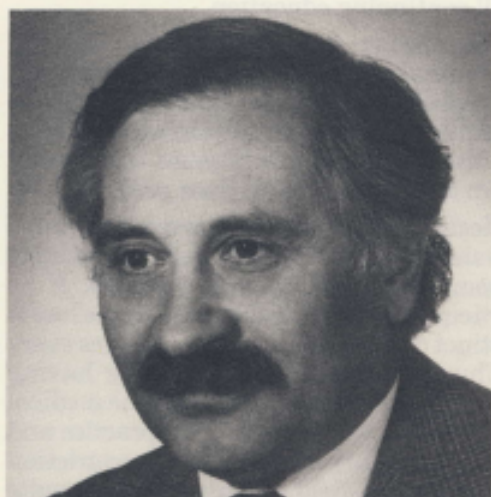


General medicine as an element of the public health system in the Federal Republic of Germany

— K-D Haehn



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Curriculum vitae

Prof. Dr. Klaus-Dieter Haehn grew up in Berlin. His schooling was interrupted by military service and war captivity. He studied medicine in Berlin and Hamburg and graduated from Hamburg in 1953. He worked in the Barmbeck General Hospital and thereafter in the Segeberg District Hospital up to 1981. Since 1961 he has been in private rural general practice. In 1972 he became Professor of General Medicine at the University of Hanover. In 1976 he became professor and head of the same department. In 1979 he became Chairman of The Public Health Centre at the Medical School of Hanover. He is also a member of the executive board of the Academy of Medical Advanced Training of the Medical Chamber in Lower Saxony, vice president of the German Association of General Medicine (DEGAM), and member of the WONCA (World Organisation of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians) - Classification Committee working at epidemiological investigations.

Summary

The position of the general practitioner in Germany is evaluated - how it has grown over recent years to have a strong foothold in medical education at universities and in the primary care of the population. The author also looks at the problem of the over-population of doctors in Germany.

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At present the population of the Federal Republic of Germany amounts to 61,4 million. For the medical care of this population about 192 000 physicians are at their disposal. Not all of them are busy with patient care. Almost 80 000 doctors are working permanently or temporarily in more than 3 000 hospitals. Those doctors who are only temporarily employed there are generally in continuing medical education to become a specialist (we call it "Gebietsarzt"), as an internist or surgeon, or they specialise in the field of general medicine.

Beyond the hospital, in the medical practices, 73 000 physicians are working, most of them within the scope of the health insurance established by law, to which 92% of the population of our country is now attached.

Regarding the total number of registered physicians and the relation to the total population, we speak of "medical surplus" ("Ärztedichte"); there is a ratio of 1:320. With this "medical surplus" the Federal Republic of Germany is in one of the worst positions in the world. Relative to each panel doctor, the ratio is 1:850, that means, one panel doctor cares for 850 patients.

These ratios have developed in the last decades in a rapid upward tendency. Whereas the total number of physicians was still 80 792 in 1960, it has increased until 1984 to about 192 000 - that implies a rate of increase of 137,52%. This enormous number of physicians within a stagnating level of population is the vital problem the doctors in the Federal Republic of Germany have to get down to.

At present we have 27 000 physicians working in general medical practices beyond the hospital. With respect to the total population the relation amounts 1:2 400 citizens. The total number of general practitioners was rather retrograde in the last years. Whereas 60 years ago the relation between general practitioners and specialists was still at the rate of 60:40, nowadays it is in inverse ratio. The specialists (we call them "Gebietsärzte") have taken over great parts of the general medical field of activity. Besides the general practitioners the internists, paediatricians and the gynaecologists have engaged themselves in the so-called primary health care field as well.

Because of the high ratio of doctors ("Ärztedichte") a gradual change is to be seen again in the last years.

In comparison with the general practitioners, the number of specialists ("Gebietsärzte") is distinctly less, there is almost a stagnation. This is because of the high ratio of doctors, the work in an own practice has become an economic risk for the specialists. On the other hand, this led to the fact that physicians, registered as specialists - like internists, surgeons, anaesthetists and others - work like general practitioners in general medical orientated practices.

The attentive reader could not fail to notice that the designation of general medical (activity) profession was very poorly defined by me and was given by various terms. This was not without intention. It immediately brings us closer to the essential problems of general practitioners concerning their position in the total group of physicians in the Federal Republic of Germany.

In Germany there is one doctor for every 320 patients

But first of all, an excursion into the causes of the over-supply, the over-production of physicians. Although the study of human medicine with its costs of DM 73 500,00 is in comparison with all other branches of study, the greatest financial burden for the student or his family and although the surplus of doctors will detract more and more from professional success, there is still a consistent interest in medical education. Recently advance selection tests just took place for the candidates of medical study in the Federal Republic, in which 40 000 persons participated. About 10 000 of them have a chance to get into a university, although there is an annual demand for only 5 to 6 000 physicians. It shall not be suppressed that there is a conflict about these figures, lasting for decades.

The reasons for the interest in a medical career are different ones and correspond with the expectations of persons concerned in the whole world. As the free choice of a profession is guaranteed in our country by the basic law, there is no possibility to adapt this interest to the given facts and actual necessities. The only way to influence it is by the so-called "decree of capacity" of the universities. As long as a student or his smart lawyer is able to prove that there is a free university place, this student succeeds in enforcing himself into the medical course; this leads to the intake of nearly 12 000 medical students every year. Almost none of the students drops his study, so that yearly between 10 000 and 12 000 students leave the universities as young physicians. Their main problem is the lack of practice experience in their profession. I cannot, however, enter into the details of this problem here.

You have already heard that at present approximately 27 000 doctors are working as general practitioners. This figure has an upward tendency again, because, as I mentioned before, to establish an own practice as

a specialist in any other line, incurs an increased financial risk from year to year.

In our country the general medical care is done by doctors, physicians of other special lines or by general practitioners, who can name themselves also "specialist in general medicine". These different designations describe a different development, which we call continuing education.

The term "Praktischer Arzt", used in the sense of "doctor in a general practice" up till some years ago, has now been abolished through the decision of the medical committees. Only older physicians still have this title on their name plates because one cannot expect of them to fix a new one to their practice-door!

Under the designation, "doctor", every registered German physician can work, provided that he complies with some few hygienic requirements. If he wants to participate in the social insurance, he has to refer to a distinct qualification, which changes every few years. Thus it is imaginable that after having passed the final examinations and after the medical registration, a doctor settles in his own practice and begins to work in primary medical care. A restriction concerning the special field of activity only results from the fact that he wants to participate in the social insurance. Assuming that he fulfils the qualifications, he is then allowed to work in primary care, and only there. He is not allowed to practise in a different field, like internal medicine, ophthalmology or ear-nose-and-throat medicine at the expense of social insurance. This is without mentioning that the general practitioner may do certain simple work in

Only 10% of the German population have their own private health insurance; the rest relies on social health insurance

these fields of activity, i.e. he is allowed to undertake and interpret ECGs, to prescribe glasses or to treat an inflammation of the middle ear. This doctor is not obliged to refer to specialist doctors in one of the continuing education fields required by professional law.

For specialist designation he has to prove medical experience of several years and he must have been working in hospitals for years. There is still a remarkably large group that have clinical experience lasting many years, but the combination of their different activities is not sufficient to get admission as a specialist.

An additional group of physicians in primary care is made up of those doctors, who have finished approved continuing training in a special medical field, but for reasons I mentioned before, they are not interested to work in it. They practise general

medicine and primary care. These physicians often change their minds after some years and enter into the special field they had studied.

Finally, there is a group which is called "specialists in general medicine" (Ärzt für Allgemeinmedizin), that means general practitioner ("Allgemeinarzt"). According to the postgraduate-training classification of the German Medical Profession, these physicians have had an advanced training of 4 years, appropriate to general medical activity. After the conclusion of this continuing training and after having passed a final examination, they may bear the name "specialist in general medicine" or "general practitioner". Qualitatively it is equivalent to the specialist in surgery or in internal medicine. During their continuing training these physicians have worked 1½ years in the field of internal medicine, 1 year in the field of surgery, 6 months in the general medical field and 1 year in fields of their own choice, making the total period of continuing training 4 years.

Fifty per cent (50%) of the presently working general practitioners have had such continuing education, towards which the group of doctors working in general practice and family doctors is aiming.

Research projects in general medicine are growing in numbers each year, but most of them deal with therapeutic problems

The number of young physicians who are asking for this continuing training is growing. Unfortunately there are considerable difficulties to overcome before this request can be realised:

1. An insufficient number of places for medical assistants in the hospitals for the continuing education of young physicians in general.
2. A lack of interest from the hospital authorities and those co-workers, who will have to change their posts frequently.
3. An absence of an "obligation to continue one's studies" to become a "specialist in general medicine". This would imply that the organisations of medical professions and the government would have to guarantee training facilities.

Within the scope of development of the European Community (EC) a due preparation in the profession as general practitioner (compulsory preparation) is a subject of discussion. Presently the intended minimum time is 2 years, but it shall be extended to 4 years in the future. But especially the representatives of the Federal Republic of Germany in the EC try to prevent this regulation, as they expect insurmountable difficulties in its realisation.

The greatest ally of the general practitioners are those who are interested in a well-educated physician,

the social insurance institutions. The trade unions and the Social Democratic Party are also interested in professional training for the general practitioner and family doctor. The social insurance institutions call for a highly qualified general practitioner because he participates to a high degree in the financial development of the social insurances. According to a study, a general practitioner in our country effects the yearly expense of 1,5 million D-Mark, considering medicine, hospital treatment, times of disablement and so on. For that reason this "expensive" doctor must be especially well-prepared for his tasks.

At present the general practitioner is held in high esteem by the the social insurances. But, to my regret, this has no effect on his income! Together with the paediatrist and the neurologist, he forms the rear end of the scale of income of German physicians in primary medical care. He has an average annual pretax income of DM 160 000,00.

For some years now unequal income distribution within the medical professions has been the subject of discussion. At present the valid scale of fees will be revised once more. Thereby it shall be tried to syphon off benefits by rationalisation of laboratory work fees and to add these to the so-called medical work, like informative counselling of patients, medical consultation, long-term medical care, home visits and such like. In a second step it is planned to lower the fees for technical, especially non-medical, work. This happens also for the benefit of that work, which helps to improve the relationship between patients and doctors and from which sick persons profit personally. One can imagine that this discussion between the different medical groups, between the specialists, takes a strained course. We keep on waiting for the effect.

Until now the position of the general practitioner was only discussed within the scope of social insurance in the medical system, because a preponderant number of citizens are attached to social insurance institutions. The group of patients that accepts full responsibility for its health, and have private health insurance, amounts to barely 10%, or less. It is true that most of them are indeed patients who are attached to private health insurance schemes that have a scale of fees comparable to the social insurance. Altogether the "private receipts" are not an important factor in the annual income of general practitioners.

Until 1960 the young doctors were exclusively trained in the universities and in the hospitals by specialists. Since that time the view has been gradually gaining ground, that the medical student should be informed in due time about the field of general medicine, as a large section of the students will finally be working in a general medical practice. For this reason the universities gradually began to include general medical conceptions of medicine in the training programme. The development finally led to the point that the Scientific Council, which sets

the definitive course for university education, recommended in 1976 to establish General Medicine as a compulsory subject for medical students. Within the so-called ecological area of teaching a course of about 25 hours dealing with problems of general medical practice is intended. As the compulsory subjects are always test subjects for the students, the students are examined in general medicine. Until now this test has mainly taken place by a multiple-choice-questionnaire. In the scope of the development of the curriculum for medical students, in future oral examinations in the field of general medicine are also intended in the final state examination. Thus general medicine has become a university subject with all its charges and challenges.

Except for one medical faculty, general medicine is now taught at all universities, but mainly by assistant lecturers in this field. Up to six assistant lecturers at one university are working here. They are furthermore busy in their own medical practices and only teach part-time in general medicine.

As a university subject cannot confine itself to the theory only, the research work, the continuing training and the further postgraduate medical education also belong to its scope. For this reason departments of General Medicine at the universities are being called for. To date unfortunately this demand could be enforced only in a few places. Although nearly one dozen of the assistant lecturers have meanwhile been appointed as honorary professors, one cannot be blind to the fact that only three universities have full departments of General Medicine. But I am sorry to say that their possibilities are still considerably limited.

Since 1976 general practice is a compulsory examination subject for medical students; before that all training was done by specialists

Nevertheless, the installing of general medicine at the universities has led to regular education of students in this field and the existence of this is a subject for discussion in the faculties. According to differing opportunities and constraints, completely different educational models have developed. Based on these experiences, it will soon be possible to make a general conception for the general medical training in the medical faculties of our country. The prior condition is surely separate departments with the consequent increase in resources.

At this stage of development of general medicine it is not surprising that a major part of the university scope, research work, is still at the very beginning. Nevertheless, it can be seen by the annual reports

that 10 to 15 research projects worth mentioning about general medical problems are done by general practitioners. Only a few of the projects deal with basic research - most of the studies are engaged in therapeutic problems. The Federal Government and other institutions, as well as the pharmaceutical industries, make an important contribution to promote this research work. Here I do not only refer to qualified drug-field-tests, but beyond that also to therapeutic research.

In an organised system of public health service it is not insignificant the way in which pressure groups are represented. Here we have to separate the political from the scientific side. Concerning health politics, the general practitioners are organised in different professional associations, two of them having exclusively come to terms with doctors working in general practices and their problems, whereas in the professional association of the "specialists in general medicine", only those doctors are admitted who completed 4 years of continuing training. The professional association of "practising doctors and general practitioners" is ready to give advice to all physicians who work in the general medical field and to look after their interests. But also other associations, like the "Hartmannbund", the union of established physicians, the association of female doctors, the panel doctor union, and others attend to the general practitioners. In the organisations of medical professions the representatives of the general medicine play a different role. In the Federal Medical Council and in the regional medical councils the group of employed physicians are the majority, as they are the largest group of working physicians. Nevertheless, general practitioners also have leading positions in the organisations, so that they have a certain influence. It is true that the specialists in other medical fields have more representatives in those organisations which discuss social insurance problems, but at present general practitioners have taken the lead.

In the scientific committees quite a few positions are filled by general practitioners. There is also a scientific society, the "Deutsche Gesellschaft für Allgemeinmedizin" (DEGAM). It promotes scientific activities; inspiring and supporting research. Their annual congress offers the forum for discussion of scientific experiences. Beyond it, the general practitioners of the Federal Republic are busy in various medical organisations in Europe and they have been working actively for many years in the world organisation (WONCA).

General practitioners still have a solid position in the primary medical care of the population in the Federal Republic of Germany, especially in the social insurance system. They cooperate actively at the universities in the training of young physicians in this field, and in the professional and health-political organisations to enforce their requests. In spite of great economic and political difficulties, they consider their situation not unfavourable and regard the existing difficulties as a challenge.