

Any analysis of the causes that contributed to such a rapid contagion in Lombardy, with so many patients and so many deaths, is complex. Some observers point to the difficulties in suspending industrial activities across the territory, of an environmental pollution that favored the spread, of an unprepared health system, the focus on a "direct attack" from China, to an older and fragile population, and other nebulous factors.

A pandemic demands a response from the public health system which in turn requires an integrated response from hospitals, the territory, healthcare and political authorities, the population and the mass media. Triage skills and protocols have already been developed for some time (for SARS, Ebola, and other more local epidemics), as well as protocols for medical and health care procedures in great "catastrophes" (earthquakes, floods ...).

Italy's healthcare system is substantially a public one, and structured on the hospital-territory relationship, with a fundamental role of the community. This does not mean it is a "socialist" system, in which the state decides over people, giving priority to the community and sacrificing people. Neither is it a "utilitarian" concept that provides for the sacrifice of a part for the good of the whole (a risk reflected in the initial statements of the British Prime Minister ..). The aim, confirmed in Catholic moral tradition, is to integrate the Community and the Person / Patient. These are the two communicating poles for medicine and the healthcare system.

For years' discussions have focused on the need for greater investment in the Community and public healthcare in terms of economic and human resources through prevention, healthy lifestyles, pollution reduction: If you take better care of the environment and the community you take better care of people: And vice versa: personal lifestyles, prevention, early and better care for people to have a healthier community.

All of this involves political responsibilities, the organization of healthcare, public education, fostering civic responsibility.

It is to be admitted, unfortunately, that in Italy this vision of Community-Patient together has been neglected, because: it involves various social, cultural, economic and medical factors, which must be managed with a system mentality that is often lacking at various levels; the results are far from "ostentatious" and usually seen in the medium to long term; medicine focuses much more on immediate realities in terms of diagnosis and therapy, which are much more "specialized and sectoral", rather than on a global-integrated vision; economic reasons that evaluate cost-effectiveness-efficiency in terms of performance and short-term results; political decisions have also favored whatever gives the greatest returns in terms of "image" in advanced technological investment, immediate results, neglecting widespread interventions in the area; basic medicine and investment in epidemiologists and public health doctors was poorly organized.

Now there is an emergency that highlights the problems, the neglected areas, the weak points in an intrinsically valid healthcare system which however is paying the cost of poor political and organizational choices.

I believe that for this pandemic, for any future epidemics, but also for other diseases that are not contagious but widespread, we need to a vision of medicine that is directed towards a community-person integration. A "global bioethics" that goes beyond an individualistic and purely technological-specialist concept is vital, in order to seek a global vision of the person-patient and of the determinants of healthcare and of a "global" cure. I believe this represents a global challenge, even for other models, and healthcare systems that now face the Covid-19 test and could find themselves in even greater difficulty (see the USA).

Vatican City, March 26, 2020