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Are there positive lessons for Italy's NHS resulting from the Covid-19 pandemic?

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Abstract

The authors evaluate the importance of prevention measures and health care from their own experience and briefly analyse the factors that may have contributed to the rapid spread of Covid-19 in Italy, and hope this will feed into appropriate and new and improved health policies.

Keywords

Covid-19, coronavirus pandemic, health care, health policies, lessons

Covid-19, the 21st century's worst health emergency, has exposed flaws in health care policies and prompted different and complex levels of analysis on many issues. These range from how it is affecting our interpersonal relationships, psychological responses, to social, ethical, political and economic issues.

On 9 January 2020, the World Health Organization (WHO) declared the isolation of 2019-nCov (known as Covid-19: corona virus disease 2019) which was linked with an outbreak of recorded cases of pneumonia from 31 December 2019 in the city of Wuhan (China). On 30 January 2020, WHO declared that the Covid-19 epidemic was an international public health emergency.[1]

The Italian government initially minimised the threat posed by the virus and failed to impose restrictions on movement or other controls and so created a false sense of security that allowed the virus to spread, under-estimating the disease which was considered as a trivial type of flu.[2]

By the same token, the WHO guidelines were deficient and late, only declaring it as a pandemic on 11 March 2020 with unclear advice about the use of masks which were, it initially suggested, used only by symptomatic people and for those who were caring for Covid-19 patients.[3]

In Italy, the first legislative provision, dated 28 January 2020, prescribed generic preventive measures such as repeated hand washing, use of personal protective devices (PPD) as well as the disinfection of public and private areas, and workplaces, etc.[4]

In the pre-emergency phase, there was some advance planning which included ensuring there was an increased supply of PPD, such as masks and gloves which had to be made available to health care workers, the monitoring of sanitation systems, identification of appropriate pathology to identify infected people or those suspected of having the virus, increasing the number of hospital beds and health professionals and improving and expanding intensive care units (ICUs). However, these plans were not activated so when the virus attacked the country it was not prepared for what ensued.

Advance planning should have organised a national reserve of medicines (antivirals, vaccines, antibiotics), diagnostic kits, PPE and other technical support for rapid deployment in the first phase of the emergency, a first step in countering the pandemic.

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Instead, as the pandemic hit there was found to be a lack of medicines, some health facilities were inadequate and there was a shortage of advanced prevention devices (FFP2 and FFP3 masks – Filtering Face Pier) needed for health care workers who were in the front line and the most vulnerable group who, if they became infected, were themselves a dangerous source of infection.

Unfortunately, the pandemic arrived sooner and faster in Italy than in other countries and for this reason the late application of firm and immediate directives to slow the spread of the disease led to serious consequences.[5–7]

Epidemiological data, collected in Italy to date 6 April 2020, record the total number of cases of Covid-19 as 139,422 with 95,262 testing positive and 17,669 deceased. There are variations in the different regions and a predominance in Northern Italy (Lombardy, Emilia-Romagna, Piedmont), where mortality was higher than elsewhere.[8]

The death rate from Covid-19 has been higher in Italy than other European countries, especially its northern regions, for several possible reasons: the method of counting which included the deaths of people who died only from Covid-19 and people who died with Covid-19 but had other serious diseases; there is a relatively high proportion of older people in the population, bad environmental conditions and pollution present in Padania (Lombardy, Emilia and Veneto). In addition, Italy was the first European country to be affected by the disease, allowing little time to implement procedures for testing for the virus. Very soon, the northern regions had overflowing ICUs and hospitals forced many people to deal with their illness at home which was not always effective with many patients suffering with the most serious Covid-19 symptoms hospitalised who also often had irreversible failing clinical conditions.

The severity of the pandemic, with tens of thousands of people soon infected and a high death toll along with the collapse of health facilities under the strain of the influx, forced the Italian government to impose strict and severe restrictions and the closure of all but essential production and shops which is causing huge economic damage.

Currently, the trend appears to be decreasing for new infections so the restrictive measures resulting from decrees issued from 7 March onwards, and most especially the "stay at home restrictions", have improved the situation and could reduce the numbers coming into hospital and the overcrowded ICUs.[9]

In conclusion, we do not think it is useful to start the blame game with any particular people being held responsible. What we do believe is that the Covid-19 crisis should lead to a re-evaluation of the role of health workers and the role of prevention measures, which are often underestimated but could provide important ways of improving health care services and practices and reducing morbidity and mortality.[10,11]

This is an opportunity that must be taken to create new health models and to implement health-related policies, changing from the last decade in Italy when we lost a large amount of health funding needed to maintain hospitals and pay health professionals resulting from the need to limit and control public spending and the EU directives.

Consistent management choices and a strong political commitment will be needed to create a more sustainable system for the long term. We must hope that the catastrophic Covid-19 pandemic will at last bring about a positive and real improvement in the organizational management of health care facilities and not allow all the sacrifices made by so many for so long to be forgotten.[10]

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Coronavirus Act 2020: An overview by a lawyer interested in medico-legal matters

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Abstract
The Act and the regulations. How long they might last. The suspension of the renewals. Enforcement and the role of the police. Protection of whistleblowers. The trial scene. The ultimate impact.

Keywords
Impact, suspension, safety, liberty, trials

The Act appears to have five principal aims:

- To increase the available health and social care workforce
- To ease the burden on frontline staff
- To slow and contain the virus
- To manage the deceased with respect and dignity
- To support people (especially the vulnerable, namely those 70 or older, those with an underlying health condition, and pregnant women)

In general terms, Government and Parliament hope to limit the spread of the infection and to contain the pressure on the key services, and especially to prevent hospitals being overwhelmed. Very extensive powers

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