Hospitals Overwhelming

Hospitals react to surges in patients not just by getting more patients in but also canceling non-urgent surgeries, treatments, and diagnostics. **"Overwhelming" doesn't necessarily mean "overcrowding" but also delayed treatments.**

Because of the above, **hospitalization stats underestimate overwhelmed hospitals. A better metric is patients who cannot access treatment.** As an example, in Italy in 2020, there have been 20% ***fewer*** hospitalizations (for all causes) than 2019, and yet there have been 50%+ fewer oncological surgeries compared to 2019, 20% fewer cardiovascular surgeries, and 45% fewer screenings for some kinds of cancer. If we only look at hospitalization stats, it looks like everything is going great. But if access to treatment decreases, more people die than they should have.

The bottleneck of healthcare isn't the number of beds but of healthcare staff. And forming qualified healthcare workers takes years

Moreover, if a healthcare system adds 1000 hospital beds, it does so countrywide, say 10 beds in the 100 largest hospitals. But if the virus adds 1000 hospitalizations, it does so locally, for example adding 30 patients to some hospitals and 5 to others. **Healthcare workload spikes are more concentrated than healthcare capacity. Hence, potentiating the healthcare system is necessary but not sufficient. Cases must also be contained, to reduce concentrated pressure and prevent healthcare workers from getting sick when and where they are most needed.**

To sum it up:

- **Healthcare system overwhelming should be measured in terms of delayed treatments not hospitalizations;**
- **Its major bottleneck is healthcare staff not hospital beds; addressing it is necessary but not sufficient, we must also contain cases.**

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