

Health-care inequalities in Italy: challenges for the Government

The *Lancet Public Health* recently addressed the challenge of coping with health inequalities in Europe,¹ and others have highlighted the problems affecting the Italian health-care system with its dearth of doctors.²⁻⁴ Considering these challenges, we believe the recently appointed Italian Government should focus on correctly implementing the law introduced in the early 1990s, with the aim of planning access to medical schools in advance, on the basis of future needs, rather than cutting the number of medical students. We recommend Italy should guarantee that all new doctors can enter specialisation schools within a few years of completing their degrees. Additionally, the so-called brain drain issue should be addressed; thousands of doctors and researchers trained in Italian public universities left the country during the past decades² because of the scarcity of opportunities, bureaucratic delays in recruitment procedures, the prominent role of trade unions,⁵ inadequate salaries, and poor career prospects based on measurable results (ie, meritocracy). Additional problems appeared after the constitutional reform in 2001, which produced a shift from nationally to regionally based organisation of health services, increasing the inequality between northern and southern Italy without reducing the costs of the system.⁶ Finally, substantial technological discrepancies persist between small hospital facilities and big university hospitals, and between the public and private sectors.

In our opinion, the quality and attractiveness to health workers of the Italian health-care system can be improved only by linking medical care and research, with an ethical and meritocratic approach. We believe that research and innovation are the only

solution for health-care inequalities. Indeed, many people assume that when medical and scientific research are prioritised, citizens receive a better quality of medical care than when it is not. Therefore, a large number of patients move from southern to northern Italy, which they associate with medical research excellence. We believe all actors within the health system (including general practitioners, specialists, nurses, and administrative staff) should be involved in research by collecting clinical records, introducing innovative information and communications technology solutions, and increasing the currently low level of digitalisation, telemedicine, big data management, and home-based assistance, particularly for patients with chronic conditions and older patients. A new, empowered role of medical professional associations (eg, OMCEO at Lecce and FNOMCEO) is needed to attract talent by funding PhD positions (as is done in Lecce), promote international twinning of hospitals, and widely improve health at the local level, especially in disadvantaged areas. Only through such efforts aimed at promoting individual and collective health can the Italian Government stimulate good quality care everywhere (including in peripheral locations), increasing social cohesion, patients' trust, and doctors' motivation to fully implement their mission.

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