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EDITORIAL

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When talking about the hospital and contributing to a fruitful and current debate, one cannot fail to reflect the current pandemic context, the health financing model and its role in the health system with an emphasis on more healthy years for senior citizens and greater long-term care support effort.

The adverse phenomenon of the nature of the epidemic outbreak of COVID-19 was perceived in the progression from a local event, in the city of Wuhan (China), to a global process in all continents, through the discovery of the causal agent, a new corona virus, called SARS-CoV-2 in February 2020 and, by the World Health Organization (WHO) declarations of public health emergency on 20 January and pandemic on 11 March.

The responses of containment, limitation of transmission and confinement were adopted according to its progression, in the European case, from predominantly Italy, by the national health authorities, with the possible prior preparation and different options of approach, so the same result should be achieved; that each health system, particularly its hospital networks, had sufficient resources to treat all the severe cases of acute respiratory syndrome that appeared in the epidemic⁽¹⁾. With the epidemic activity reaching hospitals that in turn shaped the response to the increasing influx of cases with respiratory symptoms of COVID-19 for diagnosis, treatment and rehabilitation, in severe and prolonged cases in intensive care, they had to act with a safe SARS-CoV-2 surveillance and control plan, with two distinct areas, in terms of space, professionals and equipment, in record time, remodelling or adapting units, mainly to increase their capacity to care for critically ill patients, equipping themselves with flexibility of means and conditions for overcoming professional stress.

There had never been such an extraordinary mobilization before and much was done with little resources, saving thousands of lives, giving relief to pain and hope to an entire country. Civil society mobilized through donations of goods and equipment and raised its voice in songs of thanks.

Clearly, the hospital's mission has always continued to be fulfilled, however, as the COVID-19 area needed to respond to more cases with this respiratory pathology, an opportunity cost was generated in the care of several critical pathologies, translated into an increase from surgical waiting, to study and surveillance appointments and complementary diagnostic and therapeutic means.

Considering the public health emergency and the exceptional situation that has been experienced, given the COVID-19 epidemic, it is important to assess its impact on the health system, in terms of the hospitals activity, whether in the inpatient, outpatient, training areas and clinical research.

With prolonged exposure to the epidemic process and with the peaks of increased use of hospitals, attention to chronic diseases that increased frequency and exacerbations were sacrificed, generating more morbidity and mortality, impacting health promotion, prevention and rehabilitation, as the response to the pandemic is being prioritized. It is now urgent, without neglecting the existence of contagions and the increase in cases, to join efforts in the treatment of the most complex situations that await adequate answers, organized in an intelligent manner and integrated with the other levels of care.

It is important to emphasize the importance of reorganizing hospital activity planning, increasing the effort to recover from prolonged waits for access to care and taking advantage of the incorporation of existing knowledge on the average life expectancy in Portugal being higher than the average for the European Union, but that most years of extra life are lived with high disability⁽²⁾. The innovation in the Portuguese hospital system needs to accelerate the implementation of the organization of services based more on the clinical basis and less on the basis of professional bureaucracy, adjusting the provision of care and attending to multi-morbidities in a geriatric clinic that is sensitive to the senior population, which also handles the emergency care situations in the exacerbation of chronic diseases, in a shared way with primary health care, eliminating the inadequacy of care provided to seniors in medical-surgical and multipurpose emergencies.

This innovation also factors the hospital financing component, that can be oriented to stimulate and interest the organization models of the provision of hospital care, that take seniors away from the unfriendly admissions and emergencies of acute hospitals.

It is also worth mentioning the lack of response in Portugal regarding long-term care, in other words, the network of integrated continuous care, with an enormous supply of care provided in acute hospitals, with a high risk of iatrogenesis and lacking clinical and economic rationality, being responsible for thousands of days of internment in hospitals accommodated in the improperly called social internment⁽³⁾.

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