FORUM

TOWARDS PROACTIVE HEALTH POLICY

A doctor and public health expert, Marco Geddes da Filicaia alternates research activities with his work as health director of the National Cancer Institute in Genoa, vice president of the *Consiglio Superiore di Sanità* (the Italian government's Health Council), and health councillor for the city of Florence, practicing and envisioning medicine in a way that is once again aimed at creating a culture of global health.

INTERVIEW WITH / MARCO GEDDES DA FILICAIA, HEALTH POLICY EXPERT

o In 1981 you co-authored the *Handbook of Public Health*, a pioneering book in terms of both its approach and its contents, with Gavino Maciocco and Eva Buiatti. What role did it play for doctors and others at the time?

There had been publications on hygiene and public health as early as the late nineteenth century, but they tended to be technical treatises providing administrative and/or legal information vis-à-vis the settings in which general practitioners, health officers and local hygiene offices were active.

We took a different approach in our handbook: while strongly grounded on technical and scientific bases, it also provided health policy direction. That might explain why it ended up circulating so widely, becoming a point of reference for countless physicians and practitioners in the sphere of public health. It's also worth underscoring that we wrote the handbook just a few years after the passage of the 1978 law that established Italy's national health system (SSN), and were to some extent influenced by it. Our objectives in writing the book, in fact, included outlining a regulatory and organizational framework while reflecting on the political principles underlying it, and, more broadly, although less explicitly, on political ethics itself.

The handbook encompassed a wide range of topics, including health planning, epidemiology, and the innovations and priorities we believed the new SSN should focus on. We also explored in depth two fields then seeing undergoing major changes, mental health and maternity and early childhood, for which local clinics had primary responsibility. So our book covered two relatively new (1978) related laws – Law 180 [known as "Basaglia's Law", this law sanctioned the closure of Italian asylums for the mentally ill] and Law 194 [the law that authorized abortion in Italy] – both in terms of their regulatory references and with guidance on how to organize related services.

Occupational medicine was another innovative area covered in the handbook, at a time when it was becoming increasingly significant, with the 1970 workers' statute that allowed trade unions to bring consultants and inspection services into factories, and local authorities and hygiene offices setting up occupational medicine services inside the same facilities.

o So, the same factors seen as critical 40 years ago – the local territory and primary care – are still relevant today. The Covid-19 pandemic underscored this once again, showing the special vulnerability of areas that have weak community health services.

There is huge diversity in this sense from region to region, so responses during the pandemic also varied greatly, including some striking examples like those we saw in the Lombardy and Veneto regions, which I've written about. But overall, the entire country proved weak, and was further weakened, during the pandemic, for a variety of reasons including less care and less funding allocated over the last few decades to community medicine and fewer private facilities, apart from laboratories and specialized medicine, to act in a backup capacity in crisis situations. Hospitals were somehow better prepared to deal with complexities and major risks, although not major crises, as seen by what happened in emergency rooms and intensive care units, in part due to referrals to private and contracted facilities.

There was another key element as well: deficiencies in the primary care skills of general practitioners. Despite the best intentions of single individuals, too many critical and contradictory aspects continue to hold back the progress of community medicine, from the structure of outpatient clinics – private ones that are not accessible by the public – to a lack of connection with the national health system.

o Speaking of national health systems, how do you think Italy's is doing?

In general, when it comes to community medicine I'd say that the policies of the past – even the recent past – have not been very successful. Certainly, the pandemic was handled, and interventions were formulated and launched in community medicine as well thanks to the National Recovery and Resilience Plan, but the peculiar organization of communities on the one hand and prospects in terms of resources for facilities like community homes and hospitals on the other haven't yet been defined in regulatory, organizational or funding terms, which leads to uncertainty about how such projects could actually be carried out. Against this backdrop, despite all the difficulties, hos-

pitals have shown better resilience, thanks in part to the professionals who guide and direct their activities.

o What role do doctors play today: purely clinical, or also as people who encourage others to read the reality on the ground in a broad sense, and from a global health perspective?

It isn't easy to make predictions, but it seems to me that doctors today are moving less toward global health than they were in the 1980s, due to both structural reasons and a certain lack of vision. Undoubtedly, the complexity of medicine has grown, and things are moving in a more technological direction than in the 1970s and '80s, when clinicians had personal relationships with people and an overall clinical vision that are now unconceivable. Moreover, even the young clinicians who approach their work today from a broader global health standpoint demonstrate their commitment in a strictly professional sense, rarely ever translating it into more explicitly "political" initiatives, whether trade union-related or out-and-out political, something that – as used to happen in the past – breaks the mold to some degree, generating new possibilities, dialogue, or public debate without getting to the point of conflict. It's hard to imagine today's highly-prepared young doctors – who, by the way, know a lot more about international politics than our generation did – taking part in such initiatives. They're likely influenced by the overall political climate, which is so different from that of the past, when our political counterparts tended to be more open to hearing us out. Nowadays, exemplary experiences on the ground usually stay where they are; rarely are they translated into broader action or change at the national level. That's why the need for training in global health is as important as ever.

o Do you have any suggestions for young physicians today, based on your wealth of experience and scholarship?

I'd suggest that they reflect and engage with individuals with different kinds of expertise – political, legal, regulatory – to see whether and how their own experience might be translated into organizations and norms that help shape national health care; and to do so in a way that produces proactive health policy that doesn't simply look on, and proactive care that reaches out to people.