

# COVID-19 in Padua, Italy: not just an economic and health issue

Francesco Paolo Russo, an Associate Professor of Gastroenterology at the Department of Surgery, Oncology and Gastroenterology of the University Hospital in Padua, Italy, talks about carrying out research, teaching and clinical work in the midst of the COVID-19 pandemic.

Francesco Paolo Russo

I live in Padua, a city in the Northern Italian region of the Veneto, with my family. Here, the lockdown was announced on 23 February 2020, over a month ago. According to the Italian Civil Protection and the 'Istituto Superior di Sanità', on 17 April, 172,434 people had tested positive for SARS-CoV-2 (with a median age of 62 years), and 22,745 had died (median age of death, 80 years; range, 5–100 years; interquartile range, 73–85 years). Almost 17,000 healthcare workers tested positive, and unfortunately COVID-19 claimed the lives of 120 doctors and 36 nurses. As of 17 April, 236,722 swabs had been performed in the Veneto region, which has almost 5 million inhabitants; mostly subjects with symptoms or people who were close to subjects with symptoms have been tested, according to the model of active surveillance.

In certain areas of Italy, the main problem seemed to be the shortage of physicians and nurses in both non-intensive care units and intensive care units. For this reason, more than 200 doctors and nurses arrived in Italy from China, Cuba, Russia, Albania and Poland to help the Italian health system battle the new coronavirus. Moreover, the Italian Civil Protection put out a call to create an emergency task force, called 'Physicians for Civil Protection', composed of 300 physicians, to support the worst-affected regions. The Minister for Regional and Autonomous Affairs launched the operation on 20 March 2020, and within 24 hours, the Department had collected more than 7,900 applications. Among these, almost 100 doctors were selected and transferred to the most critical areas.

COVID-19 has profoundly changed our daily routine. I am a gastroenterologist and hepatologist, and my main interests are liver diseases and liver transplantation. Before COVID-19, hepatitis C virus was considered an internationally recognized health priority, but, since the beginning of the COVID-19 emergency, we have



prescribed very few therapies for hepatitis C virus-infected patients, as all our outpatient appointments have been cancelled; we are visiting only patients who are referred to us by general practitioners for urgent matters. Furthermore, patients are afraid to go to hospital for fear of becoming infected with SARS-CoV-2. The transplant world in Italy has suffered a major slowdown, as most of the anesthesiologists are treating COVID-19 patients and cannot therefore be involved in organ procurement and transplantation. It is now slowly returning to normal practice. Most of the clinical trials have been interrupted. As for the ward, we are still assisting non-COVID patients, but this might change soon. So far, six medical wards and two to three intensive care units of the University Hospital of Padua have been dedicated to COVID-19 patients.

As academics, apart from clinical activities, we should also be engaged in teaching and research. For the first

time ever in our university, two new associate professors were appointed and a new assistant professor was examined electronically. Many conference organizers and participants have turned to online platforms to share their work and create virtual conferences to replace in-person meetings, with some limitations. This could be the beginning of a shift toward more-accessible conferences.

SARS-CoV-2, an invisible microorganism, has put the whole world under pressure, with devastating human and economic costs. We are realizing how fragile the human condition is. This crisis has brutally increased our awareness of human mortality, making us realize that illness and death could be not just 'somebody else's problem'. Forcibly losing freedom of movement in social spaces can cause us a sense of unease, or even pain, especially when the cause is so new, not well defined and apparently never-ending. The world after this pandemic will not be the same. Even in the most optimistic scenario, our civilization, which was suddenly forced to stop, must start again and maybe adopt a new lifestyle.

Science is our weapon to win this battle; as a physician-scientist I know I must never forget that science and research cannot be limited by events. Research is the axis around which the future is built and must be considered a means not only of resistance, to fight the effects of this coronavirus, but also of resilience, to prevent future similar events. We should consider this horrendous moment at least as an opportunity to start a new scientific and academic age. □

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