

Preventing the future

by Gian Stefano Spoto*

Health and finance: these two themes already sound odd if combined together. Health is indeed a sacred right, while finance evokes speculation, so far from Aesculapius.

The relationship between public and private is strongly affected by these distances, often unbridgeable, in every field. We can take as an example the luxurious African capitals: here, five-star hotels are wonderful oases in cities that lack sewers, and where private owners who run the hotels do not contribute to their realization. This would be up to the public management that does not care at all.

This analogue is certainly far from Italian healthcare, one of the best in the world and available to all citizens,

although the establishment of the National Health Service in 1978 has always required, and will always require, remodelling to keep pace with the evolution of society. A society which is ultimately monitored by macroeconomic projections.

The world is indeed changing, and it is doing so at an ever-increasing speed. Migratory flows, for example, weigh on the system to such an extent that they risk collapse, and those in charge of health care must face and, above all, predict the most difficult and complex scenarios. Added to this is the increase in life expectancy, which is very positive in human terms, but which has a considerable impact on health budgets.

It is very important to monitor the impact of the global economy on national econo-

mies and the weight of wars, riots, famines, even if they're far away.

As for Italy, the alarm bells are many, and not attributable only to immigration: not infrequently, even for check-ups or medium-emergency interventions, the waiting times increase to an alarming extent. This fact, in addition to fueling the political controversy, is one of the signs of a situation that could worsen with time and with the increase of the population.

Added to this is the old and hateful comparison with private healthcare and with its very short waiting times. Furthermore, to reduce the gap one of the solutions most evoked is the involvement of private individuals in public healthcare. The problem is, however, to identify ways in

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which new partners can make a profit from their investments. Since the situation requires technological innovation, Lomonaco points to private equity as an effective and rapidly developing tool.

The idea of equal care for all is a utopia, but good health policy worldwide is not always directly proportional to per capita income, and contradictions are not lacking. This is especially true if you think that, for example, the treaty which established the World Health Organization was signed in

1946 in New York, United States, where healthcare is private.

Contradictions aside, it is urgent to improve the objective situation that sees the health economy in the launch pad to be valued up to very high levels. As Federico Spandonaro writes, it is still too early to define it as an autonomous and specialized branch of the economy, but it could help to make the dialogue between healthcare systems so different around the globe a little less difficult.

A paradox, perhaps a dream: scientists, economists, managers could turn into positive the very rapid social transformations that seem to us a threat to health systems, even the most structured ones. By studying the changes and preventing them, it is possible to build a model ready to be integrated into the future.

Ultimately, it would be important to understand to what extent the National Recovery and Resilience Plan can act as a proper corrective mechanism for the system.