# Contents

<table>
<thead>
<tr>
<th></th>
<th>Page no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Message from the International President</td>
</tr>
<tr>
<td>2</td>
<td>Message from our Spiritual Director</td>
</tr>
<tr>
<td>3</td>
<td>In Memoriam of Miss Liliana Fiori</td>
</tr>
<tr>
<td>4</td>
<td>CICIAMS CALENDAR OF EVENTS 2009</td>
</tr>
<tr>
<td>5</td>
<td>The 75th Anniversary / 4th English Speaking Africa Regional Congress of CICIAMS</td>
</tr>
<tr>
<td>6</td>
<td>Your remarks</td>
</tr>
<tr>
<td>7</td>
<td>Message from the Editors</td>
</tr>
</tbody>
</table>
Message from the International President
Marylee J. Meehan, R.N., M.A.

In the book “The Healing Power of the Eucharist”, it alludes to the hidden spiritual energy called grace. It suggests if we tap into grace and activate it even if it is a small amount, we can transform our life and our eternity. In organizing the CICIAMS 18th World Congress, the Mexican members of CICIAMS, the Movement of Nurses for Catholic Action (M.E.A.C.), the Mexico Catholic Action members and members of the CICIAMS Executive Board tapped into their bountiful source of spiritual energy…GRACE. This grace transformed not only their lives but also the lives of those who attended our World Congress held in Monterrey, Nuevo Leon, Mexico in March 2009. Their contribution in planning and executing this magnificent successful Congress is deeply appreciated by CICIAMS. Cardinal Lozano Barragan, President of the Pontifical Council for Health Pastoral Care, participated in this global event and brought with him a blessing of Pope Benedict XVI. Cardinal Barragan upon returning to Rome retired. CICIAMS is so please that our wonderful World Congress in Monterrey, the home town of His Eminence, preceded the commencement of his retirement. The Catholic Nurses Guild of Croatia has offered to host the CICIAMS 19th World Congress, 2013, in Croatia.

As CICIAMS continues to evolve and grow, it must collaborate on projects with the United Nations (UN) and the World Health Organization (WHO) in order to retain membership with them. Because of the impact of actualized spiritual energy of our CICIAMS national and regional members, great projects are constantly being accomplished. These projects make a positive impact on individuals, communities, the UN, WHO and the Vatican. These projects in the service to God validate our efforts to have a stronger mores positive Catholic voice at the UN and WHO, which is one of the goals of the Vatican. The documentation and publicity of these projects secure our membership with the UN and WHO.

In order for CICIAMS to continue evolving and growing, it requires increases in funding and expansion of memberships. Therefore, the General Council approves of an increase of fees, the dissolution of the CICIAMS North American Region and the creation of the new Pan American Region. Mary Vilchez, President of MEAC, has accepted the position of pro-tem president of this new region. The national presidents of Brazil and the United States will assist her in promoting CICIAMS memberships in the other forty American countries. The European Region is reformulating its goals, which also includes increasing CICIAMS memberships in this region. In today’s world it is imperative that CICIAMS grows stronger in solidarity with all national Catholic nurses’ organizations around the world. Remember the Vatican is relying on the laity to be the stronger positive Catholic voice heard at the UN and WHO. The goal can only be achieved by Catholic nurses who are in collaboration with the actions and aims of CICIAMS.
CICIAMS’ infrastructure continues to improve. Our Statutes and Standing Orders are ready for distribution. Our Statutes Committee, Josephine Bartley, Isa Wilson and Agnes Colon are congratulated for their long, arduous and very successful efforts. Our Professional Committee members are working on a CICIAMS HANDBOOK. Our Finance Committee will be working on new structures for fees for all national members and the process for addressing non-payment of fees. In addition, they will develop a protocol for the application and usage of the Solidarity Fund. The Executive Board is addressing the need of an Ecclesial Advisor. Our very capable Secretary General, Geraldine McSweeney, has resigned. There is an ongoing search for a replacement. Gratitude goes to Josephine Bartley for her assistance at the General Secretariat. A request for funds from the Pius XII Foundation for a part time secretary has been sent. The Asian Regional Conference is in Singapore, September 2010. The European Regional Conference is in the planning stage. The English Speaking African Region had an excellent conference in Ghana, September 2008 where the CICIAMS 75th Anniversary was celebrated.

The newly appointed President of the Pontifical Council for Health Pastoral Care, H. E. Zygmunt Archbishop Zimowski is planning the annual Pontifical Council’s educational conference in Rome, November 2009. The theme is on the issues facing those who are deaf. The Council, at the request of our beloved Pope, is planning a 25th Anniversary Celebration of the Pontifical Council for Health Pastoral Care in conjunction with the World Day of the Sick in Rome, February 9-11, 2010. More information will be coming to your organizations via your regional presidents.

As CICIAMS continues it’s evolving and growing to become even more successful, we now take a moment to reflect on the passing of our dedicated, strong yet humble grace-filled leaders of CICIAMS, Miss Lilian Fiori and Mrs. Eileen Lamb. Our thoughts and prayers are with them and those who loved their “Angles of Mercy”.

Finally, at the closing of our World Congress your president was awarded the Pontificum Consilium Pro Pastoriali Valetudinis Cura Citta Del Vaticano Medal by Cardinal Barragan. She humbly accepted this award on behalf of you…each and every individual member who, with great devotion, serves God through CICIAMS and whose actions glorify God’s name.
The departure of cardinal Javier Lozano Barragán as head of the Pontifical Council for the Pastoral Care has been announced during the Easter celebrations. Sadness is shared by the Catholic nurses on this occasion as they are profoundly grateful to cardinal Lozano for the guidance he has given to them for so many years as well in the field of doctrine as the field of action. His numerous attendances and his participation in their world congresses has given many of them the chance to know him personally and, through his lectures, to better understand the necessity of cooperation between medical and nursing professors and those who take care directly of the sick; they have appreciated the increased expansion which cardinal Lozano provided to the initiatives of cardinal Angelini and the Pope John Paul II when the Pontifical Council has been created to the importance given to the development of the doctrinal dimension of the pastoral care, illustrated in well known books as Teologia e Medicina, Metabioethic and Biomedicine (CD in various languages are available of them). These books present the basic questions of the healing ministry which belongs without discussion to the Church as cardinal Ratzinger reminds us in the foreword to one of them. There is indeed a Christian vision of the health, an identity of Catholic nurses, an identity of Catholic Hospitals and Health institutions and a better familiarity with these notions will help nurses, farmacists and doctors to take a better understanding of their responsibility in the de facto situations which they have to face. The participation of cardinal Lozano to the world congresses and the lectures he has given on these occasions have allowed a wide diffusion of the conclusions reached during the scientific meetings during the various Days of the sick and above during the annual conference in Rome.

The best way for the health workers to show gratitude to cardinal Lozano is to provide his replacement, S.E. Mgr Zygmunt Zimowski the same confidence they sustained with him.
“Resignation of the President of the Pontifical Council for Health Pastoral Care and appointment of the successor”

S. E. Msgr Zygmunt Zimowski

The Holy Father Benedict XVI has accepted the resignation of His Eminence Javier Cardinal Lozano Barragán, from the office of President of the Pontifical Council for Health Care Workers (for Health Pastoral Care) due to age limit, and appointed Bishop Zygmunt Zimowski of Radom, Poland, to succeed him, elevating him at the same time to the dignity of Archbishop.

He was born in Kupienin (diocese of Tarnów, Poland), on 7 April 1949.

He was ordained priest on 27 May 1973 and incardinated in the diocese of Tarnów.

He obtained a Licence in Dogmatic Theology from the Catholic University of Lublin.

He obtained a Doctorate in Dogmatic Theology from the Theological Faculty of Leopold-Franzens University Innsbruck.

On 1 February 1983, he began service at the Congregation for the Doctrine of Faith.

He was appointed Chaplain of the Holy Father on 14 April 1988 and Prelate of Honor on 10 July 1999.

He was the Postulator of the Beatification and Canonization processes of Karolina Kózka, Rev. Roman Sitko and Sr. Maria Julitiae Ritz.

He taught Ecclesiology at the Catholic University of Lublin and the Stefan Wyszynski University of Warsaw.

He is author to 120 publications, 40 pastoral letters and some books, as well as several articles.

He was involved in the preparation of the Catechism of the Catholic Church, especially the Polish edition.

He collaborated with the Polish Section of the Vatican Radio.

Appointed by Pope John Paul II as Bishop of Radom on 28 March 2002, he was ordained by the then Prefect of the Congregation for the Doctrine of Faith, Card. Joseph Ratzinger, in the cathedral of Radom on 25 May 2002.

He has held the following duties in the Polish Episcopal Conference: President of the
Episcopal Commission for the Doctrine of Faith, Member of the Permanent Council, Delegate for the Pastoral Care of Polish Immigrants, Member of the Ecumenical Commission and the Group for Contacts with the Ecumenical Council of Poland, Member of the Group of Bishops for pastoral solicitude for Radio Maria and Member of the Polish Society of Mariology.

Besides the Polish language, he speaks Italian, German, English, French and Russian.

J. Joblin sj

In Memoriam of Miss Liliana Fiori

It was with great sadness that we received the news of the recent death of Miss Liliana Fiori from Milan, Italy, who devoted her life to the Nursing Profession, her Catholic Nurses’ Association in Italy and to CICIAMS. May she rest in Peace.

Miss Fiori served as Secretary General of CICIAMS for 12 years and as International President for 4 years until her retirement in 1994, mainly to look after her mother who was becoming frail. During her years working for CICIAMS her mother supported her by relieving her of all household duties to enable her to give her time to the onerous task of managing this International Organisation. The Secretariat was then located in Rome. She spent every second weekend there, working with Miss de Camillis, another very devoted member of CICIAMS. It was during this time that Miss Fiori developed CICIAMS into a truly International Organisation. She widened the network particularly to Africa encouraging catholic nurses who were members of their National Associations a sense of a worldwide presence. She was very careful in bringing their experiences, problems and preoccupations to the World Health Organisation and to the Pontifical Council for the Pastoral Care of Health Care Workers. It was she who inaugurated the tradition of having the President of the latter take part at our International Congresses—Cardinal Angelini initially and now Cardinal Lozano Barragan.

Miss Fiori was a quiet, gentle lady that was greatly admired and respected for her integrity, efficiency and determination to get work done. She was highly valued in the large teaching hospital in Milan in which she worked, evidenced by the wholehearted support she received during her years in CICIAMS.

It is not enough to recall Miss Fiori for her professional qualities. Her humanity was influenced by her Christian spirit. Those of us who had the privilege of knowing her will not forget the example she left us of a faithful member of the Lay Apostolate as laid down by Vatican II. The lesson she leaves to all of us is one of encouragement to renew constantly our dedication to Christ in our Catholic Nurses Associations.

She is survived by her sister Luciana and niece Elena.

JJ & JB
CICIAMS CALENDAR OF EVENTS 2009

October CICIAMS Executive Board Meeting

November Pontifical Council for Pastoral Care of Health Workers Conference

November 25 International Day for the Elimination of Violence against Women – (UN)

December 1 World AIDS Day – (WHO)

December 3 International Day of Disabled Persons – (UN)

The 75th Anniversary / 4th English Speaking Africa Regional Congress of CICIAMS

A. Introduction
B. Welcome Address by MRS. VERONICA BOATENG-ANTWI, NATIONAL SECRETARY OF THE CATHOLIC NURSES GUILD, GHANA
C. Speech from the Regional President Mr. Sello Komering
D. Speaker’s speech from HAJIA MARIAMA SUMANI, retired chief nursing officer, Ministry of Health Ghana
E. Speaker’s speech from Annie Adeodata F Appoh, Holy Family Nurses Training College, NKAWKAW Ghana
A. Introduction

Historical background

CICIAMS is classified as a private organization, recognized by the Ecclesiastical Authority, with close working relationships with the Holy See and all International Catholic organizations. In 1928 on the occasion of an International meeting in Basle, Switzerland, the Presidents of Catholic Nurses Associations of several countries decided to create an international; professional catholic organization. In 1933, the first Congress comprising nurses from as many as 10 countries assembled at Lourdes in France and from this emerged the international study committee of catholic nursing associations. By 1946 the committee had spread into the majority of countries and in that year, it adopted the title CICIAMS. C.I.C.I.A.M.S is a name coined from the initial letters of the same title in French – Comite International Catholique des Infirmieres et Assistantes Medico-Sociales. The English translation is International Committee of Catholic nurses & medico-social assistants. CICIAMS has five regional secretariats namely Asia, Africa which is divided into French Speaking and English Speaking, Europe, Cencamex and America.

English Speaking Regional Congresses

The first English speaking regional congress was held in Kenya in 1996. The second congress was held in Johannesburg in 2000 with a theme: Healing Africa. The third congress was hosted in Nigeria in Abuja in 2004 with a theme: Facing health challenges in Africa. The fourth is planned and will be hosted by Ghana Catholic Nurses in Accra, West Africa on the 16th to the 20th September 2008. The theme is: Dedicated nurses’ response to the health needs in Africa. Ciciams will also be celebrating its 75th anniversary.

Objectives of the 4th English Speaking Regional Congress of the Ciciams:

Create the awareness of the universality of the church and the health care workers obligation to build up the body of Christ not only in our communities but throughout the world
Promotion of and participation in the apostolate to the sick
Enable catholic nurse unique giftedness to emerge and to be shared for the up building of the community.
Improve treatment, care and support for people living with and affected by HIV and AIDS.

B. Welcome Address by MRS. VERONICA BOATENG-ANTWI, NATIONAL SECRETARY OF THE CATHOLIC NURSES GUILD, GHANA

CICIAMS is the French acronym for International Committee of Catholic Nurses and Medico-social Assistants. This congress being hosted by the Catholic Nurses Guild, Ghana is under the auspices of the Ghana Catholic Bishops’ Conference.
Venue: Ghana Institute of Management and Public Administration (GIMPA), Legon, Accra.

Theme: “Dedicated Nurses’ Response to the Needs of Africa.”

Rev. Frs., Rev. Sis., Rev. Bros., Sec. Gen., CICIAMS, Anglophone Africa Regional vice president CICIAMS, my dear colleagues of the noble profession of nursing, distinguished ladies and gentleman, all protocol duly observed.

The Catholic Nurses Guild, Ghana warmly welcomes you to this very important congress and anniversary celebrations. In fact, I feel very elated to see you in these numbers here tonight. I believe even more participants will join us later.

I wish to state that we in Ghana count ourselves highly privileged to be hosting this 75th Anniversary very significant twin event of the Anglophone Africa Regional congress and the Anniversary celebrations of CICIAMS. We shall, during this period deliberate on and celebrate our achievements while we assess our challenges and find ways to overcome them and forge ahead towards growth and development. The conference theme has been carefully chosen so that we may consider how we can improve on our professional performance.

The first time Ghana hosted this kind of event of was in 1969 at the Kwame Nkrumah University of Science and Technology, Kumasi.

The discussions and interactions at that gathering were considered by participants as very beneficial. Nowadays Africa is saddled with numerous challenges needing solutions promptly. The challenges include natural disasters, wars and various conflicts leading to displacement of people, which in turn results in illiteracy, unemployment, hunger and disease to mention a few.

As Christian nurses we are called upon to recognise and nurse Christ in the sick we attend to, recalling the words of Jesus’ “Whatsoever you do to the list of these brothers, you do unto me” — Matt. 25: 40. it is my fervent hope and prayer, therefore that this august gathering would come up with programmes and proposals that would enable us as nurses in Africa to respond to the numerous needs of our mother land with more dedication than ever before, so that through our efforts a positive difference may be realised in health promotion and disease prevention.

On behalf of the national president, the entire membership of the Catholic Nurses Guild, Ghana and on my own behalf I warmly welcome you all. I urge you to feel at home, enjoy the peace and hospitality our country, Ghana has to offer you. May I quickly add that you should not hesitate to contact any of the Ghanaian participants here in case of any need.

Once again, I say “Miawoezor”, “Akwaaba”, welcome to you all and may the good Lord bless us all. Thank you.
CICIAMS VICE-PRESIDENT FOR ENGLISH SPEAKING AFRICAN REGION

C. Speech from the Regional President Mr. Sello Komarang

The theme of the 4th English Speaking Africa Regional Congress of the CICIAMS, which happens to fall during its 75th anniversary, fits the trying times and difficult challenges that catholic nurses as health care workers face today. The theme “Dedicated nurses responses to the needs of Africa” implies that nursing is not only a profession but a vocation as nurses are called to fulfill the mission of healing ministry.

The origin and history of CICIAMS is known and recorded. It was in 1928, on the occasion of an international meeting in Basic, the presidents of the catholic nursing associations of several countries decided to create an international professional Catholic organization. In 1933, the first congress comprising nurses from ten countries assembled at Lourdes. On this occasion, the international study committee of catholic nursing associations was officially founded and the statutes approved and a committee was elected. CICIAMS is the international catholic committee of the nurses and the medico-social assistants. CICIAMS is classified as a private organization recognized by the Ecclesiastical authority, with close working relationship with the Holy See and all International catholic organizations.

We are indeed celebrating its 75th anniversary of its existence this year in the African soil. Gathered here in Accra, Ghana we need to reflect and appreciate the good work done with good intentions by those nurses who laid the foundation for us. It was evident in Africa region that there was a need to divide this huge continent into French Speaking and English Speaking region. The need was felt that in order to address the response to this challenge a demarcation was necessary not to discriminate or foster division. It is interesting that the 4th congress
addresses the response to the needs in Africa and further that it can only be done by dedicated nurses. The expertise of others like health care workers and religious and priests are needed to assist the dedicated nurses to fulfill their roles.

Endeavors from our region were previously put forward in 1996 when the first congress was held in Nairobi, Kenya. The second English Speaking Africa regional congress was held in South Africa in Johannesburg from the 18th to the 22nd September in 2000. The theme of the congress was “Healing Africa”. The giant of Africa Nigeria through its nurses hosted the 3rd congress in Abuja from the 20 to the 24 September 2004 with the theme “Facing the Health challenges in Africa”. Therefore the Africa catholic nurses are part of this international organization.

In the midst of all the headline news we walk our own streets, often oblivious even to the suffering of others in our own neighborhoods. We become accustomed to seeing street children, prostitutes, and gangsters on our streets. That so and so is getting divorced hardly ever surprises us any more. That somebody’s teenage daughter is pregnant is hardly a thought. In our hospitals we are becoming accustomed to the stabings, the beatings, and the messed-up abortions and our relatives and friends dying of AIDS. Our empathy can become routine and forced, often to try and satisfy a person’s feelings as best as we can and then get rid of them. While maintaining exterior “warmth” of saying the right things, our hearts remain detached from the real emotions and suffering taking place.

Yes indeed the program of the congress with its objectives well outlined and thoroughly thought will enable us not to remain cold and remote in all this issues. The consequences of the 4 commandment of love of God and neighbor mean that we continue to reach out to people. To offer consolation and strength, to be “compassionate” in the true sense, that is to “stand with “people in their suffering and to be in solidarity with them. To be gentle with people in their confusions and anxiety, to be understanding when there is anger and frustration, to show kindness to those who feel loneliness. If we feel overwhelmed by the enormity of our task to respond to the needs of our clients and patients, our own busyness and stress, then perhaps we have missed the point. It is not so much that show people kindness, that we are gentle with people, that we console them. The point is that we become the channel of the Risen Jesus to speak to people to comfort and console them.

I would like to take this opportunity to thank and congratulate the organizers of the congress and the anniversary. You really did a stunning job by ensuring that it does take place as planned. In the name of the visitors and participants I wish to thank you very much and heartily congratulate you upon success of the congress. God bless Africa.
DEDICATED NURSES’ RESPONSE TO THE NEEDS OF AFRICA.
By HAJIA MARIAMA SUMANI, retired chief nursing officer, Ministry of Health Ghana

INTRODUCTION
I deem it a singular honour to be given this opportunity to speak to you on this topic. I believe that many people did qualify to do justice to this topic but the mantle has fallen on me. Thank you for this honour.

I must admit that the topic is broad and cannot be easily exhausted without using up much time, unfortunately or fortunately, I have only 30 minutes so I shall try to deal with the salient points.

When we speak of modern medicine what do we mean? What is the genesis or evolution of modern medicine? I guess the substance of the topic gives me much room to manoeuvre.

Modern medicine as I understand it refers to allopathic or orthodox medicine. It is not traditional medicine though much of it is derived from traditional medicine. It is scientific because it can be proven through evidence-based study. It evolved over time and is dynamic. It is the modern healthcare system provided to individuals, families and the community. Indeed, Healthcare is present wherever there are human beings.

No one can be exact as to when it began because of its numerous contributors at different times of history. The origin of medicine arose out of sympathy of man towards its fellow man i.e. the desire of man to help those in sorrow, need and sickness. A well known medical historian, Dr. Payne indicated that “the basis of medicine is sympathy and the desire to help others and whatever is done with this end, must be called MEDICINE”. I believe that both traditional and modern medicine have this aim. Nonetheless Hippocrates is regarded as the father of modern medicine because he revolutionized and documented most of the medical events; thus newly qualified doctors swear the oath of Hippocrates. Florence Nightingale who is also regarded as the mother of modern nursing, started nursing out of her sympathy for the sick and the injured.

Components of modern medicine
There two broad areas of modern medicine:
• Preventive medicine — public health preventive and promotion strategies, nutrition, disease prevention/control etc
CHALLENGES OF MODERN HEALTH CARE TO THE NURSE

As earlier indicated modern medicine evolved over time and many factors have contributed and still contributing to how modern medicine should be. These determinants are many and varied; they also interrelate to bring about changes and challenges and these tend to impact on nursing positively or negatively. These include:

GLOBALIZATION: this is a concept used to describe the long process and tracking of the expansion of human population and the growth of civilization that has accelerated in the past 50 years. Globalization affects all facets of life be it economic, cultural, industrialization, information, transportation, political, social and ecological. Issues such as information is quickly shared among countries and people, rapid movements of people across borders, standardization across the entire divide etc. The aim of globalization is to foster international integration.

Though globalization has made it possible for nurses to share experiences globally, through the information super highway and movements, it has caused serious shortages in the nursing and midwifery professions because of the tendency of nurse professionals to migrate to the developed countries because the developed countries can pay more. Africa is the hardest hit and this scenario has caused work overload, burnout, stagnation or declining health indicators etc. (MMR&CMR)

With globalization there is knowledge explosion because of the volumes of information that one can access and this can be confusing so nurses will have to sort out which ones are relevant and those that are not. But the best way is to always think of patient and provider safety. It is no wonder that critics of globalization claim that it is beneficial to the designers only.

ADVANCEMENT IN TECHNOLOGY: improved technology in every sphere of life has brought in its wake automation in the health sector. This has simplified health care procedures (e.g. Electronic monitors, B/P apparatus, thermometers, hoists, hydraulic beds etc).

Technology has increased efficiency in capacity building and improved processes by way of standards and protocols formulation. It has also improved proficiency by the use of simulation in training and precision as in endoscopy and laser operations. Though these changes have improved patient care, they are challenges for nurses in Africa because they have no access to build capacity in these areas, for most African governments cannot afford some of them.
Great strides have been made in bio-medicine (pharmaceuticals), imaging, laboratory technology etc. There is also the issue of having to grapple with fake or substandard drugs and drug safety in the face of fewer Pharmacists.

Exposures to dangerous drugs, chemicals and radioactive substances during the care process with little protection are a threat. Provider and patient safety are sometimes compromised in the name of technology.

COMPLEX HEALTH CARE FINANCING: bio-technology, globalization and changing educational system of health care providers have all impacted on the cost of health services. Multiple buyers/payers of health services such as the health insurance schemes are demanding value for money services. Thus, quality of care has come into play. Though nurses and midwives very much desire to provide quality care, logistics constraint coupled with huge patient loads at the health facilities sometimes make this task very difficult.

CHANGING DISEASE-MIX: there is ever changing disease-mix, global epidemics that used to devastate human populations because man did not understand the germ theory and epidemiology of diseases are now understood. Combined with modern efficacious medicines and drugs and preventive strategies, notorious diseases such as Bubonic plague, Small-pox, Anthrax etc are either eliminated or under control. The magic of vaccines and medicines cannot be ignored. However, the control of most communicable diseases which has prolonged life has brought in its wake, degenerative diseases such as cardiovascular diseases, cancers, Diabetes, Hypertension etc. These conditions are also attributable to lifestyle. These conditions are chronic and require long treatment and stay in hospitals and this has aggravated the workload situation.

Emerging and re-emerging diseases such as HIV/AIDS, Hepatitis B, Ebola fever, Evian flu, TB pose great threats to nurses’ health because they are exposed and in some instances not adequately protected. Thus, caring for such conditions by health workers especially nurses are risky and coupled with poor infection control practices the risk is even greater. The health care needs of populations therefore keep on changing and nurses will have to find innovative means to provide care without contracting some of the diseases.

INCREASE AWARENESS OF HUMAN RIGHTS: as medicine evolves so are the fundamental human rights of patients. The constitutions of Ghana, UN Convention on Human Rights all state that the people of a nation have the right to basic health care. As such medical ethics have to change for the provider to respect these changing rights.
The patient charter and code of professional ethics produced by the Ghana Health Service attest to this fact. The day when patients were regarded as vessels into which information and instructions were poured without their involvement is history. Patients are now very much aware of their rights.

Increasing medico-legal issues with no indemnity for health workers is becoming problematic. Therefore nursing ethics and practices must necessarily change to reflect these rights and nurses must be made aware of any new development.

**CHANGING PROFESSIONALISM:** there is now huge investment in the training of medical personnel and the level of training keep on changing according to changing educational trend globally. This in no way has influenced modern nursing. The nurse of today is not only a care provider but a researcher, manager and a social worker, who should undertake evidence-based practice. Because of changes in professionalism globally, nursing is moving from generalization to specialization. It should be possible for nurses to specialize in all spheres of medical specialization such as Oncology/pain management, Haemodialysis, Cardio-thoracic etc in addition to the conventional specialization as in midwifery, public health nursing, Eye, ENT, Psychiatry. These specializations should be to the highest level possible to add value to the professional practice in the clinical areas.

**POLICY SHIFTS:** modern health care is regulated by the various professional bodies, the state and the International bodies. Though, these policies are aimed at enhancing efficiency and protecting the consumer/provider, they are sometimes contradictory to each other and will require good interpretation to harmonize their operations.(e.g. abortion law, issues of confidentiality, Euthanasia). There are instances where policy on health service delivery change frequently and focus will have to change. (Medium-term strategic plans with performance targets). The challenge here is when there are no corresponding inputs to achieve these targets.

**THE WAY FORWARD**

- Nursing /midwifery should be recognized as autonomous professions within the health sector and nurses and midwives must uphold this jealously. (no inferiority complex)
- Nurses/midwives must be well-informed of current health and health-related issues so that they would strategize their functions for effectiveness.
- Continuous education both in theory and practice and research to improve on patient care must be encouraged.
- Inter-sectoral collaboration with other health and health related professions to achieve total patient care should be the norm.
- Specialization instead of generalization should be encouraged
- Effective use of communication and technology would enhance the professions but should not replace the human touch.
• Clinical nursing/midwifery should not be neglected. Higher education in nursing/midwifery should be used in providing clinical care not otherwise.

CONCLUSION

In conclusion, I will stress that, modern medicine has been influenced greatly by globalization. And whether we like it or not changes of this process will keep on posing challenges for the nurse of today. With dedication and innovativeness the nurse would be able to use the factors of globalization to provide cost-effective care. The challenges of modern medicine can be managed in way that quality care would not be compromise. We should also be mindful not to over-indulge in technology to the extent that that human touch of the nurse is lost. And I buttress this point with a quotation from the Princess Royal “.....Technological improvements do not do away with the importance of having that link with an individual, that response from another human being, which is what nursing perhaps defines most clearly.” (HRH, The Princess Royal of England).

THANK YOU FOR YOUR ATTENTION.

E. Speaker’s speech from Annie Adeodata F Appoh, Holy Family Nurses Training College, NKAWKAW Ghana

God make me to know Him, Love Him and serve Him

By Annie Adeodata F Appoh, Holy Family Nurses Training College, NKAWKAW Ghana

Introduction

In learning catechism to receive the Sacraments, we learnt that God made us unto his image and likeness. He made us to know him, love him, serve him and to be happy with him in the next”.

Knowing God means knowing who he is, his makeup and attributes and every thing about him. The bible teaches us that God is one and only one personal all — powerful all — knowing all — loving, the Creator and Lord of everyone and every thing and yet exists distinct formed beyond the whole universe. (Is 41: 21 —24, 43: 10— 13, 44: 8) The NT reveals that God is a family of three persons and one nature. The Trinity the
doctrine of the Trinity is usually summarized in phrases such “three persons, one God,” emphasizing three distinct aspects of God but insisting they are all of the same substance, not three separate gods.

Love or Charity is one of the theological virtues, the word Charity traces to the Latin word Caritas meaning dearness or a high level of affection. This particular virtue enables people to love God and others unselfishly and without condition, as they themselves would want to be loved and deeply cared for. Sharing with the needy or helping those who have problems have been seen as the basic ways of being charitable true Christian Charity also includes offering prayer and good deeds for those who have died and love entered purgatory.

In Service, one becomes a servant to the one been served. The servant is a person who is subjected to his master. Is 42: 1 — 4 describes who the Servant of the Lord is and his duties. This passage tells us that God does not save through force, power and violence as people do, but through kindness, respect for others, and the giving up of one’s own life. This replicated in the life of out Lord Jesus Christ. The Servant is full of Mercy and Compassion.

In the same way the nurse is committed to knowing the patient, loving the patient, serving the patient and helping him/her to be happy in the next, Information is collected by the nurse and other healthcare professionals. The database enables a comprehensive and effective plan of care to be designed and implemented for the patient the collection of patient data is a vital process because the remaining steps of the process depend on complete, accurate factual and relevant data.

Serving the Patient

In implementing care, planned nursing actions are carried out. The purpose of implementation is to assist the patient in achieving desired health goals: promote health, prevent illness, restore health and facilitate coping with altered functioning. The plan of care is best implemented when patients who are able and willing to participate have maximum opportunities to provide self care. Family members and other support people be involved in the successful implementation of the plan of care but that does not mean the nurse should make the family members carry out all work. When implementing the plan of care, nurses function independently, dependently and collaboratively.

Nurse-initiated interventions or independent nursing actions involve carrying out nurse-prescribed interventions written on the nursing care plan as well as any other
action that the nurses initiate without the direction or supervision of another healthcare professional and that results from their assessment of patient needs. Nurses are legally accountable for their assessment and their nursing responses.

Physician-initiated intervention or dependant nursing actions involve carrying out physician prescribed orders. Nurses are still accountable for dependent orders they implement and are thus responsible for clarification of any questionable order. Collaborative interventions or interdependent nursing actions are those performed jointly by nurses and other members of the health care team.

*Who is the Patient*

The patient is any person who receives medical attention, care or treatment. The person is most often ill or injured and is in need of treatment by a physician or other medical professional. Health Consumer, Health Care Consumer and Client are other names for the patient. A patient may come to the hospital or doctor for diagnosis and/or therapy and then leaves again. This is an outpatient. The in-patient on the other hand, is admitted to the hospital and stays overnight or for an intermediate time usually several days, weeks or decades.

*Knowing the Patient*

Knowing the patient under the nurse’s care is by conducting a thorough Assessment. Assessment is the systematic and continuous collection, validation and communication of patient data. The initial comprehensive nursing assessment results is baseline data that enables the nurse to make a judgment about a patient’s health status, to manage him or her own health-care and need for nursing, to refer the patient to a physician or other health care professional if indicated, and to plan and deliver individualized, holistic nursing care that draws on the patient’s strengths. In addition to initial assessment of the nurses, ongoing assessment alerts the nurse to changes in the patient’s response to health and illness and suggests necessary changes in the plan of nursing care or care offered by other health care professionals. Ongoing nursing assessment may be problem focused, time lapsed or emergency based.

During assessment, the nurse establishes the data base by interviewing the patient to obtain a nursing history. The nurse may also perform a nursing examination to collect data. Sources of patient information used by nurse include the patient’s support people, patient records, other health care professionals, and nursing and other healthcare literature. After the nurse has established the database, data about
the patient are collected continuously because the patient’s health status can change quickly.

All pertinent data are recorded and when appropriate, communicated to other health care professionals so that data can best benefit the patient. A database includes all the pertinent patient.

Loving the Patient

Many patients lack the knowledge and self-care abilities they need to achieve their health goals. To work effectively with these patients, nurses must be skilled teachers and counselors. Both roles require strong communication skills. The basic purpose of teaching & counseling is to help the patients and families develop the self-care abilities (knowledge, attitude, and skills) that enable them to maximize their functioning and quality of life or dignified death. When skillfully used by nurses, teaching and counseling are powerful tools for helping patients achieve health goals. Teaching provides the knowledge patient need to make informed health care decisions and implement a plan of care. Counseling provides the resources and supports patients need to participate actively in self-care.

Nurses assume the role of the teacher when patient have identified learning abilities. This teacher-learner relationship is enhanced by the helping relationship in which mutual respect and trust are established. The nurse builds up this trust by sharing information the nurse and patient have mutually identified as important. The patient may ask for this information or the nurse may initiate teaching after assessing and diagnosing learning need. Counseling is the interpersonal process of assisting patients to make decisions that promote their over all well being. The interpersonal skills of warmth, friendliness, openness, and empathy are necessary for successful counseling. An effective counselor needs to be a caring individual. Caring is based on humanistic philosophy (Watson, 1985) which is the core of nursing practice. A humanistic approach to counseling rooted in professional caring helps the patient strive toward the greatest health potential. Caring is important in all nursing roles but is fundamental in the counseling role. In counseling situations, the nurses does not tell the patient what to do to solve the problem but instead assists and guides problem solving or decision making.

Being Happy With Him in the Next

The patient is a complex being, influenced by and responsive to both the internal and external environments. His behavior, his feelings about himself and others his values and the priorities he sets for himself all relate to his physiologic and
psychosocial needs. These needs are essential to the health and survival of all people, hence they are labeled basic needs. Basic needs can be met or unmet in a variety of ways. A person can meet some needs independently, but most needs require relationships and interactions with other people for partial or complete fulfillment. Satisfying one’s needs other depends on the social environment especially one’s family and community.

Abraham Maslow (1968) developed the hierarchy of basic needs that can be used to consider which needs of a person are the most important at any given time. Certain needs are more basic than others and must be at least minimally met before other needs are considered. These basic needs are physiologic, safety and security, loving and belonging self-esteem and self-actualization.

Nursing care in often directed toward meeting unmet or threatened needs. Maslow’s hierarchy provides a framework for nursing assessment and for understanding the needs of the patients at all levels so that interventions to meet needs become a part of the plan of care.

According to Shelly and Fish (1988), there are three spiritual needs underlying all religious traditions and common to all people.
1. The need for meaning and purpose
2. The need for love and relatedness
3. The need for forgiveness

Although nurses may differ in their beliefs about how involved they should become in meeting patients spiritual needs, it is impossible to nurse individuals well while ignoring the spiritual dimensions of health. Nurses can assist patients to meet spiritual needs by offering compassionate presence, assisting in the struggle to find meaning and purpose in the face of suffering, illness and death. Fostering relationships with God and humans that nurture the spirit and facilitating the patient’s expression of religious or spiritual beliefs and practices.

The nurse’s gift of supportive presence must underlie all other types of intervention to meet spiritual needs. Supportive presence communicates value and respect. The patient who senses that the nurse is sincerely concerned and committed to helping meet human needs is better able to participate in the plan of care. Patients who experience respect and affirmation from nurses find it easier to hold spiritual beliefs that meet their needs for meaning and purpose, love and relatedness and forgiveness. Most terminally ill patients find great comfort in the support they receive from their religions faith. The nurse should aid in obtaining the services of the clergy as early situation indicates. The nurse should not impose his or her beliefs.
on the patient but should let the patient know that his beliefs are important. She should arrange for visits from a spiritual adviser if desired.

In conclusion the nurse must know that the patient is made in the image and likeness of God. Thus in knowing, loving and serving God, and willing to be happy with him in the next, she does the same for the patient who is also made in the image and likeness of God.

Your remarks

Kindly send to

CICIAMS General Secretariat, St. Mary's, Bloomfield Avenue, Donnybrook,

Dublin 4. IRELAND

or email us at ciciams@eircom.net

Message from the Editors

This is the 2nd edition of Ciciams News which can be browsed through the internet. We have marked it on the front page 2009/2. It is a bit lengthy on the whole, and was compiled in a hurry, but we hope you would spare some time with us and passed it on to your good friends. We end it with a little prayer from Little Therese that we can say all together:
MY NOVENA ROSE PRAYER

O Little Therese of the Child Jesus, please pick for me a rose from the heavenly gardens and send it to me as a message of love.

O Little Flower of Jesus, ask God today to grant the favors I now place with confidence in your hands . . . .

(Mention specific requests)

St. Therese, help me to always believe as you did, in God's great love for me, so that I might imitate your "Little Way" each day.

Amen.

Society of the Little Flower
1313 Frontage Road
Darien, IL 60561-5340
800-921-2888

The Monastery of Mount Carmel
Society of the Little Flower
7021 Stanley Avenue
Niagara Falls, ON L2G 7B7
800-922-7822

V5816