

## Letters

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# The Great Problem Raised by the Pandemic

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The COVID-19 pandemic has raised many relevant questions, some of which have been thoroughly discussed in a previous issue of *Organisms* (Bizzarri 2020; Mascia 2020).

Further, it has shed light on a big problem in Italy (and let us hope that the same mistakes will not be repeated in the future): the attempt to hide a shameful inefficiency and planning failure by involving incongruous professional figures.

I am referring to swabs in particular. I personally know many people who have lined up for hours to take a swab and who have not been able to get the result for tens of days. Consequently, they had to remain quarantined, even if asymptomatic, for an indefinite time. The cause of the problem started long ago. People did not want to understand that laboratory diagnostics are essential for prevention and early detection of diseases—at low price. In fact, the cost of inadequate hospitalizations makes for 15% of healthcare expense compared to just 2–3% of laboratory tests.

Notwithstanding, cuts have been always and only made in laboratories by reducing the tests and, above all, the staff. This is why state-run laboratories are now unable to swiftly test, as needed, hundreds of thousands of swabs. If university and hospital public laboratories

had been enabled during the past years—or even just months—then we would not witness such a disaster.

Instead and unfortunately, the government and the health department of the Lazio region (followed by the rest of Italy) welcomed and adopted a different, seemingly great idea by the President of the Federation of the Orders of Pharmacists: it let pharmacies perform rapid (not molecular) swab tests. You could say that the idea is brilliant because it takes the pressure off public laboratories. However, who will perform swab tests in the pharmacy if not pharmacists? Now, pharmacists are trained for dispensing drugs but have no idea about how to swab and its potential problems. What if a patient faints? What if he or she bleeds? And what if the pharmacist performs a wrong swabbing procedure, leading to a false negative? These are just a few examples and many others could be listed, but the most noticeable is the following: reporting is not the pharmacists' job. Attesting that a patient is COVID-positive or -negative is not the same as providing a pregnancy or diabetes self-test, where the patient carries out the procedure independently and receives a figure in response. Reporting is a professional task that does not belong to pharmacists which, in fact and in most cases, are not even legally covered from any negative consequences.



It seems that the Federation aims more at increasing clients and revenue rather than caring for pharmacists. The latter have had outdated job contracts with inadequate pay for their professional services for years. Now, they are also requested to fulfill this task while pharmacy owners adorn themselves with the frieze of health workers and saviors of the National Health System. It goes without saying that these tests have a cost (22–24 euros) and are not covered by the NHS.

Then, the Order of Biologists came into play to support pharmacies by selecting those who have swabbing experience from among its members. Indeed, there would be no objection of such an offer, except for the request for compensation, i.e., allowing all the private laboratories to test for COVID. We come full circle.

Someone may think that I have an agenda against pharmacists and biologists. This is not the case. I deeply respect those valuable professionals who do well what they have been trained and qualified to do.

Rather, the target is public service management. This management does not invest in universities, hospitals, and local health units. It does not support its physicians, pharmacists, biologists, nurses, and laboratory technicians—all highly skilled health workers, nor hire more of them. It does not reinforce the national research to find a solution to the pandemic. Rather, it limits itself to finance private vaccine research and outsources its activities to individuals with no qualification. It even foreshadows a future in which pharmacists will administer vaccines.

Important managers of the Order of Pharmacists have declared that, so far, pharmacists cannot perform swab testing. However, the Trentino Health Councilor has submitted a request for authorization to the Ministry of Health. If such a request will be approved, then a simple circular letter from the Ministry will transform professional qualifications out of the blue without any change in the university curricula and with no legal base. Such a situation is not justified by the emergency, which would instead require the hiring of qualified personnel. This adds to the release of some tutorials on how to perform swab tests and administrate vaccines. These tutorials lasting a few minutes overcome years of study and practice by physicians and nurses...

I see here the outcome of a long-running attempt to misappropriate actions that have always been attributed to physicians.

The medical profession stemmed from minor activities (such as barber) to then stand out, at the beginning.

A whole series of related activities, including laboratory diagnostics, followed. These used to be based on manual skills and were often not easily repeatable, while high technology and reliability characterize them today. Science has then grown pharmacy, biology, genetics, and all their branches.

In most cases, Physicians are satisfied with their own clinical activity while laboratory medicine is rather seen as a second choice. On the other hand, pharmacists, biologists, and chemists access activities that used to be typical of the physicians of the past and where the relationship with the patient still has a relevant role. This is why a physician prescribes but does not dispense drugs as others will take care of such a task. Accordingly, some pharmacists see swabbing as a professional step ahead.

No tutorial or webinar can make someone able to perform any activity. Even driving cannot be taught by mere verbal teaching, because it requires example and practice.

We think we know a lot about this virus: how it is made, how it enters cells, and the damage it causes. However, we may need to think twice. More than 15 million have been infected in the world, over a million in Italy as far as we know. Therefore, it seems we have enough material for an accurate epidemiological investigation to explain why some people are asymptomatic while others are affected by a different degree of severity, including death. Maybe the virus has variant forms, or the clinical outcome depends on age, lifestyle, or something else. Could we get adequate information from the autopsies of those who died because of (not just with) the virus? We all may carry important information about risk factors and correlations with, as a mere example, our body size, which could lead us to more responsible behavior. Indeed, though, research is expensive. Therefore, one might expect that a system governed by a capitalist ultra-right refuse to invest in it. Yet, our government pretends to be leftist, and it is supported by a pure party that would never defund research... but in fact does it.

## References

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