



Modena, June 28/2021

## **Expert Group Meetings on behalf of Stakeholder Group on Ageing (SGA) 2021**

I thank the IAHPC for the opportunity to participate in Expert Group Meetings on behalf of Stakeholder Group on Ageing (SGA). I am a general practitioner with expertise in geriatrics and palliative care. I work in a nursing home in Modena, Italy, a region that has been very hard hit by the COVID pandemic. I am speaking for general practitioners and primary care staff and patients. Although the pandemic showed the importance of family medicine as never before, general practitioners caring for patients in nursing homes have been laboring under an enormous workload with insufficient resources. Telemedicine may be efficient, but it did not reduce the loneliness so many of my patients suffered.

Primary care, with its emphasis on relationships and continuity of care is still under-appreciated and governments should take this opportunity to strengthen it. Investment in primary care is sub-optimal despite the rapid increase in population need, and the pressure we are put under. As a nursing home physician I agree that people should be cared for at home, but this requires caregiver support policies among other things.

What I call "proximity medicine" entails home visits by the primary care team, who see patients in their environment and build lasting relationships with them. When patient can't come to us we come to visit them.

Many UN resolutions mention pay for service to primary care but there is no way to reduce inequality and protect the vulnerable without solid primary care. SDG 3 is about well-being. I would like to emphasise the fact that well-being means freedom from futile treatment and preventable pain – in short, living well to the end. How can we leave no one behind if primary care is under-resourced and the workforce is under-valued?

Certainly, having home care teams with basic palliative care skills would have made this pandemic less devastating.

Wellbeing also means ending well. Don't forget palliative care and how difficult it is globally to access end of life care. Strengthening primary and palliative care care is urgent to reach all SDG goals. Without primary care there is no UHC. A new healthcare humanism is necessary, profit cannot cancel fundamental rights.

This pandemic has dramatized the need for community and solidarity.

Will this humanitarian catastrophe move towards new awareness and a different allocation of resources?

Thank you for this opportunity, I really appreciated the group work. I hope to be able to participate again and that being part of this network will advance the goal of sustainable and solidaristic development.

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