A dialogue between the editor-in-chief and a deputy editor of a cardiology journal during the coronavirus outbreak: Take-home messages from the Italian experience

Massimo F Piepoli¹,² and Michele Emdin²,³

Deputy Editor (DE): Dear Massimo, apocalyptic events have drastically changed our lives in only few days. Just one month ago, we looked at the Chinese epidemic as an exotic catastrophe, while we continued our everyday struggle with our domestic, ever fatal cardiovascular diseases. As far as I can tell, you and the Piacenza Hospital were hit by the Coronavirus tsunami almost without any warning: please tell us how a brave cardiologist behaves in such a situation.

Editor-in-Chief (EIC): It is really unbelievable to think such a tempest could ever happen to us. Last night, during my night shift, Piacenza Hospital’s Emergency Department was crowded with beds and suffering people everywhere (even in the corridors and the rooms dedicated to meetings of nurses and doctors). This terrible scene reminded me of the Plague described by Manzoni, which I had read many years ago during my studies in the Classical high school. The first person-to-person transmission was reported on 21 February 2020 in the nearby town of Codogno, less than a 10-minute drive from Piacenza: the communications between my city with the surroundings of Codogno, exactly in the middle of the Po Valley, are very tight and there are several connections with China, because of commercial and industrial activities (Figure 1).

In dealing with this new situation, my cardiology team have questioned ourselves as citizens as well as health workers. The death of 24 persons (including one general practitioner, a friend of mine) only yesterday (14 March), puts us before the evidence that this infection is not a simple flu, but a deadly, highly contagious disease, particularly for the elderly, the frail and individuals with comorbidities, such as cancer, lung or cardiac disease. But COVID-19 may also heavily affect younger individuals (even below 40 years old) in the presence of risk factors, such as arterial hypertension, severe obesity or diabetes. In addition, healthcare providers are paying a heavy contribution in terms of affected individuals and loss of lives.

As cardiologists working in one of the largest public hospitals in the area, we had to rethink our roles and working activities. In particular, we came to realize that 1. cardiac (as well as cancer, lung, cachectic, frail) patients are at a higher risk of poor prognosis, and 2. COVID patients are at a higher risk of cardiovascular complication (in particular, acute coronary syndromes/non-ST-elevation myocardial infarction), but where the appropriateness of the intervention is unknown.

As a consequence, we had to adapt all our activities, to 1. re-organize our Unit in order to create a safe pathway to manage acute cardiac patients, while avoiding contamination with infected cases; 2. postpone all routine, elective procedures and follow-ups; 3. face this epidemic and be ready to support our colleagues from the Accident and Emergency (A&E) Department, in particular (but not only) those dealing with cardiac complication, such as acute coronary syndrome, acute heart failure, arrhythmias, and cardiogenic shock.

¹Ospedale Polichirurgico Guglielmo da Saliceto, AUSL Piacenza, Italy
²Institute of Life Sciences, Scuola Superiore Sant’Anna, Pisa, Italy
³Fondazione Toscana G. Monasterio, Pisa, Italy

Corresponding author:
Massimo F Piepoli, Heart Failure Unit, G da Saliceto Polichirurgico Hospital, Cantone del Cristo, Piacenza, Emilia-Romagna 29100, Italy.
Email: m.piepoli@gmail.com
DE: Massimo, we are now in the maelstrom of pandemics. Politicians speak different languages and call their Health system to different behaviors. What must we do now to address their wrong words and to affirm the supremacy of Medicine?

Italy is a strange and complex country. Everybody is now hoping for the realization of an effective vaccine against SARS-CoV-2 (the virus responsible for COVID-19). However, the general population, including physicians, have always been reluctant in having widespread vaccinations against the flu at the beginning of the Winter season. Moreover, the leaders of the most popular/populist Italian parties recently proposed all types of vaccinations as optional.

Moreover, in these days, we are witnessing a general support for the dedication and fatigue of healthcare personnel, who are considered “true heroes of this moment”. However, all of the governments of recent decades have cut investments in Public Health (as well in the research and education/universities) because of the need to reduce the public debt. In fact, they have succeeded in reducing the numbers of hospital beds, as well medical doctors, medical students and healthcare personnel in general, who have become among the lowest in Europe, while Italian debt has continued to increase.

Another interesting observation: until the outbreak of the epidemic, there was a continuous assault on A&E departments for minor problems (which should normally be managed by the general practitioner) and urgent requests for re-routine check-ups. These demands were associated with raising pressure from the general population (and, consequently, from the hospital administrators) to reduce the waiting times to address all these requests. Now all these needs have suddenly disappeared.

DE: All in all the Italian Health system is facing the challenge of care for all, though with an extraordinary effort of all physicians, nurses, and dedicated personnel, while other European and American countries seem to not understand the danger or even choose to leave part of their population without public support. What shall we learn for the future?

An interesting recent observation attracted my attention: by 12 March, COVID-19 had killed roughly 5000 people, which is a fraction of the influenza’s annual toll. China loses almost 5000 people every day due to ischemic heart disease. So why do so many people refuse to vaccinate against influenza? Why does China (and Italy) shut down its economy to contain COVID-19 while doing little to curb cigarette use? I believe that citizens and their leaders need to carefully think about the current system, weigh risks and pursue policies of prevention, commensurate with the magnitude of the threat. So, for the future, we should focus on the importance of increasing investments in education and healthcare and the need for flu vaccinations, while ignoring the bewitching sirens of irresponsible politicians.

DE: Max, is there any time and place for thinking about Research and Science? What could be the role of the Journal at this time? Does being a good Cardiologist and a good Scientist make you a better Doctor?

EIC: In times of crisis, such as this, clinicians must take home a lesson, in order to promote a brighter future
for their patients and for the community. Sharing knowledge, experiences, mistakes and achievements makes us stronger and more confident in facing the challenges of tomorrow. For this reason, the European Journal of Preventive Cardiology will welcome novel and original findings and experience on this matter, making them freely available to all readers. A new ad-hoc section, entitled ‘CONFRONTING THE REALITY OF COVID’, has been created to collect these contributions.

To begin, I am now pleased to introduce a commentary from Roberto Ferrari (former European Society of Cardiology President and Chair of the Cardiology School in Ferrara) and Giuseppe di Pasquale (Former President of the Italian Federation of Cardiology, and Chief of the Cardiology Unit at the General Hospital in Bologna, the capital of my region, Emilia).

I hope this will trigger further experiences and commentaries.