

Crisis of the Italian Emergency System

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Italian Emergency System aims to guarantee all citizens, in conditions of equality, universal access to the provision of health services, in implementation of Article 32 of the Constitution.

Emergency System guarantees the extension of health services to the entire population, without distinction of individual, social and economic conditions.

Italian Constitution provides for the legislative powers of the State and the Regions for the protection of health. Minimum levels of assistance (LEA) which must be guaranteed throughout the national territory but the Regions plan and manage healthcare in full autonomy within the territorial area of their competence.

Different social, geographical, economic and administrative realities of our country often lead to different models of territorial assistance. But in each of these models, emergency medicine appears as an essential piece of care.

In order for this important sector of public assistance to be qualitatively adequate, the specialization school in Emergency Medicine was established in 2009. It aims to train doctors capable of guaranteeing the correct clinical classification and management of the patient in emergency room.

In the last 10 years, Italy has witnessed a progressive defunding of the National Health Service, with over 37 billion euros in total funding promised over the years by governments and not implemented or reduced: around 25 billion in 2010 - 2015 due to cuts resulting from various financial maneuvers and over 12 billion in 2015 - 2019 when, due to public finance needs, fewer resources were allocated to Healthcare than planned.

Furthermore, in the last 20 years, the number of hospitals and beds have been significantly reduced, especially in the public sector, increasing the share of the private sector which, however, does not provide emergency services.

In 1980 there were 922 acutely ill places for every 100,000 inhabitants. According to WHO data in Italy, from 1998 to 2013 the number of beds for acutely ill patients almost halved, going from 535 to 275 for every 100,000 inhabitants. Today we are under countries like Serbia, Slovakia, Slovenia, Bulgaria, Greece.

A political choice due to the presence of an increasingly elderly Italian population with chronic diseases; it was decided above all to strengthen territorial and home assistance, trying to avoid hospitalization.

At the same time, a rationalization has been implemented which has envisaged the closure of small hospitals by virtue of an increase, unfortunately often not achieved, of places in larger hospitals with more specializations. Following this reduction in beds and the closure of small hospitals, retired doctors have not been replaced.

In general, therefore, the cuts to healthcare have led to a drop in the number of healthcare workers, especially in the public sector.

The shortage of healthcare workers has led in recent years to the poor distribution of workloads, with stressful shifts, also exacerbated by the recent COVID emergency experienced; to date we must take into account the lack of almost 5,000 doctors in the Italian emergency departments.

But despite the objective, qualitative and quantitative needs, the number of students enrolled in the specialization school is largely insufficient. In 2022 alone, around half of the places available in the emergency medicine specialization were lost due to lack of requests.

Perhaps the time has come to ask yourself what is happening and to make a healthy self-criticism.

During these years the doctor has had to submit to frustrating conditions and decision-making marginalization, the result of political and economic projects aimed solely at saving.

The structural and operational deformation of the medical figure probably has its roots already in the university faculties that remained impassive and inexpressive spectators in the face of the crisis of the health system.

Furthermore, the training of the emergency doctor in Italian universities has seen a succession of confused and heterogeneous paths in the various cities; often the young doctor had to take personal initiatives in his own training, based on ideological rather than realistic, hypertrophic and self-referenced visions.

A siren song made up of illusions and promises, however never kept, of professional visibility and career growth, which especially flattered the younger performers who soon however had to deal with the daily reality of a highly risky job, privative in terms of personal life and certainly not financially rewarding.

Emergency doctor is a fundamental figure, but he is not a Homeric hero.

Emergency doctor has a well-defined and complementary role to that of other specialists, in the diagnostic and therapeutic path of a patient.

Emergency doctor carries out a strenuous job, due to commitment and emotional impact and this must grant him the recognition of all those gratifications and concrete support that go beyond virtual promises.

Finally, the identity crisis of the Italian emergency system could perhaps be overcome if public health policies make it possible to eliminate the uneven organizational models and the diversity of training courses for healthcare professionals.

The profession in the artisanal sense of the word should be given back to the doctor, overcoming the unbridled technicality and reconstituting a doctor-patient relationship starting from a humanistic and cultural concept.

In essence, it appears necessary to return with concrete gestures a greater appeal and dignity to medicine in general and in particular to the specialty of emergency medicine.

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