

## The rebirth of health system in Italy after COVID-19 pandemic: starting points

Alessandro Guido Actis<sup>1</sup>, Gianpiero Actis<sup>2</sup>

<sup>1</sup>Italian Public Health System, ASL Città di Torino and ASL Torino 3; <sup>2</sup>Already Ophthalmic Hospital of Torino - ex ASL Torino 1

To the Editor,

Italy is experiencing the worst crisis since the second world war. Its national healthcare system, considered excellent all over the world, has risked a collapse (1). A few more thoughts than already pointed out on this journal (2,3) can be useful for the current debate.

The national health services and health protection are pillars of European democracy. The delicate balance between health measures and economic, social and psychological consequences (2) for citizens is nowadays at the basis of our society and freedom (2-4).

The emergency chain of command should be clear, fast and – respecting regional differences - its management should be more centralized (1,5). In the event of a public health risk, the crisis unit of the health ministry should promptly give clear guidelines to the territories concerning personal protective equipments (PPE), therapy, drugs. This is fundamental when evidence based medicine cannot yet come to aid our clinic and fake-news can create disorders. A national emergency group consisting of a representative for each medical specialization, activated in a very short time, could be used to draw up guidelines that general practitioners and territorial specialists can use immediately. This group, in turn, using sentries at regional level, can itself request the activation of the crisis unit. The territory needs to be strengthened in terms of number of doctors.

A new list of essential medical instruments, drugs and PPE must be drawn up; an adequate stock must be set up and stored, i.e. in national army depots; production of such stock must be encouraged at national level (this helps also Small Medium Enterprises).

A national health service census is fundamental for two reasons. The first one is to establish the exact

number of departments and machinery needed for any type of health emergency. At the same time this is important to discover deficient areas and the necessary hospital recruitment for normal activities, certifying with transparency the economical funds to request. The second reason is that we must put the “medical doctor” back at the middle of the system itself, valuing the individual professionals. Each department head in chief should indicate and network visible and bookable services defined “premium”. Lets have some examples. If there is a good pediatric allergist in a peripheral hospital, this should be enhanced at a regional level. An ophthalmologist who deals with uveitis or glaucoma in a small city hospital is precious also for patients living in the larger towns of that area. Even in small and peripheral areas we have excellences that are little known and little valued. In Italy this can be reached boosting up and networking regional health booking services.

Excellence and wisdom, in a strong alliance of both politics and medicine, are fundamental to win this fight.

**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

### References

1. Armocida B, Formenti B, Ussai S, Palestra F, Missoni E. The Italian health system and the COVID-19 challenge. *Lancet Public Health*. 2020 Mar 25. pii: S2468-2667(20)30074-8. doi: 10.1016/S2468-2667(20)30074-8.

2. L'Angiocola PD, Monti M. COVID-19: the critical balance between appropriate governmental restrictions and expected economic, psychological and social consequences in Italy. Are we going in the right direction? *Acta Bio Med* 2020; 91(2). Available from: <https://www.mattioli1885journals.com/index.php/actabiomedica/article/view/9575> (accessed April 25, 2020).
3. Signorelli C, Scognamiglio T, Odone A. COVID-19 in Italy: impact of containment measures and prevalence estimates of infection in the general population. *Acta Biomed.* 2020 Apr 10;91(3-S):175-179. doi: 10.23750/abm.v91i3-S.9511.
4. On being human in the face of a pandemic. *Nat Cancer* 2020; 1: 371. <https://doi.org/10.1038/s43018-020-0062-2>.
5. Sebastiani G, Massa M, Riboli E. Covid-19 epidemic in Italy: evolution, projections and impact of government measures. *Eur J Epidemiol.* 2020 Apr 18. doi: 10.1007/s10654-020-00631-6.

Received: 28 April 2020

Accepted: 13 May 2020

Correspondence:

Alessandro Guido Actis, MD, PhD, Ophthalmologist,

ASL Città di Torino and ASL Torino 3

Via f.lli Carle n.7 - 10129, Torino, Italia

Tel. 0039 392 2259680

E-mail: [alessandro.actis@gmail.com](mailto:alessandro.actis@gmail.com)