

EDITORIAL

Response to the letter “Breaking the Stalemate: How Italy’s Non-Medical Health Professions Are Trapped by Redundant Roles and Ineffective Degrees”

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I am writing in response to the recent letter expressing concerns over the recognition of osteopathy and the perceived proliferation of non-medical health professions in Italy. While I appreciate the effort to highlight challenges within the healthcare system, I respectfully disagree with the view that the diversity of these roles leads to confusion, inefficiency or stagnation. On the contrary, the acknowledgment of 21 non-medical health professions represents a long-overdue recognition of the complexity of patient care. Today’s healthcare demands interdisciplinary collaboration, not a hierarchical or overly centralized system. Each profession brings unique expertise that contributes to comprehensive, patient-centered care.

Rather than creating overlap, the differentiation of roles allows professionals to focus on specific domains, improving efficiency and outcomes. The competencies of a physiotherapist differ significantly from those of an occupational therapist, a speech-language pathologist, or a podiatrist – as is appropriate, given the distinct roles and scopes of practice associated with each profession. These distinctions are essential, not problematic. The idea that fewer, broader roles would lead to more effective care is, in my view, an oversimplification of the nuanced needs of modern medicine.

The criticism of master’s degrees and postgraduate specialization also warrants reconsideration. While it is true that structural reforms are needed to better align education with clinical career pathways, master’s programs are not useless. They offer professionals opportunities to deepen their knowledge, pursue research, and refine advanced competencies. The impact of this training may not always be immediately visible in job titles or pay scales, but it contributes significantly to

care quality, innovation, and professional identity.

Furthermore, the medical profession’s supervisory role is not inherently oppressive or outdated – it ensures safety, consistency, and accountability in clinical decision-making. However, collaboration is increasing, and Italy is gradually moving toward models that allow more autonomy for highly trained professionals, especially in community and chronic care settings. Autonomy and safety are not mutually exclusive – they must evolve together.

Rather than resisting the introduction of new professions, we should celebrate the system’s capacity to adapt to emerging evidence and patient needs.

The broader concern should not be the number of professional categories, but rather how well the system integrates them. Better coordination, clearer scopes of practice, and shared protocols can prevent inefficiencies without sacrificing specialization. Additionally, salary structures and career pathways should be reviewed—but not at the expense of academic progress or role diversity. Finally, regarding European harmonization, it’s true that Italy has room for improvement. But it’s also important to recognize that each country adapts health professions to its legal, cultural, and clinical landscape. Uniformity should not come at the expense of national context or patient trust.

In summary, the future of Italian healthcare lies in enhancing interdisciplinary collaboration, not simplifying it. The growing diversity of non-medical health professions, including newer fields like osteopathy, represents not a limitation but a valuable strength within the healthcare landscape. With thoughtful reform, these professions can thrive, innovate, and most importantly, deliver the best possible care to patients.

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