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### References

1. Fisher M. Cardiovascular disease and cardiovascular outcomes in COVID-19. *Pract Diab* 2020;37:191–193a. [i]
2. Gallego-Colon E, Bonaventura A, Vecchié A, Cannatà A, Fitzpatrick CM. Cardiology on the cutting edge: updates from the European Society of Cardiology (ESC) Congress 2020. *BMC Cardiovasc Disord* 2020;20:448. [i]
3. Coperchini F, Chiovato L, Croce L, Magri F, Rotondi M. The cytokine storm in COVID-19: an overview of the involvement of the chemokine/chemokine-receptor system. *Cytokine Growth Factor Rev* 2020;53:25–32. [i]
4. Pastor S, Molina Á Sr, De Celis E. Thyrotoxic Crisis and COVID-19 Infection: An Extraordinary Case and Literature Review. *Cureus* 2020;12:e11305. [i]
5. Lania A, Sandri MT, Cellini M, Mirani M, Lavezzi E, Mazziotti G. Thyrotoxicosis in patients with COVID-19: the THYRCOV study. *Eur J Endocrinol* 2020;183:381–7.

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## Italian Health System stressed by COVID-19: the need for a change

On March 21, colleagues of Bergamo of the Giovanni XXIII Hospital, who are going to face the COVID-19 outbreak wrote a contribution titled “At the Epicenter

of the COVID-19 Pandemic and Humanitarian Crises in Italy: Changing Perspectives on Preparation and Mitigation” on *NEJM Catalyst*.<sup>1</sup> Colleagues have highlighted that a community-centered care is needed for preventing the further epidemic outbreaks. The concept of a community-centered health care would imply that non-critical patients would be not cared at emergencies and at the hospitals. All Italian physicians could agree with this key-point (even before the COVID-19 time) and, among all, us. However, the community-centered health care is not in line with Italian people perspectives of health. Italian people are aware that their health is preserved by the State without direct charge for them. This causes an overuse of hospital settings and emergencies, as they are free, quick, and perceived by patients as better than the in-office and general practitioners' care. For example, on March 29, I wanted to discharge a pregnant woman from the hospital. She was admitted for suspected preterm delivery some days before. I counseled her on harms of unnecessary hospital stay, as preterm delivery was not onset. She was worried to go home, in spite of risk of in-hospital SARS-CoV-2 contagion (and, of course, in spite of risk of immobility complications and antimicrobial resistant bacteria colonization). Briefly, I was unable to discharge her. As Italian citizens aim to be cared at the hospitals, several small hospitals were displaced in Italy to allow easy hospital access. Hospitals are not linked in a network and make redundant care. This is the patient-centered health care model reported by Nacoti *et al.*<sup>1</sup> The patient-centered health care is wanted by politic regional governance of Italian Health System. Lack of regional expertise reported by Nacoti *et al.*<sup>1</sup> is also explained by politic regional governance. Additionally, regional governance impacts with Italian central laws, posing barriers to improve quick acts for containing and caring the infected and non-infected patients. Therefore, the Italian Health System is locked and trapped in its people perspectives. Changes of Italian people perspectives and changes of Italian law should be mandatory for Italian Health System improvement.

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### References

1. Nacoti M, Ciocca A, Giupponi A, Brambillasca P, Lussana F, Pisano M, *et al.* At the Epicenter of the Covid-19 Pandemic and Humanitarian Crises in Italy: Changing Perspectives on Preparation and Mitigation. *NEJM Catalyst*; 2020 [Internet].

Available from: <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0080> [cited 2021, Jun 03].

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