

A comment on *Critical issues of Emergency Medicine organization in Italy*

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Dear Editor,

I read the interesting editorial entitled *Critical issues of Emergency Medicine organization in Italy*¹ by Coen and Casagrande.

I believe that many relevant problems of our health care system (some of them particularly affecting the specific area of emergency medicine: shortage of specialists, the ageing of professionals, etc.) should find solutions through the analysis and the revision of the borders presently dividing professional roles and planning for future alternative forms of multidisciplinary collaboration.

In many medical disciplines, I think, large room for recovery from present shortage is possible simply *enlarging* the tasks of some professionals and *limiting* those of others only to the most specialised ones.

Otherwise is also possible to think at new professional profiles and new educational pathways proving time for doing that is compatible with our actual urgent needs.

Just to clarify: I'm not thinking at recycling medical working time downgrading a few medical practices, I think at innovative collaborative forms of cure.

The main lesson that comes from the recent history of emergency medicine (its real cultural revolution) stays in its holistic approach to the patient, alternative to the reductionism typical of specialist medicine.

Even if this process is far from being completed (as the editorial carefully illustrates), having emergency medicine centred its medical knowledge around the patient it seems to me that the next logical step is to revisit professional roles, rules and responsibilities

accordingly.

I agree with author's opinion about the irrelevance of present attempts of organizational reform. In addition I would mention the peculiarity of the Italian legislation regulating the work of general practitioners and family paediatricians.

The distance and separation of these professionals from the main organisation of the national health system also affects the area of emergency services (there are general practitioners on the ambulances of 118, there are General Practice's running the out of hours medical assistance of *Continuità assistenziale* and I'm really not confident on the potential benefits of the new coming 116177 call centre).

The recently adopted *National plan for chronic conditions* clearly describes these limits and the need for overcoming. Unfortunately, as many of the national plans recently approved, it does not indicate means and resources to go further.

Finally, I would call attention to a specific, sometimes neglected, aspect of emergency medicine: the hospital function of front desk.

The new organisation model of emergency department, its longer stay (and the consequent internal rearrangement of the hospital), need a clarification about its original scope.

Basically: the organization is only a mean that depends on the scope...

What is the scope of the emergency department that the editorial describes? Shall it defend the hospital from inappropriate (or inopportune) admissions or shall it host (receive) the patients and follow them through their subsequent routes?

I have no doubt! If we can image the hospital not as the high-specialist terminal of many the medical pathways but simply as a node of a web of cure (a node to pass through) than the front desk function of the emergency depth become strategic.

In conclusion: I find difficult to rethink the emergency depth without rethinking the hospital all together. On the same ground, I believe that the epidemiological transition urges us to rethink the total amount of available hospital beds: beds that should be able to effectively take care of chronic unbalanced patients and not only ready to put them back into the maze of outpatients services.

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