

“Medicine does not have to cure the poor”. The thought of Giovanni Bianchi (1693-1775)

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The Report “Universal health coverage” of the Director-General of the WHO indicates that “at least half the world’s population still lacks access to essential health services; some 800 million people spend more than 10% of their household budget on health care; almost 100 million people are pushed into extreme poverty each year because of out-of-pocket health expenses” (1).

World Health Statistics of 2018 indicate that each year, billions of dollars are spent on research and development into new or improved health products. However, low-income countries received only 0.3% of all direct grants (2).

Children from disadvantaged environments and exposed to a range of early childhood adversities are at increased risk for chronic health problem (3, 4).

Does medicine have to cure everyone in need? Today, the debate on this issue is characterized by different positions that are confronted with the limits of the laws of the economy and bioethical principles in order to trace the boundaries between what can be offered and to whom, compared to what we must renounce to offer. Socio-economic inequalities are linked with unequal exposure to social, economic and environmental risk factors, which in turn play an integral role in influencing on health inequalities (2).

The doctor Giovanni Bianchi (Rimini, 1693-1775), one of the great Italian doctors of his time, had no doubts. He was convinced that it was futile and unjustified to treat poor people and to admit them to hospital. No one should have to invest medical knowledge, labour, and money in the poor. He was satisfied in asserting his thoughts especially in his writing; the

doctor should let the poor die and to only take care of people of rank, nobility or wealth. He had written this several times. In particular, in a letter dated November 13th 1759 to Leopoldo Caldani (1725-1813), he considered the inoculation of smallpox for the poor who, he believed, represented an unjustified burden on the State, and that it would have been better to let them die. “Here we have too many insignificant unemployed people, that serve as a burden on the State, so I think we can call on providence that many of them perish, as it would be dangerous to nurse their health in a hospital” (5). Despite breathing the atmosphere of enlightenment, the Italian doctor, also aware of the teachings of Bernardino Ramazzini on occupational diseases, did not seem to observe the dictation of Hippocrates and for this reason he disgusts us as this, in our eyes, is deplorable insensitivity. But, he was not the only doctor to appear cruel. Probably, the same insensitivity was shared by other doctors and it was also found to be an abundant opinion in other powerful people of that time.

From this, we know that a physician, through ignorance or indifference, was willing to let labourers die and not grieve. But if a person of rank succumbs to death in his hands, he is inconsolable and spends days justifying and consoling himself. In the message for the Second World Day of the Poor on the 18th November 2018, Pope Francis remembers “the poor hear voices scolding them, telling them to be quiet and to put up with their lot. These voices are harsh, often due to fear of the poor, who are considered not only destitute but also a source of insecurity and unrest, an unwelcome distraction from life as usual and need to be rejected and kept afar” (6).

Is the logic of exclusion just a problem of the past? Do medical practitioners of today have the courage and the strength not to appear as equally insensitive?

Conflict of interest: Each author declares that he or she has no commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article

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