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COVID-19: from hospitals to courts

Michele Uselli¹ raised two questions to the international scientific community. First, whether there were errors in the management of the COVID-19 health emergency in Lombardy, Italy. Second, whether having 20 regional health services across Italy is useful in controlling a pandemic.

The answer to the first question will be useful to medical science and the civil conscience (by improving the decision making process) in Italy. Unfortunately, the process of a commission of inquiry is much slower than that of a pandemic, and therefore it is unlikely that the evidence gained will be useful during this pandemic.

The answer to the second question is self-evident. Unfortunately, a strong political movement is pressing to accentuate the transfer of fiscal resources from the national level to the regions where income is produced. If the tax income remained in the region that produced it, then there would be no national budget. This transfer would increase health inequity, with an unfair burden of this pandemic on people who are disadvantaged² and an inevitable negative effect on the health of the population.³

In the meantime, emergency conditions have changed the traditional way that doctors operate. Intensivists who treat patients with COVID-19 have high levels of compassion fatigue and occupational stress; they do not have daily contact with the patients' relatives anymore and can inform families only at the end of therapy if the treatment has not been successful.⁴ The scarcity of interaction with relatives could increase misunderstandings and the risk of malpractice litigation, which is already high in Italy.⁵ We reasonably expect that the pandemic, in addition to many grievances, will leave many claims for compensation.

We declare no competing interests.

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- 1 Uselli M. The Lombardy region of Italy launches the first investigative COVID-19 commission. *Lancet* 2020; **396**: e86–87.
- 2 Chiriboga D, Garay J, Buss P, Madrigal RS, Rispel LC. Health inequity during the COVID-19 pandemic: a cry for ethical global leadership. *Lancet* 2020; **395**: 1690–91.
- 3 McCartney G, Hearty W, Arnot J, Popham F, Cumbers A, McMaster R. Impact of political economy on population health: a systematic review of reviews. *Am J Public Health* 2019; **109**: e1–12.
- 4 Magnavita N, Soave PM, Ricciardi W, Antonelli A. Occupational stress and mental health among anaesthetists during the COVID-19 pandemic. *Int J Environ Res Public Health* 2020; **17**: 8245.
- 5 Fileni A, Magnavita N, Mirk P, Iavicoli I, Magnavita G, Bergamaschi A. Radiological malpractice litigation risk in Italy: an observational study over a 14-years period. *AJR Am J Roentgenol* 2010; **194**: 1040–46.

Author's reply

I thank Nicola Magnavita and colleagues for raising important points regarding my Correspondence.¹

I agree that the process of analysing the pandemic through a commission is slow, but citizens deserve to know the results of an audit. Some structural problems within health management existed before this pandemic; COVID-19 only emphasised them. Citizens now also fully understand that their regional vote affects their lives. Criticising decentralisation is valid, but the implementation of any law should be analysed before changing the law.

Within decentralisation, Italy foresaw central and regional quinquennial sociosanitary plans. The plans define and prospectively update the organisation of the health system. The most recent national plan was produced in 2006 and the regional plan for Lombardy, Italy, was produced in 2010. Plans for pandemic preparedness are out of date and have not been implemented.

Stress, grievance, and suffering can lead to conflict at every level. In Lombardy, hospital managers have penalised some doctors who stood up and spoke openly about mismanagements. Accountability, ownership, transparency, humility, and admission of mistakes by politicians and managers can powerfully de-escalate conflicts and are the first steps towards improvement.

I am regional councillor of Lombardy, president of +Europa/Radicali, and a member of the Regional Council of Lombardy's COVID-19 investigative commission.

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- 1 Uselli M. The Lombardy region of Italy launches the first investigative COVID-19 commission. *Lancet* 2020; **396**: e86–87.

Tanzania's position on the COVID-19 pandemic

In a World Report about COVID-19 vaccine use in Tanzania,¹ local context was not sufficiently considered to fully understand the country's position on the COVID-19 pandemic and its use of COVID-19 vaccines. We maintain that the late President John Magufuli understood the severity of the COVID-19 pandemic, which merits joint and coordinated global efforts.

In the early months of the pandemic, between February and April, 2020, the Tanzanian Government quickly implemented various WHO-recommended measures, and, as of Feb 27, 2021, the Ministry of Health has issued 15 guidelines. The government decided not to implement a lockdown because that would have restricted public access to health services, especially for patients with chronic conditions like tuberculosis and HIV infection, which, in settings



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For the Tanzanian Ministry of Health COVID-19 guidelines see <https://www.moh.go.tz/en/covid-19-info>