

Disgruntled doctors

Cost-cutting reforms in Germany's health sector have left doctors appalled at contract changes that could see salaries cut by 8%. But despite unpopular reactions among the medical profession, government ministers insist the controversial policies are working. Clare Chapman reports.

When 270 interns from one of Germany's most respected hospitals take out ads for new positions at the same time, it is clear there must be a problem. But what at first glance seemed to be a local dispute, is now recognised as a symptom of the crisis engulfing one of Europe's most efficient health-care systems.

The disgruntled interns at Berlin's Charite hospital—the biggest medical centre in Europe—sparked off a new debate about the direction the country's health-care system is taking when they posted a collective ad for positions wanted in German medical journal *Aerzteblatt*.

Outraged by deterioration in working conditions as a result of new contracts, the young medics threatened a mass walk out if their demands for a "fair deal" were not met.

The contracts, which were put together by administrators at the hospital, included a salary decrease of 8%, longer working hours, and no holiday bonuses—conditions now being worked into contracts across the country after new health reforms and a weak economy have left hospitals with diminished budgets and more patients.

For more than two decades, successive German governments have tried to balance health-care costs against the national economy with little success. And doctors now fear patients' health is being put at risk by a series of reforms that are also set to stem investment.

"Germany's health-care system is dependent on its economy. The better the economy is the more money flows into hospitals and other areas of medicine. But with unemployment levels reaching almost 5 million it isn't looking good", says Sybille Golkowski, spokeswoman for the chamber of doctors in the German capital.

She adds: "Statistics show that poorer people suffer more from illnesses and psychological problems than the well off, and with large companies such as car-maker Opel making thousands of people redundant, the health sector could well have a financial crisis on its hands."

While Germany's national health insurance system, or *Krankenkasse*, which insures around 90% of the population, is remarkably comprehensive—it will even reimburse a few prophylactic weeks at a health spa—it is also financed by German citizens and is therefore dependent on low unemployment and high earnings to thrive.

Charite's medical director, Ulrich Frei, admits that this is one of the reasons for the sudden change in contracts offered to new staff and doctors wishing to extend their existing contracts.

Frei says: "Germany's health insurance is severely underfinanced, more so than in the last 20 years, and that means everybody is looking to make

cuts. The *Krankenkasse* have cut the hospitals' budgetary allowances and therefore hospitals must make cuts to their personnel expenditure."

Sybille Golkowski adds that the Charite's tactic of changing employee contracts was just one of the "tricks" hospitals were using to lower staff costs.

Next year, health insurers are set for an even bigger squeeze after a reform was passed putting the responsibility to pay for health-care investments into their laps, and away from the state.

"Until now there has been a system of dual funding. The federal and state governments provided the funds for investments such as equipment or the building of new wards, while the insurers paid for day-to-day expenses. But as of next year everything will be paid out of the *Krankenkasse*", says Frei.

The medical director fears this will lead to an immediate stop in new investments and outdated equipment: "Who wants to invest in some-

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A controversial policy to charge patients for visiting a doctor has helped cut drug prices, say ministers

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German chancellor Gerhard Schroeder is backing Germany's health-care reforms

thing now when in 6 months time they won't have to?" he says.

A further cost-cutting reform due to be implemented across the country during the next 2 years has already sparked protests from medical workers who say it will increase their workload and have negative effects on patients.

The reform consists of the introduction of the Diagnosis Related Group (DRG)—a method of insurance modelled on the Australian system that reimburses hospitals on a case-by-case basis rather than paying a daily rate.

Until now, clinics have been reimbursed for each day a patient stays in hospital, but now they will only be reimbursed for each diagnosis—regardless of how long the patient must stay in hospital.

Frei believes this could lead to a lack of patient care. "There will be an impulse to treat and get rid of patients as quickly as possible, and in severe cases patients might not be given the correct treatment, if it is deemed too time consuming."

He adds that treatments would also start varying from hospital to hospital.

"One clinic, for example, may offer the patient a series of blood tests or X-rays while another may simply prescribe an aspirin or course of antibiotics for the same complaint", says Frei.

And while health-care officials in the government may believe the new reforms are containing expenses, many working in the field say money saved on medical bills will have to be spent on new software, training doctors on how to use the new coding system that comes with DRG and more administrative staff.

"The correct coding for the DRG system is tremendously important. Each medical complaint has its own value and code, and the medic must choose the right one. This isn't as simple as it sounds as many patients suffer from more than one complaint."

"Not only that, but everything has to be documented on the coding forms from the initial diagnosis to successive diagnoses, complications, and procedures carried out. It's an extra burden on doctors whose time is already precious without having to spend extra hours sitting in front of a computer", says chamber of doctor's spokeswoman Golkowski.

The DRG has also led to the setting up of "quality assurance" authorities and "health police" to ensure patients are getting the best care and doctors are not fraudulently misdiagnosing patients to get a higher reimbursement.

Despite criticism over the reforms, Germany's health ministry says the cost-cutting amendments have already shown signs they are working and will continue to maintain health care for all—one of the main principles of the German system since 1883.

A health ministry spokesman said the cost of medicines to the Krankenkasse fell by 5% in September compared with the previous month following a particularly controversial reform under which patients must pay a €10 (US\$13) fee

the first time they visit a doctor each quarter.

"This is proof the health reform works", says the spokesman, after statistics showed a decline in the number of people visiting the doctor.

German Chancellor Gerhard Schroeder has also said he cannot understand the objections from both general practitioners and patients to the €10 fee, which he says will help put the Krankenkasse back into the black and stabilise or reduce health insurance premiums.

But Golkowski explains that the new system was "very bureaucratic" and again led to an increase in work for doctors. "This reform mainly affects general practitioners and forces them to spend more time on administrative matters. Not only do they have to keep track of payments, but if a patient changes practitioner or wants to see a specialist the GP has more work writing out referrals.

"For the patient, a trip to the local surgery becomes much more expensive and those on low incomes may avoid seeking advice for what could be a serious illness", says Golkowski.

But despite the fact that more German medics than ever are leaving the country to take up better paid positions abroad in places such as the US and Scandinavia those who stay behind agree that the health care system in Germany is among the best in Europe.

"Our system is comprehensive and efficient in spite of financial difficulties. Health care is available to everyone regardless of their means, unlike in the United States", explains Frei. "We have an equal and fair system where contributions are based on how much a person earns, and just as importantly we are well equipped—not like our British counterparts. We have enough beds and no patient must wait three or 6 months for an operation."

Golkowski adds: "Compared to other systems in industrialised countries, I would go as far to say that ours is positively luxurious."

Clare Chapman