

COVID-19 – if the cure is worse than the disease. The Italian chaos

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Coronavirus has twisted and put in trouble an health care system, like the one of Northern Italy, which has always been considered excellent. The widespread territorial presence and the free accessibility of the healthcare system drove experts to initially think that the COVID-19 pandemic could have been better contained in Italy than in other countries.

Therefore, when news flows coming from China on COVID-19 started to raise in January, Italian doctors thought to be well equipped to face the emergency and that, in any case, the outbreak could have been more than manageable.

A global lack of preparation is understandable in an unprecedented situation like this but, the Italian response has been, and it is, something peculiar which may transform the pandemic not only in a health catastrophe but also in a social distress. This is a risk that could poten-

tially lead to a fall down of the system ruling our living together.

COVID-19 is a new virus, very aggressive, with a high level of contagiousness and its capacity to be transmitted has been probably underestimated. Incubation period is uncertain, it is not possible to predict the time needed to a patient to recover completely and test negative to the virus and the possibility to get re-infected is real.

The spread trough air, within certain distance limits, is not excluded, it is uncertain for how long the virus can remain active on surfaces and the tests currently available are not completely reliable.

Several but still preliminary studies are trying to address these crucial questions and until there will be answers it is not possible to give responsible directions to people on how they should conduct their lives. The 1mt distance as well as the use of face masks or the 14-days quaran-

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tine are in fact measures not supported by any, or insufficient, scientific evidences and often not even sensible. Also, many of the restrictive measures have been introduced too late.

The Italian Government as well as the WHO have chased the virus and changed direction every other day without a real intervention strategy aiming to contain the healthcare tragedy during the emergency period but at the same time to fully understand the characteristics of the virus. Moreover, it has not been accurately considered the real feasibility to enforce an efficient social distancing model and the effects of a prolonged lockdown on the Italian economy. At the time of writing, experts are using the active cases curve to advice Italian politicians on restrictive policies and social distancing. However, the active cases curve is based on an unreliable sample of people tested positive to the COVID-19. Indeed, the sample is based on people who go to hospitals or suffer symptoms, most of the time already severe. It is worth noting that people with COVID-19 like symptoms are instead advised by the competent authorities not to go to hospitals and remain at home and although there is a high chance they are infected are not counted as such.

Although the belief that the real number of active cases is roughly ten times the official one is concrete, nobody is currently in the position to provide a more accurate estimate. In fact, it is not possible to conduct a big number of tests and more importantly there are not joint studies on samples of population in the areas more at risk.

After two months from the critical stage of

the emergency, scientists still don't know the level of immunity the Italian population has reached. In addition, we have the Lombardy case, one of the most important economy in Europe. Why in this region number of deceased and infected people are not even comparable with those in other parts of the world? Why the death rate is not showing significant evidence of a slow down despite Lombardy has been put in lockdown for a very prolonged amount of time now? Why an healthcare system which has been defined as an "excellence" has run the risk to badly collapse?

Scientists have preferred avoiding these questions making excuses or keeping using their theoretical models despite the reality has showed and is still showing those models are inefficient.

There are many countries where the outbreak has been severe but now the descent in the numbers of deaths and infected people is more rapid than in the North of Italy. This is an indication not only of a significant widespread of the virus in the region, more than the one reported officially, but also of the ineffectiveness of the lockdown; enacted too late and enforced inefficiently.

The Italian lockdown is proving to be almost entirely ineffective in containing the outbreak and number of fatalities but more than enough to hit hard on the Italian economy. The IMF is in fact indicating Italy as the country will suffer one of the worst economic and social damages from the pandemic (2020 projected real GDP % change -9%).

The most alarming data out of Italy is the number of deaths which, at time of writing, is more

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than 20,000. This number is very likely to be underestimated and expected to increase substantially: statistical evidences show that some areas in the North of Italy have suffered a mortality rate 4 to 10x higher year to date compared to the same period last year. However, looking at the official numbers of people deceased for COVID-19, these would account for only a fourth of the total year on year increase.

The task force working on the pandemic has not taken into consideration a key element to manage the emergency: the distribution by age of the fatalities caused by the virus. More than 90% of the official deaths caused by COVID-19 are above 60s and 82% above 70s. It is clear that although also young people can be severely infected by the virus, the mortality rate is higher among the elderly and often worsen by risk factors like hypertension and obesity.

Looking at these evidences it is astonishing that the task force advising the Italian Government has not studied specific restrictive rules for age groups more at risk. Those group are in fact allowed to work, go shopping, walk the dog and, in some cases, they are still taking care of their grandchildren who are off school. Something even more dramatic has happened in the care houses for elderly patients that, in the majority if not all the cases, have not been given ad hoc instructions since the very beginning of the outbreak. Data, estimates only, anticipate a massacre. Many care houses are in fact reporting to have lost almost half of their residents in the month of March 2020. The staff and the directors of these houses are declaring not to have been told to close the facilities or wear protective equipment until mid-march despite having asked clarifications and directions to the authorities in charge since the beginning of the outbreak. To be noted that fatalities occurred in the care houses for elderly are rarely included in the COVID-19 statistics.

Italy has not done and is still not doing enough to protect the most vulnerable citizens which, due to the demography of the country, are numerous and still very active in the society.

There are many questions scientists globally should address, for example what has favoured

the rapid spread of the virus in the North of Italy and why there is such a high mortality rate in Lombardy. There are many theories going from high level of PM10 pollution to the social-demographic characteristics of this area. The territorial widespread of the health-care system can also be an additional enabling factor. In Italy old people are often going to hospitals or private healthcare centres and they spend a lot of time in the waiting rooms of their GPs. The emergency demonstrated GPs were not ready to face such an emergency (they did not even have protective equipment to perform visit safely) and this may have favoured the diffusion.

In the absence of a deep knowledge on how the virus is transmitted, it is crucial to understand the evolution of the pandemic in Lombardy to better face the reopening, at least partially, of the activities.

Earlier on I have highlighted how the result of the chaotic social distancing measures in Italy - meaning in the way they have been formulated and executed - could potentially lead to an irreparable damage to the Italian society and economy. In this case it can be said that the cure is much worse than the disease.

The decisions taken by the specialists are not taking into consideration physiological factors of each individual and of the groups involved in such strict social distancing measures imposed.

Healthcare needs should always be evaluated together with social and psychological factors. Put to death millions of people to eliminate COVID-19 does not seem to be a sensible choice but this is exactly what Italy is about to do.

Each person is driven by the willingness to satisfy primary needs, and these needs are what brought people to gather together to form a community and, over time, more complex societies.

The lockdown in Italy has substantially reset in one go human needs that was unthinkable could be put under discussion before and this true especially for some part of the Italian population.

Small and medium enterprises are the back-

bone of the Italian socio-economic environment and because of the lockdown are worried about their future. On the other side however, Italy has a labour market where duties and rights prevent flexibility and changes.

Some psychological principles driving individuals are primary needs and on top of these needs are the physiological ones like drink and eat.

Indeed, the capacity of self-reliance has been put at risk by the lockdown for all those that are not getting their salaries, already lost their jobs or are worried to be made redundant.

The other primary needs are safety and protection, sense of belonging and self-fulfilment. The lack of reassurances on public health and the uncertainty related to the own capacity to fulfil economic commitments, e.g. mortgage instalments, determine a devastating impact on the psyche leading to a variety of consequences.

Because of the lockdown imposed by the Italian Government, people are inclined to become individualistic, retreat within themselves, feeling constrained and frustrated. People are now living with limitations to work, to sustain themselves and their families, to conduct what were their usual life activities and all due to a lockdown that is not proving to be so effective. Another risk that has been so far underestimated is related to the reopening of the activities after such a long period of lockdown.

Fears to go back to work and for some the impossibility to work at all, hide a stiff social environment that will increase the sense of distress perceived by the individuals, sense of injustice and social inequality. Overall this could lead to an increase of violent behaviours, panic attacks, and a significant growth of psychiatric disorders and suicides.

Predictably, if there are going to be even more restrictive economic measures like a partial restart of activities coupled with the request of tax payments related to those suspended during the emergency and those due in anticipation for 2020 business, people could start disobeying to basic civil society rules. From an economic stand point, the closure of work activities, layoffs, requests of repayment of tax

holiday applied during the emergency and the continuation of individual limitations, could lead people to be unable repay loans, instalments and more broadly to fulfil payments, to the shutdown of commercial activities and consequently to a rapid increase of unemployment therefore putting at risk the social environment.

The social balance and the long-term stability of a country is directly linked to the chance given to its community members to satisfy at least part of their primary needs.

In essence, try to protect the population from a pandemic, although a dramatic one like COVID-19, is not a sufficient reason to put behind individual needs which are essential.

The lack of an in-depth planning and of a deep thinking both from a scientific and socio-psychological stand point it is the main mistake many governments are doing during this pandemic.

Italy has adopted measures that can be defined as “moral” in the sense that the spread of the virus has been linked to the moral hazard of people putting their own needs (e.g. going for a walk or to work) ahead of those of the entire community. In addition, Italy has disregarded to understand key questions around the COVID-19 that could have helped the recovery and instead has kept imposing lockdowns which have proved to be ineffective. It has failed to protect those groups of people more at risk to be infected and has adopted strict economic and social rules which has not been able to respond to people’s primary needs.

Chaos and social break up are a real risk for Italy and more than what Italian politicians seem to have understood.

Exceptional social and economic measures able to restore the perception of trust in a society that can guarantee sustenance, protection and self-fulfilment are needed. On the contrary what has been enacted to fight the COVID-19 will end up in having caused more damages than the virus itself.

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