daily and ministerial life. The Maltese champion aided me greatly to trust in the expertise of the medical staff, which was gently leading me to a lifelong outstanding victory. Complying wholeheartedly with their guidance was my responsible response to execute. Thus, Stephen C Campbell was definitely on the right track when he wrote: "Perseverance also requires the ability and determination to adjust to different circumstances and environments, despite the difficulties that adapting may bring. Strong character and determination are also needed in order to successfully adapt to different circumstances; the ability to make the best out of what there is despite limited resources".

The second horse which communicated to me the compelling power of the equine image was the magnificent French champion, Général du Pommeau. Driven by the crafty driver, Jules Lepennetier, this exceptional champion took everyone by surprise in choosing the right timing to sprint victoriously. A telling example of what I am saying was his famous victory in the prestigious Prix d'Amerique race of the year 2000. In the last 500 metres, Jules Lapennetier skillfully maneuvered his powerful horse, who instantly answered to his jokey by doing a formidable sprint that sent the numerous French spectators in a euphoric jubilation.

The great American former track and field athlete, winner of 10 Olympic and World Championships medals, Carl Lewis, said that life is about timing. I can easily apply his practical wit to my life experience. Had I not arrived on time at the hospital when I suffered the heart attack, on May 4, I would surely not have been able to write these few reflections concerning what I experienced. Timing was an essential key factor for my survival.

The equine metaphor triggered me to think more deeply regarding the new life I was miraculously given to live by the angioplasty. Even if incomplete and somehow indirect, the equine metaphor greatly assisted me in unveiling the striking vitality of human life. Life must be respected by making the best out of it, as, after all, Isard Du Pont and Général du Pommeau, did exploit their horse-races to their own advantage. These two champions both excelled because they timed their perseverance and acted accordingly. Am I not now in an excellent position to plan my life and live its plan perseveringly?

St. Vincent de Paul Residence Group Committee

From the beginning of the year the Group Committee of SVPR worked hard on the staff leveling of each ward.

Everyone is aware of the high dependence level of the patients at SVPR.

The committee members have been to all the wards to meet with the most possible number of nurses. We collected information about the needs which were voiced to us. From the information collected it came out clear and loud that the nurse to patient ratio was not reflecting the true situation in the majority of wards. Thus the committee decided to call a meeting with MUMN Officials to intervene with the management in settling this problem. The meeting was held and it was agreed that this matter was to be discussed during a meeting with SVPR Management.

The discussions were not so easy as the issue of financial constraints to increase the supporting staff is hindering more recruitment of caring staff. Finally a decision was taken. A staff level was to be based on the bed compliment in each ward. The ratio agreed upon with the director was 1:5 in the morning and 1:7 in the evening. There are still much more to be done but we started.

On the Group Committee initiative, a meeting was held with the Minister for Family Affairs with regards those nurses who were born before 1962 and had to resign on getting married and had children. It was agreed and later confirmed in the budget speech for 2013 that the above nurses/midwives were to benefit from ONE YEAR credit for each child they had. This is only applicable for PENSION PURPOSES ONLY!

The night duties part-time nurses raised their concern that they were not being reimbursed for the night food allowance. After discussions with the Salaries Section at SVPR, these allowances are to be given back dated!

At the nursing dining room we are having pre-packed sugar salt and pepper as hygienic measures. This was possible following a meeting with Mr. James Carabott.

To be sincere, all efforts to deal with complaints were done with half the number of members that should constitute the Group Committee.

Thanks God now two new members showed interest and joined the group thus making our task easier.

SVPR Group Committee

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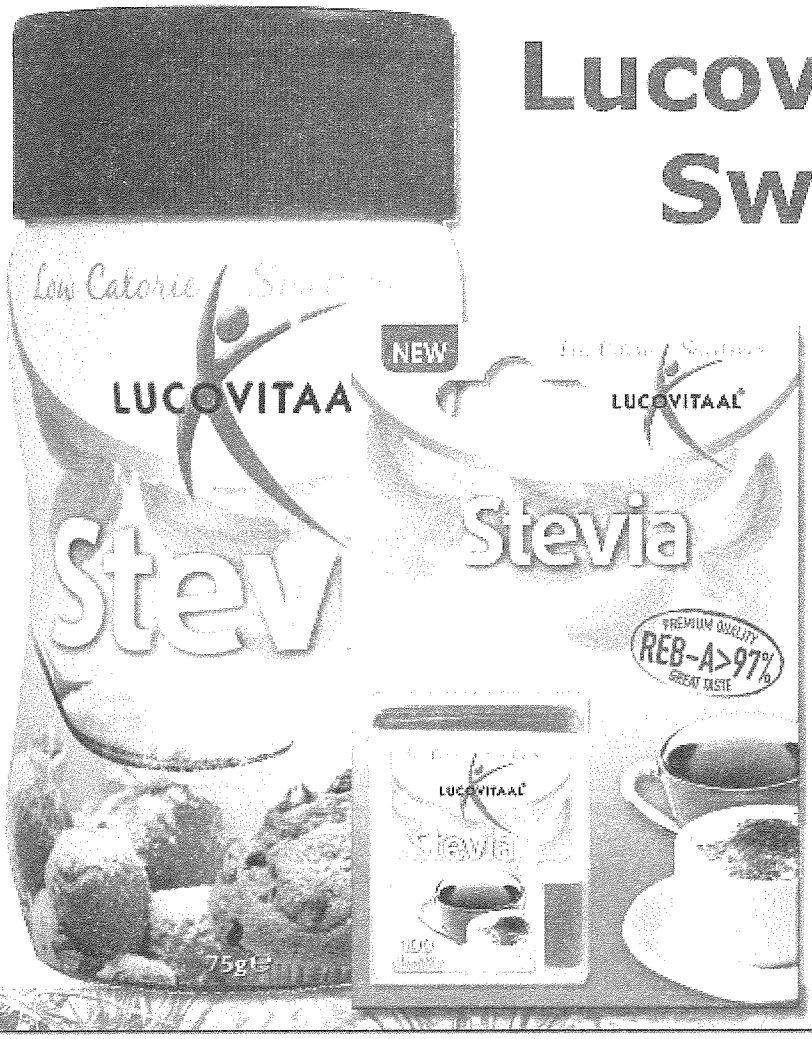

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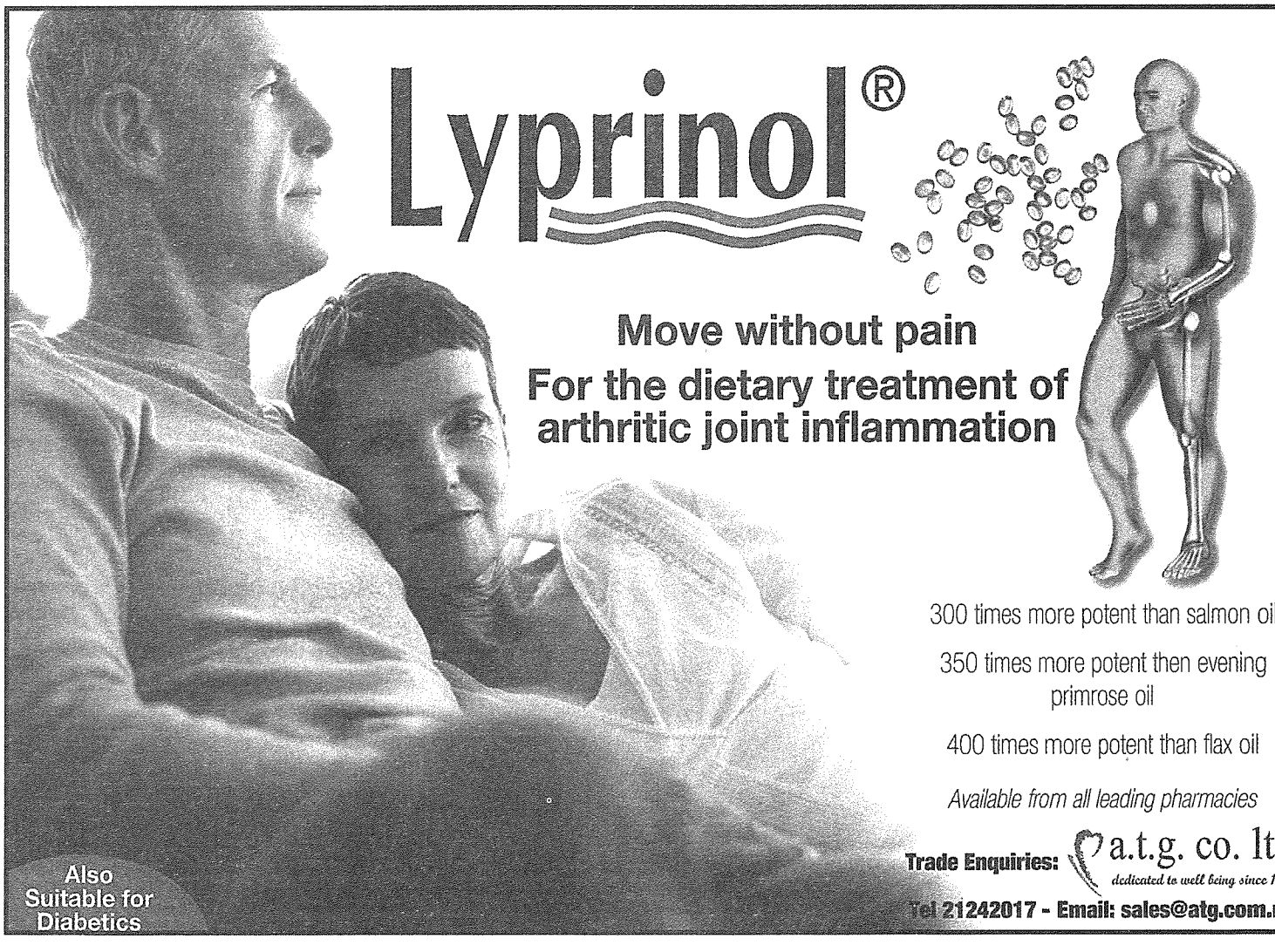

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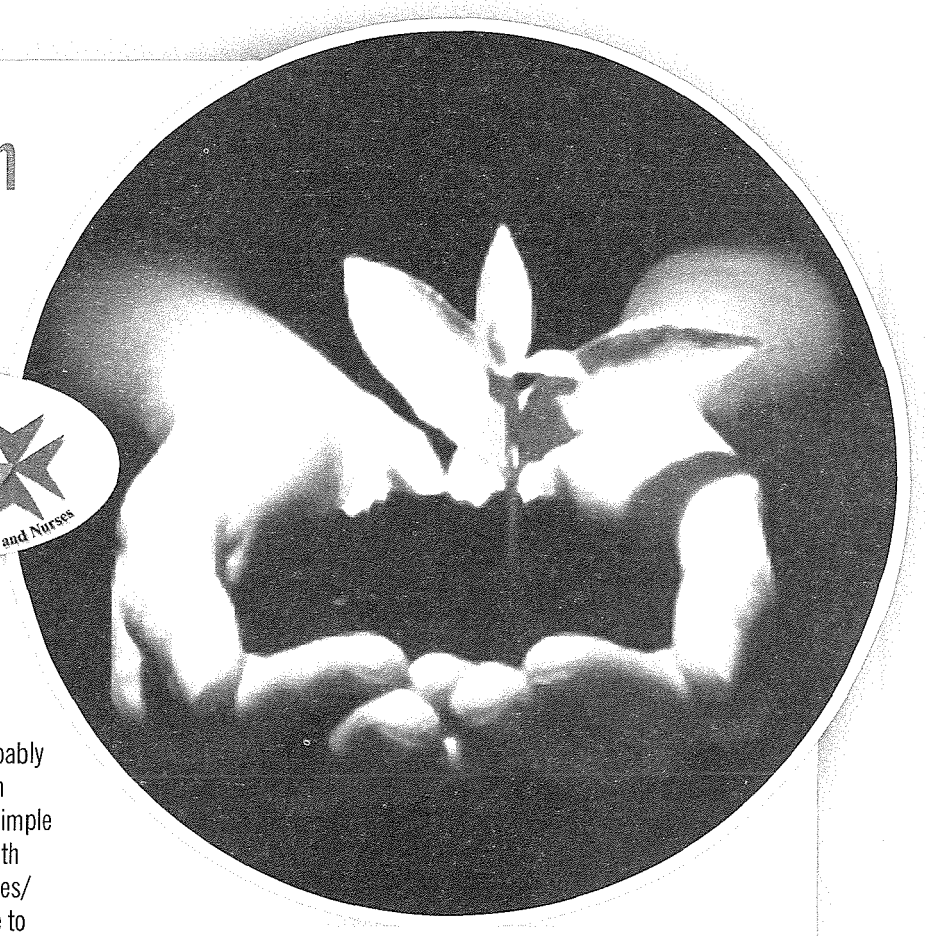
Bringing inspiration into our everyday practice



We will soon be welcoming the 2013 – with most of us thinking of what resolutions to make. Like most of you might do, at the beginning of a new year I am challenged by the question of what I can do differently to make the world a better place. That probably sound grandiose but it is something we should take on board as a profession. The question arises from the simple but yet profound responsibility that the ethos of a health care profession brings with – "How can we as midwives/ nurses in whatever area we work, change our practice to improve the care of our clients and their families?" Perhaps this can be a motivational exercise or a team building exercise; asking each other how things could be improved, rather than waiting for it to come down from management level. Perhaps, it can be a situation where a busy nurse/ midwife finds the time to reflect on his/her actions and experience.

We can agree that the way in which we act as a nurse/ midwife, has a significant impact on the quality of care that we deliver to people and how this care is perceived. We need to create environments where we model the right behaviours and demonstrate them to those who use our services. This will be critical to achieve the common aim of high quality, compassionate care and excellent health and wellbeing outcomes for all people. To be a nurse or midwife is an amazing role. There is hardly an intervention, treatment or care programme in which we do not play a significant part. We provide care, health promotion advice, as well as treatment for ill health. We support the people in our care and their families when they are at their most vulnerable and when clinical expertise, care and compassion matter most. Health care needs are changing and services are evolving to meet these needs. However, we may all agree that what hasn't changed within our profession, is the fundamental human need to be looked after with care and compassion, by a professional who is competent and communicates well, by someone with the courage to make changes that improve people's care and deliver the best and the commitment to deliver this all day, every day. Our impact is significant and we should never underestimate it. We all joined the professions to make a difference.

"What Do I Want To Be?" or "What Do I Want To Become?"

Which question are you asking yourself? Your choice will help determine the depth of your life as well as the comfort-level of your career.

How can we bring inspiration into our everyday practice?

Inspiration is self-generating. Inspiration is life changing, long-term and comes from within. Certainly, there may have been an outside influence initially, when someone role-modelled or set the circumstances that enable a person to feel inspired, but once inspired it is self-fuelling.

"There is no doubt that creativity is the most important human resource of all. Without creativity, there would be no progress, and we would be forever repeating the same patterns."
— Edward de Bono

These can be some examples that bring out change:

Have a sense of purpose in order for inspiration to occur;

Being true to ourselves, our profession, peers and patients;

Trust our personal creative inspirations;

Build our knowledge and skills, to manage the complexity of modern healthcare. We need to embark on a career of life-long learning to maintain and develop our technical expertise;

Create an environment that sets itself up for inspiring people to perform to their best;

Create an atmosphere that encourages reflective practice;

Ask when in doubt;

Increase our potential to make a significant difference in our profession;

Seize opportunities to create a future where people are placed at the heart of care and are treated with compassion. We must place the person receiving care at the heart of decision making, involving them in decisions and listen to their carers and families;

Use every clinical and care interaction to promote better health and well-being, making 'every contact count' towards improved health for the population;

Help people to stay independent, maximising well-being and improving health outcomes;

Underpin our practice to deliver excellent care by these six fundamental values - care, compassion, competence, communication, courage and commitment;

Work together as one team;

Build and strengthen leadership;

Ensure that we have the right staff, with the right skills in the right place;

Understand the importance of a work/life balance;

Support positive staff experience.

Conclusion:

Each day, all around us is creative inspiration for us to draw upon. This is a fantastic opportunity. We will collectively set a course for the nursing and midwifery contribution to developing the culture of compassionate care and meeting health needs for the coming years. The commitment to improving care is evident in the discussions we have had so far. However, we also need commitment to take action together to unlock the potential across our professions. Each one of us has the power to make a difference and collectively we are a powerful group of professionals. If we all commit to act on this vision and strategy, to bring inspiration into our everyday practice; the impact could be huge. The most successful teams are those who acknowledge each other's strengths and work together accordingly where there are weaknesses, inspiring one another along the way. It is up to us to grasp this opportunity and let it take us to a new place in our workspace, to bring us to a fresh concept and new perspective. It is up to us.

Maria Cutajar, Vice-President - MUMN

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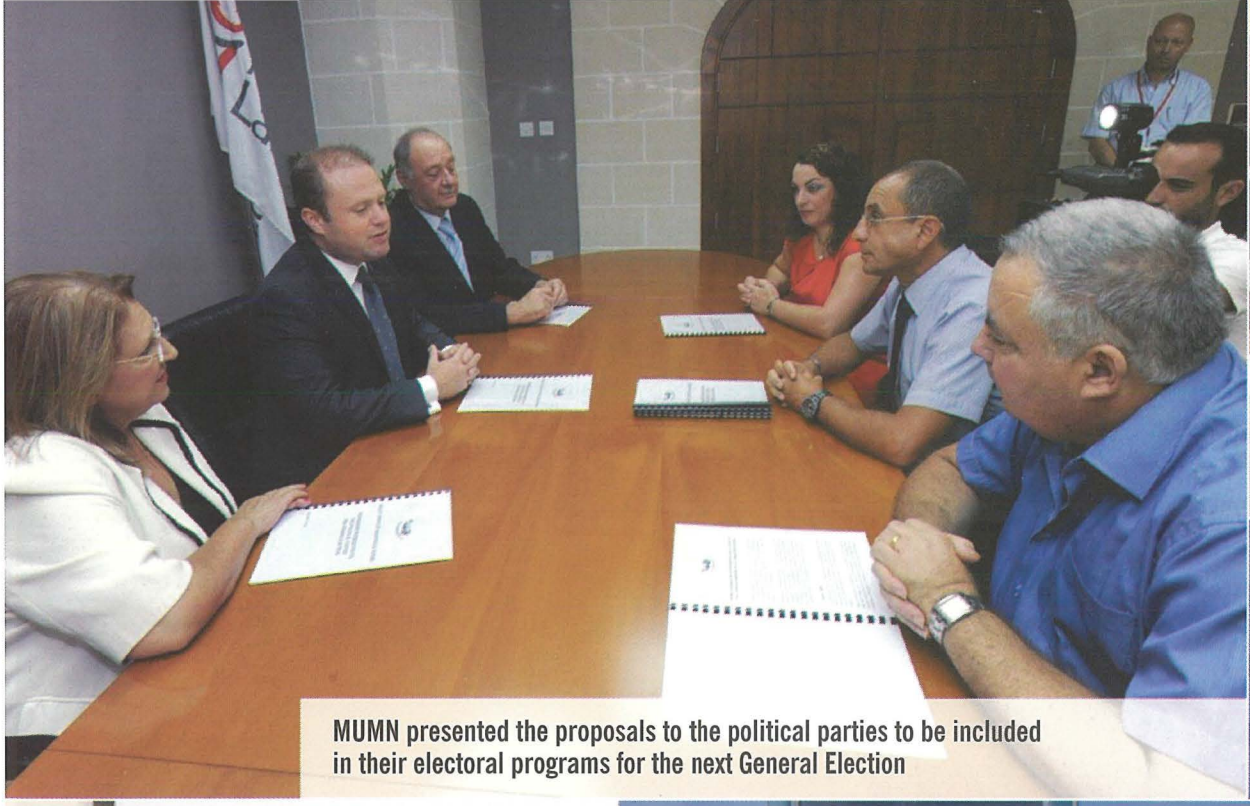


MUMN presented the proposals to the political parties to be included in their electoral programs for the next General Election

MUMN's Educational Executive organised a Primary Health Conference

Mr. Carmel Camilleri, MUMN's Representative in Gozo is receiving the 'Worker of the Year' award from the Minister of Gozo

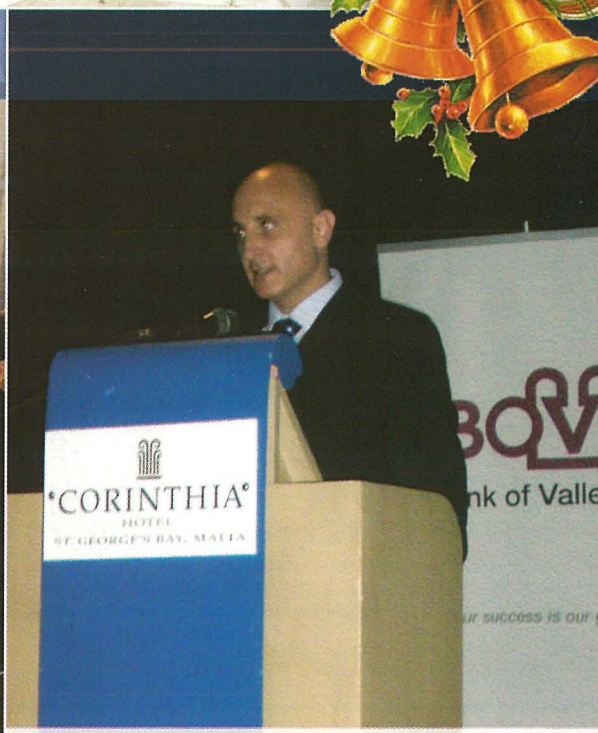
All Unions in the Public Service sign the Collective Agreement in the presence of the Prime Minister, Minister of Finance and the Principal Permanent Secretary

MUMN 1996

Malta Union of Midwives and Nurses

from our diary...

The MUMN Pensioners' Group Committee organised another outing for their members



Bank of Valletta plc are the main sponsors of MUMN. BOV official addressing delegates during the Primary Health Conference

MUMN participating in the European Midwives' Association Meeting

Prime Minister visiting MUMN Offices and addressing MUMN's activists

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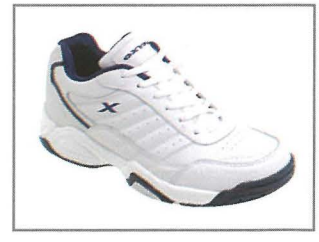

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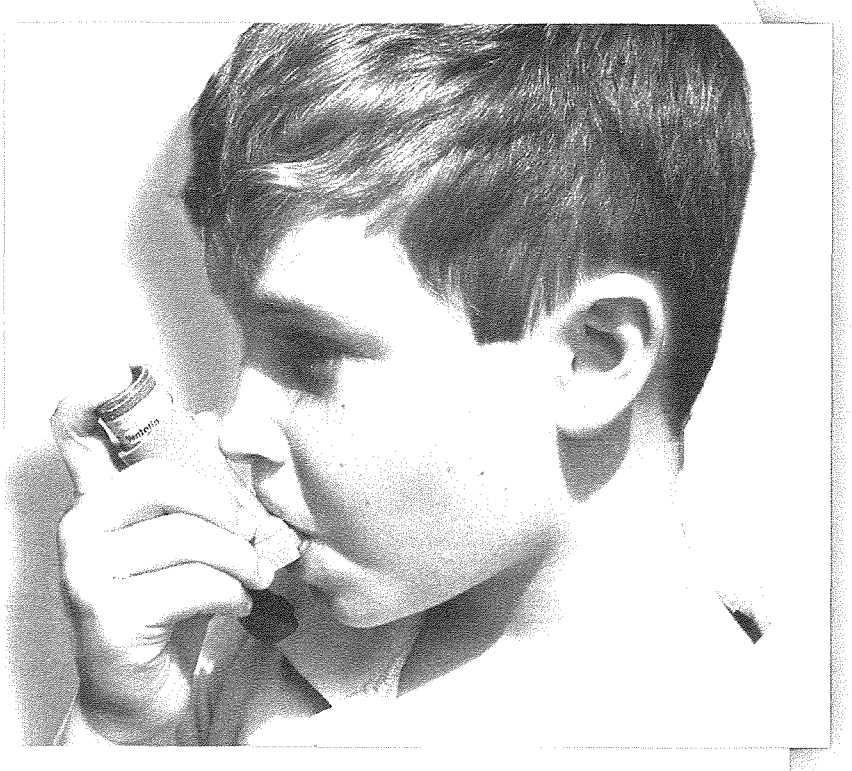
About the actual study...

Ms M.Claire Grech, Bsc (Hons) Nursing;
M.A. Early Childhood Education (Sheffield) Staff Nurse - Wonderland Ward – MDH



This study has used an exploratory descriptive methodology, with semi-structured interviews as the method for data collection. Since this study involved young children (age 5-8), it was important for me to understand the world of children through their own eyes rather than from the lens of adults (Cohen et al., 2007). During the interviews I took with me a soft toy, SAM the friendly clown. I introduced the clown to each child and I asked them to show SAM how he should take his medication since he is also asthmatic and tends to forget how he should take it. The children were asked to bring their own inhaler and spacer in order to role play how he or she takes the prescribed daily medication to SAM. This method was found to be very effective and children enjoyed showing SAM how he should take his medication. This helped me to identify several important aspects such as:

- How they were taking their daily medication
- If they knew how to take their medication
- If they were using a spacer
- How many puffs they were taking and if they knew how many puffs they should take

In addition, some children were speaking to SAM about certain important issues that were important to them in relation to asthma management and this helped me to explore in depth what asthma really meant to them and identify its impact on their daily life. In this way children were stimulated to talk while I could easily obtain more information and understand the children better.

Asthma attacks are likely to be very frightening for children, and they want to particularly focus on how to prevent them from occurring. The findings of this study suggests that in line with the views of Bucher et al. (1998) children with asthma face multiple challenges that encompass learning how to cope with and manage the unique demands of their illness. Yawn (2003) contends that children living with asthma and their parents want to gain a sense of control over their lives. This will require access to knowledgeable, committed people in the schools, the health care systems and the communities where they live and play.

Findings provided evidence that these four asthmatic children need more support in order to manage the unique demands of their illness. These demands as highlighted by Bucher et al. (1998) involve: monitoring peak flows, administering medications and treatments, modifying the environment to limit exposure to asthma triggers and dealing with the potential side effects of their medications. The participant children had a general idea about asthma but were uncertain about what asthma is; what medication they should take daily; the proper way they should take their inhaled medication, and how to deal with an asthma attack. The children chosen for this study came from four different schools but this did not influence their level of knowledge about their condition. Although the two girls tended to speak more about their condition this does not provide evidence that girls are necessarily more knowledgeable than boys as the sample was too small to generalize results. However, it would be beneficial if this study would be done by using a cross sectional study including all the asthmatic children that visit the 'Child out patient department' at the general hospital in Malta where I work for follow up or those attending the accident and emergency department due to an asthma attack.

The study revealed that these four children require more support while at school particularly related to the awareness of school personnel and how well-informed they are about asthma management in order to support and assist children while at school. Furthermore, this highlights the importance of education regarding the characteristics of asthma and its management along with the implications of the condition for the child, caregivers, teachers and friends in order to prevent problems with asthma at home and in the school setting. As

stated by McGhan et al. (2002) the complexity of asthma management and control requires a collaborative effort of various disciplines and sectors. Successful collaboration can help meet the health needs of asthmatic children more effectively, efficiently and consistently.

Several studies reported an increase in asthma knowledge and improved asthma outcomes through education hence the introduction of educational material in the local setting can be beneficial in teaching young children and their caregivers on how to deal and manage the condition. I believe that knowledge is power and therefore understanding asthma and the ways of managing this condition effectively will help dispel many of the fears that children with asthma face. It is these fears that hold them back from living full and active lives (McNelis et al. 2007).

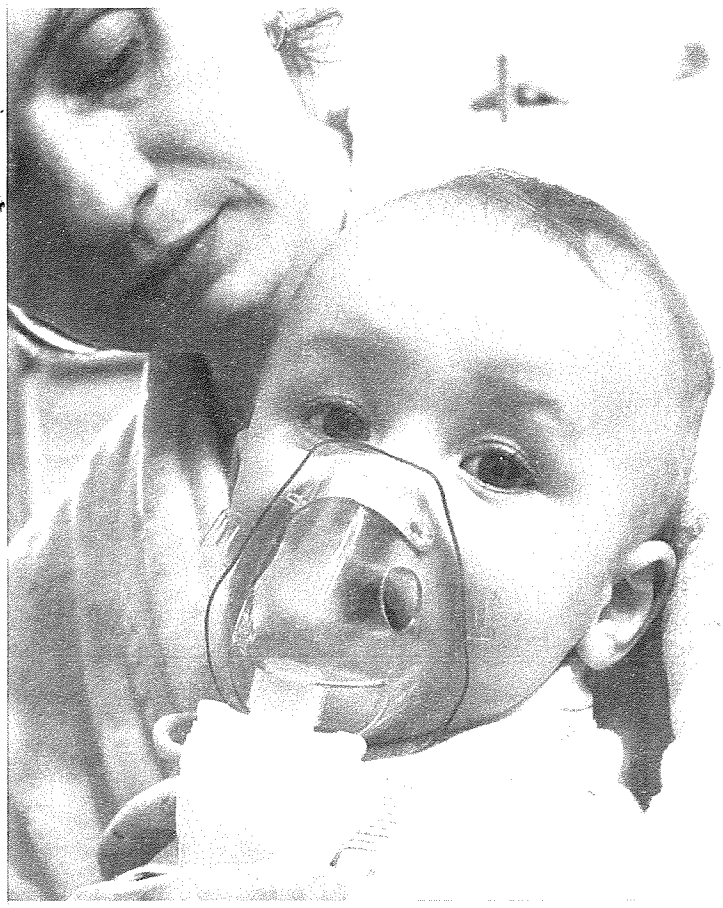
RECOMMENDATIONS

In supporting evidence-based practice locally in this sphere, the implications of the findings are of great concern to health and educational practitioners. The findings of this study suggest action points for clinical practice, public health education and research and led to the following recommendations. However, in view of the limitations of the study, such recommendations can only be considered as suggestive.

- Health professionals are in an ideal position to educate and support children in attaining and maintaining management skills and they should follow up children to assess knowledge, clarify misconceptions and help children take more responsibility for their health care.
- Health professionals are in a strategic position to help families develop the confidence so that they can control their child's asthma and allow their child to lead an unrestricted life. Educating families and children may empower them to become proactive in the self-management of asthma and perhaps prevent future hospitalizations and frequent visits to health centers. Parents should be given written information about asthma, along with an individualized daily treatment plan that will allow them to understand the rationale for various therapies and pulmonary function monitoring.
- Health professionals should provide school personnel with adequate knowledge and information about asthma in order for them to support children while at school.
- School personnel could take an active role when having an asthmatic child in their class. Children with asthma need proper support at school so that they can keep their asthma under control and lead fully active lives. The school setting is a natural base for coordinating asthma education and management strategies.
- Further studies could complement the insights provided by this study. It would be interesting to conduct a similar study including a larger sample of children. The study could be expanded, recruiting different sub-groups of asthmatic children, for example, children hospitalized due to asthma attacks or those attending the accident and emergency department.
- After the introduction of the educational material which I, together with other health professionals had designed (leaflet and animated programme), a randomized control trial could be useful to evaluate the impact of education on young asthmatic children.
- An ethnographic study would add value to the existing literature and would provide a deeper understanding of the lived experience of young asthmatic children in Malta. The inclusion of parents can help researchers to identify whether the parents knowledge and understanding of the condition can have an impact on their asthmatic child.

PERSONAL REFLECTION ON THE STUDY

Through this study I have realized that a greater degree of asthma control and ultimately a better quality of life for asthmatic children is a worthy goal for professionals who



work with asthmatic children. Asthma is a prevalent disease and has a high morbidity if not adequately controlled, and still causes significant mortality (Scullion, 2005). This exploratory study has offered a new perspective to the existing literature and I believe to the nursing profession in Malta by specifically seeking to gain a deeper insight into the complexity of living life with asthma from the children's point of view. Whilst, the findings of this study cannot be generalized, they do provide an indicator of the need to conduct more research studies that listen not only to the voices of young children but that recognise the need for education for asthmatic children, parents, school personnel and friends. It is hoped that the results and recommendations of this study will have a favourable impact on the health professionals caring for children suffering from chronic conditions, so that children can be confident in order to control their condition and thus lead a normal unrestricted life.

Ms. M.Claire Grech's dissertation was submitted for an M.A. in Early Chidhood Education at the University of Sheffield, UK. The research work was partially funded by the Malta Government Scholarship Scheme grant (M.G.S.S.).

'Study was sponsored by the MGSS (MALTA GOVERNEMENT SCHOLARSHIP SCHEME)'

Definition of a nurse

"To go above and beyond the call of duty. The first to work and the last to leave. The heart and soul of caring. A unique soul who will pass thru your life for a minute and impact it for an eternity. An empowered individual whom you may meet for only a 12 hour period, but who will put you and yours above theirs."

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Għandna pjaċir ngħidu li dan il-Group Committee beda l-ewwel b'40 membru u issa l-grupp iħaddan fih 175 membru.

Paul Bezzina, Chairman

Being a nurse isn't about grades. It's about being who we are. NO book can teach you how to cry with a patient. NO class can teach you how to tell a family that their parents have died or are dying. NO professor can teach you how to find dignity in giving someone a bed bath. A nurse is NOT about the pills, the IV's, and the charting. It's about being able to LOVE people when they are at their WEAKEST moments and being able to forgive them for ALL there wrongs and make a difference in their lives today. No one can make you a nurse...

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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]

Philips AVENT passionately believes that breastfeeding should be a rewarding experience for both mother and baby, and that education is the key to achieving this. Philips AVENT has collaborated with respected healthcare professionals to develop a complete Introduction to Breastfeeding Pack, including an Educational Aid and DVD. This pack can help you support expectant and new mothers to feel confident about breastfeeding from the start.

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]

For more information about Philips AVENT products and resources visit **www.philips.com/aventprofessional**

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Federation of Occupational Health Nurses within the European Union

About Us

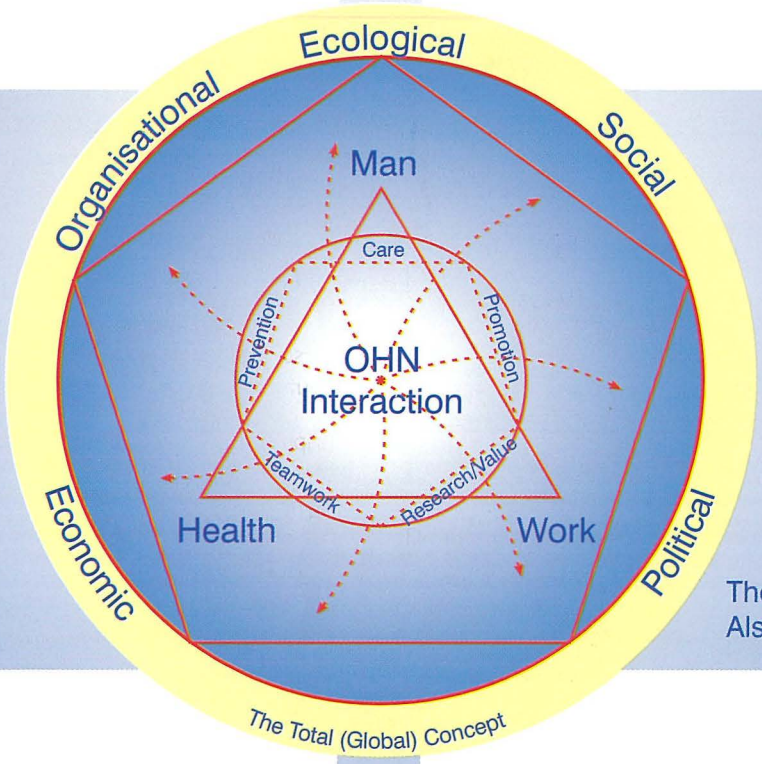
FOHNEU is a non profit making organisation representing the largest single group of professionals in the field of Occupational Health.

Mission Statement

The Mission of FOHNEU is to consolidate and represent the voice of Occupational Health Nursing within the EU in order to promote the health, safety and well-being of the European workforce.

Aims

- To contribute to the total health, safety and well-being of the European working population.
- To raise the profile of Occupational Health Nursing within the European Union.
- To promote training, education and standards of professional qualifications and practice.
- To encourage research into areas of Occupational Health practice, education and management with publication of the results.
- To maintain an open dialogue with the EU organisations responsible for health and safety, public health and EU nursing authorities.



The Hanasaari Model, Alston et al. 1988.

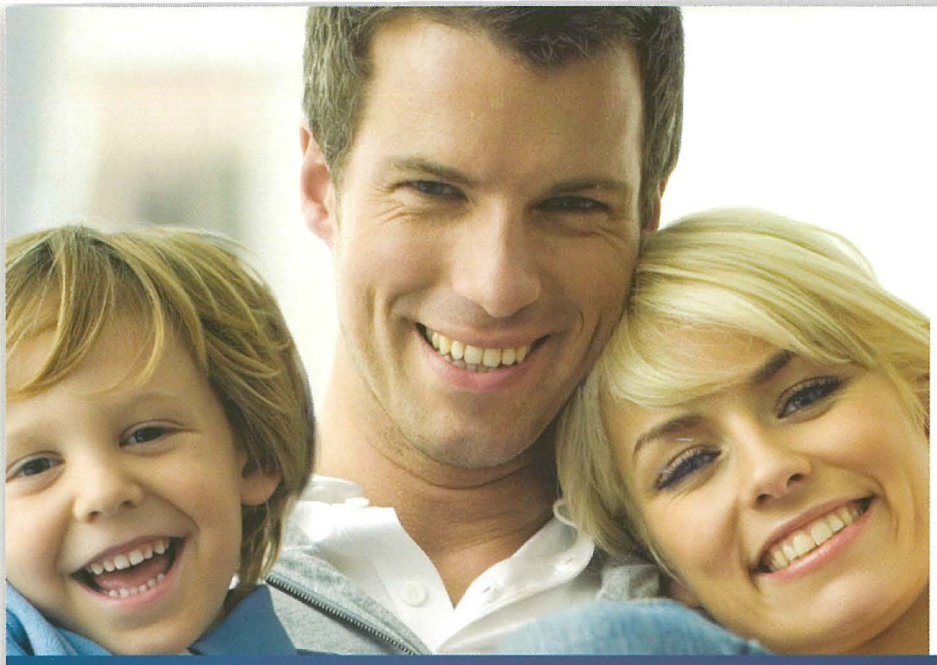
Occupational Health Nurse Definition

Occupational Health Nursing aims at securing the health, safety and well-being of the workforce. This is achieved through assessing, monitoring and promoting the health status of the workers, and developing strategies to improve the working conditions and the total environment.

Twinning Project

In 2002 the FOHNEU Executive Board decided to establish a Twinning Project. The objective was to approach fellow Occupational Health Nurses in the Accession Countries.

All FOHNEU Board Members are responsible for contact with at least one new Member State. Details of the Project can be found on the FOHNEU website.



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TIME : 20.30

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MUMN 1996

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Booking Form

Surname.....
Name.....
Number of Adults.....
Number of Kids 3 to 12 years.....
Number of Kids under 3years.....

Address.....
.....
.....

Mobile Number:.....
Email Add:.....

Total Amount of Money.....

Please enclose Booking Form with a cheque, payable to MUMN, and forward to;

MUMN Les Lapins Court B Flat 3
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Mosat
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For further information Contact

MUMN on 21448542
Ms Giselle Curmi on 79820654

E-mail:administrator@mumn.org

For Office use only

Table Number .....
Number of persons .....

Paid by Cash .....
Cheque no.....

Breastfeeding ICN Position

The International Council of Nurses (ICN) considers that breast milk is the food of choice for infants and that, as a general principle, exclusive breastfeeding should be protected, promoted and supported for the duration of six months as a global public health recommendation.[1] ICN supports efforts to promote adoption of the Baby Friendly Hospital Initiative (BFHI) to ensure[2] that all maternities become centres of breastfeeding support.

ICN up holds the mother's right to make an informed choice about infant feeding. This includes providing information, counselling and guidance to all HIV infected mothers about the risks and benefits of feeding options most suitable for their situation, in line in with those recommended in the UNICEF/ UNAIDS/WHO guidelines.[3]

Furthermore, ICN supports the revised International Labour Organization (ILO) Convention 183 on maternity protection. ICN concurs that it is the right of all working women, including those in the informal sector, to have paid daily breaks or a daily reduction of hours of work when breastfeeding a child,[4] and to have hygienic facilities at or near the workplace.

Background

Infants who are breastfed have fewer illnesses and are better nourished than those who are fed other drinks and foods. It is estimated that 1.5 million infant lives would be saved, and the health and development of millions of others would be greatly improved, if exclusive breastfeeding took place in the first six months of life.[5] Using breast milk substitutes, such as infant formula or animal's milk, pose real threats to infants' health if parents cannot afford sufficient substitutes and/or do have access to safe water to reconstitute the formula.

1 World Health Organization, **Global Strategy for Infant and Young Child Feeding**, Geneva, Author, 2003.

2 United Nations Children's Fund, **The BabyFriendly Hospital Initiative,** Accessed at http://www.unicef.org/ programme/breastfeeding/baby.htm in August 2004.

3 United Nations Children's Fund(UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO). **HIV and Infant Feeding**. WHO, Geneva 1998

4 International Labour Organization, **Convention 183. Convention Concerning The Revision Of The Maternity Protection Convention (Revised), 1952, Adopted By The Conference At Its EightyEighth Session, Geneva, 15 June 2000.**

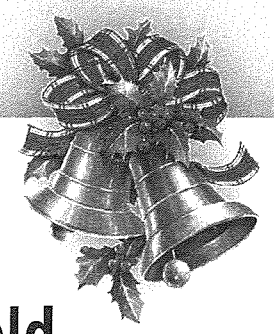
5 United Nations Children's Fund, **Facts for Life**, Accessed at http://www.unicef.org/ffl/04/index.html in August 2004. While a mother with HIV who is breastfeeding may increase the risk of HIVtransmission to the child by up to 15%, a child on breast milk substitutes is about 6 times more likely to suffer from infectious diseases such as diarrhoea and respiratory infections during the first 2 months of life.

Finally, women today spend a greater portion of their lives in paid employment as their participation in the labour market rapid rises. According to the ILO, women's economic activity rates climbed from 54 % in 1950 to 66 % in 1990, and they are projected to reach almost 70 % in the year 2010, with women in their childbearing years being the fastest[6] growing segment of the labour force in many countries. Increasingly countries are seeing that the health benefits of breastfeeding for infants and mothers are also being matched by economic returns at the national and workplace levels when breast-feeding is supported by policies and in practice by employers willing to accommodate the needs of nursing mothers.

Adopted in 2004

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.

International Labour Organization, **Report V(1) Maternity Protection at Work, Revision of the Maternity Protection Convention (Revised), 1952 (No. 103), and Recommendation, 1952 (No. 95)**, Geneva, Author, 1999.



Latex Allergy

A Potential Health Risk in the Medical Field

Part 1 Increasing Awareness

Latex, or natural rubber, is the milk exudate obtained from the bark of the tropical tree Hevea Brasiliensis[1]. The biological function of this "milk" is to seal any wounds inflicted on the plant[4]. Latex milk is harvested by cutting notches into the bark of the tree and collecting the fluid flowing out into receptacles. This milk is composed of poly-isoprene (India rubber) and vegetable proteins. Ammonia is added as a stabilizer, to ensure that latex does not coagulate during transportation [1,4]. Further processing may consist of vulcanization, or heat treatment with sulphur, resulting in increased elasticity, strength and stability of rubber. However, other chemicals may be added to accelerate curing or give desired properties to the final product [4].

There is a wide range of products which contain latex. These include medical devices, personal protective equipment, and a vast range of household items. Certain substances found in latex can cause allergic reactions, which can be mild or even severe. Persons using latex products can experience three types of reactions. These are cumulative toxic eczema, allergic contact dermatitis (Type IV allergy or delayed hypersensitivity), and immediate hypersensitivity Type I allergic reaction [1,2].

Cumulative toxic eczema or irritant contact dermatitis results in the development of irritated skin areas, usually on the hands, which are dry and itchy. This skin irritation is often caused by exposure to chemicals, cleansers, frequent hand washing and drying, and is not a true allergy. The mild form exhibits itself as a chronic inflammation with dry, finely scaling skin surface with erythema. Further exposure results in epidermal cracks and the chronic stage involves also lichenification and oedema especially on the fingers, interdigital spaces and the back side of hands[1,2].

Allergic Contact Dermatitis (Type IV allergy) to latex is considered to be a less serious condition, since it involves a delayed reaction to latex resulting in Contact Dermatitis. It usually starts off as a rash within 24 to 48 hrs of exposure to latex and may develop into skin blisters which can spread away from the area in contact with latex. It is actually an allergic reaction to chemicals added to latex during harvesting, processing and manufacture and is only possible if the skin has been already sensitized from previous exposure to the allergen. Allergic contact dermatitis is influenced by the allergenic potential and concentration of the substance; the frequency and duration of contact; and the permeability and size of the exposed skin[2,3].

Immediate hypersensitivity (Type I allergy) to latex is an IgE antibodies and mast cell mediated reaction. It is considered to be a serious condition since it has a rapid onset and can result in life-threatening symptoms such as anaphylactic shock [2,3]. It usually starts within minutes of exposure to latex, and is triggered by natural latex proteins. It manifests itself according to the route of allergen absorption due to area of exposure. Hence, contact urticaria may result from direct exposure of skin or mucosa to latex (Eg. during surgical procedures through the use of latex gloves). Whereas, inhalation latex allergy may result from inhaling latex proteins, such as those bound to glove powder particles released, into room air, during glove changes[1,2]. The amount of exposure required to trigger sensitisation is not known. However, in some sensitized individuals, an allergic reaction can be triggered even on very low levels of exposure[2].

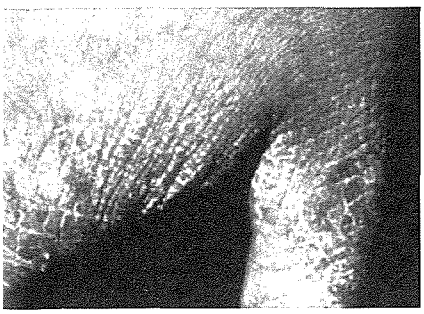
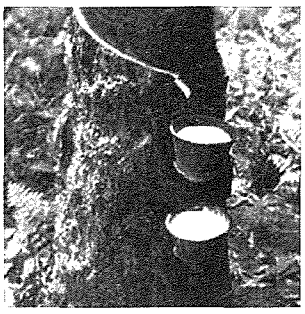
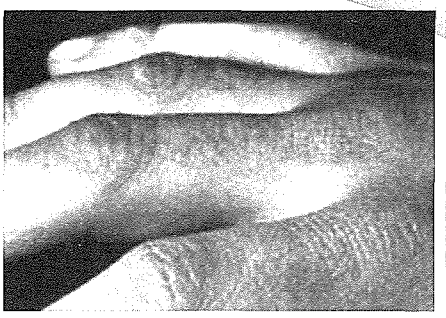
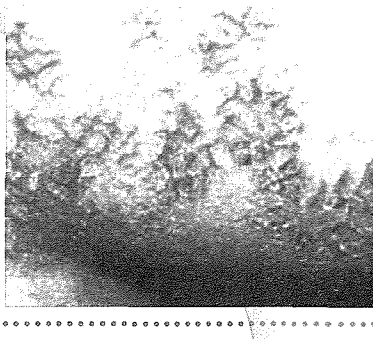
Contact urticaria syndrome appears as erythema with weals, often at knuckles and wrists, within 10-30minutes after dermal exposure to latex. According to definition, stage I and II of this syndrome are only limited to skin symptoms; whilst in stages III and IV the mucous membranes are affected and progression of allergy may lead to anaphylactic shock[1].

Inhalation latex allergy takes place when airbourne particles containing latex allergen reach the mucuous membranes of eyes, nose and bronchi (Eg. inhalation of latex proteins bound to glove powder) without prior direct skin contact. This allergy is often manifested as urticaria on the face and throat, and may develop to angio-neurotic oedema, conjunctivitis, rhinitis, asthma and anaphylactic shock[1].

Percutaneous exposure to latex allergen can also take place from injection of latex contaminated medications. This contamination may result from medication packing, such as multi-dose vials with rubber stoppers or latex injection ports, where latex allergens may dissolve into the drug. Although the amount of latex allergen in the injectable may be small, in highly sensitive individuals, this may be sufficient enough to induce severe reactions[4].

Cross reactions between food and latex are also possible in persons with latex allergy. Latex-specific IgE antibodies can react with plant antigens of various species. These include banana, pineapple, figs, avocado, melon, kiwi, peach[1] and less commonly tomatoes, strawberries and plums. Such reactions can also be attributed to the fact that proteins in these plants are similar to latex allergens[3].

Risks for latex allergies in the medical field are greater due to the fact that about 50% of medical devices contain latex. These include surgical and examination gloves,

urinary catheters, aneasthetic masks, bandages, multi-dose rubber vial stoppers, latex injection ports and others [6]. In the 1980's there was an unprecedented increase in the prevalence of latex allergies which may be attributed to the adoption of universal precautionary measures for the prevention of transmission of blood-bourne pathogens[4, 5]. A literature review study of perioperative latex hypersensitivity reactions concluded that pre-anaesthetic evaluation of patients regarding history of allergic reactions, does not ensure patient safety if the staff is not aware of the severity of the matter. In 1997, the number of perioperative latex hypersensitivity reactions reported was 1200 cases, of which 13 were fatal. Initially there was also the tendency to attribute an anaphylactic event to the anaesthetic drugs used[6].

A higher risk of developing latex allergy is expected in relation to atopic patients, since these have a higher predisposition for type I hypersensitivity and eczema. Other groups at high risk include latex industry workers; medical staff, especially surgical professionals; patients who undergo several surgical procedures and catherisation such as those with congenital urologic abnormalities, myelodysplasia or spina bifida; where vulnerability is increased due to frequent exposure[1, 3, 5].

The best way to prevent latex allergies is to avoid exposure, if possible[4]. Statistics show that in the nineties, screening tests for latex allergies showed a prevalence of 2.3% in the general population and 17% in medical professions[1], whilst presently in the United States it is estimated at 4% in the general population[2]. However, from 1999 onwards, a decrease in latex allergy reports in the medical field has been observed. This might be due to the adoption of preventive measures undertaken at medical practices, such as the use of low-allergen and powder-free gloves[1]. Preventive measures in health-care should be aimed at reducing risks for both employees and patients of developing latex allergies and should ensure safety of those persons already affected. This is the way forward for promoting a good health status and preventing or reducing risks of life-threatening anaphylactic reactions to latex in the medical field[7].

"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

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

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Exsiccation as mild form of cumulative-toxic contact dermatitis

Above: Eczéma craquelé with deep cracks in the epidermis
Below: Chronic cumulative toxic eczema of the hand

Chronic stage:
Chronic allergic dermatitis (chrome dermatitis)

Directives to all Nurses/ Midwives working in Mater Dei Hospital

MUMN would not accept a situation where the official constant watch policy was not implemented in MDH(even thought this has been agreed by all stake holders three years ago) and then to be informed that bed management "modified" such policy to their convenience without consultation with MUMN. To add salt to injury in the recent circular of the bed management (CEO:08SOPV01,1) states that such wards are to accept two constant watches. This goes against the agreed policy...no wonder it was never launched. Not to mention that no added staff is being provided by MDH office when such constant watches are being admitted.

Therefore such SOP goes against the agreed constant watch policy which conveniently the MDH management did not launch. Such "lack" of constant watch policy is exposing nurses/midwives to unnecessary disciplinary actions or suspensions from work not just in MDH but also in MCH if something happens to such patients.

Therefore to safe guard nurses/midwives from any repercussions from such SOP, MUMN is issuing the following directives:

1) When no added staff is provided to the ward when such a constant watch is admitted, no nurse/carer should be allocated to such patient. Such treatment (added personnel) has to be provided from MDH office and therefore the responsibility lies with the MDH management to provide such "treatment". Inform the patient's doctor when added staff has not been provided from the MDH office and that the patient has no constant watch (since the doctor is legal responsibly of the patient's treatment and should be informed when this is not provided) and this is to be documented in the nursing report so that any liability will not be on the nurses/midwives.
2) Nurses are to refuse two constant watches on their wards. A directive is being issued to boycott and refuse any admissions or orders of bed management on this regard.
3) If nurses/midwives are challenged when abiding such directives, nurses and midwives are to inform MUMN since further directives will be issued to the affected ward.

It is important that such directives are adhered to. If such directives are not followed, MUMN cannot be in a position to defend nurses/midwives when something happens to the constant watch patients when police or magistrates are called in.

Paul Pace
President

Attention to all nurses working in Karen Grech Hospital

After today's meeting with the office of the Permanent Secretary, these are the agreed conditions:

1) All nurses working 40 hour a week are not to work anymore extra duties (earlies) by the 26th November 2012.
2) All nurses working 46 Hours and presently doing one extra duty per week will now be working one full day extra duty per twelve day by the 26th November 2012.
3) The nursing management will only remove nurses from the wards on extreme emergency cases. Nursing management has to duty to see that adequate staffing levels are to be maintained throughout the whole day and by not resorting to any removal of nurses from their respective wards. If such practice is to continue or just slightly decrease, MUMN officials are to be informed immediately.
4) All overtime can be booked from one month before till one day before the actual day with the nursing administration office. At least two nurses are to be booked daily (and not to cancelled by nursing management) and also for the night shift. MUMN is to be informed when this is not taking place.
5) All overtime can be taken in TOIL without any letter of justification.
6) When taking long leave…all Sundays and all Public Holidays can be taken as TOIL so as not to lose the Sunday or Feast Allowance.
7) All TOIL and also the vacation leave which is in hours can be availed of in ANY number of hours …from one hour till the whole duty.
8) All the lectures of the assertive course will be given in hours as TOIL for those nurses who attended such course in their off duty.
9) All compulsory courses organized by the management of Karen Grech Hospital which are attended during off duties or break times are to be compensated by TOIL.

In the light of such an agreement, MUMN is withdrawing all its directives in Karen Grech hospital. MUMN will be organizing a follow up meeting with all nursing staff in one's month time as to evaluate such agreement.

Paul Pace, MUMN President

Primary Health Care Group Committee

Please find a list of most of the interventions the MUMN made for PHC during this year with the collaboration of all the members in the PHC Group Committee - Sylvia Spiteri, Margaret Lia, Margaret Cilia, Marianne Galea, Lydia Vella, Josephine Vella, Charlie Drago, Miriam Aquilina, Rachel Gatt, Margaret Muscat and Rose Galea.

PAOLA - Directives were issued to all staff when no security is present at the treatment room door. Influenza vaccine was not given after 5pm and during the weekends because of work load.

QORMI - A compliment of 4 nurses have to be duty every morning or else no bloodletting is started.

MOSTA - Ambulance back up staff for morning and evening duties. While the Centre is being refurbished the treatment room at BĦara will be separate from that of the same Health Centre.

BKARA - Same condition for treatment room as Mosta. Staff were allowed to work OT at Mosta clinic if needed.

NIS - During influenza vaccine on Sat TOIL was given to cover extra time on duty.

Common issues for all Centers.

FLORIANA - Meeting was done with the staff to resolve matters at their place of work.

Pay slip (breakdown)

Bloodletting on Sundays only in Centers where there is no medical service

Extended role of the Berga nurse

Supply of uniforms

Meetings with the CEO, committee meetings and general support.

Thanks go to Rose Galea from all committee members for her contribution since she has now retired from work.

Sylvia Spiteri, Chairperson
MUMN Group Committee

MATER DEI GROUP COMMITTEE ANNUAL REPORT

As a committee we can say it was a very busy year. We try to cater problems related to logistics management or mismanagement and also discussed these issues with various stakeholders. The importance of team management, one of the classic examples was the P.I.V.A. There was too much speculation, was and is still going around. The committee decided that to implement any policy, the management and/or the infection control unit, has to make sure the every stake holder is ready to adhere with it. We also pointed out that the intravenous cannula is not inserted by any of our profession so the chart in question has to be initiated from the health care professional who inserted it and there is where the management failed. He gave all the responsibility of this chart to the nurses while not considering that nurses do not insert the cannula in the first place. Other scenarios are where the cannula is inserted into a theatre, or at A&E Department where the nurse has to write and take responsibility of something which is done by another profession, and this is not acceptable. As a concept we believe that whoever inserts a cannula he should start the PIVA not the other way round!

Writing break time on the rest book during night shifts

This was another issue where the committee felt that it was very offensive towards our profession. Sometimes we feel that we are treated like second class workers because no other department in hospital adopts the measures that our department wants to adopt and after all we give a first class service 24/7. This is pointed out by the Minister not by any union. So we stopped immediately this discriminatory action.

Searches

After the committee complained with the Management that searches were being done only in floor -1 and no searches were being done in the first floor for other staff members were taking place,aAn agreement has been reached that searches will take place in all floors.

Discharge/Admission Lounge

After a lot of pressure from the committee and also from the MUMN Council, the discharge lounge now is transformed also into an admission lounge.

Since migration, the pre-ops and change of dressings of patients discharged weeks before, were done in the wards. This used to create a lot of chaos in surgical wards especially during ward rounds and other busy times. MUMN was against this procedure from the beginning because apart from the pre-ops also the change of dressings of patients discharged a week or more before was an extra load for the surgical nurses. One have to consider that no extra staff was being sent to cater for this extra load of work and overtime was being refused. This was unacceptable to MUMN and after a lot of pressure was done, such pressure resulted in the hospital management in trying to find a room for the pre-ops in S4 in a very abusive manner. To cut a long story short today pre-ops are done in the assessment clinic and changes of dressings are being done at the Tissue Viability Unit by appointment.

Meetings with the Management/CEO

During the meetings we had with the hospital management throughout this year, one can say that the same few complaints were presented but nothing much had been done and as a committee we agreed to try to solve first the most important complains. The most recurrent complains are the

Parking - We demanded more security because non authorized individuals are taking advantage of the lack of security;

Salaries - We asked for a personal account that every employee can log in and have the information about his vacation leave, time-off in leui, deductions, allowances etc.

POYC - We asked the CEO why a decision was taken to stop sending staff to POYC to bring their relatives' medication. The discussions are still on going.

Constant Watch Policy

Constant watch policy was made by the SLH Group Committee and was handed in to the management eight years ago. In every meeting we had with the management, for the past eight years, we always had this policy on the agenda and the reply we have is that is still to be revised from someone. We lost count how many top people revised this policy for the last eight years, but as a committee we have to continue to insist for this policy for the benefit and security of our nurses.

Internet Access

As a committee we strongly believe that internet access should be given to all nurses. When we pointed out this idea, management reply was that too much accounts has to be open and the server is not enough to cater these accounts. We will again present this request in the future meetings.

Surgical Wards Agreement

Few years ago MUMN agreed with the department on the ideal staff present every day in the surgical and medical wards. This was sealed with a signed agreement. Although this agreement was never reached in full, MUMN understood the fact that lack of nurses was an everyday problem for the management. MUMN also accepted that replacement with overtime will take place and even if a nurse for replacement is not found, a nursing aid working in the same section is accepted to ease the load of work and keeping our agreement in vigour.

But lately the MDH CEO tried to take off all overtime and when asked he said he didn't know about the agreement. So we had to give a copy to the CEO and other management because the top people in MDH did not know about this very important asset which is the ideal nurse patient ratio on the ward.

Active Directives

The directive not to write incident reports is still active;

The directive not to fill the P.I.V.A forms;

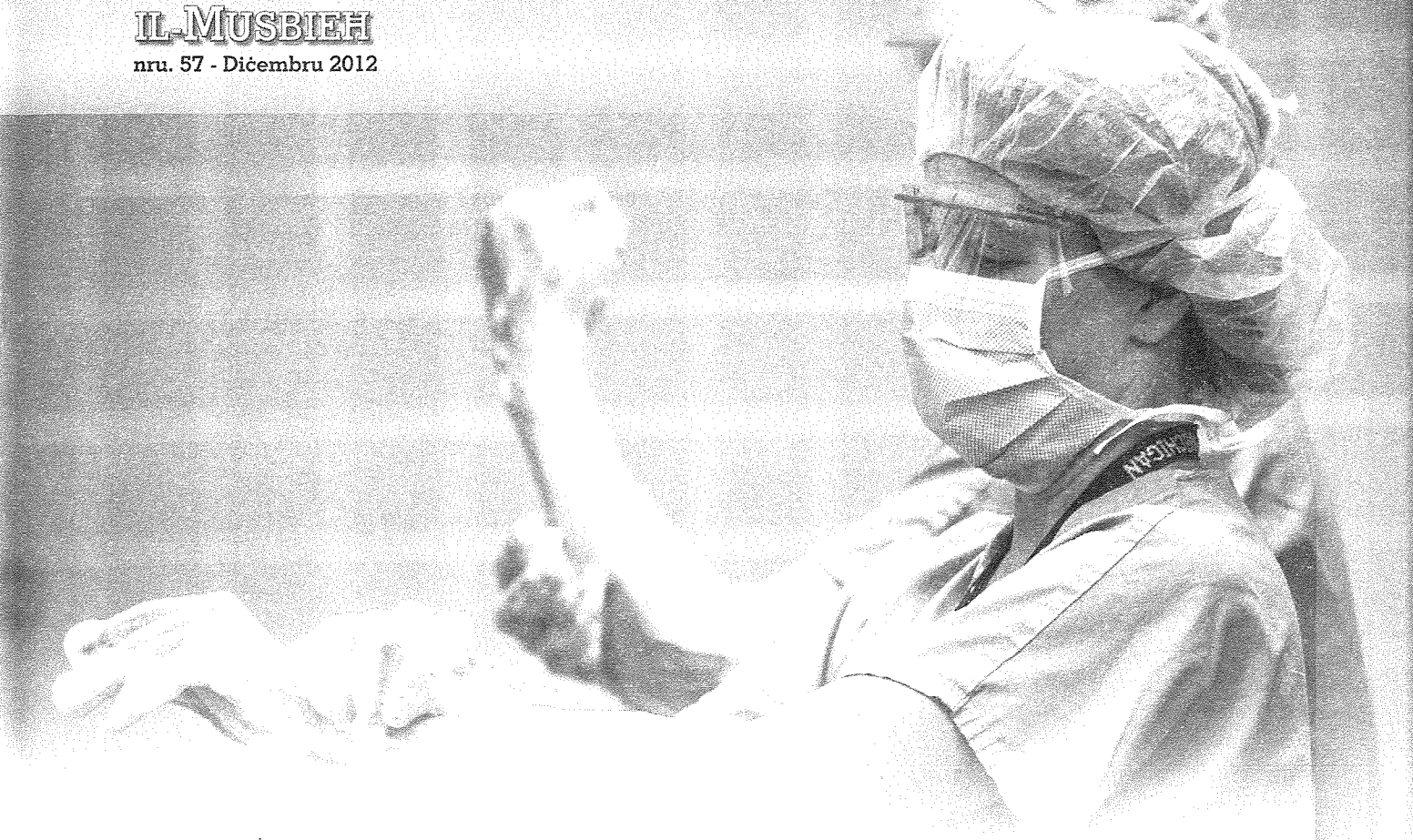
The instructions not to write any break time on any book in the ward;

The directive for surgical wards to refuse admission during the night if the third nurse is not provided;

The Directive that if a patient is declared constant watches no nurse will take responsibility of the constant watch unless management provide extra staff to cater for that situation;

As a committee we would like to thank all the Council Members for the support and constant advice. The rights and duties of our nurses are always on the agenda and actions were always taken for the benefit of our patients. We have still much to do to convince our colleagues on the other side of the table that we are not second class workers but we are determined to continue striving. A happy nurse makes happy all his patients.

Oliver Sammut
Secretary - MUMN MDH Group Committee



Important notice to all nurses & midwives

Amendments will soon be proposed in the Health Care Professions act and indemnity and liability are two aspects which will be introduced in the law due to the EU legislation. Nurses and midwives have to start changing their line of thought and start more thinking in the legal aspect to protect their own job.

MUMN has launched two directives such as the incident report directive and the VIP score directive to protect you from such liability. Regarding the VIP score, if a report is submitted by patients or relatives against Mater Dei Hospital, MDH management will have no clue regarding the doctor who introduced the venflon but then has your signature that you have taken care of it on its records. Therefore the ONLY documentation which MDH possess will be YOUR signature on VIP chart. You could be the one liable since after all your signature is the ONLY record MDH management possess for its own defense and you will be the scapegoat. The same principle applies to the incident report. The incident report is written without any legal support but then can be used against you in any law court by the MDH management itself or by patients or relatives.

Whilst Defensive Medicine is well ingrained in the medical profession but yet nurses/midwives are still very naieve on such aspects. Doctors are united and work in one united force defending their interest but nurses/midwives are not on the same line of thought which is a pity. MUMN will protect the nurses/midwives who adhere to its directives but once such directives are broken by YOU, and you are summoned in a court ...you are on your own and if you think that MDH will protect your interest...then you are in for a surprise.

The latest intimidation letter issued by MDH management on the VIP score states "jekk ikun hemm xi azzjoni legali .....jkun difficli hafna li jigru joggru difiza legali ghall-infermiera..."

The questions raised:

Why is the nurse/midwife to be sued for an infection?

Why not the doctor? And where is the signature of the doctor on this form?

Did the doctor wash his hand on insertion? Did he/she use gloves on insertion?

Can the doctor be identified as who inserted the venflon?

Why was the doctor not mentioned on the liability aspect in this circular BUT JUST THE NURSE/ MIDWIFE?....THINK

How come the nursing report is not adequate and a specific form with a signature has been initiated?....THINK

Such forms are not for the development of the profession but booby traps for the nurses and midwives...THINK... THINK.

MUMN will be always there for you unless the directives are observed. The directives are for your own good and not for MUMN's good after all it is you and not MUMN who will be in trouble...Think.

Do not be fooled...think as a doctor for once.

Paul Pace, President

Il-Qorti titkellem dwar kollużjoni bejn it-Times u l-Ministeru tas-Saħħa

"Il-Qorti kważi tasal biex tikkonkludi li kien hemm kollużjoni bejnha (il-ġurnalista tas-Sunday Times) u bejn l-Ministru tas-Saħħa kontra l-MUMN, li dak iż-żmien kienu f'taqtieha mal-istess Ministeru, liema kollużjoni kienet intiża unikament biex tagħmel ħsara lit-tmexxija tal-MUMN." Dan qalu l-Maġistrat Francesco Depasquale fil-verdett tiegħu dwar kawża ta' libell li fetħu erba' uffiċjali tal-MUMN kontra The Sunday Times.

L-artiklu intitolat "Patients swindled in scam – Top MUMN official investigated" li deher fl-ewwel paġna fil-ħarġa tal-ġurnal nhar it-22 ta' Awwissu tal-2010, kien miktub mill-ġurnalista Ariadne Massa.

F'din is-sentenza l-ġurnal The Sunday Times, instab ħati mill-Qorti li mmalafama lill-erba' uffiċjali għoljin tal-Unjin tal-Infermiera u l-Qwiebel (MUMN) u kien ordnat iħallas is-somma totali ta' Đ11,500.

Fix-xhieda li ta l-President tal-MUMN Paul Pace, li fetaħ din il-kawża ta' libell flimkien ma' Colin Galea, George Saliba u Maria Cutajar, qal li l-artiklu kellu impatt qawwi kemm mal-pubbliku inġenerali kif ukoll mal-awtoritajiet għoljin tal-pajjiż.

Apparti minn hekk, l-MUMN kellha tirtira l-kandidatura ta' Pace mill-post ta' Viċi President fi ħdan il-European Federation of Nurses. Dan peress li l-artiklu kien għamel ħsara kbira anke fi ħdan il-Federazzjoni. Fl-istess waqt, l-artiklu kellu mpatt ħażin mal-International Council of Nurses, li kienet qiegħda torganizza konferenza ta' 3,500 ruħ f'Malta, peress li l-MUMN kellha tispjega li ma kien minnu xejn dak li ngħad fl-artiklu.

Qal li dak iż-żmien kienet għaddejja kwistjoni taħraq bejn il-Gvern u l-MUMN li kienet wasslet għal azzjonijiet industrijali u l-artiklu kellu impatt ħażin fuq dawn in-negozjati. Qal li kellha tinħareġ stqarrija għall-istampa biex l-allegazzjonijiet jkunu miċħuda.

Pace qal li kif ra l-artiklu ċempel lil Ariadne Massa biex jgħidilha li ħadd mill-uffiċjali għoljin tal-MUMN ma kienu involuti f'xi skandlu.

Madankollu, Massa filwaqt li kkonfermat li ħadd mill-Uffiċjali tal-MUMN kif ukoll tal-Kunsill ma kien involut, saħqet li l-persuna involuta kienet uffiċjal tal-MUMN peress li huwa Ċermen tal-Kumitat tal-Mater Dei.

Min-naħa tagħha, il-Qorti ppreseduta mill-Maġistrat Franceso Depasquale qalet li ma tistax ma tinnutax li d-Dipartiment tal-Informazzjoni għoġbu jgħarraf lill-pubbliku dwar l-investigazzjoni li kienu għaddew lill-Pulizija mhux dakinhar li r-rapport li kien mgħoddi lill-Pulizija, iżda jumejn wara meta ħarġet l-istorja fuq il-ġurnal.

Il-Qorti kompliet tgħid li ma tistax tifhem kif il-ġurnalista Massa għaddiet biex tikteb storja mingħajr ma lanqas biss tipprova tikkomunika ma' xi wieħed mill-Uffiċjali tal-MUMN għal kummenti tiegħu qabel ma tippubblika l-istorja.

Il-Qorti qalet li dan huwa aġir malizzjuż u l-Qorti ma tistax ħlief ma tiċċensurax tali tip ta' ġurnaliżmu li huwa intiż biss għas-sensazzjonaliżmu, li jagħmel ħsara għal-ġurnaliżmu inġenerali u kif ukoll għall-ġurnal The Sunday Times.

Wara li qieset dan kollu, il-Qorti kkundannat lill-ġurnalista s-somma ta' €11,500.

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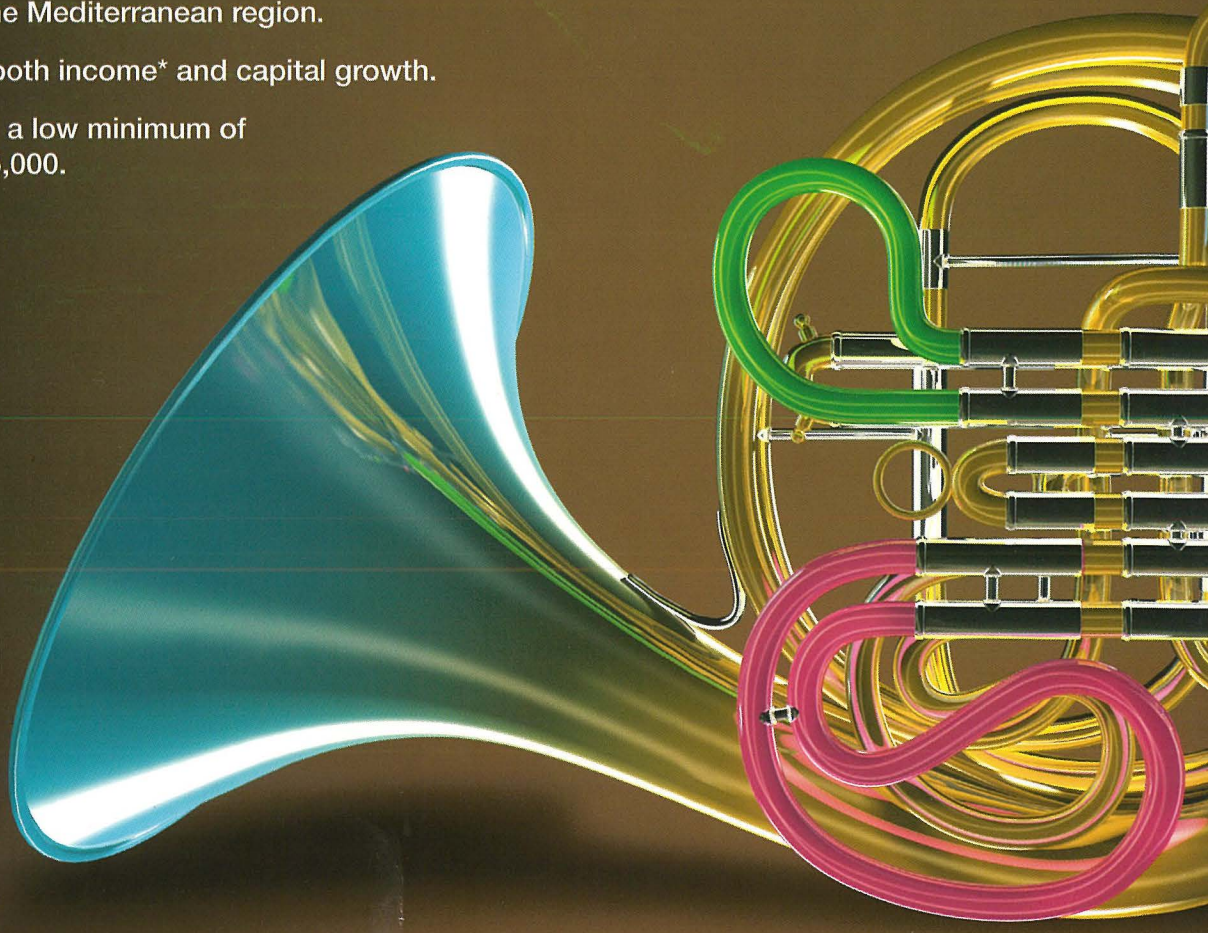

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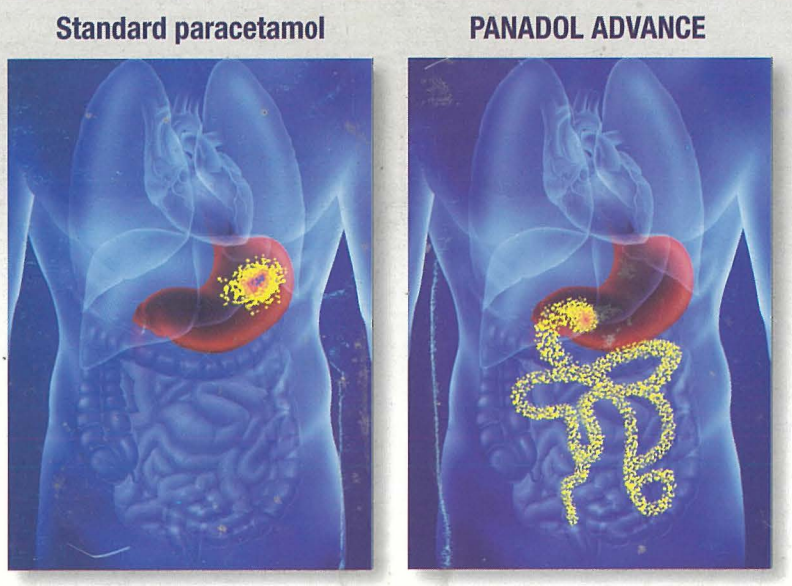

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*Representation of actual gamma scintigraphy images of paracetamol in the gastrointestinal (GI) tract.

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