Covid-19: Maurizio Cecconi—one year since Italy’s darkest moment

The man who sounded the alarm in Italy’s outbreak tells Marta Paterlini how the toll of the pandemic left him feeling anything but a hero, but how global clinical and scientific collaboration has given him hope

Marta Paterlini freelance journalist

In 2020, Maurizio Cecconi was labelled one of three “pandemic heroes” by the Journal of the American Medical Association, alongside the US’s Anthony Fauci and Li Wenliang, who died of covid-19 after being the first doctor to warn about the novel coronavirus in China.

Cecconi’s home, Lombardy, was one of the areas worst affected by the pandemic in Europe, despite being one of Italy’s wealthiest regions. His early commitment to knowledge sharing and information dissemination was instrumental in stemming the virus’s spread as Italy faced the first outbreak in the West.

Cecconi is the current president of the European Society of Intensive Care Medicine (ESICM), a professor at Humanitas University, and head of the anaesthesia and intensive care unit (ICU) at Humanitas Research Hospital in Milan, Italy.

Pandemic hero

“I don’t feel like a hero. I wish I hadn’t experienced a pandemic during my life. However, I think I gave a prompt response and I hope to have saved some lives by sharing information collected in the first few days of the virus in Europe, both locally and, with ESICM, at a broader level.”

On his 4 March ESICM letter, warning doctors around the world

“Even if many still claimed it was just a flu, our hospitals in Lombardy were facing something anomalous. I had the feeling that none realised that it was already in this part of the world and I told my colleagues from the Lombardy ICU network we had an ethical responsibility to reach out to the medical community worldwide.1

“In emergencies, leadership means looking at the available data, accepting them, and acting quickly. We wouldn’t have felt comfortable if we hadn’t passed the message to the world: get ready and take the time that you have now, because this virus is faster than you think.”

Legacy of 2020

“It gave me hope to see what the researchers have been able to do in response to a virus discovered just a year ago, and I felt great unity with the clinical world as well as with the public. Most of them really helped us healthcare workers by making a great deal of sacrifices.

“My team and I are still working hard and I’m afraid that ICUs around the world will burn out soon. 2020 left me frustrated by some governments’ slow decision making processes that meant, in turn, the violent resurgence of infections in the autumn. A few days means thousands more deaths.”

Memories of patient zero

“That day, 20 February 2020, I was on a work trip in Zurich, Switzerland. After hearing the news of the patient I rushed to catch a train with no ticket and with a sense of anguish and urgency to reach my hospital. In the meantime, I sent a text to my team: please come to work tomorrow (Sunday), because we must open a new ICU.

“Patient zero was a healthy 38 year old runner, diagnosed thanks to a doctor who skipped the World Health Organization’s covid-19 testing guidelines which, at the time, said to test only people who had had direct contact with China. After a few hours the risk criteria changed.

“Covid-19 patients soon increased exponentially. Chinese data had shown that people of that age seldom ended up in intensive care so we reasoned that the virus was already circulating. This intuition gave us a few hours to prepare ourselves. ‘If it’s as fast as it looks, we have to be fast,’ I told my team.”

Ground zero

“It was a call to arms for all of Lombardy’s hospitals and many clinical activities were put on hold. Promptly, an ICU network was created and we met 36 hours after the first patient’s diagnosis, formulating an emergency plan.

“In my hospital, we built an ICU expansion in an operating block. In the following days, with an extraordinary team effort, we increased our ICU capacity from 15 to 60 beds, of which 50 were for covid-19 intubated patients.

“That Sunday, I also engaged the simulation team of my University to help my staff for further training on donning and doffing of personal protective equipment. In hindsight, this was one of the best decisions for the security of my team, in those days of uncertainty. I recall it was a unifying and collaborative moment, without the tiredness that we face now. Then it hit.”
Underestimating the virus

“We should be humble and admit that none of us were prepared, the world was not prepared. Five days before the Italian outbreak I was at a congress in the US, discussing with intensivists from all over the world the scary news from China. Nobody imagined that the virus was galloping west so fast.

“Within five days from patient number one in Italy, with ESICM, we organised a webinar with Wuhan’s doctors, to better understand the situation there, but the common feeling was that it was a Chinese problem. Two weeks later it was a European problem.

“We are learning new lessons now, even after a year. The main lesson is that we get such situations under control with large public health measures—hand washing, masks, social distancing, lockdowns if necessary, and now also with vaccines—rather than hospital beds.

“Let’s face it, the countries that have suffered the most are those who were hesitant to apply restrictions again after lifting them following the first wave, with the second wave approaching. Italy’s mistakes in the summer and indecision in the autumn negated the advantage we gained through the drastic spring lockdown.”

Test and trace lacking

“Test and trace is necessary to keep under control the contagion that comes also from asymptomatic people. We must acknowledge that test and trace capacity is a titanic task and cannot be improvised in countries where there is not a great laboratory capacity and no adequate spaces or specialised staff. In the future, I believe that Europe should have a pandemic preparedness plan and test and trace should be part of it.”

Patient involvement

“At Humanitas, we’ve started to bring in families again, because they play a crucial role in treatment. ICUs can be safe environments if organised properly and if time is dedicated to instruct and supervise family members. We will live with covid-19 for a long time, so I believe we must find a way of involving families in ICUs.”

How this will end

“As scientists, we should promote a global strategy where every person in the world has fair access to vaccines. This is the only way out of the pandemic.

“Firstly, it is ethically correct to do so. Secondly, a virus spreading uncontrollable in one country can mutate and then spread where it was thought to be eradicated.

“We should also demand that pharmaceutical companies collaborate to scale up production as fast as possible. Local management and siloes worry me because it leads to inequalities. In Europe, the bottleneck is not only dose availability but vaccination speed. We cannot afford to take two years to vaccinate the entire population.”

Setting an example

“Doctors must vaccinate to set a good example and to protect patients. Not doing so means not understanding what medicine is, really. Vaccines are the great hope of 2021 and our weapon to regain the flavour of a normal life. I got the shot on 27 December, my birthday, a beautiful gift from science.”

Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.