

The health to throw away

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It is interesting (though a bit boring) to follow for a few days the annual reports of a couple of associations (GIMBE and OISED) that evaluate the Italian Health Care as a whole and the situation of consumption and addiction to abuse respectively. They are data and reports accessible to all, which we would do well to look at. I too have found much to learn and, above all, I have seen prevention in a much less hypothetical light: prevention is not a pipe dream, we must not invent anything more and original. Often it would be enough just to avoid making the gesture that most people consider normal and right and that, instead, is the most senseless: find any substitute for happiness or increase what is today called improperly "security".

You may wonder what a general discourse on society has to do with health problems, which are often specific and well identifiable? This is because prevention, which today is seen above all as a set of information and training campaigns, concerns not only the individual's lifestyle and our ability to be aware of the problems, but cooperation and solidarity among humans and among living others.

Let's start from the dramatic figures of the rising health cost and the progressive reduction of its financing (more and more reductions are expected due to the increase in public debt interest) now largely entrusted to the pockets of each of us through the perverse system of conventions or the "private", where structural costs we all pay. Let us not delude ourselves that, by privatising everything, costs for the State are reduced: the State is directly involved in the financial system of the companies that manage it (it bears the financial costs), and is deprived of profits, built (mind you!!!) on the reception of the structure and not on medical services. For example, if we work privately for any pathology, the cost we bear, in addition to that of the structure, built largely with public money, is not based on the "quality" of the intervention (often these are the same doctors who operate or have previously operated in the public or young people in training) but on the cost of hospitality from five-star hotels that is implemented in the most renowned places. If you look through the leaflets of these private clinics and compare them with those of hotels in the same locations you can get an idea of the services that are offered. The most instructive part of the reports mentioned above is given by the general costs of Health and their distribution (we spend € 800 less per person than other OECD countries and € 1500 less if we evaluate the data of EU countries); in addition to the significant regional and territorial differences within the same region, there is a

"intervention market" that reminds me a lot, that I studied the market for agricultural products, The European Community has a common market (ECU). Each year each Italian region draws up a price list of the interventions agreed; the changes in the cost of the various interventions at regional level, stimulate competition between private facilities and push patients (now called users) to a health tourism: If cataract is paid better in Tuscany, for example, the structure that carries it out will be stimulated to increase the number of patients, while it will reduce the number of hernias that, in turn, will be addressed in Lazio, where they are paid more. What we saw Alberto Sordi doing in the movie "Il medico della mutua" is things to educate compared to what is legally allowed today: We laughed back then, and today it is accepted by all, so much so that we envisage making the system of regional inequality constitutional, rather than reducing it. The historical experience of the MEC should remind us how cooperation between States and the single market system guaranteed food supply and improved nutrition on the continent (with reduced health costs). Today in Health this unitary system set up at national level is being undermined and the disastrous consequences are not being grasped.

The excellences that some regions exalt are the mirror for the larks to profit on other services, in a market system in which it counts the economic management and not the health one tied to the social and environmental results. The pandemic has shown the fragility of a glamorous system like the one in Lombardy, where, for example, the construction of a huge facility to accommodate patients has not reduced the number of victims, in my opinion, more than the investment of the same sum could have done to create structures of reception and molecular isolation, where assistance and cooperation were not based on mega-orders combined with exhausting service shifts, but were based on the solidity of local, family, even condominium cooperation, distributing the costs at a capillary level.

Data on the cost of addictions (alcohol, narcotics) are impressive: every year about 8.5 billion euros are spent for this reason. It is, it should be said, mostly costs borne by the system (and by private individuals) not to finance the sector; this figure only affects 20-25 %. We spend because of road accidents, "safety", detention, the rest of this sum. And the more we reduce the funding for care and prevention (which is not meant only information in schools or other similar, but assistance psychological and material to people and families), the more unnecessary costs incurred and the number of effects from addiction pathology will increase.

Those who applaud those who say, talking about drunks driving or drug addicts, "they are thugs, let's put them inside and throw away the key!" must be aware that every euro taken away from prevention and assistance in this field, involves an increase of four euros in the cost of other interventions that do not improve our lives, because they strengthen (directly some, indirectly others) systems that undermine security in our society. Putting a drug addict or drunk in prison will not reduce the number (due to other causes) and will provide more space for criminal facilities.

Returning to the fundamental prevention, that which is achieved through our diet, the air we breathe and the life we lead, there are no "supplements of happiness" and everyone knows that, in a time of depression, a nice spoon of a sugary hazelnut cream makes us happier, but also more obese; that every sip of a sweet and sparkling drink will refresh our palate, but it will minerate the enamel of our teeth and the tightness of our stomach; that eating much of everything will satisfy us, but as the years go by it will make us spend more in the pharmacy than in the supermarket. Assuming we have the money.

Gianfranco Laccone