

Personal View

Some reflections on organizational profiles in Italy in the time of COVID-19

Carlo Bottari

Full Professor of Health Law, University of Bologna, Bologna, Italy

E-mail: carlo.bottari@unibo.it

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Italy, after an initial phase of uncertainty and superficiality, suddenly found itself largely unprepared in the face of the cyclone that broke out in a very short time due to the irrepressible spread of coronavirus infection.

Lacking, in most structures, the prevention plans, having not taken into account previous experiences - SARS, avian flu, BSE, Ebola (solved thanks to a UN intervention) - the defensive lines we had in Italy have not proven to be adequate: structures, e.g. operational units of respiratory care, intensive care units and resuscitation units. The minimum essential equipment of masks, suits, fans, tampons, etc., came to be lacking in a very short time.

But the most felt and decisive deficiency was represented by the lack of selection and separation: in brief, ‘territorial health’, which should have contained the first wave, provided the first care and intervened with an immediate selection between those who stay at home, keeping strictly under control from the danger of spreading the contagion, and who to postpone. This would have included the subsequent filtering of access to the emergency rooms, to essential hospitalizations and graded depending on the severity of the patient’s condition. This is a very far-sighted area of health, which has already been introduced by laws in some communities but has never been widely implemented, but which, quite rightly, reconsidered the need for close integration between health care and social care.

All this was largely due to a clear unpreparedness in governing the situation at all levels:

- International level: unjustifiable delays on the part of international organizations for these purposes, starting with the UN, which in this case left the scene at the WHO, with all that came with it. Delays in the recognition of the phenomenon, lack and inability to manage, coordinate and monitor.
- European level: not only a total indifference to the cyclone that was falling, but an even worse evident displeasure with the search for shared solutions.

Experience teaches us that situations of this kind, which spread in a very short time like wildfire, require immediate participation, on the part of all, consciously and transparently shared. If even only one state

withdraws, general barriers become weaker and weaker! The lack of a suitable directors post at a European and global level has meant that every state, selfishly, ended up thinking about itself, building walls rather than seeking shared solutions, abruptly sending seventy years of commitments and hard work to build a common European market (which bitterly demonstrated its inconsistency, as shown by the unpleasant decisions at the time of the supply of masks) and to create a European unity of which, for months, we have no trace.

But the same unpreparedness to govern with a firm hand what was obvious with increasing drama, was lacking also at the national level, precisely because of the fear and unpreparedness that took over.

Problems with legal sources, overlaps, contradictions between laws, flourishing of political speculations that were opposed to the care of the real needs of the population: motivations, these and others, as a result of the weakness of the central power.

Do not underestimate the recurring and inadvertent confusion that has been made between the protection of public safety and the protection of health: the two plans do not always coincide and lead to problematic situations relating to the relationship and the consequences between the different regulatory sources.

And fortunately, the Italian population has proved to be much more disciplined and attentive, much more mature, than one might have thought; and - it should be stressed - this has been the case mainly in the country's south and the centre, again contrary to what one might have been imagined.

And I cannot deny that some regions showed a capability and resolution that they can deal with the phenomenon, quickly and appropriately; regions that have then encountered successive limits and which have been able to contain, fortunately, a worse evolution, paying an unwanted price, with the fundamental contribution of the private citizens! Of the comforting results, then, achieved in the territories most affected, we must give convinced and indisputable credit to the generosity, availability and professionalism shown, beyond their institutional tasks, by many operators continuously engaged in hospitals and in many health facilities (in this regard some reflection should also be made with regard to the training of doctors, and perhaps also of other professional profiles), in the pharmaceutical service, in government institutions, and along the streets.

We enter the so-called "phase two" with the necessary and indispensable precautions, despite the speculation or recklessness of many who should show greater responsibility and who, conversely, seem to want to pursue goals that have nothing to do with the protection of the health and well-being of the community.

The recovery can take place by following well-defined paths.

The possibility of a resumption of the infections must be monitored and, therefore, relate the various reopenings to the defense lines in place today. Reopenings have been planned on the basis of the number of citizens who are put back on the move and who are, consequently, exposed to hazard.

Why does Germany, unlike Italy and the other countries close to us, report a very small number of deaths? Reading the information available, a fundamental fact emerges: compared to Italy's six thousand places in intensive care, Germany had twenty-eight thousand of them! Today we have over eleven thousand, thanks to the new structures that have been built in a very short time.

Above all, we have slowly and with great effort (completely understandable) reactivated territorial health departments and identified first-intervention therapies that allow us to decrease and regularize flows, maintaining a minimum control of the population, which probably will be supported by specific web based tools.

It is useless to try to force the situation, because the consequences could be worse than expected and result in a situation of real difficult management.

And here we go back to the starting point. A further effort is required to enable those who are assigned the task, not for their political merits but for study and acquired professionalism, relevant to the situation, to decide with prompt and undisputed authority, taking into account the dramatic economic situation.

If we read the latest articles of the D.P.C.M. (prime minister decree) of 26 April 2020 some doubts arise.

Among all the measures taken (which should perhaps be communicated more clearly to the citizens) to ensure graduality, opportunity and adequacy of interventions, vigilance is attributed to the meritorious activities of the Prefects (whom it was once suggested should be discounted!) who use, for this purpose, all the police forces, the carabinieri, firefighters, army and so on. This supervision must also be considered to be extensive in relation to the measures taken at local, regional and municipal level, in the legitimate expectation that they do not stand in clear contrast or contradiction with those of government.

In case of the first sign of failure - e.g. in case of an evident rise of the infections with consequent dangerous re-circulation of the virus, ascertainable using the parameters readily adopted by the Minister of Health - is the responsibility of the President of the Region, on express advice shared by the Provincial Committees for the Protection of Order and Public Safety, to make the request to the Minister of Health to immediately arrange the measures.

Hope is placed in the reliability of this complex and cumbersome procedure, not without the likely and challenging obstacles, which can be prevented only with real sensitivity to the collective interest and a deep conviction of belonging to a true social community.